

RATED

EXCEEDING

NATIONAL QUALITY STANDARD



Cuddlez Preschool and Montessori has achieved
an overall rating of Exceeding NQS and has received the
Exceeding NQS Logo.

POLICIES & PROCEDURE MANUAL

VERSION 3.0 - 31 JAN 2026

POLICY DOCUMENTS

Version & review record

The Cuddlez Pre-School & Montessori has developed the Policies and Procedures Document to promote health, safety and well-being of children attending the service as required by The Education and Care Services National Regulations July 2018.

The Policy Documents has been reviewed and updated as necessary as listed in the table below.

Version No.	Issue/Review Date	Policy name	Prepared and reviewed by
1.0	19.03.2020	First Policy Document	Dr Jay Mukhraiya
1.1	20.04.2020	Corona Virus Policy	Dr Jay Mukhraiya
1.2	23.07.2020	NQF Policy update	Dr Jay Mukhraiya
1.3	06.03.2021	Child Protection Policy	Dr Jay Mukhraiya
1.3	06.03.2021	Dress Code Policy	Dr Jay Mukhraiya
1.3	06.03.2021	Governance Policy	Dr Jay Mukhraiya
1.3	06.03.2021	Grievance Policy	Dr Jay Mukhraiya
1.3	06.03.2021	Staffing Arrangement Policy	Dr Jay Mukhraiya
1.3	06.03.2021	Whistle-blower Policy	Dr Jay Mukhraiya
1.4	16.07.2021	Dress Code Policy	Dr Jay Mukhraiya
1.4	16.07.2021	Educator and Management Policy	Dr Jay Mukhraiya
1.4	16.07.2021	Emergency Management and Evacuation Policy	Dr Jay Mukhraiya
1.4	16.07.2021	Enrolment Policy	Dr Jay Mukhraiya
1.4	16.07.2021	Fee Policy	Dr Jay Mukhraiya
1.4	16.07.2021	Infectious Diseases Policy	Dr Jay Mukhraiya
1.4	16.07.2021	Record Keeping and Retention Policy	Dr Jay Mukhraiya
1.4	16.07.2021	Staffing Arrangements Policy	Dr Jay Mukhraiya
1.5	06.09.2021	Acceptance and Refusal of Authorisations Policy	Dr Jay Mukhraiya
1.5	06.09.2021	Administration of Authorised Medication Policy	Dr Jay Mukhraiya
1.5	06.09.2021	Delivery and Collection of Children Policy	Dr Jay Mukhraiya
1.5	06.09.2021	Emergency Management and Evacuation Policy	Dr Jay Mukhraiya
1.5	06.09.2021	Excursion Policy	Dr Jay Mukhraiya
1.5	06.09.2021	Governance Policy	Dr Jay Mukhraiya
1.5	06.09.2021	Grievance Policy	Dr Jay Mukhraiya
1.5	06.09.2021	Incident, Injury, Trauma, and Illness Policy	Dr Jay Mukhraiya
1.5	06.09.2021	Medical Conditions Policy	Dr Jay Mukhraiya
1.5	06.09.2021	Physical Environment (WHS, Learning and Admin) Policy	Dr Jay Mukhraiya
1.5	06.09.2021	Record Keeping and Retention Policy	Dr Jay Mukhraiya
1.5	06.09.2021	Sleep, Rest, Relaxation and Clothing Policy	Dr Jay Mukhraiya
1.5	06.09.2021	Staffing Arrangements Policy	Dr Jay Mukhraiya
1.6	28.10.2021	Corona Virus Policy	Dr Jay Mukhraiya
1.7	25.06.2022	Child Safe Policy	Dr Jay Mukhraiya
1.7	25.06.2022	Excursion Policy	Dr Jay Mukhraiya
1.7	25.06.2022	Governance Policy	Dr Jay Mukhraiya
1.7	25.06.2022	Grievance Policy	Dr Jay Mukhraiya
1.7	25.06.2022	Incident, Injury, Trauma, and Illness Policy	Dr Jay Mukhraiya
1.7	25.06.2022	Physical Environment (WHS, Learning and Admin) Policy	Dr Jay Mukhraiya

1.7	25.06.2022	Record Keeping and Retention Policy	Dr Jay Mukhraiya
1.7	25.06.2022	Termination of Enrolment Policy	Dr Jay Mukhraiya
1.7	25.06.2022	Tobacco Drug and Alcohol Policy	Dr Jay Mukhraiya
1.7	25.06.2022	Transport Policy	Dr Jay Mukhraiya
1.8	01.11.2022	Bushfire or Grassfire Policy	Dr Jay Mukhraiya
1.8	01.11.2022	Child Protection Policy	Dr Jay Mukhraiya
1.8	01.11.2022	Emergency Management and Evacuation Policy	Dr Jay Mukhraiya
1.8	01.11.2022	Health, Hygiene and Safe Food Policy	Dr Jay Mukhraiya
1.8	01.11.2022	Medical Conditions Policy	Dr Jay Mukhraiya
1.8	01.11.2022	Sleep, Rest, Relaxation and Clothing Policy	Dr Jay Mukhraiya
1.8	01.11.2022	Work Health and Safety Policy	Dr Jay Mukhraiya
1.9	31.07.2023	Philosophy	Dr Jay Mukhraiya
1.9	31.07.2023	Death of a Child Policy	Dr Jay Mukhraiya
1.9	31.07.2023	Death of an Educator Policy	Dr Jay Mukhraiya
1.9	31.07.2023	Education Curriculum and Learning Policy	Dr Jay Mukhraiya
1.9	31.07.2023	Physical Environment (WHS, Learning and Admin) Policy	Dr Jay Mukhraiya
1.9	31.07.2023	Record Keeping and Retention Policy	Dr Jay Mukhraiya
1.9	31.07.2023	Staffing Arrangements Policy	Dr Jay Mukhraiya
2.0	08.10.2023	Child Protection Policy and Procedures	Dr Jay Mukhraiya
2.0	08.10.2023	Emergency Management and Evacuations Policy	Dr Jay Mukhraiya
2.0	08.10.2023	Grievance Policy	Dr Jay Mukhraiya
2.0	08.10.2023	Incident, Injury, Trauma, and Illness Policy	Dr Jay Mukhraiya
2.0	08.10.2023	Medical Conditions Policy	Dr Jay Mukhraiya
2.0	08.10.2023	Record Keeping and Retention Policy	Dr Jay Mukhraiya
2.0	08.10.2023	Safe Arrival of Children Policy and Procedure (New Policy)	Dr Jay Mukhraiya
2.0	08.10.2023	Sleep, Rest, Relaxation and Clothes Policy	Dr Jay Mukhraiya
2.0	01.12.2023	Staff Pregnancy Policy (New)	Dr Jay Mukhraiya
2.0	01.12.2023	Health, Hygiene and Safe Food Policy & procedures	Dr Jay Mukhraiya
2.1	17.2.2024	Child Safe Policy	Dr Jay Mukhraiya
2.1	17.2.2024	Education, Curriculum and Learning Policy	Dr Jay Mukhraiya
2.1	17.2.2024	Sleep, Rest, Relaxation and Clothing Policy and Procedures	Dr Jay Mukhraiya
2.1	17.2.2024	Medical Conditions Policy	Dr Jay Mukhraiya
2.2	08.07.2024	Child Protection Policy LDC NSW	Dr Jay Mukhraiya
2.2	08.07.2024	Child Safe Code of Conduct LDC NSW	Dr Jay Mukhraiya
2.2	08.07.2024	Child Safe Environment Policy LDC NSW	Dr Jay Mukhraiya
2.2	08.07.2024	Child Safe Risk Management Plan LDC NSW	Dr Jay Mukhraiya
2.2	08.07.2024	Complaint Handling Policy LDC NSW	Dr Jay Mukhraiya
2.2	08.07.2024	Recruitment, Induction and Training Policy LDC NSW	Dr Jay Mukhraiya
2.3	22.09.2024	Child Protection Policy	Dr Jay Mukhraiya
2.3	22.09.2024	Child Safe Environment policy and Child Safe Code of Conduct	Dr Jay Mukhraiya
2.3	22.09.2024	Technology and Device Use Policy	Dr Jay Mukhraiya
2.3	22.09.2024	Photography and Video Policy	Dr Jay Mukhraiya
2.3	22.09.2024	Social media	Dr Jay Mukhraiya
2.4	10.03. 2025	CCTV Policy	Dr Jay Mukhraiya
2.4	10.03. 2025	Nutrition and Dietary Requirements Policy	Dr Jay Mukhraiya
2.4	10.03. 2025	Positive Relationships for Children Policy	Dr Jay Mukhraiya
2.4	10.03. 2025	Tobacco, Drug and Alcohol Policy	Dr Jay Mukhraiya
2.4	10.03. 2025	Visitors Policy	Dr Jay Mukhraiya

3.0	31.01.2026	All Policies reviewed and updated in view of the changes	

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CUDDLEZ'S PHILOSOPHY & VISION

The rights and best interests of the child underpin our vision, philosophy, policies, and practices.

OUR VISION

Caring for children is all about empowering them with skills required to discover and explore their abilities to reach their full potential.

OUR PHILOSOPHY

All children are successful, competent, and capable learners who are active and informed members of their communities with knowledge of Sustainable development and Aboriginal Torres Islander perspective.

OUR COMMITMENT

All children are given opportunities to construct their own understandings, contribute to the learning of others, and participate in decisions that affect them, keeping their safety, health, and wellbeing at the top priority.

- Each child is respected without discrimination or bias and has a voice.
- Continuous improvement, best practices, and quality outcomes for children
- Equity, inclusion, and diversity are embedded in practice.
- Children are given every opportunity to succeed, and their diverse circumstances, cultural background and abilities are respected and valued.
- Sustainable development policies, principles and practices are embedded in curriculum.
- Australia's Aboriginal and Torres Strait Islander cultures are acknowledged, respected, and valued.
- Trusting, supportive relationships and collaborative partnerships with families.
- Collaborative partnerships in the community are developed and maintained.

OUR PRACTICES

- Current research, theories and understandings are applied in the context of the uniqueness of the service, through a process of ongoing critical reflection.
- Children are supported to become environmentally responsible which is embedded in practice, program, and policies.
- Create an early childhood environment that is nurturing, stimulating, free from bias and fulfil the needs of the children and their families as well as the community.
- Maintain a safe and healthy environment for the children and their families as well as the staff and visitors.
- Promote and develop a progressive “team” attitude among staff to ensure that planned and implemented programs are abreast with current practices.
- Provide a happy and relaxed learning environment where staff listen to children and respond to them meaningfully.
- Provide, develop, and maintain professional care and service where children and their families’ cultural beliefs, attitudes and uniqueness are valued and respected.
- Cater to and recognise children with additional needs by utilising the relevant support services in the community.
- Implement programs that reflect the children’s interests by offering a wide range of interesting and developmentally appropriate experiences which will assist them to be successful learners.
- Foster and develop independence and self-worth by being supportive of the choices and decisions each child makes.
- Offer children opportunities that will expose them to varied ways of doing things so that they may learn from the diversity which may exist in the centre.
- Guide and manage each child’s behaviour positively and appropriately.
- Provide and encourage families with the opportunity to actively participate at all levels in their children’s care and education.
- Use of the Early Years Learning Framework as basis for the program implemented for the children in the centre, as well as incorporates Montessori approach when appropriate to benefit child’s learning process by laying a foundation for future learning.
- Operate in accordance with the requirements of the Department of Education and as stated in the Education and Care Services National Regulations 2011.
- Actively participate and abide by the National Quality Standard as set down by the Australian Children’s Education and Care Quality Authority (ACECQA).
- Each child’s learning will be based on their interests and strengths and guided by our educators.
- Educators must work in collaboration with families to provide relevant learning experiences for each child, based on their interests and family experiences.

- Every child will be equally valued and their achievements and learning celebrated.
- Educators will observe and record the strengths and learning of each child.
- Educators will work closely with children and families to generate ideas for the curriculum.
- Learning Outcomes will be linked to the curriculum during and after each child's learning has occurred. The curriculum must not be pre-programmed to match specific Learning Outcomes.
- The curriculum will be based on the children's interests, educators extending children's interests, spontaneous experiences, and family input.
- Where appropriate, the service will liaise with external agencies and support persons to best educate and care for children with additional needs.
- Where appropriate, the curriculum (play and learning experiences) will build and develop each child's Learning Stories, Portfolio and Observations of each child's strengths and achievements.
- The curriculum will be evaluated and reflected upon each week by educators.

About learning, we believe that

1. Children learn through experience – spontaneous experiences and those planned to meet their interest and needs.
2. Play is about relationships – to people, materials & the world/environment around them.
3. Children learn best through “HANDS ON” experiences.
4. Learning needs to be sequenced from the known to the unknown, from simple to complex activities.
5. Children learn best when they feel valued and respected, are listened and responded to.

We follow Early Years Learning Framework (EYLF) V 2.0 Principles & Practices

1. Secure, respectful and reciprocal relationships
2. Partnerships
3. Aboriginal and Torres Strait Islander perspectives
4. Equity, inclusion and high expectations
5. Respect for Diversity
6. Sustainability
7. Critical reflection and ongoing professional learning
8. Collaborative leadership and teamwork

Goals of the educational programs

1. To plan appropriately for children based on a sound knowledge of child development.
2. To build on children's experience and knowledge and use these as steppingstones for further learning.
3. To create an environment within the centre that reflects the cultural diversity of the society that we live in.
4. To encourage parents to become involved in activities, thus forging links between home and the Centre.
5. To provide an environment in which children are encouraged to learn through "hands on" experiences, explored through the medium of play.
6. To foster children's feelings of self-esteem by creating an environment in which mutual trust is encouraged.
7. To encourage independence through promotion of self-help skills to enhance children's self-confidence.
8. To provide opportunities for children to have choices throughout the day.
9. To create a program which reflects an anti-bias approach? Bias will be countered, and equality promoted.
10. To promote an awareness of safety issues to both children and staff. E.g., Road Safety.
11. To create opportunities for a variety of learning experiences at mealtimes.
12. To provide an opportunity for children to discover the physical environment and
13. pursue an interest in their environment.
14. To maintain a consistent positive approach to behaviour guidance, bearing in mind
15. each individual child's stage of development.
16. To provide nutritious meals in a relaxed and social setting.
17. To provide an environment for children to develop (where appropriate) a degree of
18. empathy and concern for the wellbeing of others.
19. To provide a program those others inclusion for children that have additional needs.

About Your Child's Day in the Centre...

Each day the staff will write about your child's day-this document is in a folder, near the sign – in bench. These documents are confidential (i.e., no parent reads another child's daybook). They remain the property of the centre and are not to be taken home. Each morning parents need to verbally give staff any information they think staff will need in caring for their child, as well as writing it on their child's document.

Each child also has a portfolio. The staffs regularly write in observations relating to the developmental progress of your child, including photos, artwork etc. The aim of the portfolio is to keep an ongoing record of your child's progress while at the centre. The portfolio is yours to keep

when your child leaves the centre.____

1- Acceptance and Refusal of Authorisations Policy

NQS

QA2	2.2.1	Supervision - always, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.

NATIONAL REGULATIONS

Regs	92	Medication record
	93	Administration of medication
	99	Children leaving the education and care service
	102	Authorisation for excursions
	160	Child enrolment records to be kept by approved provider
	161	Authorisations to be kept in enrolment record
	168	Education and care services must have policies and procedures

AIM

Our service aims to provide clear and transparent policies and procedures for authorisations. This helps staff and parents understand exactly what they need to do.

RELATED POLICIES

1. Administration of Medication Policy
2. Enrolment Policy
3. Excursion Policy
4. Photography Policy
5. Privacy and Confidentiality Policy
6. Social Media Policy

IMPLEMENTATION

To ensure children's health and safety, and comply with the requirements of the National Law and Regulations and our policies and procedures, we will only allow the following activities to occur in respect of individual children if they are properly authorised in writing and dated:

- Administration of medication (which includes over the counter and therapeutic goods under the Therapeutic Goods Act 1989 like Panadol), sunscreen, nappy cream and insect repellent)
- Administration of medical treatment, dental treatment, general first aid products and ambulance transportation (required in enrolment records)
- Excursions including regular outings.
- Transportation including regular transportation.
- Taking of children's photographs
- Posting of children's photographs on the service social media account
- Collection of children by people other than parents' e.g. child
 - leaves in accordance with written authorisation of a parent or authorised nominee.
 - is given into care of a person or taken outside the premises for urgent medical treatment or because of another emergency.
- Disclosure of a child's personal information where this is not legally required, or families would not expect the disclosure.

Written authorisations will contain all information required under the National Regulations and service policies - please see specific policies for more details.

Our service will accept verbal authorisations in the following situations:

- there is a medical emergency (authorisations are not required for asthma and anaphylactic emergencies)
- parents or authorised nominees are unable to collect a child before the service closes and authorise an alternate person to collect the child.

Whenever a person not known to educators is authorised verbally or in writing to collect the child, they must be adequately identified by educators before the child is released. See Delivery and Collection of Children Policy for more information.

Over-the-Counter Pain Relief Medication e.g., Panadol

Unless the child has a medical emergency, we only accept, written authorisations to administer Over-the-Counter pain relief medication including medication like Panadol, Nurofen, Ibuprofen and paracetamol. Where parents (or person they've authorised on the enrolment form) have not already authorised administration in writing the same day, we may agree to administer the pain relief medication after speaking with a parent (or person they've authorised on the enrolment form), but we must first receive written authorisation, for example via email, consistent with the example attached at the end of this policy.

Refusing Authorisations

Staff will refuse an authorisation if it unreasonably risks the child's safety, is not in line with our policies and procedures or is fraudulent. For example, staff will refuse an authorisation in the following situations:

- the authorisation is not (or does not appear to be) made by an authorised person.
- the authorisation does not comply with aspects of our policies and procedures e.g., medication is not in the original container, does not have the child's name on it, has expired, has an illegible label or the authorised dosage does not match the doctor's instructions.
- an authorised nominee, or person authorised by a parent or authorised nominee, does not appear to be capable of safely collecting the child (Delivery and Collection of Children Policy)

For transparency and accuracy, if staff refuse an authorisation, they will record the following information in the child's file:

- the details of the authorisation
- why the authorisation was refused.
- actions taken e.g., parent asked to supply medication in original container.

SOURCE

- Education and Care Services National Law and Regulations
- National Quality Standard

POLICY INFORMATION

Approval date	1 Jan 2026

Effective date	1 Jan 2026

Review date	1 Jan 2027

Approved by	Dr Jay Mukhraiya >

2 - Access and Inclusion Policy

PURPOSE AND BACKGROUND

- (1) To set out how we ensure that every child can access, participate meaningfully in, and experience positive outcomes from our service
- (2) This policy helps us to comply with our legal obligations for equal opportunity and non-discrimination, including those under the *Disability Discrimination Act 1992 (Cth)*, UN Convention on the Rights of Persons with Disabilities, and other applicable NSW disability inclusion and anti-discrimination laws
- (3) It aligns with the National Quality Standard, the Approved Learning Framework, and the United Nations Convention on the Rights of the Child, all of which are underpinned by the principles of equity and inclusion

SCOPE

- (4) This policy applies to:
 - ‘Staff’: the approved provider, nominated supervisor, paid workers, volunteers, work placement students, and third parties (e.g., contractors, subcontractors, self-employed persons, employees of a labour hire company) who carry out work on our behalf
 - Children in our care, their parents, families and care providers
 - Visitors to our service, including allied health support workers
- (5) This policy covers our duties towards children in our care only, not our duties towards staff or other visitors to our service, who are covered in other policies, including our Bullying, Harassment and Discrimination Policy.

DEFINITIONS

- (6) The following definitions apply to this policy and related procedures:
 - ‘Access’ means removing barriers to ensure that everyone can enter, use and participate in our service equitably
 - ‘Additional needs’ refers to any specific support requirements a child may have to enable them to fully participate at our service (e.g., support for children with disabilities or developmental delays; adjustments for medical conditions; considerations for cultural or religious practices; extension and enrichment for high potential and gifted children; individualised support for behavioural, cognitive, or emotional development; social and cultural supports, including for children from culturally and linguistically diverse backgrounds, Aboriginal and Torres Strait Islander children, and children from refugee backgrounds; support

for children who are at risk of harm or who are experiencing mental illness, trauma or stress)

- ‘Disability’ broadly encompasses total or partial loss of bodily or mental functions, loss of a body part, presence of disease-causing organisms, malfunction/disfigurement of a body part, learning difficulties, or disorders affecting thought processes, perception, emotions, or judgment
- ‘Inclusion’ means that every child has access, and can participate meaningfully and experience positive outcomes
- ‘Reasonable adjustment’ is a modification or change made to a process, practice, or environment to enable someone with a disability to participate fully and equally
- ‘Universal Design for Learning’ is a planning framework that supports educators to enable every child to access the educational program and optimise learning for every child.

POLICY STATEMENT

Commitment to access and inclusion

(7) We are committed to:

- Making sure that every child is included, participates meaningfully and has equitable access at our service
- Recognising and valuing children’s differences and experiences
- Taking into account each child’s learning styles, first language, cultural identity, abilities, disabilities, gender, sexual identity, family circumstances and geographic location
- Making reasonable adjustments to remove barriers to access and participation
- A zero-tolerance approach to discrimination

(8) Staff must not discriminate against children with disabilities, either directly (e.g., refusing to enrol a child due to disability) or indirectly (e.g., having a policy that unintentionally excludes a child with a disability) (*Disability Discrimination Act 1992*)

(9) Staff must follow our Positive Relationships for Children Policy to ensure their interactions with children have regard to each child’s physical and intellectual abilities. and maintain at all times the dignity and rights of each child (*National Regulations s 155*)

(10) The approved provider will ensure that staff have the training and resources they need to maintain an inclusive environment.

Enrolment

- (11) No child will be refused enrolment, or unlawfully discriminated against in the terms or conditions of their enrolment, based on disability or any other attribute that is protected under relevant anti-discrimination laws, including sex, race, religion, sexual orientation, gender identity or intersex status
- (12) At the time of a child's enrolment, we must record information about any special considerations for the child, such as whether they have additional needs, or cultural or religious requirements (*National Regulations* s 160(3)(h))
- (13) The nominated supervisor is responsible for taking steps to ensure children's records are kept up-to-date

Inclusion support

- (14) All children must have equitable access to learning, excursions, daily routines and activities
- (15) If a child requires additional support, we will work with their family, carers and (where relevant) professionals to develop an individual support plan (National Quality Standard 6.2)
- (16) Individual support plans will identify potential barriers to the child's inclusion, and outline our shared goals for their learning, development and participation
- (17) The nominated supervisor, educational leader and room leaders must ensure that support plans are communicated, understood and implemented by the educators who are caring for the child
- (18) Support plans will be continually refined and reviewed in partnership with families and (where relevant) professionals through a process of observation, documentation and communication
- (19) Where a family or educator believes that a child may need additional support, they may ask the nominated supervisor to make a referral to external services or professionals (e.g., speech therapists, occupational therapists, disability support services, family support agencies, child protection agencies)
- (20) The nominated supervisor must follow our procedures for making or accepting referrals, and must obtain parental consent unless there is a reason not to (e.g., a child is at risk of harm)
- (21) If more resources are needed for a child, the nominated supervisor or approved provider may apply for funding (e.g., through the [Inclusion Support Program](#), which offers three categories of support: professional support, specialist equipment and funding)

- (22) Our service has implemented a Strategic Inclusion Plan, which we review annually. Staff and families can access the plan in the folders. Strategic Inclusion Plans are planning tools for services accessing the Inclusion Support Program. For more information, visit the [Australian Department of Education](#) and the regulatory authority. Delete this section if not applicable]
- (23) In cases where our service employs additional casual staff to support a child with additional needs, the child's parents must tell us at least 24 hours in advance if their child will not be attending on the day, or as soon as possible in the event of illness. This ensures we can give sufficient notice to staff and avoid unnecessary labour costs
- (24) If there is a pattern of non-attendance without notice, and we cannot resolve the issue, we may need to suspend or terminate the child's enrolment at the service, in line with our policy and procedures.
- (25) If parents continually decline to engage with our service or external support professionals, and this affects the ability of the child or other children to participate safely or meaningfully, the nominated supervisor may, as a last resort, consider suspending or terminating the child's enrolment

Inclusive learning and play culture

- (26) Our educational program and practice must be based on the Approved Learning Framework, including its principles of 'Equity, inclusion and high expectations' and 'Respect for diversity'
- (27) Our program and practice must:
- Recognise and support each child's current knowledge, strengths, ideas, culture, abilities and interest (National Quality Standard 1.1.2)
 - Be based on the developmental needs of each child and take into account the individual differences of each child (*National Law* s 168)
- (28) Educators will follow the Universal Design for Learning principles, including by providing:
- Multiple means of representation of the learning material to give children various ways of acquiring the core concepts of the lesson
 - Multiple ways for children to demonstrate their knowledge and understanding
 - Multiple means for children to be engaged in, challenged by and motivated for the learning process
- (29) Children's individual support plans will be embedded within our daily program

- (30) Educators will give all children the encouragement they need to realise their own potential
- (31) Educators will offer differentiated instruction to suit each child's learning style, while ensuring that everyone is involved in the same lesson and each child is challenged at their level. They check to make sure every child understands their instructions or if they need help
- (32) Every child will be supported to make decisions, express their interests, ideas, needs, and preferences. Educators respond to children's unique ways of communicating, including through non-verbal cues
- (33) Educators will sensitively intervene if they see a child being excluded, objectified or 'singled out' by other staff or children. They encourage peer support, cooperative learning and child-led inclusive play and learning
- (34) Educators will help children feel a sense of belonging, build positive relationships within the centre, and provide positive behaviour guidance (National Quality Standard Area 5)

Inclusive physical environment

- (35) Our service must be organised and adapted to support every child's participation and to engage every child in quality experiences in both built and natural environments (National Quality Standard 3.2.1)
- (36) We must ensure that our indoor and outdoor spaces, buildings and fixtures support the access of every child (National Quality Standard 3.1.1)
- (37) We must ensure that each child has access to furniture, materials and developmentally appropriate equipment (*National Regulations* s 105)
- (38) We will provide sensory-friendly spaces and quiet areas for any children who need them
- (39) Our spaces, equipment and resources will reflect the diverse abilities, circumstances, cultures, identities and backgrounds of our children, families, staff, and the wider community

Duty to make reasonable adjustments

- (40) We must make adjustments where necessary to ensure that everyone can access and participate on the same basis as others (*Disability Discrimination Act 1992*).
Adjustments may include:
 - To our physical spaces, furniture, materials and equipment an – e.g., ramps, modified seating, sensory-friendly areas

- Learning modifications – e.g., changing activities in line with needs, giving extra time to complete activities, changing routines, providing an equivalent alternative activity
 - Providing different ways to access information – e.g., adaptive or assistive technology (such as voice recognition software, screen readers), sign language, multimedia, braille, illustrated text, visual aids
 - Supporting and facilitating specialised professional development/training for staff
- (41) While we are committed to making reasonable adjustments, if an adjustment causes ‘unjustifiable hardship’ to our service, we are not legally obliged to make it. Limitations on our obligations include:
- Financial cost (excessive or beyond our resources)
 - Impact on others (if the adjustment would significantly disadvantage others)
 - Compromise to health and safety of others (e.g., poses an unacceptable risk to the supervision of children or our emergency procedures)
 - Causes a fundamental alteration to the nature of what our service provides (e.g., requires us to entirely redesign our program) or staff roles (e.g., changes the inherent requirements of a person’s job)
 - Is beyond our expertise and cannot be supported through external services
- (42) When we are considering adjustments, the approved provider or nominated supervisor will consult with the child’s family and relevant professionals, assess the feasibility of the request, explore external support or funding options, consider alternative solutions if the initial request is considered unreasonable, document the decision and communicate the outcome to the person/s making the request
- (43) If we decline a person/s’ request due to unjustifiable hardship, we will provide them with written justification for our decision, offer alternative adjustments where possible, and help them to access external support or funding
- (44) If a family disagrees with our decision, they may request a review. The approved provider or nominated supervisor will consult further with the family and other relevant professionals. Where necessary, families will be referred to external advocacy or mediation services

Supporting transitions

- (45) We must ensure that children have continuity of learning and staff support them through transitions by sharing information and clarifying responsibilities with families and external professionals and services (National Quality Standard 6.2.1)

- (46) Children with disabilities or additional needs will be helped to adapt to new environments, routines, or other changes while they are in our care (common transitions are starting at our service, drop off and pick up times, excursions, travelling, moving rooms, going to school, staff changes, new routines or activities, mealtimes, rest etc)
- (47) Where necessary, educators will invite families (and other professionals or support services, if relevant) to discuss transition plans before a significant transition occurs (e.g., before a child moves rooms)
- (48) Transition plans will be tailored to each child's needs and outline specific strategies to support the child through the transition (e.g., orientation, appointing a key support person, buddy system, visual schedules, flexible arrangements for collection/drop off, emotional and sensory support etc)
- (49) Educators will ensure children can adapt to the changes at their own pace by introducing changes gradually, using consistent routines and communicating the changes in ways the child understands
- (50) We will keep up-to-date records for each child so that key information can be easily handed over for smooth transitions

Engaging with families and the community

- (51) Our partnerships with families, communities and external professionals and services must be strong and effective to ensure every child can access, be included, and participate in, our service (National Quality Standard 6.2.2)
- (52) Staff must follow our Family and Community Partnerships Policy, which sets out how we collaborate with families, communities and external professionals and services
- (53) We are aware that children with additional needs usually have distinct requirements and diverse experiences accessing our service
- (54) We will collaborate in our planning and problem-solving to make sure there is a consistent approach for addressing each child's unique learning and development needs. We recognise that support families' role in learning at home and see our staff, families, carers and other support staff as equal, trusted partners in the child's learning and development
- (55) We will consider the child and family to be at the core of all our actions
- (56) We will build a trusting relationship with the family by finding out what their child needs and tailoring our care for the child accordingly
- (57) We will give families regular updates about what their child is learning, their strengths, ideas, abilities, interests, and development. Likewise, we will enquire about families' perspective and experiences at home with their child

- (58) We will always discuss the adjustments we are making to support a child with their family, and actively consult with the child, their family and other experts about how we can improve our environments, processes and activities

Language and communication

- (59) Our communication – verbal and non-verbal – will be warm, empathetic and positive
- (60) We will ask families and children about how they would like us to communicate with them (e.g., in person, via email, phone or video conferencing, or other) and their preferred language regarding disability
- (61) We will use person-first and identity first language and avoid using negative terms such as ‘suffers from’. Instead, we will use neutral or strength-based terms
- (62) We will provide alternative communication methods to suit the individual needs of children and their families, including those from culturally diverse backgrounds

PRINCIPLES

- (63) Every child has the right to access and participate meaningfully in our service
- (64) We uphold the dignity and rights of all children in our care. We have a zero-tolerance approach to discrimination and uphold equal opportunity for all
- (65) We make adjustments where they are needed and apply the Universal Design for Learning principles to ensure all children can participate on an equal basis
- (66) Our physical spaces, equipment and resources are designed and adapted to accommodate all children
- (67) We recognise and support each child’s strengths, needs and preferences, including their language and culture
- (68) We encourage children to express their needs, make choices and develop independence
- (69) We work in partnership with families and external professionals to support our inclusive practice. We regularly review and refine our practices to ensure they remain effective and responsive to the needs of children
- (70) Our policies and procedures are based on the latest guidelines and recommendations, and we comply with the relevant laws, regulations and standards.

POLICY COMMUNICATION, TRAINING AND MONITORING

- (71) This policy and related documents can be found on all our devices, Smart Central portal and a printed copy in the Office.

- (72) The approved provider and nominated supervisor provide information, training and other resources and support regarding the Access and Inclusion for Children Policy and related documents
- (73) All staff (including volunteers and students) are. access to, review, understand and formally acknowledge this Access and Inclusion for Children Policy and related documents and are inducted
- (74) The approved provider runs a professional development program for each staff member, which covers this policy
- (75) Roles and responsibilities are clearly defined in this policy and in individual position descriptions. They are communicated during staff inductions and in ongoing training
- (76) The approved provider and nominated supervisor monitor and audit staff practices and address non-compliance. Breaches of this policy are taken seriously and may result in disciplinary action against a staff member
- (77) At enrolment, families are given access to our Access and Inclusion for Children Policy and related documents
- (78) Families are notified in line with our obligations under the *National Regulations* when changes are made to our policies and procedures.

LEGISLATION (OVERVIEW)

Education and Care Services National Law and Regulations

Regulations	
s 73	Educational program
ss 90 - 91	Medical conditions policy
ss 103 - 110	Physical environment – Centre-based services and family day care services
ss 111 – 115	Physical environment - Additional requirements for centre-based services
s 155	Interactions with children
s 156	Relationships in groups
s 162	Health information to be kept in enrolment record
ss 181 ,183 - 184	Confidentiality and storage of records

Other applicable laws and regulations

National Quality Standard

Act / Regulation / Standard	Description
<i>Work Health and Safety Act 2011</i>	Describes the primary duty of care to people in the workplace
<i>Disability Discrimination Act 1992 (Cth)</i>	Prohibits discrimination based on disability, including in education and care settings
<i>Privacy Act 1988</i>	Principal act protecting the handling of personal information
<i>Australian Human Rights Commission Act 1986 (Cth)</i>	Enforces anti-discrimination laws and promotes human rights
<i>Racial discrimination Act 1975 (Cth)</i>	Prohibits discrimination based on race, ethnicity or national origin
<i>Sex Discrimination Act 1984 (Cth)</i>	Includes provisions for gender-based discrimination, pregnancy and family responsibilities
<i>National Disabilities Insurance Scheme Act 2013 (Cth)</i>	Supports children with disabilities through NDIS-funded services
<i>UN Convention on the Rights of Persons with Disabilities</i>	Ratified in Australia in 2008 – protection from discrimination and recognises persons with disabilities freedoms and rights, including to equality and education
<i>UN Convention on the Rights of the Child</i>	Ratified in Australia in 1990 – recognises children's rights to education, participation and non-discrimination
<i>Disability Inclusion Act 2014 (NSW)</i>	Promotes access and participation for people with disabilities, including in early childhood services.
<i>Anti-Discrimination Act 1977 (NSW)</i>	Prohibits discrimination in education based on disability, race, sex, and other attributes

- Equity, diversity and inclusion are demonstrated across all 7 quality areas. The following lists elements that explicitly mention inclusion, access, participation or children's rights

Standard / Element	Concept	Description
3.1.1	Fit for purpose	Outdoor and indoor spaces, buildings, fixtures and fittings are suitable for their purpose, including supporting the access of every child
3.2	Use	The service environment is inclusive, promotes competence and supports exploration and play-based learning
3.2.1	Inclusive environment	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
5.1.2	Dignity and rights of the child	The dignity and rights of every child is maintained
6.2	Collaborative partnerships	Collaborative partnerships enhance children's inclusion, learning and wellbeing
6.2.2	Access and participation	Effective partnerships support children's access, inclusion and participation in the program.

Early Years Learning Framework (EYLF) V2.0

- Inclusion, equity and respect for diversity are guiding principles for the Approved Learning Framework and are the core of all learning outcomes

National Principles for Child Safe Organisations

Most relevant principles

Children and young people are informed about their rights, participate in decisions affecting them and are taken seriously

Equity is upheld and diverse needs respected in policy and practice

Physical and online environments promote safety and wellbeing while minimising the opportunity for children and young people to be harmed

RELATED DOCUMENTS

Key Policies	Child Safe Environment Policy Continuity of Education and Care Enrolment Policy Orientation Policy Physical Environment Policy Medical Conditions Policy Positive Relationships for Children Policy Families and Communities Partnerships Policy Physical Activity Policy Education Curriculum and Learning Policy
Procedures	Roles and Responsibilities – Access and Inclusion for Children (attached) Medical management plans (in Medical Conditions Policy) Positive Relationships with Children Procedure (in Positive Relationships with Children Policy) Enrolment Procedure (in Enrolment Policy) Orientation Procedure (in Orientation Policy) Physical Activity Procedure (in Physical Activity Policy)

SOURCES

Education and Care Services National Law and Regulations | National Quality Standard | Other relevant legislation (as listed in Legislation (overview section) | Be You Disability Inclusion Guide | Engaging with families of children with disability to support early learning and development in ECEC – Australian Education Research Organisation 2022 | ACECQA resources to support inclusion in children's education and care services | Disability Standards for Education 2005 | Inclusion Support Program – Dept of Education

POLICY INFORMATION

Approval date 1 January 2026

Effective date 1 January 2026

Review date 1 January 2027

Approved by Dr Jay Mukhraiya >

APPENDIX A

ROLES AND RESPONSIBILITIES – ACCESS AND INCLUSION FOR CHILDREN

Approved provider responsibilities (not limited to)

Ensure our service meets its obligations under the *Education and Care Services National Law and Regulations*, and relevant anti-discrimination, disability and human rights laws

Ensure that our service's governance, management, operations, policies, plans, (including risk management/action plans), systems, practices and procedures for access and inclusion are appropriate in practice, up-to-date, best practice, and comply with all relevant legislation, standards and guidelines

Promote a service culture of diversity, equity and inclusion. Act on any incidents of discrimination

Ensure this Access and Inclusion for Children Policy is in place and available to access

Take reasonable steps to ensure our Access and Inclusion for Children Policy and related procedures are followed (e.g. through clear and accessible communication, and systemised inductions, training and monitoring of all staff – including volunteers, students)

Ensure that all children have access to sufficient developmentally appropriate equipment and an inclusive educational program and practice

Ensure that our service makes reasonable adjustments to our physical environment and/or practices where it is necessary to a child's equitable access or participation

Ensure that we have access to appropriate funding (e.g., Inclusion Support Program, NDIS support) to meet any additional needs and that all funds are correctly acquitted

Ensure we have adequate staffing, training and resources for an inclusive environment and practices

Regularly review this Access and Inclusion for Children Policy and related procedures in consultation with children, families, communities and staff

Notify families at least 14 days before changing this Access and Inclusion for Children Policy if the changes will: affect the fees charged or the way they are collected; or significantly impact the service's education and care of children; or significantly impact the family's ability to utilise the service

Nominated supervisor / persons in day-to-day charge responsibilities (not limited to)

Ensure our service meets its obligations under the *Education and Care Services National Law and Regulations*, and relevant anti-discrimination, disability and human rights laws

Support the approved provider to ensure that our service's governance, management, operations, policies, plans, (including risk management/action plans), systems, practices and procedures for access and inclusion are appropriate in practice, up-to-date, best practice, and comply with all relevant legislation, standards and guidelines

Promote a service culture of diversity, equity and inclusion. Act on any incidents of discrimination

Implement this [Access and Inclusion for Children Policy](#) and related procedures

Take reasonable steps to ensure our [Access and Inclusion for Children Policy](#) and related procedures are followed (e.g. through clear and accessible communication, and systemised inductions, training and monitoring of all staff – including volunteers, students)

Ensure that we record any additional needs on a child's enrolment record and that the record is kept up-to-date (e.g., by regularly reminding parents to update us)

Oversee individual and strategic support plans, and making reasonable adjustments for children with additional needs

Work with parents and the approved provider to access funding to support the additional needs of a child, if necessary

Support educators in identifying and responding to children with additional needs, and ensure inclusive practices are embedded in our daily program

Be the main point of contact for families about additional support and liaise with early intervention professionals, allied health specialists and external support agencies

Oversee record keeping, including observations and referrals for children who need additional support

Contribute to policies and procedure reviews and risk assessments and plans in consultation with children, families, communities and staff. Support the approved provider to notify families of reviews and changes according to legislation and our policies and procedures

Educator / other staff responsibilities (not limited to)

Follow this [Access and Inclusion for Children Policy](#) and related procedures, including for positive relationships for children and managing medical conditions

Promote a service culture of diversity, equity and inclusion. Act on any incidents of discrimination

Implement strategies to support children with additional needs and provide reasonable adjustments according to any support plans we have in place for children

Observe and document children's participation, learning and interaction. Identify children who may need additional support and discuss with your room leader and the nominated supervisor

Work with families to understand each child's unique needs and preferences, and collaborate with external professionals/services who support children at our service

Engage in professional development and training on inclusion, disability awareness and child development. Engage in critical reflection about your practices

Contribute to policy and procedure reviews and risk assessments and plans

Families responsibilities (not limited to)

Share any relevant information about your child's needs with our service, and communicate any changes in your child's development, health or support requirements either to an educator or the nominated supervisor

If necessary, work with educators and (if relevant, external services/professionals) to develop support plans for your child. Participate in meetings and decision-making. Raise any concerns you have about your child or our strategies early. Reinforce the strategies at home, if necessary

Access any available services or funding, if necessary, to support your child at our service

3 - Administration of Authorised Medication Policy

NQS

QA2	2.1.2	Health practices and procedures - Effective illness and injury management and hygiene practices are promoted and implemented.
	2.2.1	Supervision - always, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.

NATIONAL REGULATIONS

Regs	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

EYLF

LO3	Children take increasing responsibility for their own health and physical wellbeing. Educators promote continuity of children's personal health and hygiene by sharing ownership of routines and schedules with children, families and the community

AIM

Our Service and our educators will only administer medication to a child if it is authorised or the child is experiencing an asthma or anaphylaxis emergency. We recognise it is essential to follow strict procedures for the administration of medication to ensure the health, safety and wellbeing of each child using the service.

RELATED POLICIES

1. Acceptance and Refusal of Authorisations Policy
2. Emergency Service Contact Policy
3. Enrolment Policy
4. Incident, Injury, Trauma and Illness Policy
5. Medical Conditions Policy.

IMPLEMENTATION

Our service and educators will only administer medication to children if it is authorised by parents or another person as authorised on the enrolment form. If there is a medical emergency, we will also administer medication when authorised verbally by a parent or another authorised person, medical practitioner or an emergency service, however we may administer medication during an asthma or anaphylaxis emergency without first receiving authorisation.

Medication under the Regulations includes medication covered by the Therapeutic Goods Act 1989. Therapeutic goods include those for therapeutic use to:

- prevent, diagnose, cure or alleviate a disease, ailment, defect or injury.
- influence, inhibit or modify a physiological process.

This covers products like sunscreen and nappy cream.

The Nominated Supervisor will ensure:

- a copy of this policy is provided to parents when they enrol their child.
- children's medication is regularly audited to ensure it has not expired and is in the original container with legible labels.
- training is provided for educators as required including in the administration of emergency medication like EpiPens and asthma inhalers, and where there are special requirements for administering medication e.g., nebulisers.

Administration of Medication (non-emergency)

Educators will administer medication to a child if it complies with our policy requirements and:

1. if the medication is authorised in writing by a parent or another authorised person and
 - is the original container.
 - has not expired.
 - has an original label and instructions that can be clearly read and, if prescribed by a doctor has the child's name.
 - is administered in accordance with any instructions on the label or from the doctor.
2. after the child's identity and the dosage of the medication is checked by an educator who is not administering the medication. This educator will witness the administration of the medication.

Over-the-Counter Pain Relief Medication e.g., Panadol

Unless the child has a medical emergency (see below), we only accept written authorisations to administer Over-the-Counter pain relief medication, including medication like Panadol, Nurofen, Ibuprofen and paracetamol. Where parents (or person they've authorised on the enrolment form) have not already authorised administration in writing the same day, we may agree to administer the pain relief medication after speaking with a parent (or person they've authorised on the enrolment form), but we must first receive written authorisation, for example via email, consistent with that below.

I, <insert name of parent or other authorised person> authorise the administration of <insert name of medication e.g., Panadol> to <insert child's name> in line with the dosage and instructions accompanying the medication. I understand that pain relief medication may mask the symptoms of serious illnesses and that I'm advised to take my child to see a medical professional as soon as possible. If required by the Service, I, or another authorised person, will collect <insert child's name> within <insert agreed timeframe>.

Anyone delivering a child to the service must not leave medication in the child's bag or locker. Medication must be given directly to an educator on arrival for appropriate storage. Auto injection devices (e.g., EpiPens) and asthma puffers will be stored up high in rooms, so they are inaccessible to children. All other medication will be stored in accordance with the storage instructions on the medication in a locked labelled container in a cabinet or fridge. Non-refrigerated medication will be kept away from direct sources of heat.

Administration of Medication in emergencies other than anaphylaxis or asthma emergencies

1. Educators will administer medication to a child in an emergency:
 - if a parent or another authorised person verbally authorises the administration of the medication or
 - they receive verbal authorisation from a registered medical practitioner or emergency service if the parent or authorised person cannot be contacted.
2. The child will be positively reassured, calmed and removed to a quiet area under the direct supervision of a suitably experienced and trained educator.
3. The Nominated Supervisor will contact the child's parent/guardian, and provide written notice to the parent/guardian, as soon as possible.
4. The Nominated Supervisor will ensure the service completes an Incident, Injury, Trauma and Illness Record.

Educators will not administer medication if parents or authorised persons provide verbal authorisation in circumstances that are not emergencies. If educators are unsure whether they should be administering a medication in an emergency after receiving verbal authorisation from a parent or authorised person, educators will obtain authorisation from a registered medical practitioner or emergency service.

Administration of Medication during Anaphylaxis or Asthma Emergencies

1. Educators may administer medication to a child in an anaphylaxis or asthma emergency without authorisation.
2. The child will be positively reassured, calmed and removed to a quiet area under the direct supervision of a suitably experienced and trained educator.
3. The Nominated Supervisor will contact the child's parent/guardian and the emergency services as soon as possible.
4. The Nominated Supervisor will advise the child's parent/guardian in writing as soon as possible.
5. The Nominated Supervisor will ensure the service completes an Incident, Injury, Trauma and Illness Record.

Medication Record

Educators will complete a Medication Record with the name of the child which:

- contains the authorisation to administer medication or for the child to self-administer the medication.
- details the name of the medication, the dose to be administered and how it will be administered, the time and date it was last administered, and the time and date or circumstances when it should be administered next.
- if medication is administered to a child (including during an emergency), details the dosage that is administered and how it is administered, the time and date it is administered, the name and signature of the person that administered it, and the name and signature of the person that checked the child's identity and dosage before it was administered and witnessed the administration.
- if medication is administered by a child that is authorised to self-administer medication, details the dosage the child took and how, and the time and date it was taken.

We will use the Medication Record template published by the national authority ACECQA
www.acecqa.gov.au

If required, we will adapt this Medication Record template to record the self-administration of medication for authorised children over pre-school age (e.g., in the “name and signature of educator administering medication” columns put N/A for not applicable).

SOURCES

1. Education and Care Services National Law and Regulations
2. National Quality Standard
3. Early Years Learning Framework

POLICY INFORMATION

Approval date	1 January 2026
Effective date	1 January 2026
Review date	1 January 202
Approved by	Dr Jay Mukhraiya >

APPENDIX A

WRITTEN AUTHORISATIONS TO ADMINISTER MEDICATION

Date

Nominated Supervisor
Cuddlez Preschool and Montessori
52 Lalor Road Quakers Hill
QUAKERS HILL NSW 2763
Ph 02 86324439

I, <insert name of parent > authorise the administration of <insert name of medication e.g., Panadol> to my son/daughter <insert child's name> in line with the dosage and instructions accompanying the medication from <insert date > to <insert date. >. I understand that pain relief medication may mask the symptoms of serious illnesses and that I'm advised to take my child to see a medical professional as soon as possible.

If required by the Service, I, or another authorised person, will collect <insert child's name> within <insert agreed timeframe>.

Thanks

(<insert name of parent >)

<insert address of parent with phone no>

4 - Bullying, Harassment and Discrimination Policy

PURPOSE AND BACKGROUND

- (79) To set out our standards of behaviour and our obligations for eliminating unacceptable behaviour, including bullying, harassment, sexual harassment and unlawful discrimination
- (80) To ensure that our service treats staff, children, families and visitors equitably and with dignity, courtesy, fairness and respect
- (81) This policy helps us to comply with Commonwealth and NSW anti-discrimination laws, work health and safety laws and the *Model Code of Practice for Managing Psychosocial Hazards at Work*, and the *Fair Work Act 2009* (Cth), under all of which we have obligations concerning equal opportunity, bullying, harassment and discrimination
- (82) It also helps us to comply with the National Quality Standard Area 4.2 (Professionalism), the ECEC Code of Ethics and the *National Regulations* (s 168(2) (l)), which requires us to have policies and procedures related to governance and management

SCOPE

- (83) This policy applies to:
- ‘Staff’: including the approved provider, nominated supervisor, paid workers, volunteers, work placement students, and third parties (e.g., contractors, subcontractors, self-employed persons, employees of a labour hire company) who perform work on our behalf
 - Parents, families and care providers
 - Visitors to our service
- (84) This policy applies to all behaviour and conduct that is reasonably related to or connected with work, including our day-to-day operations, service hosted social events, work functions, excursions, training, and the use of technology. It is not limited to behaviour within the physical workplace or during normal business hours
- (85) Requirements set out in this policy only apply to people over 16 years old. Our Positive Relationships for Children and Access and Inclusion Policy set out our rules for the fair and respectful treatment of children at our service
- (86) If a person would like to make a report or raise a concern about unacceptable behaviour, they can raise the matter directly with Approved Provider or Nominated Supervisor, who will investigate the matter according to our Complaint Handling Policy and Procedure
- (87) Unacceptable behaviour towards children must be managed in line with our Child Safe Environment Policy and Child Protection Policy.

DEFINITIONS

(88) The following definitions apply to this policy and related procedures:

- ‘Approved provider’ also means the employer or Person Conducting a Business or Undertaking (PCBU) under the Relevant Laws
- ‘Parents’ includes guardians and persons who have parental responsibilities for the child under a decision or order of court
- ‘Psychosocial hazard’ is a hazard that can cause psychological and physical harm that arises from, or in relation to, the design or management of work, the working environment or workplace interactions or behaviour (including bullying, discrimination or harassment)
- ‘Relevant Laws’ include: *Australian Human Rights Commission Act 1986 (Cth)*; *Fair Work Act 2009 (Cth)*; *Age Discrimination Act 2004 (Cth)*; *Disability Discrimination Act 1992 (Cth)*; *Racial Discrimination Act 1975 (Cth)*; *Sex Discrimination Act 1984 (Cth)*; *Work Health and Safety Act 2011 (NSW)*; *Anti-Discrimination Act 1977 (NSW)*; *Crimes Act 1900 (NSW)*
- ‘Staff’, unless indicated otherwise, refers to the approved provider, the nominated supervisor, paid employees, volunteers, students, and third parties who are covered in the scope of this policy. Note: ‘staff’, ‘employees’ and ‘workers’ etc may have their own, different definitions in legislation covered in this policy
- ‘Unacceptable behaviour’ includes bullying, harassment, sexual harassment, sex-based harassment, unlawful discrimination, cyber harassment/bullying, vilification, victimisation, violence or aggression.

POLICY STATEMENT

Commitment to equal opportunity, respect, health and safety

- (89) We are committed to having a workplace and learning environment that is equitable, respectful, healthy and safe
- (90) We will uphold the dignity and rights of children, families and carers, staff and visitors
- (91) We have zero tolerance for bullying, harassment, sexual and sex-based harassment, unlawful discrimination, victimisation, vilification, violence or aggression
- (92) Staff must understand and uphold their legal responsibilities under the Relevant Laws
- (93) Staff must maintain professional and respectful conduct at all times, following our policies and procedures (including the ECEC Code of Ethics, our Child Safe and Staff

Codes of Conduct, Positive Relationships for Children, Family and Community Partnerships, Child Safe Environment, Access and Inclusion Policy, Recruitment, Induction and Training Policy)

- (94) Families and visitors must be respectful and not engage in any unacceptable behaviour towards anyone at our service

Discrimination

- (95) We have zero-tolerance for unlawful discrimination, which is defined as treating (or proposing to treat) a person less favourably than another because they happen to belong to a particular group or have a particular characteristic
- (96) Discrimination may be direct (treating someone less favourably) or indirect (having a rule or requirement that is the same for everyone, but which has an effect of disadvantaging another person)
- (97) The Relevant Laws prohibit both direct and indirect unlawful discrimination based on certain attributes, including:
- Age
 - Breastfeeding responsibilities
 - Carer's or family responsibilities
 - Irrelevant criminal record
 - Disability (includes diseases and illnesses) – impairment, mental, intellectual, psychiatric and physical
 - Marital, relationship or domestic status
 - Medical record
 - Pregnancy or potential pregnancy and
 - Race, colour, descent, national or ethnic origin
 - Religion, political opinion
 - Sex
 - Sexual orientation, gender identity, homosexuality, transgender status and intersex status
 - Trade union association
 - Association with a person or group above
- (98) We must not treat anyone unfavourably based on these attributes, including in the following circumstances:
- Recruitment, or employment terms and conditions
 - Enrolment of children, or enrolment offers and conditions
 - Access to and participation in programs and activities
 - Our treatment of families
 - Providing reasonable adjustments to accommodate different needs
 - Our policies and procedures

- Our interpersonal interactions and service culture
- (99) We will be aware that there are some exceptions to discrimination under the Relevant Laws (e.g., to protect the health and safety of others, employment based on religious beliefs, single sex services etc), and seek further advice where appropriate.

Vilification

- (100) Vilification is a public act that could incite hatred, serious contempt or severe ridicule towards a person or group because of certain characteristics, including race, religion, homosexuality, being transgender, having HIV or AIDS
- (101) Vilification is against the law in NSW

Workplace bullying

- (102) We have zero-tolerance for workplace bullying, which is defined as repeatedly behaving unreasonably towards another person or a group of people in a way that creates a risk to health and safety
- (103) Workplace bullying is a breach of work health and safety laws
- (104) If a person is bullied because of a particular attribute (e.g., race, religion, age, disability etc) that is protected by the Relevant Laws, it is a form of discrimination
- (105) Bullying can take many forms, including physical or verbal abuse, teasing, nicknames, social isolation, practical jokes, excluding or ignoring people, unfair work practices, emails, pictures or text messages
- (106) Disagreements, differences of opinion or personality clashes will generally not be considered bullying unless they involve repeated, unreasonable behaviour that creates a risk to health and safety
- (107) Reasonable management actions (e.g., feedback, performance management, policy enforcement) that are carried out in a reasonable way will not be considered workplace bullying

Workplace harassment

- (108) We have zero-tolerance for workplace harassment, which is defined as any unwelcome and unsolicited behaviour that a reasonable person would consider to be offensive, intimidating, humiliating or threatening, or which creates a hostile environment
- (109) Harassment is unlawful under the Relevant Laws when it is discriminatory, sexual or poses a risk to someone's health or safety
- (110) Harassment can be physical, spoken or written. It can take many forms, including: intimidation, verbal abuse, threats, ridicule, unreasonable work expectations, isolation,

belittling, spreading rumours, insulting jokes or derogatory comments about racial groups, sexually explicit or suggestive messages, emails, or intrusive personal questions, repeatedly contacting someone who has asked you to stop

- (111) Harassment may be a one-off incident.

Sexual harassment

- (112) We have zero-tolerance for sexual harassment, which is defined as any unwelcome sexual advance, unwelcome request for sexual favours, or other unwelcome conduct of a sexual nature which makes a person feel offended, humiliated or intimidated, where a reasonable person would anticipate that reaction in the circumstances
- (113) Being exposed to or witnessing this kind of behaviour may also constitute sexual harassment
- (114) Sexual harassment is unlawful under the Relevant Laws and may be a criminal offence in some cases (e.g., stalking, indecent acts or assault)
- (115) Examples of sexual harassment include: sexually suggestive comments, repeated unwelcome invitations to go on dates or requests for sex, intrusive questions about someone's private life or physical appearance, inappropriate staring, leering, unwelcome hugging, kissing, cornering or other types of inappropriate physical contact, sexually explicit text messages, images, phone calls or emails

Sex-based harassment

- (116) We have zero-tolerance for sex-based harassment, which is defined as any unwelcome behaviour that is sexist and demeaning in nature, but that is not necessarily sexual
- (117) Sex-based harassment is unlawful under the Relevant Laws if it occurs in circumstances in which a reasonable person, aware of those circumstances, would anticipate that the person being harassed might feel offended, humiliated or intimidated
- (118) Examples of sex-based harassment include: intrusive personal questions about a person's sex (e.g., inappropriate questions about menopause, menstruation or genitalia), inappropriate comments based on a person's sex, displaying images or making comments that are sexist or strongly prejudiced against a particular sex, sexist, misogynistic or misandrist remarks about a person, verbal abuse, bullying, physical threats, attacks or other hateful conduct motivated by a person's sex, or asking a person to engage in degrading conduct based on their sex

Cyber harassment/bullying

- (119) We have zero-tolerance for cyber harassment/bullying, which is defined as the use of technology to threaten, bully, intimidate, harass or humiliate someone
- (120) Examples of unlawful cyber harassment include: sharing intimate or sexual photos or videos online without consent (known as image-based abuse), personal attacks aimed at ridiculing, insulting, damaging or humiliating a person ('online hate'), posting seriously offensive and shocking material with the intent to upset people, repeatedly sending obscene messages to someone, repeatedly messaging someone who has asked you to stop, stalking a person online or hacking into their accounts (known as 'cyberstalking').

Workplace violence, sexual assault and aggression

- (121) We have zero-tolerance for workplace violence or aggression, which includes any action, incident or behaviour in which a person is assaulted (sexually or otherwise), abused, threatened, harmed or injured in circumstances related to their work
- (122) Workplace violence, aggression and sexual assault create a significant risk to health and safety and may be offences with very serious penalties under the criminal law
- (123) Examples include physical assault such as biting, scratching, hitting, kicking, pushing, grabbing or throwing objects, deliberately coughing or spitting on another person, sexual assault, indecent physical contact, harassment or aggressive behaviour that creates the apprehension of violence (e.g., stalking, sexual harassment, verbal threats and abuse, yelling or swearing), 'hazing' or initiation practices for new or young staff members, gendered violence, violence from a family or domestic relationship spilling over into the workplace
- (124) Staff must report all criminal conduct to the police, following our procedures

Victimisation

- (125) We have zero-tolerance for victimisation, which is defined as subjecting, or threatening to subject, another person to any detriment (that is, treat them badly or unfairly) because the other person has taken, or may take action, in regard to unacceptable behaviour (e.g., make a complaint or assist in investigations)
- (126) Victimisation is unlawful under the Relevant Laws
- (127) Staff, families and visitors should feel safe to make reports or act as witnesses without the fear of reprisal

Duties and obligations

Vicarious liability

- (128) Under the Relevant Laws, the approved provider may be held legally responsible when a staff member behaves in a discriminatory or harassing way

- (129) To minimise liability, the approved provider must take all reasonable steps to prevent discrimination or harassment from occurring and manage any incidents appropriately.

Positive duty to make reasonable adjustments

- (130) We have a duty to make reasonable adjustments to accommodate the needs of a person related to their protected attributes (e.g., disability, carer's status, religious conviction, age, pregnancy etc)
- (131) Examples of reasonable adjustments are: support for disability needs, modifying assessments and teaching styles for diverse children, flexibility for families experiencing family violence, modifying non-core duties for staff, flexibility for work and conditions for parents/carers, supported decision making processes and aids for people with disability, easy English and translated materials, interpreter services
- (132) Staff must follow our policies and procedures that relate to making reasonable adjustments (e.g., HR policies, Enrolment Policy, Access and Inclusion Policy, Child Safe Environment, Work Health and Safety Policy, Physical Environment Policy, Positive Relationships for Children Policy, Family and Community Partnerships Policy, Nutrition and Dietary Requirements Policy, Medical Conditions Policy etc)

Positive duty under the *Commonwealth Sex Discrimination Act 1984*

- (133) Our service has a legal duty to eliminate, as far as possible, the following unlawful behaviour from occurring:
- Discrimination on the grounds of sex in a work context
 - Sexual based harassment in connection with work
 - Sex-based harassment in connection with work
 - Conduct creating a workplace environment that is hostile on the grounds of sex
 - Related acts of victimisation
- (134) The approved provider must ensure that our service satisfies the 7 Standards of this positive duty: leadership; culture; knowledge; risk management; support; reporting and response; and monitoring, evaluation and transparency (see next section 'How we prevent and respond to unacceptable behaviour')

Work health and safety duties – psychosocial risks

- (135) The approved provider has a legal duty to ensure, so far as is reasonably practical, that staff and others (e.g., children, families, visitors) are not exposed to health and safety risks in the workplace – including psychosocial risks such as discrimination, harassment, or bullying

- (136) Staff, families and visitors must also take reasonable care that they do not adversely affect the health and safety of others, and comply with our relevant policies and procedures.

How we prevent and respond to unacceptable behaviour

1 - Through leadership

- (137) The approved provider, nominated supervisor and other staff in leadership roles will:
- Understand their responsibilities under the Relevant Laws, and the drivers and impacts of unacceptable behaviour
 - Be role models and actively promote a respectful, safe and inclusive environment
 - Make it clear that unacceptable behaviour will not be tolerated at our service
 - Act immediately to instances or reports of unacceptable behaviour and breaches
 - Be accountable for workplace change, prevention and responses to unacceptable behaviour
 - Take reasonable steps to ensure that our policies, procedures, expectations for behaviour (including codes of conduct) are followed.

2 - In our workplace culture

- (138) All staff will contribute to a respectful, inclusive environment in which diversity and equality are valued
- (139) The approved provider, nominated supervisor and other staff in leadership roles will monitor the workplace to make sure it is free from unacceptable behaviour, and that everyone is treated with dignity, courtesy and respect
- (140) Our environment will be free of sexist, racist or any other type of stereotyping material, posters, or screen savers
- (141) The approved provider, nominated supervisor and staff in leadership roles will take proactive measures to maintain a positive workplace culture

3 - By equipping staff with knowledge, understanding and training

- (142) The approved provider and nominated supervisor will provide information and training for staff members on their rights and responsibilities, including:
- Legal obligations and up-to-date information about discrimination, harassment, victimisation, bullying
 - Expected standards of behaviour

- How to identify, prevent, report and manage unacceptable behaviour
- Conflict resolution and communication skills

(143) Training will be provided at regular intervals, not just at induction

4 - Through effective risk management

(144) The approved provider must ensure that we conduct regular work health and safety risk assessments for psychosocial hazards such as bullying, harassment and discrimination

(145) The approved provider, nominated supervisor and staff in leadership roles will implement and review control measures according to our policies and procedures

(146) Risk management must be done in consultation with staff

5 - By providing support

(147) Staff who experience or witness unacceptable behaviour will be offered confidential support, regardless of whether they make a formal report. Support may include:

- Access to support services, such as counselling, mediation, conflict resolution, coaching, training
- Flexible work arrangements
- Open communication with their team leaders, the nominated supervisor, approved provider and/or union officials to identify possible solutions
- Stress management for easing workloads, overtime distribution, leave entitlements and plans for returning to work from stress leave

(148) Staff should support colleagues who may be experiencing unacceptable behaviour, including by standing up for each other and acting as witness to any observed unacceptable behaviour

6 - With prompt reporting and response

(149) Concerns or complaints must be dealt with according to our [Complaint Handling Policy and Procedure](#)

(150) Everyone at our service should feel safe and supported to report unacceptable behaviour

(151) Staff must maintain complete confidentiality if they are privy to information about an investigation or a complaint

(152) Our responses will be victim survivor-centred, trauma-informed and culturally safe

(153) Consequences for unacceptable behaviour will be fair, consistent and proportionate

- (154) We will take action to protect the rights and safety of staff, children and families, and visitors
- (155) Depending on the circumstances, our response to unacceptable behaviour may include:
- Disciplinary action, including termination of employment of a staff member
 - Terminating a child's enrolment
 - Denying a person entry to our service
 - Reports to the police and/or other relevant authorities
- (156) If a person is unhappy with the handling of a report, or they would like advice, they may contact the Australian Human Rights Commission, Anti-Discrimination NSW, Fair Work Commission (a staff member who reasonably believes they have been bullied at work may apply to the Fair Work Commission for an order to stop the bullying), SafeWork NSW or the police (if criminal behaviour is involved)

7 - Through monitoring, evaluation and transparency

- (157) The approved provider or nominated supervisor will:
- Record and analyse incidents and complaints
 - Ask for feedback from staff and families
 - Consult external experts where needed
 - Be transparent about nature and extent of reports of unacceptable behaviour and how we are addressing them
- (158) Policies, risk assessments and prevention strategies will be regularly updated to incorporate lessons learned

PRINCIPLES

- (159) Everyone at our service is treated fairly, equitably and respectfully
- (160) Our service is safe, inclusive and free from bullying, harassment and discrimination
- (161) Everyone is responsible for maintaining a respectful and supportive environment, free of unacceptable behaviour
- (162) We take proactive measures to identify and eliminate risks to the health, safety and wellbeing of everyone at our service
- (163) We are committed to ensuring complaints are dealt with in a timely, transparent, professional, confidential, thorough and impartial manner
- (164) We regularly review and update our policies and procedures to make sure they still reflect current laws, best practices and address emerging risks.

POLICY COMMUNICATION, TRAINING AND MONITORING

- (165) This policy and related documents can be found on all digital devices and in the foyer
- (166) The approved provider and nominated supervisor provide information, training and other resources and support regarding the Bullying, Harassment and Discrimination Policy and related documents
- (167) All staff (including volunteers and students) are formally inducted. They are given access to, review, understand and formally acknowledge this Bullying, Harassment and Discrimination Policy and related documents
- (168) The approved provider runs a professional development program for each staff member, which covers this policy
- (169) Roles and responsibilities are clearly defined in this policy and in individual position descriptions. They are communicated during staff inductions and in ongoing training
- (170) The approved provider and nominated supervisor monitor and audit staff practices and address non-compliance. Breaches of this policy are taken seriously and may result in disciplinary action against a staff member
- (171) At enrolment, families are given access to our Bullying, Harassment and Discrimination Policy and related documents
- (172) Families are notified in line with our obligations under the *National Regulations* when changes are made to our policies and procedures.

LEGISLATION (OVERVIEW)

Education and Care Services National Law and Regulations

Law	Description
s 166	Offence to use inappropriate discipline
s 167	Offence relating to protection of children from harm and hazards
Regulations	
s 168	Education and care services must have policies and procedures
s 170	Policies and procedures to be followed
s 171	Policies and procedures to be kept available
s 172	Notification of change to policies or procedures

Other applicable laws and regulations

Act / Regulation / Standard	Description

<i>Privacy Act 1988</i>	Principal act protecting the handling of personal information
<i>Australian Human Rights Commission Act 1986 (Cth)</i>	Establishes the Australian Human Rights Commission and outlines its role in promoting and protecting human rights in Australia
<i>Fair Work Act 2009 (Cth)</i>	Regulates workplace relations in Australia, including minimum employment conditions, unfair dismissal, and protections against discrimination in employment
<i>Age Discrimination Act 2004 (Cth)</i>	Prohibits discrimination on the basis of age in areas such as employment, education, and the provision of goods and services
<i>Disability Discrimination Act 1992 (Cth)</i>	Prohibits discrimination against individuals with disabilities in employment, education, access to premises, and the provision of goods and services
<i>Racial Discrimination Act 1975 (Cth)</i>	Prohibits racial discrimination in areas such as employment, education, housing, and access to services, implementing Australia's obligations under international human rights treaties
<i>Sex Discrimination Act 1984 (Cth)</i>	Prohibits discrimination on the basis of sex, sexual orientation, gender identity, marital or relationship status, pregnancy, and family responsibilities in areas such as employment and education
<i>Work Health and Safety Act 2011 (NSW)</i>	Establishes duties and responsibilities for ensuring health and safety in workplaces across NSW, aligning with the national model WHS laws
<i>Anti-Discrimination Act 1977 (NSW)</i>	Prohibits discrimination in NSW on various grounds, including sex, race, disability, age, and political belief, in areas such as employment, education, and service provision
<i>Crimes Act 1900 (NSW)</i>	Protects fundamental human rights in NSW by requiring public authorities to act consistently with human rights and allowing individuals to challenge breaches

National Quality Standard

Standard / Element	Concept	Description
4.2	Professionalism	Management, educators and staff are collaborative, respectful and ethical
4.2.1	Professional collaboration	Management, educators and staff work with mutual respect and collaboratively, and challenge and learn from each other, recognising each other's strengths and skills
4.2.2	Professional standards	Professional standards guide practice, interactions and relationships
7.1	Governance	Governance supports the operation of a quality service
7.1.2	Management systems	Systems are in place to manage risk and enable the effective management and operation of a quality service
7.2	Leadership	Effective leadership builds and promotes a positive organisational culture and professional learning community
7.2.1	Continuous improvement	There is an effective self-assessment and quality improvement process in place

National Principles for Child Safe Organisations

Most relevant principles

Equity is upheld and diverse needs respected in policy and practice

Policies and procedures document how the organisation is safe for children and young people

RELATED DOCUMENTS

Key Policies	Child Safe Environment Policy Access and Inclusion Policy Child Safe Code of Conduct Child Protection Policy Complaint Handling Policy Governance and Management Policy Enrolment Policy Governance and Management Policy Family and Community Partnerships Policy Positive Relationships for Children Policy Staff Communication Policy Work Health and Safety Policy Recruitment, Induction and Training Policy Staff Code of Conduct Child Safe Code of Conduct Family and Visitors Code of Conduct.
Procedures	Roles and Responsibilities – Bullying, Harassment and Discrimination
Resources	Risk management of unacceptable behaviour (attached) Bullying, harassment and discrimination – quick guide (attached) Human Rights Commission resources for complying with Positive Duty Safe Work Australia Model Code of Practice – Managing Psychosocial Hazards at Work .

Quick reference: bullying | harassment | sexual harassment | sex-based harassment | discrimination | race discrimination | disability | age discrimination | sex discrimination | carers rights | reasonable adjustments | workplace health and safety | psychosocial hazards | anti-discrimination | respect | rights | safety | fairness | inclusion | diversity | prevention | equality | support | positive duty | workplace culture | complaints | risk management

SOURCES

Education and Care Services National Law and Regulations | National Quality Standard | Australian Human Rights Commission | Respect at Work: Positive Duties Explained – SafeWork NSW | Fair Work Ombudsman resources on bullying | Attorney General's resources for anti-discrimination | Australian Human Rights Commission resources | Model WHS Codes of Practice – guide to managing psychosocial hazards at work; Sexual and gender-based harassment | Work Safe Australian - Guide for preventing and responding to workplace bullying

POLICY INFORMATION

Approval date	1 January 2026
Effective date	1 January 2026
Review date	1 January 2027
Approved by	Dr Jay Mukhraiya >

APPENDIX A

ROLES AND RESPONSIBILITIES – Bullying, harassment and discrimination

Approved provider responsibilities (not limited to)

Ensure our service meets its obligations under the *Education and Care Services National Law and Regulations* and the relevant legislation

Ensure that our service's governance, management, operations, policies, plans, (including risk management/action plans), systems, practices and procedures for unacceptable behaviour (including bullying, harassment and discrimination) are appropriate in practice, up-to-date, best practice, and comply with all relevant legislation, standards and guidelines

Ensure this Bullying, Harassment and Discrimination Policy and related procedures are in place and available for inspection

Take reasonable steps to ensure our Bullying, Harassment and Discrimination Policy and related procedures are followed (e.g. through clear and accessible communication, and systemised inductions, training and monitoring of all staff – including volunteers, students)

Do not engage in any unacceptable behaviour. Promote a safe and respectful workplace, and be a role model for staff

Ensure there are adequate resources for training and awareness to prevent unacceptable behaviour

Respond to any reports of unacceptable behaviour according to relevant policies and procedures. Implement strategies to prevent the behaviour/conduct

Regularly review this Bullying, Harassment and Discrimination Policy and related procedures in consultation with children, families, communities and staff

Notify families at least 14 days before changing this Bullying, Harassment and Discrimination Policy if the changes will: affect the fees charged or the way they are collected; or significantly impact the service's education and care of children; or significantly impact the family's ability to utilise the service

Nominated supervisor / persons in day-to-day charge responsibilities (not limited to)

Ensure our service meets its obligations under the *Education and Care Services National Law and Regulations* and the relevant legislation

Support the approved provider to ensure that our service's management, operations, policies, plans, (including risk management/action plans), systems, practices and procedures unacceptable behaviour (including bullying, harassment and discrimination) are appropriate in practice, up-to-date, best practice, and comply with all relevant legislation, standards and guidelines

Implement this Bullying, Harassment and Discrimination Policy and related procedures

Take reasonable steps to ensure Bullying, Harassment and Discrimination Policy and related procedures are followed (e.g. through clear and accessible communication, and systemised inductions, training and monitoring of all staff – including volunteers, students)

Do not engage in any unacceptable behaviour. Promote a safe and respectful workplace and be a role model to staff

Ensure staff, families and visitors are aware of their rights and responsibilities

Respond to any reports of unacceptable behaviour according to relevant policies and procedures. Implement strategies to prevent the behaviour/conduct

Contribute to policies and procedure reviews and risk assessments and plans in consultation with children, families, communities and staff. Support the approved provider to notify families of reviews and changes according to legislation and our policies and procedures

Educator / other staff responsibilities (not limited to)

Follow this [Bullying, Harassment and Discrimination Policy](#) and related procedures. Do not engage in any unacceptable behaviour

Report concerns or incidents of unacceptable behaviour (inc. bullying, harassment or discrimination). If reporting on behalf of another person, make sure to get their consent. Support colleagues, families and visitors to make reports of unacceptable behaviour

Participate in training and awareness activities

Contribute to maintaining a safe, healthy, respectful, inclusive environment in which diversity is valued

Contribute to policy and procedure reviews and risk assessments and plans, and participate in relevant training and professional development opportunities

Families and visitors responsibilities (not limited to)

Treat staff, children, and families with respect. Do not engage in any unacceptable behaviour

Follow service policies on workplace conduct

Raise any concerns with the appropriate person (see Complaint Handling Policy)

Ensure interactions with staff are professional and appropriate

APPENDIX B

RESOURCE – Risk management of unacceptable behaviour

Discrimination, bullying, harassment, sexual and sex-based harassment, aggressive and violent behaviour can all cause psychological harm to a person (e.g., harm someone's mental health, cause them stress) are known as 'psychosocial hazards'.

The process for risk management of these harms is the same as any other workplace hazard and involves 4 steps. The following gives an overview of these steps and has been adapted from [Safe Work Australia's Code of Practice Guide: Managing psychosocial hazards at work](#).

All of these steps must include consultation with staff and, where appropriate children and families.

The risk management process may be implemented in different ways depending on the size and nature of your service or activities.

You should record your risk management process and outcomes, including consultation, training and communication. This will be evidence that you have discharged your duties and will help when you need to monitor and review the effectiveness of controls.

You should also record the processes used to investigate and resolve any incidents or allegations of unacceptable behaviour.

STEP 1: Identify hazards - find out what could cause harm

- Examples include:
 - Discriminatory behaviour (could include inconsistent, unfair, discriminatory management decisions and applications of policy, including poor procedural justice)
 - Bullying (could include unreasonable job demands, conflict or poor workplace relationships)
 - Harassment, including sexual harassment (could be due to discrimination, occur online)
 - Violence and aggression
- To identify hazards:
 - Consult with staff
 - Use anonymous surveys
 - Observe work and behaviour (e.g., how people interact with each other)
 - Review records and other relevant information such as incidents, workers compensation claims, complaints, HR reports, policies and procedures, staffing and resourcing decisions, absenteeism and high turnover of staff, Health and Safety Committee meeting records, previous risk assessments

- Look for trends, such as hazards in a particular room or location, associations with particular roles
- Have a reporting mechanism and encourage reporting (e.g., Complaint Handling Policy, locked box for making confidential reports, book to write up hazards, discussions at team meetings)

STEP 2: Assess risks, if necessary

(This step may not be necessary if the risks and controls are known)

- Understand:
 - The nature of the harm the hazard could cause
 - How serious the harm could be, and
 - The likelihood of it happening
- Identify the people affected and consider the duration, frequency and severity of their exposure
- Consider the hazards collectively, rather than in isolation – several hazards may be present at the same time and can interact and combine (e.g., a staff member will be harmed more if they don't get support after a colleague acts aggressively toward them)
- Risks can increase when exposure to hazards is more severe (e.g., a very traumatic event such as sexual assault), more frequent (e.g., being spoken to disrespectfully by parents every day), or longer in duration (e.g., not receiving the necessary support or reasonable adjustments to accommodate a disability over a period of weeks or months)

STEP 3: Control the risks - implement the most effective control measures that are reasonably practicable in the circumstances and ensure they remain effective over time

- This means:
 - Eliminate risks, if reasonably practicable to do so
 - If it is not reasonably practicable to eliminate the risks, implement the most effective control measures to minimise the risks so far as is reasonably practicable in the circumstances, and
 - Ensure those control measures remain effective over time
- Identify and select control measures:
 - Identify as many as you can in consultation with staff
 - Consider which are the most effective and reliable measures – order these controls from most effective to least effective
 - Select reasonably practical control measures

- Take into consideration the cost of a particular control measure, but only after assessing the extent of the risk and the ways of eliminating it or minimising it. If the cost is grossly disproportionate to the risk, it might mean that implementing that measure is not reasonably practical. Also, if there are two equally effective measures, you can implement the less expensive one. Note, you cannot provide a lower level of protection simply because you are in a lesser financial position than another service that faces the same risks in similar circumstances
- Implement control measures
 - Test the control measures – allow people enough time to adjust to changes before testing the effectiveness, though
 - Ask for feedback from people at the service
 - Supervise staff to ensure the controls are being implemented properly
 - You must provide appropriate information, training and instruction (e.g., what to do if someone acts unacceptably toward you, how to report it, what to do if you are a witness to unacceptable behaviour, what the consequences for the behaviour might be)
 - Maintain control measures over time – check they are still effective, suitable, and used properly at regular, systemised intervals AND when there is an incident or a breakdown in policy or procedures
- Develop appropriate policies that put down in writing what your expectations and standards are, how to prevent and manage incidents

STEP 4: Review control measures to ensure they are working as planned and make changes as required

- Regularly review control measures and when required (e.g., when the control measure isn't working, before a change that might cause a new or different risk, if a new hazard or risk is identified, if an incident occurs)
- Common ways to review your control measures include: workplace inspections, consultation, and analysing records and data
- Questions to consider may include:
 - Are control measures working effectively, without creating new risks?
 - Have staff reported feeling stressed or are they showing signs of harm?
 - Have all hazards been identified?
 - Have risks changed or are they different to what you previously assessed?
 - Are staff actively involved in the risk management process?
 - Are staff openly raising concerns and reporting problems promptly?

- Has instruction and training been provided to all relevant people?
- Are there any upcoming changes that are likely to result in a worker being exposed to hazards?
- Are new control measures available that might better control the risks?
- Have risks been eliminated or minimised as far as is reasonably practicable?

APPENDIX C

RESOURCE – Bullying, harassment and discrimination – quick guide

We are committed to a safe, respectful, inclusive and fair environment for everyone. We have zero tolerance for bullying, harassment, sexual and sex-based harassment, discrimination, aggression or violence

Expected behaviour:

- Treat all staff, families and children with courtesy, fairness and respect
- Speak up if you see harmful or disrespectful behaviour, or if you think something is not right
- Make sure that everyone can participate, regardless of their abilities or background
- Take care not to affect the health and safety of others (including their mental wellbeing)
- Don't gossip - maintain confidentiality and support others

Unacceptable behaviour

- Repeated unreasonable treatment that causes stress or harm (bullying)
- Disrespectful, intimidating, humiliating or hostile behaviour (harassment)
- Unwelcome sexual behaviour that could make someone feel offended, humiliated or intimidated (sexual harassment)
- Unwelcome, demeaning conduct based on someone's gender - e.g., sexist remarks or assumptions (sex-based harassment)
- Treating someone adversely based on personal characteristics - e.g., race, sex, gender, disability, carer, sexual orientation, age, religion (discrimination)
- Retaliating against someone for making a complaint or being a witness (victimisation)
- Saying or doing something in public that could incite hatred, serious contempt or severe ridicule towards someone or a particular group (vilification)
- Cyber harassment/bullying
- Excluding, isolating, mocking, name-calling, spreading rumours
- Threats, aggression, yelling, physical violence or intimidation
- Posting harmful content online or misusing service technology.

What to do if there's a problem

1. Speak to the nominated supervisor or approved provider
2. Use our [Complaint Handling Policy and Procedure](#)
3. You can get support even if you're not ready to make a formal report
4. All reports will be taken seriously and handled fairly, safely and confidentially

Everyone is responsible for maintaining an inclusive, safe, healthy and respectful environment.

Our full [Bullying, Harassment and Discrimination Policy](#) is available at the Foyer and on all our digital devices.

5 - CCTV Policy

Quick reference: CCTV | privacy requirements | surveillance | consent for CCTV | recordings | child safe environment | rights of the child | workplace surveillance | staff rights | personal information

PURPOSE AND BACKGROUND

- (173) This policy sets out our use and management of Closed-Circuit Television (CCTV), which we use for the safety and security of children, families, staff and visitors at our service
- (174) It helps us to comply with privacy, surveillance and workplace laws in NSW, the *NSW Child Safe Standards* and the *National Model Code for Taking Images or Videos of Children*

SCOPE

- (175) This policy applies to:
- ‘Staff’: the approved provider, paid workers, volunteers, work placement students, and third parties who work at our service (e.g., contractors, subcontractors, self-employed persons, employees of a labour hire company)
 - Children in our care, their parents, families and care providers
 - Visitors to our service.

DEFINITIONS

- (176) The following definitions apply to this policy and related procedures:
- ‘Authorised user’ means a person who has been authorised by the approved provider or the approved provider’s nominee. For example, authorised users may include: contracted security officers; staff members; parents accessing footage that is directly related to themselves, or their child and property; third party consultants, (e.g., legal advisers, IT contractors); and officers from authorised agencies (e.g., police, child protection, family support, the regulatory authority).
Note, access to CCTV footage is only granted in accordance with this policy and our obligations under privacy laws and other relevant NSW laws
 - ‘CCTV’ – Closed-Circuit Television, a video surveillance system used to monitor designated areas within our service
 - ‘Personal information’ refers to any information or opinion about an identified individual or an individual who is reasonably identifiable. What is personal information will vary, but it includes CCTV footage if individuals can be identified
 - ‘Surveillance device’ is any device that is capable of recording visual or audio content
 - ‘Parents’ includes guardians and persons who have parental responsibilities for the child under a decision or order of court
 - ‘Staff’ refers to paid employees, volunteers, students, and third parties who are covered in the scope of this policy.

POLICY STATEMENT

Purpose of our CCTV system

- (177) We use a CCTV system to support a safe and secure environment for children, families, visitors and staff
- (178) We use it:
- To protect against security breaches, including vandalism, theft, or unauthorised access
 - To verify incidents or allegations of security breaches, misconduct, or inappropriate behaviour
 - For evidence, if required by the police, courts, child protection authority, regulatory authority or another relevant authority, including evidence relating to incidents or allegations of harm or risk of harm to a child
- (179) To meet our obligations under privacy laws, we only use CCTV footage for the purpose it has been collected or a reasonably expected related purpose, or as required or authorised by law
- (180) Surveillance records may be used to take disciplinary action against a staff member

Consent and communication

- (181) We are transparent and inform families and staff members about why we use CCTV, and how we manage and store footage and privacy risks
- (182) At enrolment, parents are given access to this policy and sign a CCTV consent form [a consent form is not required by law; however, ACECQA recommends that services get permission from parents]
- (183) Before their start date, staff are given access to this policy and must sign a CCTV consent form (attached) [again, a consent form is not required by law; however, it ensures staff are informed]
- (184) Before we install or make significant changes to our CCTV system, the approved provider or nominated supervisor consult with and consider the views of staff and families
- (185) We welcome feedback and questions about our CCTV system from staff, families and visitors
- (186) Any complaints or allegations of breaches of our policies can be directed to the approved provider or nominated supervisor (see [Complaint Handling Policy](#))

Written notice to staff

- (187) By law, the approved provider must give written notice to staff if they want to conduct surveillance of them (*Workplace Privacy Act 2011 (ACT)* s 13)
- (188) This notice must be given at least 14 days before the surveillance begins, unless otherwise agreed by staff. If a new staff member starts, we must notify the worker in advance of their start day of:
- The kind of surveillance to be carried out (i.e., a CCTV system)
 - How the surveillance will be carried out, and
 - When the surveillance will start, and
 - Whether it will be continuous recording or intermittent
 - Whether it will ongoing or for a specified limited period

CCTV system information

- (189) Our service monitors and stores CCTV footage internally

CCTV cameras

- (190) Any new CCTV cameras must be approved by the approved provider before installation
- (191) We only allow companies or individuals who hold the appropriate licence in NSW to install cameras
- (192) Cameras are clearly visible and not hidden
- (193) We display clearly visible signs indicating that CCTV cameras are in use at all entry points and in areas where cameras are installed
- (194) Our service has cameras in the appropriate locations: [services can delete any areas that don't exist in their service]
- Carpark and outside of the building
 - Entry and reception
 - Children's learning spaces
 - Outdoor play areas
 - Sleep and rest areas

- Hallways, foyers and stairwells
 - Fire escapes
 - Kitchens
- (195) CCTV cameras are never located so as to capture images in areas where children, staff or visitors would expect privacy or in non-work areas of the service, including in:
- Adult toilets, bathrooms, showers and locker rooms
 - Children's nappy change rooms and bathrooms
 - Staff rooms and the office of the approved provider or nominated supervisor
- (196) Cameras do not record neighbouring properties
- (197) Only people who have been authorised by law or the approved provider can access CCTV cameras

Recording information

- (198) Recording is and <continuous: 24 hours/7 days a week all year> [OR] <recording is intermittent during the following times [insert details]> [edit according to your arrangements]
- (199) Our system does not record sound

Use and disclosure of footage

- (200) We take our obligations under privacy laws seriously and only allow CCTV footage to be used and disclosed for the purpose we collected it, or as required or authorised by law (see our [Privacy and Confidentiality Policy](#) for a list of other circumstances where we may use or disclose personal information)
- (201) We also meet our additional obligations under the Workplace Surveillance Act 2005 to not use or disclose footage of staff unless it is:
- For a legitimate purpose related to the staff member's employment or the legitimate business activities or functions of our service, or
 - For use in connection with the detection, investigation or prosecution of an offence, or
 - For a purpose indirectly or directly related to a court proceeding
 - It reasonably believed to be needed to avert an imminent threat of serious violence to a person or substantial damage to property

- (202) Only authorised users are permitted to access CCTV footage, and any access must comply with this policy and relevant legal obligations
- (203) If an incident occurs or an allegation is made, an authorised user (including an authorised third party) may review footage to investigate further. In this case, an authorised user may need to watch footage of before, during and after the time in question and footage may be stored for longer than our standard time
- (204) The authorised user must log their access to the footage, including the date, time, and reason for access
- (205) Individuals have a right to access their personal information. All requests by families, staff or visitors to disclose footage must be made in writing to the approved provider to consider. The approved provider can only grant access in the following circumstances:
- It is required and authorised under the law by a competent authority
 - It directly relates to that person (or their child) or property, and
 - Any personal information of anyone else (including their image) has been deidentified (e.g., blurred or redacted)
- (206) Breaches of the use and disclosure of personal information are managed in line with our [Privacy and Confidentiality Policy](#) (see also our [Technology and Device Use Policy](#))

Managing privacy and security

- (207) CCTV footage is protected from misuse, interference and loss, and from authorised access, modification or disclosure. For example, our external professional security company ensures that:
- That only authorised users are given access to footage, and they are only allowed to use it according to our policy
 - Footage is protected using strong passwords
 - Footage data is encrypted during transit and storage
 - Firewall and antivirus software is installed and regularly updated
 - Backups are conducted regularly and stored securely
 - Access logs are kept to track who has accessed footage and when
 - There are regular audits and monitoring of access, including unauthorised access
 - CCTV controls, monitors, physical backups and recorders are in a secure <offsite/onsite> area that is only accessible to authorised users

- (208) CCTV footage is generally not monitored in real time

Storage and retention

- (209) By law, we must store CCTV footage for at least 30 days
- (210) Footage and backups that are on physical storage devices e.g., hard drives, servers) are kept in a locked, secure area that is accessible only to authorised users
- (211) We do not retain footage longer than is necessary to fulfil its intended purpose, unless we need to keep it for longer for investigations or legal proceedings
- (212) At the end of the retention period, footage is securely deleted or overwritten unless it is marked for retention

PRINCIPLES

- (213) We are committed to ensuring the privacy and dignity of the children in our care. We balance our security measures with privacy rights
- (214) We collect, use, disclose, store, and destroy CCTV footage in accordance with the Australian Privacy Principles (see our [Privacy and Confidentiality Policy](#)), other relevant workplace and surveillance laws in NSW, the National Model Code and NSW Child Safe Standards
- (215) We are transparent about our use of CCTV. Everyone who enters our service is alerted to our use of surveillance, and families, staff and visitors are invited to give us feedback about our security measures
- (216) We manage security and privacy risks according to the law and best practice. Staff, families and visitors can be sure that we have strict protocols to protect their personal information

POLICY COMMUNICATION, TRAINING AND MONITORING

- (217) This policy and related documents can be found in the Foyer
- (218) The approved provider and nominated supervisor provide information and other resources and support regarding the [CCTV Policy](#) and related documents
- (219) All staff (including volunteers and students) are formally inducted. They are given access to, review, understand and formally acknowledge this [CCTV Policy](#) and related documents before their first day of work, as required under the law
- (220) The approved provider runs a professional development program for each staff member, which covers this policy if it is relevant to the person's role
- (221) The approved provider and nominated supervisor monitor and audit staff practices and address non-compliance. Breaches to this policy are taken seriously and may result in disciplinary action against a staff member

- (222) At enrolment, families are given access to our [CCTV Policy](#) and related documents
- (223) Families are notified in line with our obligations under the *National Regulations* when changes are made to our policies and procedures

LEGISLATION (OVERVIEW)

Applicable laws and regulations

Act / Regulation / Standard	Description
<i>Privacy Act 1988</i>	Principal act protecting the handling of personal information
<i>Surveillance Devices Act 2007 (NSW)</i>	Regulates surveillance devices, including CCTV
<i>Workplace Surveillance Act 2005 (NSW)</i>	Regulates surveillance in the workplace
<i>Crimes Act 1900</i>	Includes some offences related to the misuse of recordings

National Quality Standard

Standard / Element	Concept	Description
2.2	Safety	Each child is protected
5.1.2	Dignity and rights of the child	The dignity and rights of every child is maintained
6.1.1	Engagement with the service	Families are supported from enrolment to be involved in the service and contribute to service decisions
7.1.2	Management systems	Systems are in place to manage risk and enable the effective management and operation of a quality service

National Principles for Child Safe Organisations

Most relevant principles

Child safety and wellbeing is embedded in organisational leadership, governance and culture

Families and communities are informed and involved in promoting child safety and wellbeing

Physical and online environments promote safety and wellbeing while minimising the opportunity for children and young people to be harmed.

Policies and procedures document how the organisation is safe for children and young people

RELATED DOCUMENTS

Key Policies	Child Safe Environment Policy Technology and Device Use Policy Photography and Video Policy Privacy and Confidentiality Policy
Procedures	Roles and Responsibilities – CCTV (attached)

Resources	CCTV Consent forms (attached)

SOURCES

Legislation (as listed above) | Guide to the Australian Privacy Principles | Office of the Australian Information Commissioner Guidelines | Australian Cyber Security Centre resources | ACECQA's Review of Child Safety Arrangements under the NQF – Final Report 2023 | National Quality Standard | National Principles for Child Safe Organisations | Fair Work Ombudsman – Workplace privacy best practice guide | National Model Code

POLICY INFORMATION

Approval date 1 Jan 2026

Effective date 1 Jan 2026

Review date 1 Jan 2027

Approved by Dr Jay Mukhraiya

APPENDIX A

ROLES AND RESPONSIBILITIES – CCTV

Approved provider responsibilities (not limited to)

Ensure our service meets its obligations under legislation relevant to CCTV in the workplace and education and care services

Ensure this policy is in place and take reasonable steps to ensure that it can be followed

Notify/consult staff, families and visitors about the use of CCTV according to this policy and the *Workplace Surveillance Act 2005 (NSW)*. Ensure that new staff are given notice of our use of CCTV before their first day of work

Take reasonable steps to protect CCTV footage from misuse, loss, unauthorised access, modification or disclosure. Maintain tight security during the transmission, storage, and destruction of the footage

Allow individuals to access CCTV footage records directly related to them according to this policy

Ensure that cameras and CCTV signs are clearly visible. Do not allow cameras to be installed in areas that people would expect privacy or in non-work areas

Ensure that CCTV footage is only used and disclosed according to the law, this policy and our Privacy and Confidentiality Policy

Notify families at least 14 days before changing this CCTV Policy if the changes will: affect the fees charged or the way they are collected; or significantly impact the service's education and care of children; or significantly impact the family's ability to utilise the service

APPENDIX B

RESOURCE – CCTV consent form for parents [This form is optional]

Purpose of CCTV surveillance

Cuddlez Preschool and Montessori is committed to providing a safe and secure environment for children, staff, families, and visitors. As part of our security measures, we use Closed-Circuit Television (CCTV) in specific areas of our service to monitor and deter unauthorised access, enhance safety, and protect property.

Consent and agreement

By signing this form, you acknowledge and consent to the following:

- I understand that CCTV cameras are installed in the locations identified in the CCTV Policy and that these areas are clearly marked with signage indicating CCTV is in operation
- I am aware that CCTV cameras will not be used in areas where privacy is expected, as identified in the CCTV Policy
- I acknowledge that the primary purpose of CCTV monitoring is to enhance safety and security within <insert service name>
- I understand that CCTV footage may be considered personal information where individuals can be identified and, therefore, will be handled according to the Australian Privacy Principles
- I understand that CCTV footage may be reviewed by authorised users, including third parties as described in the CCTV Policy
- I consent to the secure storage of CCTV footage for a limited time and acknowledge that footage will be deleted after this period, unless it is required for ongoing investigations or legal proceedings
- I know that I may request in writing access to any footage involving me, my child or my property, and that access will be granted subject to legal and policy restrictions
- I understand that I have the right to withdraw my consent to CCTV monitoring provided I inform <insert service name> in writing. I acknowledge that withdrawing consent will limit my or my child's access to the service

Child's name:

Parent's name:

Parent's signature:

Date:

APPENDIX C

RESOURCE – CCTV consent form for staff

Purpose of CCTV surveillance

<Insert service name> is committed to providing a safe and secure environment for children, staff, families, and visitors. As part of our security measures, we use Closed-Circuit Television (CCTV) in specific areas of our service to monitor and deter unauthorised access, enhance safety, and protect property.

Consent and agreement

By signing this form, you acknowledge and consent to the following:

- I understand that CCTV cameras are installed in the locations identified in the CCTV Policy and that these areas are clearly marked with signage indicating CCTV is in operation
- I am aware that CCTV cameras will not be used in areas where privacy is expected, as identified in the CCTV Policy
- I acknowledge that the primary purpose of CCTV monitoring is to enhance safety and security within <insert service name>
- I understand that CCTV footage may be considered personal information where individuals can be identified and, therefore, will be handled according to the Australian Privacy Principles
- I understand that CCTV footage may be reviewed by authorised users, including third parties as described in the CCTV Policy
- I consent to the secure storage of CCTV footage for a limited time and acknowledge that footage will be deleted after this period, unless it is required for ongoing investigations or legal proceedings
- I know that I may request in writing access to any footage involving me or my property, and that access will be granted subject to legal and policy restrictions
- I understand that CCTV records may be used to take adverse action (e.g., disciplinary action) against me
- I understand that I have the right to withdraw my consent to CCTV monitoring provided I inform Cuddle Preschool in writing. I acknowledge that withdrawing consent will limit my access to the service and, therefore, may affect my employment at the service

Staff member's name:
Staff member's signature:
Date:

6. Child Safe Environment Policy

PURPOSE AND BACKGROUND

- (224) To set out how we provide a child safe environment. That is, how we: promote a culture of child safety and wellbeing; ensure the children at our service are cared for in a safe environment (online and physical); protect children from any harm and hazard likely to cause injury; and ensure that harm or risk of harm to children is identified and responded to properly
- (225) This policy is a requirement under the *Education and Care Services National Regulations*. The approved provider must ensure that policies and procedures are in place for providing a child safe environment and take reasonable steps to ensure those policies and procedures are followed (s168)
- (226) This policy is required under the NSW Child Safe Scheme. It also helps us to meet our obligation under the Reportable Conduct to have systems in place for preventing, detecting and responding to reportable conduct.
- (227) This policy aligns with the ECEC Code of Ethics and the National Model Code for Taking Images or Videos of Children while Providing Early Childhood Education and Care (National Model Code)

SCOPE

- (228) This policy applies to:
- I. The approved provider, paid workers, volunteers and work placement students, **referred to as ‘staff’ throughout this policy**
 - II. Third parties who carry out child-related work at our service, including contractors, subcontractors, self-employed persons, employees of a labour hire company, **referred to as ‘staff’ throughout this policy**
 - III. Children who are in our care, their parents, families and care providers
 - IV. Visitors to our service who carry out child-related work, including allied health support workers

DEFINITIONS

- (229) The following definitions apply to this policy and related procedures:
- ‘Child-related work’ is used in this policy to refer to the work of our service (an education and care service for children). It does not apply where contact with children is incidental or would not reasonably be expected to occur (e.g. a plumber or delivery driver)
 - ‘Harm’ and ‘risk of harm’ are used in this policy as overarching terms that cover neglect and various forms of abuse. It includes physical, sexual and psychological abuse; neglect; ill-treatment; grooming; exposure to family violence; commercial child sexual exploitation; online child sexual abuse; and sexual abuse that is perpetrated by other children and young people
 - ‘Harmful sexual behaviours’ - a general term to describe behaviour in children that falls across a spectrum of sexual behaviour problems,

including those that are problematic to the child's own development, as well as those that are coercive, sexually aggressive and predatory towards others

- 'Parents' includes guardians and persons who have parental responsibilities for the child under a decision or order of court
- 'Staff' refers to paid employees, volunteers, students, and third parties who are covered in the scope of this policy

POLICY STATEMENT

Statement of Commitment to Child Safety and Wellbeing

- (230) Our number one priority is the safety, health and wellbeing of children in our care. We champion and model a child safe culture at all levels in our service. We will not tolerate harm or the risk of harm to children or young people. We will not tolerate bullying or harassment. We act on any concerns about child safety and encourage a culture of reporting harm and risk of harm
- (231) We listen to all children. We uphold their rights and empower them know and exercise their rights. Children and families are involved in making decisions about matters that concern them. We are committed to equity and the inclusion of all children, regardless of their abilities, sex, gender, or social, economic or cultural background. We have an inclusive and welcoming environment for Aboriginal and Torres Strait Islander children, and respect and value their diverse and unique identities and experiences
- (232) This Statement of Commitment forms part of our statement of philosophy and we publicly display it in the foyer near the entrance.

Leadership, governance and culture

- (233) Child safety and wellbeing is embedded in the leadership, governance and culture of our service
- (234) The approved provider and nominated supervisor oversee the policies, procedures, risk management, supervision, HR processes, training, communication and monitoring systems that keep children safe from harm and hazards at our service
- (235) Staff understand their responsibilities and obligations. At induction, they are given access to our Child Safe Environment Policy and related policies and procedures. Child safety and child protection topics are covered extensively in their ongoing program of training and professional development
- (236) Staff must abide by our Child Safe Code of Conduct, which sets out the behaviour we expect from staff towards the children in our care. It describes acceptable and unacceptable (physical and online) interactions with children, and each staff member's obligation to report any suspected breaches of the Code. Breaches are taken seriously, and staff are held to account
- (237) We share the responsibility of identifying and responding to harm or risk of harm to children. Our obligations and processes for responding are described in our Child Protection Policy and Procedures
- (238) Risk management is a shared responsibility that is overseen by the approved provider and nominated supervisor
- (239) Staff at all levels are involved in creating, reviewing and updating our child safety and wellbeing policies and procedures

- (240) The approved provider and nominated supervisor regularly review and report on our performance in child safety matters. Child safety is a standing agenda item at staff meetings
- (241) We plan activities to mark National Child Protection Week, Safer Internet Day and other events that promote child safety.

Taking child participation seriously

- (242) Children at our service are informed of their rights, participate in decisions that affect them and are taken seriously
- (243) Staff listen to and respond to children, respect children's bodily integrity and their right to refuse or say no (either with their voice or through non-verbal cues). Educators are trained to give children the confidence and ability to ask for help and to take part in decisions that affect them
- (244) Educators follow our policies and procedures for ensuring positive interactions with children, which affirm our commitment to upholding the United Nations Convention on the Rights of the Child and the ECEC Code of Ethics. Educators understand children's rights and teach children to understand and exercise their own rights, including the right to information, to feel and be safe, and to be listened to and taken seriously
- (245) Educators deliver our education program (based on the Early Years Learning Framework), which observes and responds to each child's identity, perspective, ideas, interests and needs
- (246) Educators are trained to recognise and respond to signs of harm in both verbal and non-verbal children
- (247) Educators teach children about personal safety and protective behaviour, how adults and other children should behave towards them, and what to do if they are concerned about their own or someone else's safety. Educators incorporate these lessons into daily routines, the education program and resources, and special activities (such as excursions, travel) [for more information about protective behaviour and teaching about child protection see our Resource – Educating children about protective behaviour at Appendix B and [NSW Government](#) resources]
- (248) We display age-appropriate posters that tell children about their rights and our complaints process, including how they can raise a concern with us. We have information about support services that are aimed at children displayed on our walls in our foyer in our newsletters, our social media posts and via our email communication.
- (249) We include children in making decisions about safety and wellbeing. For example, we ask for children's views on the safety of our physical and online environment, daily routines and special activities. Their ideas are incorporated into our risk assessments, policies and procedures. We report back to them on how we have acted on their feedback
- (250) Our educators encourage all children to participate by helping them to build connections and friendships with each other, and by acting quickly to stop bullying, discriminatory or isolating behaviour in groups. Educators follow our policies and procedures for encouraging positive relationships between children

Involving families and communities

- (251) Families, carers and communities are involved in promoting child safety and wellbeing at our service

- (252) Staff follow our policy and procedures for parental interactions and involvement, which set out how we partner with families and communities
- (253) We communicate with parents, carers, families and communities regularly and openly about children's safety and wellbeing. Families and communities know they can contact us via phone, text, on social media, email and face to face. We use questionnaires, information sessions, face to face conversations to collect their views, and use this information to assess and make decisions about child safety.
- (254) We use plain language when we communicate. If families need one, we can arrange a translation service. We can provide information various formats, so it is accessible to people with disability. We use language is relevant, welcoming and respectful to everyone
- (255) When a child is enrolled, we give their family information about our people, programs, policies and procedures. We tell them how they can be involved in making decisions about matters that affect them and/or their children, their rights and responsibilities, and how they can raise any concerns
- (256) Staff follow our Acceptance and Refusal of Authorisations Policy, which gives clear guidance on gaining parents/authorised nominees' permission for certain activities at our service
- (257) Families know they can locate our policies and procedures in the Foyer near the Entrance. At enrolment, they are given access to our Child Safe Environment Policy and other related policies and procedures, including our Child Safe Code of Conduct and Complaint Handling Policy and Procedure
- (258) Families are notified when our policies and procedures are changed, and we invite their feedback when we review our documents (including our Quality Improvement Plan) and practices
- (259) We promote child protection and safety, and provide links to resources, through our social media and newsletters.

Respecting equity and diversity

- (260) Our service upholds equity and diverse needs are respected
- (261) Staff follow our inclusion policies and procedures, which set out our rules for respecting and supporting the diverse and unique identities and experiences of all children and families, including Aboriginal and Torres Strait Islander people, people with disability, people from culturally and linguistically diverse backgrounds, children who are unable to live at home, and LGBTQI people
- (262) Staff follow our Child Safe Code of Conduct, which prohibits any form of bullying, unlawful discrimination or harassment towards children, families or other staff members. Through our workplace training, they understand that there are laws in place that make it unlawful to discriminate against or vilify children in certain contexts (for example because of race, disability, sex, gender identity, sexual orientation)
- (263) When a child is enrolled, we invite their family to share information about the child's unique characteristics and circumstances, such as their cultural and religious background, family structure, disability, medical conditions, the languages that are spoken at home, and any individual needs. Families update this information every year and throughout the year if any changes are needed. We use the information to tailor our approach to the safety and wellbeing of each child - that is, to provide for each child's *individual* needs, including their individual risk of harm. More broadly, the information

- informs our risk management, education program and practices, policies and procedures, daily routines, and the way we communicate with children, their families and communities. We record and store this information according to our privacy and record keeping policies
- (264) We give children and families child safety and wellbeing information in plain language and in ways they can understand, including child-friendly versions, in different languages, and formats that people with disability can access
 - (265) As part of their program of professional development, educators learn about cultural safety for children from Aboriginal and Torres Strait Islander and culturally and linguistically diverse backgrounds. Our culturally safe practices are embedded across the service, including in our education program, in the excursions and special events we run, in our play and daily routines, menu plans, and so on
 - (266) We celebrate diversity and various cultural festivals in partnership, including Harmony Week, International Day of Persons with Disability, National Apology Day, NAIDOC and Reconciliation Week, Chinese New Year, Ramadan, Deepawali etc. We see these as part of our education program and ask members of our local community to come to our service and teach our children about the meaning of the event
 - (267) Our rooms and spaces display posters that represent a range of cultures and abilities, and the staff we employ represent the diversity we see in our community
 - (268) When we develop policies and procedures, we seek a range of perspectives from people who have diverse backgrounds, experience and the necessary expertise
 - (269) We ask children with disability and their families to give us feedback about how we can improve our physical and online environment, programs and procedures.

Ensuring that staff are suitable and supported

- (270) Our staff are suitable and supported to reflect child safety and wellbeing values in practice
- (271) Our recruitment practices meet the requirements of the *Child Protection (Working with Children) Act 2012 (NSW)*
- (272) The approved provider, nominated supervisor and anyone else who is making decisions about recruitment or bringing in visitors (such as performers, specialists) follow our child safe Recruitment, Induction and Training Policy and Procedures
- (273) Our job advertising includes a statement of commitment to child safety and wellbeing
- (274) Advertisements state what qualifications, experience and attributes are needed to be eligible for the role, our screening and WWCC requirements, training and supervision requirements, and the role's duties and responsibilities for children
- (275) Job descriptions set clear expectations about child safety
- (276) We only employ people who are suitable to work with children. We do thorough pre-employment screens (interviews, referee checks, WWCC and other registration or background checking) and continue to monitor our staff member's suitability to work with children and whether they are following our child safe policies and procedures. We have probationary periods for all new staff
- (277) Our induction process requires all staff to review, understand and acknowledge in writing our Child Safe Environment Policy and related policies and procedures
- (278) The approved provider and nominated supervisor follow our policies and procedures for managing and supervising staff, including acting on breaches to our Child Safe Code of Conduct and child safety policies and procedures

- (279) We tell children and families through our newsletter, email, in person when there are personnel changes

Child focused complaint systems

- (280) Our system to respond to complaints and concerns is child focused (*National Regulations* s 168)
- (281) We have complaint handling policies and procedures put children's safety, needs and interests at the forefront. They are easy to understand, accessible, and culturally safe. As with all our policies and procedures, they can be translated into different languages, and put into different formats for people with disability
- (282) Educators are trained to respond to children verbally and non-verbally communicating that something is wrong
- (283) At enrolment, families are given access to our Complaint Handling Policy and Procedure. It explains how to raise a concern or complaint with us, and how we will respond in a prompt and fair manner
- (284) We have a child-friendly poster version of our Complaint Handling Policy and Procedure displayed in the foyer.
- (285) We display the name and contact details of the person to whom complaints should be made in foyer which is clearly visible from the entrance (*National Regulations* s 173)
- (286) Staff respond to concerns about harm or risk of harm to a child (either by adults or by other children) or that a child is exhibiting harmful sexual behaviour, by following our Child Protection Policy and Procedures. It sets out our service's obligations and procedures related to child protection, including managing incidents, disclosures, and suspicions of harm or risk of harm to a child; responding to allegations of harmful sexual behaviour in children; and making reports to external authorities
- (287) Our complaint and child protection policies and procedures include information on how we will support the child or adult who is making the complaint or allegation, how we manage risks and protect the children in our care, and the rules for record keeping, privacy, employment, and exchanging information
- (288) At their induction, all staff must review, understand and formally acknowledge our Complaint Handling Policy and Procedure and Child Protection Policy and Procedures
- (289) If the outcome of an investigation into a complaint calls for disciplinary action against a staff member, our approved provider and nominated supervisor follow our staff discipline policies and procedures

Staff knowledge, skills and awareness

- (290) Our staff are equipped with the knowledge, skills and awareness to keep children safe
- (291) We have an ordered and structured approach to training and sharing knowledge on child safety and wellbeing, including cultural safety, which is set out in our child safe Recruitment, Induction and Training Policy and Procedures
- (292) We formally induct all staff (including volunteers and students) when they first start at our service. They are given access to, review, understand and formally acknowledge our child safe and child protection policies and procedures
- (293) The approved provider runs a professional development program for each staff member. The programs are tailored to the needs and aspirations of the individual staff member, which are identified during supervision and in yearly scheduled one-on-one performance appraisal meetings

- (294) The approved provider makes sure that staff (including volunteers and students) are aware of current child protection laws and their obligations under them (*National Regulations* s 84), and that all mandatory child protection training is completed in line with the law (*National Law* s 162A) (For more detail about child protection training, see our [Child Protection Policy and Procedures](#))
- (295) We regularly discuss child safety and wellbeing in a trauma-informed way and encourage a culture of reporting. Child safety and wellbeing (including child protection) is a standing agenda item at staff meetings and in staff newsletters/emails. Staff review one or two of our policies and procedures as part of their professional development program.

Safe physical and online environments

- (296) Our physical and online environments promote safety while minimising the opportunity for children to be harmed

Risk Management

- (297) We protect children from hazards and harm by identifying and managing risks in our online and physical environments
- (298) We balance our duty to protect children with their right to privacy, access to information, social connections and opportunities to learn
- (299) Our [Child Safe Risk Management Plan](#) (required under the NSW Child Safe Standards) is available in the Main Office. The risk management plan identifies, analyses and plans to control risks of harm to children in physical and online environments, including high risk activities and special events.
- (300) The plan covers the types of risks identified by the [Royal Commission into Institutional Responses to Child Sexual Abuse](#)
- (301) Our other risk assessment and management documents concerning, for example: our physical environment, work health and safety, children's sleep and rest, excursions, transport, the safe arrival of children, emergencies and evacuations, and incidents, injuries, trauma and illness are available in the Office.
- (302) Our risk management strategies inform our policies, procedures, Quality Improvement Plan and action plans for individual children
- (303) The [Child Safe Risk Management Plan](#) and our other risk assessment and management documents are updated and reviewed every year and when there are changes that could affect the safety and wellbeing of children in our care, including after any breaches, or incidents, disclosures or suspicions of harm or risk of harm. It is a 'living document' that we update according to the changing profile of our children, environment, activities and staff
- (304) Records of risk assessments and plans are kept and made available for inspection
- (305) Staff contribute to risk management. They are trained to identify and report any risks of harm and hazards they observe in their day-to-day work, and to conduct risk assessments before introducing new activities or practices
- (306) We ask children and families to contribute to our risk assessment and management process. We may seek feedback from families and communities via newsletters or survey forms, or during parent information sessions. We discuss online and physical safety and wellbeing matters with children as part of our educational program and ask for children's views when we are conducting risk assessments.

Supervision and staff interactions with children

- (307) Staff follow our procedures for active supervision (information about supervision is currently located in our Staffing Arrangements Policy) to ensure they adequately supervise the children in our care (*National Law* s 165)
- (308) We meet the set educator-to-child ratios at all times (*National Regulations* ss 122, 123)
- (309) We have flexible supervision arrangements and adjust the level of supervision according to our activities, and the ages, stages and individual needs of the children in our care
- (310) The physical design of our service allows for 'natural lines of sight', including in our toilet and nappy changing facilities (while still allowing children to have privacy and autonomy) (*National Regulations* s 115)
- (311) Our nappy changing room cannot be accessed by children who are unsupervised because our nappy change facilities are designed, located and maintained in a way that prevents unsupervised access by children (*National Regulations* s 112).
- (312) Staff follow our procedures for visitors (information about visitors is currently located in our Educator and Management Policy). We keep a record of all visitors and children are not allowed to be left alone with visitors, volunteers or students. Volunteers do not change nappies or help children with toileting
- (313) Two staff members are always present at the service at any time and there is a 'responsible person' present at all times when children are in attendance. Their name and position are displayed so as to be clearly visible from the main entrance of our service (*National Regulations* s 173)
- (314) We do not allow anyone who is unauthorised to be at our service unless they are being directly supervised by an educator or another staff member (*National Law* s 170)
- (315) Educators who are under 18 are never left alone with children and they are properly supervised at all times by another educator who is over 18 years old (*National Regulations* s 120)
- (316) Our Child Safe Code of Conduct and policies and procedures about interactions between educators and children set out our rules about: inappropriate conversations, gifts and benefits, personal and intimate care, physical contact with children, out of hours contact and professional boundaries and secondary employment

Alcohol, drugs, cigarettes, vapes and pornography

- (317) We have a Tobacco, Vapes, Drug and Alcohol-Free Environment Policy (*National Regulations* s 82) in place for staff, and family and community members. Staff are not allowed to be affected by alcohol or drugs while they are on duty (*National Regulations* s 83)
- (318) Staff are aware that smoking and using e-cigarettes are banned within 4 metres of the pedestrian entrances/exits from public buildings, including childcare facilities in NSW
- (319) Our Child Safe Code of Conduct prohibits staff from accessing, retrieving, displaying, viewing, forwarding and/or storing pornographic or inappropriate material in the workplace

Incidents, illness and emergencies

- (320) Staff follow our risk management plans, policies and procedures for managing emergencies and evacuations, including our *Emergency Plan* that we rehearse every 3 months. We display our emergency and evacuation floor plan and instructions near each exit (*National Regulations* ss 97, 98, 168)

- (321) Staff have access to operating telephone at all times so they can contact parents and emergency services during an emergency (*National Regulations* s 98)
- (322) A minimum of one person with an approved and current first aid qualification that covers CPR, anaphylaxis and emergency asthma management is rostered on at all times, including during excursions and travel outside the service (*National Regulations* s 136)
- (323) Our first aid kits are signposted, easy to access, and regularly audited to ensure they are appropriately stocked (*National Regulations* s 89)
- (324) We follow our Incident, Injury, Trauma and Illness Policy and Procedures if a child is injured, ill or suffers a trauma. We notify parents/emergency contacts as soon as practicable, complete an incident report, notify the regulatory authority according to their requirements and keep the report until the child is 25 years old (or, in the case of a report concerning sexual abuse, for a minimum of 45 years) (*National Regulations* ss 85, 86, 87, 168)
- (325) Staff follow our policy and procedures to help prevent the spread of infectious diseases. We follow the recommended exclusion periods for infectious diseases and notify families when there is an occurrence of an infectious disease at our service (*National Regulations* s 88)

Health and hygiene

- (326) Staff follow our policies and procedures for good health, hygiene and safe food handling practices (*National Regulations* s 77) and show the children how to do the same
- (327) Children have access to safe drinking water and are offered water regularly throughout the day (*National Regulations* s 78)
- (328) We give children nutritious and adequate amounts of food and take into account the individual child's needs in regard to growth and development, and any cultural, religious or health requirements (*National Regulations* s79). Staff follow safe food practices that meet the Australian Food Safety Standards for buying, preparing, storing and serving food>
- (329) We have handwashing basins in our nappy changing area and nappy changing benches are well made and maintained (*National Regulations* s112).
- (330) We have posters on the wall that remind staff to follow good hygiene practices when helping children with toileting and changing children's nappies.
- (331) We have a well-equipped laundry at the service for storing soiled clothing, nappies and linen. Our laundry door, washer and dryer are kept locked when not in use/hygienic facilities are kept in a room that children cannot not access, staff empty water from containers when they are finished using them, and dangerous chemicals are stored in locked cupboards (*National Regulations* s 106)
- (332) We have adequate, age/stage appropriate toilet, washing and drying facilities for children
- (333) Staff follow our procedures for managing sun protection and heat stress (*National Regulations* s 168). We have adequate shaded areas outside that protect children from the sun (*National Regulations* s 114)

Medical conditions

- (334) Staff follow our policy and procedures for managing medical conditions, including allergies/anaphylaxis, asthma and diabetes. Medical management plans, risk minimisation plans and communication plans are in place for all children who need them (*National Regulations* s 90)

- (335) Staff follow our procedures for the administration of medication, including for children over pre-school age who are self-administering medicine (*National Regulations* ss 90, 92, 93, 94, 95, 96)

Physical and online environments

- (336) We keep the physical environment, furniture and equipment safe, clean and in good repair (*National Regulations* s 103) by following our physical environment policies and procedures, and by using checklists, such as for cleaning, daily safety checks, building and equipment maintenance, and inspections of the physical environment
- (337) We check that furniture and equipment meet the relevant Australian safety standard
- (338) Indoor spaces are ventilated, have adequate natural light and maintained at a temperature that ensures the safety and wellbeing of children (*National Regulations* s 110)
- (339) Our outdoor space is enclosed by a fence/barrier that prevents children preschool age and under from going through it, over it or under it (*National Regulations* s 104)
- (340) We store hazardous chemicals and items so that children cannot access them e.g., in locked cupboards or rooms
- (341) Staff follow our procedures for water safety (*National Regulations* s 168)
- (342) We have policies and procedures for online safety, including for photographing and recording children, use of images, social media and technology/devise use for children and staff (*National Regulations* s 168) (see our [Technology and Device Use Policy](#), [Photography and Video Policy](#) and [Social Media Policy](#))
- (343) Our practices align with the National Model Code for Taking Images or Videos of Children:
- Only service-issued devices are used to take photos or videos of children, and we have secure storage practices and systems in place
 - Staff are not allowed to have personal devices that can take photos/videos or personal storage and file transfer media on their person while they are with children, except in limited circumstances
 - Our policies and practices ensure that we capture, store and retain images/videos of children securely and according to the Australian Privacy Principles
- (344) Educators learn about online safety as part of their professional development, and we teach children about online privacy and safety in our educational program

Excursions, transport and travelling between services

- (345) Staff follow our [Excursions Policy and Procedure](#), [Transport Policy and Procedure](#), [Safe Arrival of Children Policy and Procedure](#), which sets out the specific risk assessment areas to be covered and our practices that keep children safe and accounted for during these higher risk activities (*National Regulations* ss 102A, 102B, 102C, 102E, 102AA, 102AAB, 102AAC, 168).
- (346) Parents/other authorised people must give us written authorisations for excursions, transport and travel between our service and any other education and care service (*National Regulations* ss 99, 102, 102D)

Collection and delivery of children

- (347) Staff follow our Delivery and Collection of Children Policy and Procedure, which only allows children to be released to the care of people who are authorised to collect them (and who are not intoxicated) (*National Regulations* s 99)
- (348) Staff make sure that children are signed in and out of our service each day

Lock up

- (349) Staff follow our Lock Up Procedure at the end of each day. They physically check every area at the service, including sheds, in containers, bathrooms, gardens, outdoor play equipment, sleep and rest rooms, and make sure that every child has been signed out

Sleep and Rest

- (350) Staff follow our Sleep, Rest and Relaxation policy, which is based on best practice guidelines. It sets out the specific risk assessment areas to be covered for sleeping and resting children and how we make sure that we are meeting their individual needs, with regards to their age, development and cultural preferences (*National Regulations* s 84A, 84B, 84C, 168)
- (351) Our cots/beds meet the relevant Australian Standard and we carry out regular safety and maintenance checks on them.
- (352) Bassinets are banned from our service at all times (*National Regulations* s 84D)

Review of child safe policies and practices

- (353) We regularly review and make improvements to our child safety policies and procedures
- (354) Our Child Safe Environment Policy and related policies and procedures are reviewed annually to ensure they meet current child safety and protection laws and best practice guidelines
- (355) The approved provider and nominated supervisor follow our Policy and Procedure Review Policy, which sets out how our policies and procedures are reviewed and evaluated
- (356) We record and examine complaints, concerns, incidents, suspicions, disclosures, reports about child safety and wellbeing to understand and address any flaws or shortcoming in our infrastructure, governance and operations
- (357) We ask for feedback from our staff, children, families and communities about our child safe policies and procedures. We also share with them reports on any child safety and wellbeing reviews we conduct

Documenting policies and procedures

- (358) We document how we are a safe organisation for children through our policies and procedures. The NSW Child Safe Standards are embedded in our governance, policies and procedures. They are not siloed
- (359) Our Child Safe Environment Policy and related policies and procedures tells our staff, children, families and communities how our service implements the 10 Child Safe Standards, and how we meet our responsibility under the Reportable Conduct Scheme to have systems in place that prevent, detect and deal with reportable conduct and reportable convictions (see also our Child Protection Policy and Procedures)
- (360) Our Child Safe Code of Conduct describes what is acceptable and what is unacceptable behaviour towards children. All staff, including volunteers, students, and

- third-party contractors who are working with children, must agree in writing to upholding the Code of Conduct and all our policies and procedures
- (361) We document all risk assessments and plans. We update them regularly, as required by law, and when there are changes that could affect the safety and wellbeing of children in our care
- (362) Our complaint handling and child protection policies and procedures describe how we respond to complaints and concerns, and our reporting obligations for harm or risk of harm to a child
- (363) Our recruitment and HR policies and procedures ensure that only people who are suitable to work with children are employed by our service, including third party contractors, volunteers and students
- (364) Our policies and procedures are available for staff, families and communities at any time in the Foyer.
- (365) Families are notified within 14 days when policies and procedures are changed if they:
- Affect the fees the charged or the way they are collected; or
 - Significantly impact the service's education and care of children; or
 - Significantly impact the family's ability to utilise the service (*National Regulations s 168*)
- (366) We ask for feedback when we review our child safe documents and practices.

Breaches of our child safety and wellbeing policies and procedures

- (367) We act on breaches to our Child Safe Environment Policy and related documents
- (368) A breach means any action or inaction by anyone to whom our Child Safe Environment Policy applies who fails to comply with any part of our child safety and wellbeing policies and procedures, including (but not limited to) our:
- Child Safe Environment Policy
 - Child Safe Code of Conduct
 - Child Safe Risk Management Plan
 - Child Protection Policy and Procedures
 - Complaint Handling Policy and Procedure
 - Tobacco, Drug and Alcohol-Free Environment Policy
 - Recruitment, Induction and Training Policy and Procedure
- (369) Breaches and suspected breaches of our child safety policies and procedures must be reported as soon as practicable
- (370) If the breach relates to a child protection matter, staff must follow our Child Protection Policy and Procedures
- (371) Staff must report other breaches to the nominated supervisor either in person or via email cuddlez_preschool@outlook.com Staff should complete the Child Safety and Wellbeing Breach – Incident Report Form which is available at the Foyer [this template is included in this policy at Appendix A]
- (372) Breaches or suspected breaches will be taken seriously and dealt with quickly, fairly, transparently, and in line with our policies and legal obligations
- (373) Depending on the severity of the breach (minor, moderate, major or extreme), outcomes may include emphasising the relevant component of the policies and procedures; increased supervision; professional development and training; mediating between those involved in the incident (where appropriate); formal warnings (verbal and/or

- written); being transferred to another role; suspension or termination of employment; reports to external authorities
- (374) Breaches or suspected breaches will trigger us to review our current policies and procedures.

PRINCIPLES

- (375) We are committed to the safety and wellbeing of children and to implementing the NSW Child Safe Standards and the National Quality Framework across all levels of our service
- (376) We comply with all relevant legislation, regulations and standards at all times
- (377) We are committed to implementing the EYLF
- (378) We act in line with our *Statement of Commitment to Child Safety and Wellbeing*, Child Safe Code of Conduct and the ECEC Code of Ethics
- (379) Children at our service know and can exercise their rights. Children, families and communities are involved in making decisions about matters that concern them
- (380) Children's diverse and unique abilities, identities backgrounds and perspectives are valued
- (381) Our interactions with children are respectful, equitable and supportive. Bullying and harassment will not be tolerated
- (382) Only staff who are suitable to work with children will be employed
- (383) Our complaint systems prioritise the safety of children
- (384) We always act on harm or risk of harm to children
- (385) Staff are given the training, resources and support to provide a child safe environment that is culturally safe and inclusive
- (386) Every reasonable precaution is taken to protect children from harm and hazards in our physical and online environments
- (387) Our governance, operations policies, risk management plans, procedures, systems and practices are best-practice and up to date

POLICY COMMUNICATION, TRAINING AND MONITORING

- (388) This policy and related documents can be found in the Foyer
- (389) The approved provider and nominated supervisor provide information, training and other resources and support regarding the Child Safe Environment and related documents
- (390) All staff (including volunteers and students) are formally inducted. They are given access to, review, understand and formally acknowledge this Child Safe Environment Policy and related documents
- (391) The approved provider runs a professional development program for each staff member, which covers this policy
- (392) Roles and responsibilities are clearly defined in this policy and in individual position descriptions. They are communicated during staff inductions and in ongoing training
- (393) The approved provider and nominated supervisor monitor and audit practices through spot checks, performance reviews, supervision sessions, regular performance appraisal and address non-compliance. Breaches to this policy are taken seriously and may result in disciplinary action against a staff member
- (394) At enrolment, families are given access to our Child Safe Environment Policy and related documents

- (395) Families are notified in line with our obligations under the *National Regulations* when changes are made to our policies and procedures

ROLES AND RESPONSIBILITIES

Approved provider responsibilities (not limited to)

Ensure our service meets its obligations under the *Education and Care Services National Law* and *Regulations*, including to take every reasonable precaution to protect children from harm and hazards likely to cause injury, ensure that children in our care are adequately always supervised, and that no child is subjected to any form of corporal punishment or any discipline that is unreasonable

Ensure that our service's governance, management, operations, policies, plans, (including risk management/action plans), systems, practices and procedures for child safety matters are appropriate in practice, best practice, align with the NSW Child Safe Standards and comply with all relevant legislation, including the Children and Young Persons (Care and Protection) Act 1998 (NSW), the Child Protection (Working with Children) Act 2012 (NSW), Child Protection (Working with Children) Regulation 2013, and the Children's Guardian Act 2019

Provide a child safe environment (physical and online) that is inclusive and culturally safe

Provide a child safe culture - uphold, model and champion our service's *Statement of Commitment to Child Safety and Wellbeing*

Ensure this Child Safe Environment Policy is in place and available for inspection

Take reasonable steps to ensure our Child Safe Environment Policy is followed (e.g. through clear and accessible communication, and systemised inductions, training and monitoring of all staff – including volunteers, students)

Uphold our Child Safe Code of Conduct and empower and support staff to report breaches. Take breaches to the Code seriously

Ensure that systems are in place to identify and minimise or eliminate risks of harm to a child in line with our policies/procedures (including our Child Safe Risk Management Plan) and our legal requirements. Ensure staff can, and do, use the risk assessments/plans, including children's individual action plans

Promote a culture of reporting. Act on any incidents, disclosures, or suspicions of harm or risk of harm to a child, and report to the relevant authorities in line with our procedures and legal obligations. Act on allegations of harmful sexual behaviour in children and reportable conduct of staff

Ensure we have a child-focused complaint management system that responds properly to any complaints or concerns about harm or the risk of harm to a child and any allegations of harmful sexual behaviour in children

Successfully complete approved child protection training and other relevant professional development activities. Renew WWCC when required

Ensure that all staff have completed the training and professional development they need to provide a child safe environment (e.g. first aid, cultural competency, child protection).

Ensure that the nominated supervisor / persons day-to-day charge have completed their child protection training. Ensure that all staff, including volunteers and students, are aware of current child protection laws, how they apply and any obligations they have under them.

Keep evidence of child protection training and evidence of current non-prohibited/valid WWCC on record and make available for inspection

Ensure we make and store records according to our policies and legal obligations

Regularly review this Child Safe Environment Policy in consultation with children, families, communities and staff.

Notify families at least 14 days before changing this Child Safe Environment if the changes will: affect the fees charged or the way they are collected; or significantly impact the service's education and care of children; or significantly impact the family's ability to utilise the service.

Nominated supervisor / persons in day-to-day charge responsibilities (not limited to)

Ensure our service meets its obligations under the *Education and Care Services National Law and Regulations*, including to take every reasonable precaution to protect children from harm and hazards likely to cause injury, ensure that children in our care are adequately supervised at all times, and that no child is subjected to any form of corporal punishment or any discipline that is unreasonable

Support the approved provider to ensure that our service's management, operations, policies, plans, (including risk management/action plans), systems, practices and procedures for child safety matters are appropriate in practice, best practice, , align with the NSW Child Safe Standards and comply with all relevant legislation, including the Children and Young Persons (Care and Protection) Act 1998 (NSW) and the Child Protection (Working with Children) Act 2012 (NSW) and Child Protection (Working with Children) Regulation 2013

Provide a child safe environment (physical and online) that is inclusive and culturally safe

Provide a child safe culture - uphold, model and champion our service's *Statement of Commitment to Child Safety and Wellbeing*

Implement this Child Safe Environment Policy

Take reasonable steps to ensure our Child Safe Environment Policy is followed (e.g. through clear and accessible communication, and systemised inductions, training and monitoring of all staff – including volunteers, students)

Uphold our Child Safe Code of Conduct and empower and support staff to report breaches.

Take breaches to the Code seriously

Identify and minimise or eliminate risks of harm to a child in line with our policies/procedures (including our Child Safe Risk Management Plan) and our legal requirements. Ensure staff can and do use the risk assessments/plans, including children's individual action plans

Promote a culture of reporting. Act on any incidents, disclosures, or suspicions of harm or risk of harm to a child, and report to the relevant authorities in line with our procedures and legal obligations. Act on allegations of harmful sexual behaviour in children. Notify the approved provider of any reportable conduct you are aware of

Implement our child-focused complaint management system to respond properly to any complaints or concerns about harm or the risk of harm to a child and any allegations of harmful sexual behaviour in children

Successfully complete approved child protection training and other relevant professional development activities. Renew WWCC when required

Support the approved provider to ensure that all staff have completed the training and professional development they need to provide a child safe environment (e.g. first aid, cultural competency). Support the approved provider to ensure that all staff, including volunteers and students, are aware of current child protection laws, how they apply and any obligations they have under them. Keep evidence of child protection training and evidence of current non-prohibited/valid WWCC and make it available for inspection

Ensure we make and store records according to our policies and legal obligations

Contribute to policies and procedure reviews and risk assessments and plans in consultation with children, families, communities and staff. Support the approved provider to notify families of reviews and changes according to legislation and our policies and procedures

Work collaboratively with services and or/professionals to support children's and families' access, inclusion and participation; and children, families and staff members who have been impacted by harm or the risk of harm

Educator / other staff responsibilities (not limited to)

Follow this Child Safe Environment Policy and other related child safety policies and plans. Provide a child safe and culturally safe environment (physical and online) and discharge your duty of care (e.g. by supervising children in line with our policies and procedures and taking every reasonable precaution to protect children from harm or hazards likely to cause injury)

Abide by our Child Safe Code of Conduct. Report breaches to the Code. Do not subject children to any form of corporal punishment or any discipline that is unreasonable

Promote a child safe culture - uphold, model and champion our service's *Statement of Commitment to Child Safety and Wellbeing*

Act on incidents, disclosures, or suspicions of harm or risk of harm to a child, and report to the relevant authorities in line with our procedures and legal obligations. Act on allegations of harmful sexual behaviour in children

Report any issues with our child safety policies and procedures to the appropriate person (e.g. approved provider, nominated supervisor, lead educator)

Identify and minimise or eliminate risks of harm to a child in line with our policies/procedures (including our Child Safe Risk Management Plan and other risk assessments/plans such as children's individual action plans)

Undertake all necessary training and professional development activities. Be aware of current child protection laws, how they apply and any obligations you have under them. Renew WWCC when required

Follow our child-focused complaint management system to respond properly to any complaints or concerns about harm or the risk of harm to a child and any allegations of harmful sexual behaviour in children

Ensure we make and store records according to our policies and legal obligations

Contribute to policy and procedure reviews and risk assessments and plans

Families' responsibilities (not limited to)

Follow all policies and procedures, where they apply to you

Share relevant information about your child's unique characteristics and circumstances, including matters relating to the child's health and safety, at enrolment and throughout the year through formal and informal communication

Where possible, contribute to our child safe policies and procedures, risk assessments and risk management plans. Report any risks of harm or hazards to the service and contribute to the plans for minimising or eliminating them

Where possible, be involved, e.g., participate in surveys, questionnaires, feedback sessions, cultural events and other special activities

Raise any concerns or complaints and report any concerns about children's safety and wellbeing

LEGISLATION (OVERVIEW)

Education and Care Services National Law and Regulations

Law	Description
s 162A	Child protection training
s 165	Offence to inadequately supervise children
s 166	Offence to use inappropriate discipline
s 167	Offence relating to protection of children from harm and hazards
s 169	Offence relating to staffing arrangements
s 170	Offence relating to unauthorised persons on premises
s 174	Offence to fail to notify certain information to Regulatory Authority
s 175	Offence relating to requirement to keep enrolment and other documents
Regulations	
s 73	Educational program
s 77	Health, safety and safe food practices
s 78	Food and beverages
s 79	Service providing food and beverages
s 82	Tobacco, drug and alcohol-free environment
s 83	Staff members not to be affected by alcohol or drugs
s 84	Awareness of child protection law
ss 84A - 84D	Sleep and rest
ss 85 - 89	Incidents, injury, trauma and illness
ss 90 - 91	Medical conditions policy
ss 92 - 96	Administration of medication
ss 97 - 98	Emergencies and communication
ss 99 - 102	Collection of children from premises and excursions
ss 102AA - 102AAC	Safe arrival of children
ss 102A - 102F	Transportation of children other than as part of an excursion
ss 103 - 110	Physical environment – Centre-based services and family day care services
ss 111 - 115	Physical environment - Additional requirements for centre-based services
ss 117A - 117C	Minimum requirements for persons in day-to-day charge and nominated supervisors
s 120	Educators who are under 18 to be supervised
s 122	Educators must be working directly with children to be included in ratios
s 123	Educator to child ratios – centre-based services
s 126A	Illness or absence of a qualified educator who is required to meet the relevant educator to child ratio
s 136	First aid qualifications
ss 145 - 152B	Staff and educator records – centre-based services
s 155	Interactions with children
s 156	Relationships in groups
s 157	Access for parents
s 158	Children's attendance record to be kept by approved provider
s 160	Child enrolment records to be kept by approved provider and family day care educator
s 161	Authorisations to be kept in enrolment record
s 162	Health information to be kept in enrolment record
s 168	Education and care services must have policies and procedures
s 170	Policies and procedures to be followed
s 171	Policies and procedures to be kept available
s 172	Notification of change to policies or procedures
s 173	Prescribed information to be displayed
s 175	Prescribed information to be notified to Regulatory Authority
s 176	Time to notify certain information to the Regulatory Authority
s 177	Prescribed enrolment and other documents to be kept by the approved provider

ss 181 ,183 - 184	Confidentiality and storage of records
s 274	Swimming pools (NSW)

Other applicable laws and regulations

Act/ Regulation	Description
<i>Anti-Discrimination Act 1977 (NSW)</i> <i>Children (Criminal Proceedings) Act 1987 (NSW)</i> <i>Australian Human Rights Commission Act 1986 (Cth)</i>	Provides guidance on how to uphold the principles in the Convention on the Rights of the Child
<i>Work Health and Safety Act 2011</i>	Describes the primary duty of care to people in the workplace
<i>Children and Young Persons (Care and Protection) Act 1998 (NSW)</i> <i>Children and Young Persons (Care and Protection) Regulation 2012</i>	Principal relevant Act and Regulations to child protection
<i>Advocate for Children and Young People Act 2014 (NSW)</i> <i>Children's Guardian Act 2019 (NSW)</i>	Child safe organisation laws
<i>Anti-Discrimination Act 1977 (NSW)</i> <i>Children (Criminal Proceedings) Act 1987 (NSW)</i>	Human rights, including children's rights
<i>Law Enforcement (Powers and Responsibilities) Act 2002 (NSW)</i> <i>Crimes Act 1990 No.40 (NSW)</i>	Includes provisions for child-related criminal offences
<i>Child Protection (Offenders Registration) Act 2000 (NSW)</i> <i>Child Protection (Offenders Registration) Regulation 2015</i> <i>Child Protection (Offenders Prohibition Orders) Act 2004 (NSW)</i> <i>Child Protection (Offenders Prohibition Orders) Regulation 2018</i>	Registration and reporting of child sexual abuse offenders
<i>Child Protection (Working with Children) Act 2012 (NSW)</i> <i>Child Protection (Working with Children) Regulation 2013</i>	Working with Children check
<i>Children's Guardian Act 2019</i>	Reportable Conduct Scheme
<i>Advocate for Children and Young People Act 2014 (NSW)</i> <i>Children's Guardian Act 2019 (NSW)</i> <i>Children's Guardian (Transitional) Regulation 2020</i> <i>Ombudsman Act 1974 (NSW)</i>	Commissioners, guardians and advocates laws
<i>Australia New Zealand Food Standards Code</i> >	Covers mandatory food handling training requirements
<i>Privacy Act 1988</i>	Principal act protecting the handling of personal information

National Quality Standard

All elements of National Quality Standard apply to this [Child Safe Environment Policy](#).

Years Learning Framework (EYLF) V2.0

EYLF Outcome	Key component
1: CHILDREN HAVE A STRONG SENSE OF IDENTITY	- Children feel safe, secure and supported - Children develop their emerging autonomy, inter-dependence, resilience and agency - Children develop knowledgeable, confident self-identities and a positive sense of self-worth - Children learn to interact in relation to others with care, empathy and respect
2: CHILDREN ARE CONNECTED WITH AND CONTRIBUTE TO THEIR WORLD	- Children develop a sense of connectedness to groups and communities and an understanding of their reciprocal rights and responsibilities as active and informed citizens - Children respond to diversity with respect - Children become aware of fairness - Children become socially responsible and show respect for the environment
3: CHILDREN HAVE A STRONG SENSE OF WELLBEING	- Children become strong in their social, emotional and mental wellbeing - Children become strong in their physical learning and wellbeing - Children are aware of and develop strategies to support their own mental and physical health and personal safety
5: CHILDREN ARE EFFECTIVE COMMUNICATORS	Children interact verbally and non-verbally with others for a range of purposes

National Principles for Safe Organisations

All Principles apply to this [Child Safe Environment Policy](#)

RELATED DOCUMENTS

Key Policies	All of our policies and procedures relate to this Child Safe Environment Policy. Key related policies include (not limited to): Child Protection Policy Child Safe Code of Conduct Child Safe Risk Management Plan Recruitment, Induction and Training Policy Complaint Handling Policy Excursions Policy Tobacco, drug and Alcohol-Free Environment Policy Animal and Pet Policy Safe Arrival of Children Policy Transport Policy Sleep, Rest and Relaxation Policy Managing Emergencies and Evacuations Policy Incident, Injury, Trauma and Illness Policy ECEC Code of Ethics Physical Environment Policy Educator and Management Policy Staffing Arrangement Policy Health, Hygiene and Safe Food Policy Emergency Management and Evacuation Policy Social Media Policy Technology and Device Use Policy Photography and Video Policy Work Health and Safety Policy Relationships with Children Policy Infectious Diseases Policy Orientation for Children Policy Parental Interaction and Involvement Policy Governance Policy Privacy and Confidentiality Policy Delivery and Collection of Children Policy Lock Up Policy
Procedures / Plans	Child Safe Environment Procedures (attached)
Tools	ACECQA Risk Assessment and Management Tool Active Supervision Guidelines (ACECQA) Child Safety and Wellbeing Breach – Incident Report Form (attached at Appendix A) Educating children about protective behaviour (attached at Appendix B)

POLICY INFORMATION

Approval date	1 January 2026
Effective date	1 January 2026
Review date	1 January 2027
Approved by	Dr Jay Mukhraiya

7 - Child Protection Policy

PURPOSE AND BACKGROUND

To set out:

How we respond to incidents, disclosures, suspicions, beliefs, complaints and concerns about a child's safety and wellbeing, including harm or risk of harm, alleged criminal offences against a child, reportable conduct, and allegations of children exhibiting harmful sexual behaviours

Our child protection reporting obligations and procedures (as required under criminal law, the *Children and Young Persons (Care and Protection) Act 1998 (NSW)*, *Children and Young Persons (Care and Protection) Regulation 2012*, *Children's Guardian Act 2019*, and the *Education and Care National Laws and Regulations*, including the National Quality Standard (NQS))

How we meet our training, privacy and record keeping requirements, and ensure procedural fairness for staff who are the subject of an allegation

This policy is a requirement under the *Education and Care Services National Regulations*. The approved provider must ensure that policies and procedures are in place for dealing with complaints and take reasonable steps to ensure those policies and procedures are followed. Our complaint handling system must be child focused and address the management of a complaint that alleges a child is exhibiting harmful sexual behaviours (s 168(2)(o))

This policy meets the NSW Child Safe Standards, which require us to have child-focussed processes in place for dealing with child safety complaints and concerns, and reporting to the relevant authorities

This policy also helps to fulfil our obligation under the NSW Reportable Conduct Scheme to have policies and procedures in place for preventing, detecting and responding to reportable conduct.

SCOPE

This policy applies to:

- 'Staff': the approved provider, nominated supervisor, paid workers, volunteers, work placement students, and third parties who carry out child-related work at our service (e.g., contractors, subcontractors, self-employed persons, employees of a labour hire company)
- Children who are in our care, their parents, families and care providers
- Visitors to our service who carry out child-related work, including allied health support workers

It applies to all physical, digital and online environments of our service (including off-site and outside of operating hours)

It should be read in conjunction with our related policies and procedures for child safety and wellbeing (referenced throughout the policy)

DEFINITIONS

The following definitions apply to this policy and related procedures:

- ‘Child-related work’ is used in this policy to refer to the work of our service (an education and care service for children). It does not apply where contact with children is incidental or would not reasonably be expected to occur, or where the service or activity is provided by a relative of the child’s (e.g. a grandparent, aunt or uncle)
- ‘Harm’ and ‘risk of harm’ are used in this policy as overarching terms that cover neglect and various forms of abuse. It includes physical, sexual and psychological abuse; neglect; ill-treatment; grooming; exposure to family violence; commercial child sexual exploitation; online child sexual abuse; and sexual abuse that is perpetrated by other children and young people
- ‘Harmful sexual behaviours’ - a general term to describe behaviour in children under 18 years that fall across a spectrum of sexual behaviour problems, including those that are problematic to the child’s own development, as well as those that are coercive, sexually aggressive and predatory towards others
- ‘Mandatory reporting’ terms are defined in the policy statement under the heading ‘Mandatory reporting’
- ‘Parents’ includes guardians and persons who have parental responsibilities for the child under a decision or order of court
- ‘Reportable conduct’ terms are defined in the policy statement under the heading ‘reportable conduct’
- ‘Staff’, unless indicated otherwise, refers to the approved provider, the nominated supervisor, paid employees, volunteers, students, and third parties who are covered in the scope of this policy. Note: ‘staff’, ‘employees’ and ‘workers’ etc may have their own, different definitions in legislation covered in this policy.

POLICY STATEMENT

Critical information

Staff must call 000 if a child is in immediate danger

Staff must report any criminal conduct and/or if they form a reasonable suspicion that a child is at risk of significant harm

Staff can contact Police on 131 444 (non-urgent matters) and Child Protection Helpline (13 21 11)

Staff must report even if they are unsure and have not directly observed that a child is at risk of significant harm (e.g. in the case of a disclosure)

Staff should make enough enquiries to form a reasonable suspicion and to meet the needs of a child. However, once a staff member has formed a reasonable suspicion, they must report it and not investigate the matter themselves

Staff must also act if they have a significant concern for a child's wellbeing, though the procedure for this will be different from the ones for responding to harm or risk of harm

Staff must respond to any immediate risks posed by the subject of an allegation. The approved provider and nominated supervisor must assess and manage future risks to all children and staff. They must also protect the rights of all parties involved

Duty of care

The approved provider and nominated supervisor must ensure that every reasonable precaution is taken to protect children in our care from the harm and any hazard likely to cause injury (*National Law s 167*) (National Quality Standard Area 2)

Management, educators and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect (as required under National Quality Standard 2.2.3 'Child Protection')

Our duty of care extends to reporting to the police and/or other authorities (where appropriate), arranging internal and external support for affected children and families, and sharing information with authorised individuals and agencies to support child safety and wellbeing

Child-focussed complaint system

The approved provider must ensure our complaint handling system is child focused, and can effectively deal with a complaint that alleges a child is exhibiting harmful sexual behaviours (*National Regulations s 168(2)(o)*)

Likewise, we must meet the NSW Child Safe Standards by having processes for complaints and concerns that are child-focused, and policies and procedures in place that set out our obligations to act and report on child safety concerns and complaints

Staff leaders will encourage a culture where staff, children and families feel confident and supported to speak up about suspicions, disclosures, or observations of harm or risk of harm or breaches of our Child Safe Code of Conduct

Staff must understand that they are required to report concerns internally and externally, even if they are unsure

We will take all concerns seriously and respond in a timely, respectful and appropriate way, following our child protection reporting procedures and obligations under the law

We will encourage reporting by having clear policies and procedures, visible information for children and families, open and trusting relationships, and protective behaviour education that gives children the language and confidence to speak up

Victimisation, silencing or failure to act on a concern are not tolerated

See also our [Child Safe Environment Policy](#) and [Complaint Handling Policy](#).

Child protection procedures

Staff must be trained to prevent, respond and report harm or risk of harm to a child

They must follow all relevant child protection procedures (attached):

Managing an emergency (child protection): if there is an immediate risk to health and safety

Managing disclosures and suspicions of harm

Reporting: to make a report to the police, mandatory reports to the [Child Protection Helpline](#) and/or notifications to the regulatory authority

Contacting parents

Providing support

Managing allegations of harmful sexual behaviour in children

Managing allegations of reportable conduct

Managing a disclosure or a suspicion

If a staff member receives a disclosure or has a suspicion about harm or risk of harm to a child regardless of whether the suspected/disclosed harm or risk of harm takes place at or outside the service, they must follow our procedure for managing disclosures or suspicions of harm (attached)

A disclosure or suspicion can also be about a child harming another child or a child who is at risk of being harmed by another child.

Criminal conduct

We must report and protect against criminal offences involving children

Staff must report to police anything that could be considered a criminal offence. This includes sexual assault, physical assault, grooming offences, and producing, disseminating or possessing child abuse material

In NSW, it is a criminal offence for adults not to report to information to Police if they know, believe or reasonably ought to know that a child has been abused; or know, believe or reasonably ought to know that they have information that might materially assist in securing the apprehension, prosecution or conviction of the offender (known as 'failure to report')

It is also a criminal offence for an adult working in an organisation that engages workers in child-related work if they know that an adult worker engaged by the organisation in child related work poses a serious risk of abusing a child (under 18 years), and they have, the power or

responsibility to reduce or remove the risk, and they negligently fail to reduce or remove that risk (known as ‘failure to protect’)

Mandatory reporting

Staff (but not unpaid volunteers) at our service are ‘mandated reporters’ under NSW mandatory reporting laws

By law, mandated reporters must make a report to the Child Protection Helpline (NSW Department of Communities and Justice) when there are reasonable grounds to suspect that a child or young person is at ‘risk of significant harm’, and those grounds arise in the course of, or from their work or specified role

It is our service’s policy to include in the definition of mandated reporters all staff, volunteers, students and third party contractors carrying out child-related work who are engaged by our service

‘At risk of significant harm’ means current concerns exist for the safety, welfare or well-being of the child because of the presence, to a significant extent, of any of the following:

- a child’s basic physical or psychological needs are not or are at risk of not being met;
- the parents have not arranged or unable or unwilling to arrange for the child to receive necessary medical care;
- the parents have not arranged and are unwilling to arrange for a school-age child to receive an education according to NSW law;
- the child or young person has been, or is at risk of being, physically or sexually abused or ill-treated;
- the child is living in a household where there have been incidents of domestic violence and, as a consequence, the child or young person is at risk of serious physical or psychological harm;
- a parent has behaved in such a way towards the child that the child or young person has suffered or is at risk of suffering serious psychological harm

Reportable conduct

The approved provider must respond to and notify the NSW Office of Children’s Guardian of reportable conduct by individuals engaged directly or indirectly by our service (including employees, volunteers, and in some circumstances, contractors), irrespective of whether this relates to their employment or activities at the service (*Children’s Guardian Act 2019 NSW*)

Reportable conduct covers allegations or convictions of a sexual offence; sexual misconduct; ill-treatment of a child; neglect of a child; an assault of a child; failure to protect and failure to report - offences under the Crimes Act 1900; or a behaviour that causes significant emotional or psychological harm to a child

Allegations do not require proof that the conduct has occurred or that it is likely to have occurred

The approved reporter will report reportable conduct as soon as practicable (and must report it within 7 business days of becoming aware of it)

Staff and volunteers must report allegations and convictions of reportable conduct they become aware of (including any made against them) to the approved provider as soon as practicable

If a staff member becomes aware that the approved provider is the subject of reportable conduct or the approved provider is not satisfactorily meeting our obligations, the staff member must notify the Children's Guardian directly

We may be required to investigate reportable allegations or make a determination about reportable convictions

The approved provider must follow our procedure for managing allegations of reportable conduct (attached)

The Scheme requires our service to have systems, policies and procedures in place to prevent, detect and deal with reportable conduct and reportable convictions. Our [Child Protection Policy](#) and procedures, along with our other child safe policies, procedures, and risk management plans fulfil these obligations

The approved provider will refer to the detailed guidance available [here](#) to make sure we comply with the Scheme

Notifiable incidents or circumstances

The approved provider must notify the regulatory authority in writing within the prescribed time of the following incidents or circumstances:

any serious incident at the service; and any complaints alleging that a serious incident has occurred or is occurring while a child was/is being cared for by our service (within 24 hours)

circumstances at the service which pose a risk to the health, safety or wellbeing of children (within 7 days)

any incident or allegation that physical or sexual abuse of a child or children has occurred or is occurring while the child or children are being educated and cared for by the service (within 24 hours)

if there has been a change relevant to whether the approved provider is a fit and proper person to be involved in our service (within 7 days)

- the suspension or cancellation of a working with children card or teacher registration of a nominated supervisor, or disciplinary proceedings of a nominated supervisor under an education law (within 14 days)

The approved provider must also notify SafeWork of notifiable workplace incidents, where required

Unacceptable behaviour and/or breaches of our Child Safe Code of Conduct by staff

Staff must make report following our reporting procedure (attached) if another staff member's behaviour reaches the threshold for mandatory reporting, reportable conduct or is potentially criminal conduct

Staff must notify the approved provider/nominated supervisor as soon as practicable and complete a Child Safety and Wellbeing Breach – Incident Report Form (template attached)

We take all unacceptable behaviour and breaches to our Child Safe Code of Conduct seriously. The nominated supervisor and approved provider act in line with our child safe and HR policies in responding to any allegations or incidents

Harmful sexual behaviour in children

Staff must respond appropriately and promptly to concerns or complaints about harm or risk of harm to a child (either by adults or by other children), or that a child is exhibiting harmful sexual behaviour (*National Regulations s168(2)(o)*)

Staff will be trained to recognise appropriate and inappropriate sexual behaviour in children, and to know which actions to take in response

Staff must follow our procedure for managing allegations of harmful sexual behaviour in children (attached)

Where appropriate, staff must make reports to the police and/or external authorities in line with our child protection reporting procedures

Child protection training and awareness for staff

The approved provider must ensure that the nominated supervisor and every person in day-to-day charge has successfully completed approved child protection training (*National Law s 162A*)

The approved provider and nominated supervisor will check with the regulatory authority which courses are approved

The nominated supervisor, staff members, volunteers and students must be aware of current child protection laws, understand how to apply child protection laws and their obligations under them (*National Regulations s 84*)

We will meet the Child Safe Standards by equipping, through ongoing education and training, staff (including volunteers and students) with the knowledge, skills and awareness to keep children safe. We train, and give information to, staff so they can recognise and respond to indicators of child harm, including harm caused by other children and young people

Staff who are required to complete mandatory child protection training will do so within three months of starting at our service and complete refresher training every 1 to 2 years as required by law and whenever significant changes are made to child protection law or reporting requirements

Staff will be trained to recognise the physical and behavioural signs of harm in a child and what actions to take if they suspect or have knowledge that a child has been harmed or is at risk of harm

Staff can access information on the indicators of harm, including exposure to family violence and signs that an adult may be engaging in child sexual abuse or grooming on the Tablets/ Laptops and at the office. A list of indicators is also attached to this policy

The approved provider must make sure that evidence and dates of inductions and training is kept on each staff member's record (*National Regulations s 145*)

The approved provider/nominated supervisor will check staff members' awareness of current child protection when they start at our service and during their ongoing staff appraisals

Information and resources, including access to [NSW Government's Mandatory Reporter](#) are available the Tablets/ Laptops and at the office to help staff meet their child protection training and awareness obligations

Child protection awareness will be a standing agenda item at staff meetings and in staff newsletters/emails. Staff review one or two of our policies and procedures regularly as part of their professional development program.

Information exchanging

Chapter 16A of the *Children's and Young Person's (Care and Protection) Act 1998* enables children's services to exchange information they reasonably believe may help other specified persons or entities to: ensure the safety, welfare or wellbeing of children; and help the persons or entities make decisions, conduct investigations, provide services or manage risks to a child

Relevant information is allowed to be shared with persons and entities including other children's services, NSW Police, state government departments or public authorities, schools, public health organisations, private health facilities, nurses, doctors, midwives, psychologists, occupational therapists, speech pathologists and bodies like family referral services

Information sharing applies whether or not concerns of harm meet the mandatory reporting threshold of risk of significant harm, and would only be declined if this may endanger a person's life or physical safety, prejudice an investigation, not be in the public interest etc

We do not need to have the consent of the people involved but should make sure that families and employees understand there is a possibility we will need to share confidential and private information about them in these circumstances

Where possible, it is best practice to obtain the consent of children and families before sharing information that relates to them. However, staff must not try to obtain consent if doing so

could jeopardise safety and wellbeing of someone, put someone at the risk of harm, is otherwise impracticable or not in the best interests of a child

We must only use the information we receive for the purpose for which it was given and we must always store confidential records in accordance with our policies and procedures.

Because this is such a sensitive and complex matter, in the event we need to share information, we will consult the NSW Department of Communities and Justice for further guidance (see their website for more information)

Notifying parents and supporting families

The approved provider must also ensure that we notify the child's parents as soon as practicable (and within 24 hours) if their child has been involved in any incident, injury, trauma or illness while at our service (*National Regulations s 86*)

We will provide families with information about child safety, protective behaviours and local support services through our usual communication channels (e.g., displays, newsletters, in person discussions)

We will work with families to provide coordinated support and refer them to external support services, where appropriate and with consent

We will consider the needs, circumstances and backgrounds of families and tailor our support accordingly

If there are concerns about harm or risk of harm to a child, staff must follow our procedures for contacting parents (attached) and supporting families (attached)

Privacy and record keeping

Any information we gather on a child protection matter - records, identities and reports – must be kept and stored as confidential and only be disclosed if required by law, or when it is required to ensure the safety and well-being of a child

Staff must follow directions from the relevant authorities regarding confidentiality and ensure they comply with all relevant legislation

Staff must not promise absolute confidentiality to anyone involved in a child protection matter (including children) as we may have to disclose personal information in certain circumstances

We are committed to keeping full and accurate records about any incidents, responses and decisions that relate to child safety and well-being, including sexual abuse

Individuals have a right to access, amend and annotate their own records, except if in doing so they are breaking the law or breaching one of our other policies

Records that relate to child safety and well-being – e.g., suspicions, disclosures, allegations, convictions, reports, complaints, grievances, investigations, complaints handling, breaches, disciplinary actions, referrals, exchanges of information, risk assessments, policies and procedures - will be kept in an indexed, logical and secure way

We must complete record within 24 hours of an incident, injury, trauma, and illness involving a child and stored it until the child is 25 years old

Records related to child sexual abuse and other forms of harm or risk of harm that has or is alleged to have occurred will be kept for the best practice period of a minimum of 45 years (and longer if possible)

Records of official mandatory reports will be stored:

- securely in a locked cabinet in a file called ‘mandatory reports’
- in the approved provider/nominated supervisor’s office at our premises
- for the child’s lifetime (105 years from birth)
- separately from the child’s enrolment file.

Online records will be stored password protected file and physical records in a secure cabinet. Access will only be granted on a ‘need to know’ basis and in line with our other relevant policies

Reports made to the Child Protection Hotline are confidential. The reporter’s identity is generally kept confidential under NSW law. As long as the report has been made in good faith, there are protections for the reporter, including that the report will not breach professional etiquette or ethics or amount to professional misconduct, the they are protected from civil and criminal liability, and against retribution. Note, if the NSW Police are investigating a serious offence against a child, they can access the identity of the reporter if they need to

Procedural fairness

Child protection matters will be dealt with in a fair, transparent and timely manner

We do not conduct any internal investigations unless we are instructed to so by a relevant authority

Reportable conduct investigations are carried out according to the Reportable Conduct Scheme’s guidelines and our procedure for managing allegations of Reportable Conduct

Our records are accurate, confidential and stored securely

We protect the privacy of those involved in line with the law and our relevant policies (Note, confidential information may be exchanged with relevant agencies to ensure the safety, welfare and wellbeing of children)

If an allegation is found to be substantiated, the approved provider and nominated supervisor follow advice from the relevant authorities and act in line with our HR policies when considering actions against the staff member

PRINCIPLES

We are committed to the safety and wellbeing of children, and to implementing the 10 Child Safe Standards and the National Quality Framework across all levels of our service

We are committed to implementing the approved learning framework

We comply with all relevant legislation, regulations and standards at all times

Our interactions with children are respectful, equitable and supportive

Every reasonable precaution is taken to protect children from harm and hazards in our physical and online environments

We always act on harm and risk of harm to a child and report where necessary and appropriate

We listen to children and take their concerns seriously. Our child-focused complaint systems prioritises the safety of children

Staff are given the training, resources and support to act on child safety and wellbeing concerns

Our governance, operations policies, risk management plans, procedures, systems and practices are best-practice and up-to-date

POLICY COMMUNICATION, TRAINING AND MONITORING

This policy and related documents can be found on the Tablets/ Laptops and at the office.

The approved provider and nominated supervisor provide information, training and other resources and support regarding the [Child Protection Policy and Procedures](#) and related documents

All staff (including volunteers and students) are formally inducted. They are given access to, review, understand and formally acknowledge this [Child Protection Policy and Procedures](#) and related documents

The approved provider runs a professional development program for each staff member, which covers this policy and procedures

Roles and responsibilities are clearly defined in this policy and in individual position descriptions. They are communicated during staff inductions and in ongoing training

The approved provider and nominated supervisor monitor and audit staff practices through spot checks, performance reviews, supervision sessions, and regular performance appraisal and address non-compliance issues. Breaches to this policy are taken seriously and may result in disciplinary action against a staff member

At enrolment, families are given access and information about our [Child Protection Policy and Procedures](#) and related documents

Families are notified in line with our obligations under the *National Regulations* when changes are made to our policies and procedures

LEGISLATION OVERVIEW

Education and Care Services National Law and Regulations

Law	Description
s 162A	Child protection training
s 165	Offence to inadequately supervise children

Law	Description
s 166	Offence to use inappropriate discipline
s 167	Offence relating to protection of children from harm and hazards
s 170	Offence relating to unauthorised persons on premises
s 174	Offence to fail to notify certain information to Regulatory Authority
s 175	Offence relating to requirement to keep enrolment and other documents
Regulations	
s 84	Awareness of child protection law
ss 85 - 89	Incidents, injury, trauma and illness
s 120	Educators who are under 18 to be supervised
ss 145 – 152B	Staff and educator records – centre-based services
s 168	Education and care services must have policies and procedures
s 170	Policies and procedures to be followed
s 171	Policies and procedures to be kept available
s 172	Notification of change to policies or procedures
s 175	Prescribed information to be notified to Regulatory Authority
s 176	Time to notify certain information to the Regulatory Authority
ss 181,183 - 184	Confidentiality and storage of records

Other applicable laws and regulations

Act/Regulation	Description
<i>Children and Young Persons (Care and Protection) Act 1998 (NSW)</i> <i>Children and Young Persons (Care and Protection) Regulation 2012</i>	Principal relevant Act to child protection
<i>Law Enforcement (Powers and Responsibilities) Act 2002 (NSW)</i> <i>Crimes Act 1990 No.40 (NSW)</i>	Includes provisions for child-related criminal offences
<i>Child Protection (Offenders Registration) Act 2000 (NSW)</i> <i>Child Protection (Offenders Registration) Regulation 2015</i> <i>Child Protection (Offenders Prohibition Orders) Act 2004 (NSW)</i> <i>Child Protection (Offenders Prohibition Orders) Regulation 2018</i>	Registration and reporting of child sexual abuse offenders
<i>Child Protection (Working with Children) Act 2012 (NSW)</i> <i>Child Protection (Working with Children) Regulation 2013</i>	Working with children checks

<i>Children's Guardian Act 2019</i>	Reportable conduct scheme
<i>Work Health and Safety Act 2011</i>	Work place health and safety
<i>Anti-Discrimination Act 1977 (NSW)</i>	Human rights laws
<i>Children (Criminal Proceedings) Act 1987 (NSW)</i>	
<i>Privacy Act 1988</i>	Principle act protecting the handling of personal information
<i>Advocate for Children and Young People Act 2014 (NSW)</i>	Child Safe Organisations
<i>Children's Guardian Act 2019 (NSW)</i>	

NATIONAL QUALITY STANDARD

Standard / Element	Concept	Description
2.2	Safety	Each child is protected
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazards
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented
2.2.3	Child Protection	Management, educators and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect
4.2	Professionalism	Management, educators and staff are collaborative, respectful and ethical
4.2.2	Professional standards	Professional standards guide practice, interactions and relationships
5.1	Relationships between educators and children	Respectful and equitable relationships are maintained with each child
5.1.2	Dignity and rights of the child	The dignity and rights of every child is maintained
5.2	Relationships between children	Each child is supported to build and maintain sensitive and responsive relationships
5.2.2	Self-regulation	Each child is supported to regulate their own behaviour, respond appropriately to the behaviour of others and communicate effectively to resolve conflicts
6.1	Supportive relationships with families	Respectful relationships with families are developed and maintained and families are supported in their parenting role
6.1.2	Families are supported	Current information is available to families about the service and relevant community services and resources to support parenting and family wellbeing
7.1	Governance	Governance supports the operation of a quality service that is child safe
7.1.2	Management systems	Systems are in place to manage risk and enable the effective management and operation of a quality service that is child safe
7.1.3	Roles and responsibilities	Roles and responsibilities are clearly defined, and understood, and support effective decision-making and operation of the service
7.2	Leadership	Effective leadership builds and promotes a positive organisational culture and professional learning community
7.2.1	Continuous improvement	There is an effective self-assessment and quality improvement process in place

Standard / Element	Concept	Description
7.2.3	Development of professionals	Educators, co-ordinators and staff members' performance is regularly evaluated and individual plans are in place to support learning and development

Early Years Learning Framework (EYLF) V.20

EYLF outcome	Key Component
3: CHILDREN HAVE A STRONG SENSE OF WELLBEING	- Children become strong in their social, emotional and mental wellbeing - Children become strong in their physical learning and wellbeing - Children are aware of and develop strategies to support their own mental and physical health and personal safety
5: CHILDREN ARE EFFECTIVE COMMUNICATORS	Children interact verbally and non-verbally with others for a range of purposes

National Principles for Child Safe Organisations

Most relevant principles

Children and young people are informed about their rights, participate in decisions affecting them and are taken seriously

People working with children and young people are suitable and supported to reflect child safety and wellbeing values in practice

Processes to respond to complaints and concerns are child focused

Staff and volunteers are equipped with the knowledge, skills and awareness to keep children and young people safe through ongoing education and training.

RELATED DOCUMENTS

Key policies	Child Safe Environment Policy Child Safe Code of Conduct Child Safe Risk Management Plan Recruitment, Induction and Training Policy Complaint Handling Policy Excursions Policy Tobacco, Vape, Drug and Alcohol Policy Safe Arrival of Children Policy Transport Policy Sleep, Rest and Relaxation Policy Managing Emergencies and Evacuations Policy Incident, Injury, Trauma and Illness Policy ECEC Code of Ethics Governance and Management Policy Visitors Policy Volunteers and Students Policy Staff Code of Conduct
Procedures	Child Protection Procedures (attached)
Resources	Incident, Injury, Trauma and Illness Record template (in Incident, Injury, Trauma and Illness Record Policy) Recording disclosures of harm/risk of harm template (attached) Recording suspicions of harm/risk of harm template (attached) Child Safety and Wellbeing Breach – Incident Report Form (attached) List of indicators of harm (attached) Child protection reporting summary (attached)

SOURCES

Education and Care Services National Law and Regulations | National Quality Standard | Family Assistance Law | Working with children law | Office of the Children's Guardian resources on the Child Safe Standards | *Children and Young Persons (Care and Protection) Act 1998 (NSW)* | NSW Government resources, including obligations of early childhood education and care providers | Early Childhood Australia Code of Ethics | NSW Government resources – including child protection

training, protective behaviour resources, cultural safety guidance | Australian Privacy Principles | ACECQA's NQF Child Safe Culture Guide | NQF Online Safety Guide | eSafety Commissioner Resources | National Principles for Child Safe Organisations | Children's Guardian Guidelines for the reportable conduct scheme

POLICY INFORMATION

Approval date	1 January 2026
Effective date	1 January 2026
Review date	1 January 2027
Approved by	Dr Jay Mukhraiya

APPENDIX A

Child Safe Code of Conduct

Commitment to child safety and wellbeing

Our number one priority is the safety, health and wellbeing of children in our care. We champion and model a child safe culture at all levels in our service.

We will not tolerate harm or the risk of harm to children or young people. We will not tolerate bullying or harassment. We act on any concerns about child safety and encourage a culture of reporting harm and risk of harm.

We listen to all children. We uphold their rights and empower them to know and exercise their rights. Children and families are involved in making decisions about matters that concern them. We are committed to equity and the inclusion of all children, regardless of their abilities, sex, gender, or social, economic or cultural background. We have an inclusive and welcoming environment for Aboriginal and Torres Strait Islander children, and respect and value their diverse and unique identities and experiences.

I WILL:

Follow the law and our policies and procedures:

Act in line with all relevant laws and regulations

Act in line with all of our policies and procedures, including our [Child Safe Environment Policy](#) and those that cover supervision practices, interactions with and between children, child protection, discrimination, bullying and harassment, communication (including online), technology use, photography, privacy and record keeping

Report and act on suspected or observed breaches of this [Child Safe Code of Conduct](#).

Take harm and the risk of harm to a child, including sexual misconduct, seriously:

Put children's safety, health and wellbeing first at all times, remembering my duty of care to take all reasonable steps to protect children from hazards and harm and the risks of harm

Identify, report and manage risk of harm to children in line with our [Child Safe Risk Management Plan](#) and our other risk assessments, policies and procedures

Not tolerate bullying or harassment

Be aware of current child protection laws and my obligations under them, and undertake all the child safety/protection training I need

Take a child seriously if they make a disclosure about harm or risk of harm concerning themselves or another child

Respond to suspicions, beliefs, disclosures, incidents, allegations, concerns and complaints about child safety, including harm or the risk of harm, following the relevant policy and procedure, including our [Child Safe Environment Policy](#), [Child Protection Policy and Procedures](#) and [Complaint Handling Policy and Procedure](#)

Meet my child protection reporting obligations following our [Child Protection Policy and Procedures](#), including mandatory reporting, and reporting criminal conduct, allegations of sexual misconduct, allegations of reportable conduct

I WILL:

Manage allegations of a child exhibiting harmful sexual behaviour in line with our [Child Protection Policy and Procedures](#)

Keep all information about child protection concerns confidential, except when it must be disclosed by law to a relevant authority under information sharing laws (as described in our [Child Protection Policy and Procedures](#)).

Treat children with respect:

Uphold the rights of children, and empower children to know and exercise their rights

Listen to and value children's ideas and opinions

Involve children (and their families and communities) in making decisions about matters that concern them

Behave in a courteous, ethical and respectful way towards children and their families and other staff members

Use positive behaviour management

Communicate in a polite and respectful way in written material (e.g. emails, social media)

Communicate in ways children (and their families and communities) can understand

Use non-intrusive physical contact with a child when it is warranted, such as to soothe, build trusting relationships, demonstrate learning, treat or prevent an injury, and to meet the health and hygiene needs of a child or the needs of a child with disability.

Act professionally around children:

Dress in clean and suitable clothing and in line with our Dress Code

Be a positive team member and not allow any personal differences I have with other staff members get in the way of my meeting the needs of the children (and their family) in our care

Report any actual or perceived conflicts of interest to the nominated supervisor (such as an outside relationship with a child in our care).

Maintain proper supervision of children:

Strictly follow our supervision procedures and our policies and procedures, including during high-risk activities e.g., during the delivery and collection of children, travel between services, excursions, transport, nappy changing and toileting, water-play, special events with visitors etc.

Raise any concerns I have about supervision with the nominated supervisor or approved provider

Work with children in an open and transparent way, so that the other adults know what work I am doing with children

Avoid being alone with a child and try to stay in the line of sight of other staff members when I am working with children

Report to the nominated supervisor any situations in which I or another staff member is alone with a child and out of the line of sight of any other staff members.

Use electronic and online platforms appropriately:

Follow all of our policies and procedures for using electronic devices and online platforms

Get consent from parents before photographing or recording a child or using their image

Use a professional tone in online communications – social media, emails, other platforms

Only connect with children online in relation to my work and include the child's parent in any electronic communication with a child

I WILL:

Report to the nominated supervisor if a child communicates with me outside of a work-related matter.

Contribute to a culturally safe and inclusive environment:

Welcome and celebrate all children (and their families and communities), regardless of their race, colour, sex, gender identity, sexual orientation, language, religion, political or other opinion, health status, national, ethnic or social origin, culture, property, ability or other status

Acknowledge the histories, cultures, language, traditions, religions, spiritual beliefs, child rearing practices and lifestyle choices of Aboriginal and Torres Strait Islander children and their families

Make reasonable adjustments for children with disability

Take part in discussions and share knowledge about cultural safety with my colleagues

I WILL NOT:

Condone or engage in any activity that harms or risks harming a child:

Including physical, sexual or psychological/emotional abuse; ill-treatment; neglect; sexual grooming; commercial child sexual exploitation; online child sexual abuse; any other unsafe behaviour towards a child

Use corporal punishment, such as smacking or other forms of physical discipline

Use verbal abuse or intimidation, such as yelling and shouting, invading another person's personal space, finger pointing, talking over other people, persistently criticising and/or denigrating people, humiliating, shaming or name calling

Use passive aggressive behaviour, such as deliberately ignoring, isolating or being dismissive of others

Bully or harass, such as threatening to harm, either physically or psychologically

Deliberately prevent a child from forming friendships

Engage in rough physical games with children that could lead to injury

Neglect a child by not giving them adequate supervision, nourishment, water, education or medical care.

Condone or engage in any sexual misconduct, including grooming offences, with a child:

Commit any sexual offences in relation to a child in our care, including any sexual act with or towards a child, any sexual touching, voyeurism, recording or distributing intimate images, grooming

Take or distribute explicit or intimate images or recordings of a child, including those in which are they are in a state of undress, bathing or using the toilet

Offer a child gifts, food, money, attention or affection in exchange for sexual activities or images or with the intention of making it easier to access the child for sexual activity

Discuss my sexual experiences and preferences with a child or ask a child to share intimate or sexual information about themselves

Use sexual language or gestures in the presence of children

Show children pictures, animations, images or websites of an inappropriate or adult nature

Talk about adult or sexualised topics – including telling adult jokes – around children

Undress in front of, or expose myself to, a child

Undress a child unless it is necessary to do so, and the child is unable to undress themselves

I WILL NOT:

- Do personal care tasks that a child can do for themselves, such as toileting
- Communicate with a child about romantic, intimate or sexual feelings
- Initiate inappropriate and unwarranted touching, such as massages, kisses or unwelcome hugging
- Deliberately facilitate situations that unnecessarily result in close physical contact with a child, such as wrestling or tickling
- Make negative, overly flattering or sexualised comments about a child's appearance
- Flirt with a child.

Engage in unprofessional conduct:

- Use offensive language, such as swearing, using racial, cultural, homophobic or sexist slurs,
- Wear clothes that include offensive language or pictures
- Engage in any sexual or intimate acts with anyone while at the service or during work-related activities outside the premises (e.g. excursions, staff development activities)
- Form any intimate relationship with a child in our care
- Encourage a child to communicate or meet with me in a private setting, or arrange personal contact, including online, with children in our care for any purpose that is not related to our service's activities unless I have prior approval from the nominated supervisor or approved provider and the child's parent/s
- Babysit, mentor and/or tutor a child in our care out of work hours unless I have the nominated supervisor or approved provider's prior approval
- Develop any special relationships with children that could be seen as favouritism
- Accept gifts or benefits from children or their families which exceed \$30 in value. If this occurs in circumstances where the gift cannot reasonably be refused or returned, I will immediately disclose the gift to the approved provider or nominated supervisor
- Accept an offer of money, regardless of the amount, by a child or their family
- Offer a child gifts or money in exchange without permission from the approved provider or nominated supervisor
- Be alone with a child, including during travel or transport. In the event I do find myself with a child, alone or out of the line of sight of another staff member, I will immediately report this to the nominated supervisor.

Misuse technology or behave unprofessionally online:

- Use a camera, computer, mobile phone, tablet, or other electronic device in any way that breaches our policies and procedures
- Take or store photographs or recordings of a child on personal devices/online storage for personal use
- Take, access, share, store, publish photographs or recordings of a child without the written consent of their parent/s
- Have unauthorised contact with a child online
- Use private text messages to communicate with a child where open communication is possible
- Use an electronic device to exploit or harass a child or their family
- Access, retrieve, display, view, forward and/or store offensive obscene, pornographic, threatening, abusive or other inappropriate material in the workplace.

Negatively discriminate against a child or their family or a staff member:

I WILL NOT:

Treat a child (or their family or another staff member) unfairly or unfavourably because they have a particular characteristic or belong to a certain group, such as their disability, sex, race, age, gender identity, sexual orientation, age, religious appearance,

Express my personal views about gender, gender identity, sexual orientation, culture, race, religion, or disability in front of children.

Condone or participate in unacceptable behaviour relating to alcohol, recreational drugs and cigarettes:

Offer children and young people alcohol, cigarettes, vapes or other drugs

Be affected by alcohol or drugs while I am at work

Smoke or use e-cigarettes at the service, in the carpark, or within 4 metres of the pedestrian entrances/exits from our service.

Fail to respond or report harm and the risk of harm to a child, including sexual misconduct:

Ignore or disregard any incidents, suspicions, disclosures or knowledge of harm or risk of harm to a child

Fail to report to the relevant authorities in line with my obligations and our Child Protection Policy and Procedures

Exaggerate or trivialise harm or risk of harm to children

Disclose personal or sensitive information about a child, including their image, and details of any child protection matters, unless I am authorised to do so.

I understand the following types of behaviour may be of concern:

Talking with other adults about hurting a child

Asking a child to keep a secret, including a relationship with an adult

How to report breaches:

Breaches and suspected breaches of our Child Safe Code of Conduct must be reported as soon as practicable

If the breach relates to child protection matter, staff must follow our Child Protection Policy and Procedures

For all other matters, staff must report to the nominated supervisor and/or approved provider either in person, by telephone on 02 86324439 or via email cuddlez_preschool@outlook.com

Staff should complete the Child Safety and Wellbeing Breach – Incident Report Form which is available in Staff Room and Office .

How breaches will be dealt with:

Breaches and suspected breaches will be taken seriously and dealt with quickly, fairly, transparently and according to our relevant policies and procedures, including our HR/management policies, our Complaint Policy and Procedure and Child Protection Policy and Procedure, where appropriate.

Staff, including volunteers and students, who breach our Code may have disciplinary action taken against them, such as formal warnings, increased supervision, being transferred to another role, or having their employment suspended or terminated.

Reporting requirements:

In NSW:

- Mandatory reporting laws require us to report reasonable suspicions that a child is at risk of significant harm
- There are criminal offences relating to failing to report child abuse to police and failing to protect children from the risk of abuse
- The Reportable Conduct Scheme requires the approved provider to report allegations and convictions of 'reportable conduct' of any individuals engaged directly or indirectly by our service (including employees, volunteers, and in some circumstances, contractors) irrespective of whether this relates to their employment or activities at the service

Our Child Protection Policy and Procedures detail our legal obligations and set out how to respond to incidents, disclosures and suspicions of harm and risk of harm, and how to make reports to the relevant authorities.

Agreement and signature

I have read and understood this Child Safe Code of Conduct and agree to abide by it and its terms.

Name:

Signature:

Date:

APPENDIX A

Child Safe Risk Management Plan

STEP 1	STEP 2	STEP 3	STEP 4	STEP 5	STEP 6
Describe the activity/ environment <i>Identify all elements of the space or event from beginning to end e.g. activity, situation, experience, objectives, location, participants</i>	Identify hazards and risks <i>Something that could happen that would or could result in harm: situational, vulnerability, propensity, institutional risks must be covered</i>	Assess risk likelihood and consequences <i>(1) How likely is the risk; and (2) what are the consequences of the risk occurring? (e.g. rare, unlikely, possible, likely, almost certain)</i>	Determine risk rating <i>Use risk assessment matrix to rate Likelihood/Consequences for overall risk rating: (e.g. Major, significant, moderate, minor, insignificant)</i>	Identify and introduce protective strategies <i>What protective strategies already exist and are the gaps in the existing strategies?</i>	Regularly review <i>Nominate who will review protective strategies to make sure they are working. Include dates for implementation</i>
					[insert more rows as required]

Risk Matrix						
Consequences	Likelihood					
		Rare	Unlikely	Possible	Likely	Almost Certain
	Major	Moderate	High	High	Critical	Critical
	Significant	Moderate	Moderate	High	High	Critical
	Moderate	Low	Moderate	Moderate	High	High
	Minor	Very low	Low	Moderate	Moderate	Moderate
	Insignificant	Very low	Very low	Low	Moderate	Moderate

Extracted from ACECQA's [Risk Assessment and Management Tool](#)

APPENDIX B

ROLES AND RESPONSIBILITIES – Child Protection

Approved provider responsibilities (not limited to)

Ensure our service meets its obligations under the *Education and Care Services National Law and Regulations*, including to take every reasonable precaution to protect children from harm and hazards likely to cause injury. Ensure that no child is subjected to any form of corporal punishment or any discipline that is unreasonable

Ensure that our service's governance, management, operations, policies, plans, (including risk management/action plans), systems, practices and procedures for child protection matters are appropriate in practice, best practice, comply with the Child Safe Standards and comply with all relevant legislation

Ensure we have a child-focused complaint management system that responds properly to any complaints or concerns about child safety and wellbeing and any allegations of harmful sexual behaviour in children

Ensure our Child Protection Policy and Procedures is in place and available for inspection

Take reasonable steps to ensure this policy and procedures are followed (e.g. through clear and accessible communication, and systemised inductions, training and monitoring of all staff – including volunteers, students)

Ensure that systems are in place to identify and minimise or eliminate risks of harm to a child in line with our policies/procedures (including our Child Safe Risk Management Plan) and our legal requirements. Ensure staff can and do use the risk assessments/plans, including children's individual action plans

Promote a culture of reporting. Act on any incidents, disclosures and suspicions, including allegations of harmful sexual behaviour in children. Report where necessary to the relevant authorities and in line with our procedures and legal obligations

Ensure our service complies with the Reportable Conduct Scheme, including by having systems, policies and procedures in place to prevent, detect and respond to reportable conduct

Ensure that staff complete all the required training. Ensure that the nominated supervisor and persons in day-to-day charge have completed approved child protection training. Ensure that all staff, including volunteers and students, are aware of current child protection laws, how they apply and any obligations they have under them. Keep evidence of child protection training

Ensure child protection related records are made and confidentially stored according to our policies and legal obligations. Keep all child protection matters confidential unless we are legally required to disclose

Regularly review this Child Protection Policy and Procedures in consultation with children, families, communities and staff. Keep it available for inspection

Notify families at least 14 days before changing this Child Protection Policy and Procedures if the changes will: affect the fees the charged or the way they are collected; or significantly impact the service's education and care of children; or significantly impact the family's ability to utilise the service.

Work collaboratively with support services and or/professionals to support children (and their families) and staff members who have been impacted by harm or the risk of harm

Nominated supervisor / persons in day-to-day charge responsibilities (not limited to)

Ensure our service meets its obligations under the *Education and Care Services National Law and Regulations*, including to take every reasonable precaution to protect children from harm and hazards likely to cause injury. Ensure that no child is subjected to any form of corporal punishment or any discipline that is unreasonable

Support the approved provider to ensure that our service's management, operations, policies, plans, (including risk management/action plans), systems, practices and procedures for child protection matters are appropriate in practice, best practice, comply with the Child Safe Standards and all relevant legislation

Implement this [Child Protection Policy and Procedures](#) and all other parts of our child-focused complaint management system that responds properly to any complaints or concerns about child safety and wellbeing, and any allegations of harmful sexual behaviour in children

Take reasonable steps to ensure this policy and procedures are followed (e.g. through clear and accessible communication, and systemised inductions, training and monitoring of all staff – including volunteers, students)

Identify and minimise or eliminate risks of harm to a child in line with our policies/procedures (including our [Child Safe Risk Management Plan](#)) and our legal requirements. Ensure staff can and do use the risk assessments/plans, including children's individual action plans

Promote a culture of reporting. Act on any incidents, disclosures and suspicions, including allegations of harmful sexual behaviour in children. Report where necessary to the relevant authorities and in line with our procedures and legal obligations

Successfully complete approved child protection training and other relevant professional development activities

Support the approved provider to ensure that all staff, including volunteers and students, complete all required training, and are aware of current child protection laws, how they apply and any obligations they have under them. Keep evidence of child protection training

Ensure child protection related records are made and confidentially stored according to our policies and legal obligations. Keep all child protection matters confidential unless we are legally required to disclose

Contribute to policies and procedure reviews and risk assessments and plans in consultation with children, families, communities and staff. Support the approved provider to notify families of changes according to legislation and our policies and procedures

Work collaboratively with support services and or/professionals to support children (and their families) and staff members who have been impacted by harm or the risk of harm

Educators / ECT / other staff responsibilities (not limited to)

Discharge your duty of care (e.g. by taking every reasonable precaution to protect children from harm or hazards likely to cause injury). Do not subject a child to any form of corporal punishment or any discipline that is unreasonable

Follow our child-focused complaint management system - including this [Child Protection Policy and Procedures](#) - to respond properly to any complaints or concerns about child safety and wellbeing and any allegations of harmful sexual behaviour in children

Act on any incidents, disclosures, and suspicions, including allegations of harmful sexual behaviour in children. Report where necessary to the relevant authorities and in line with our procedures and legal obligations (including reportable conduct, mandatory reporting, reporting criminal conduct)

Report any issues with our child protection policies and procedures to the appropriate person (e.g. approved provider, nominated supervisor, lead educator)

Identify and minimise or eliminate risks of harm to a child in line with our policies/procedures (including our [Child Safe Risk Management Plan](#) and other risk assessments/plans such as children's individual action plans)

Undertake all necessary training and professional development activities. Be aware of current child protection laws, how they apply and any obligations you have under them

Complete child protection records when required. Provide them to the approved provider/nominated supervisor as soon as practicable

Keep all child protection matters confidential unless we are legally required to disclose

APPENDIX B

Child Protection Procedures

POLICY LINKS

These procedures apply to our:

- [Child Protection Policy](#)
- [Complaint Handling Policy](#)
- [Child Safe Environment Policy](#)
- [Child Safe Code of Conduct](#)
- [Child Safe Risk Management Plan](#)

PROCEDURES

1. Managing an emergency (child protection)
2. Managing disclosures and suspicions of harm (child protection)
3. Reporting (child protection)
4. Contacting parents (child protection)
5. Providing support (child protection)
6. Managing allegations of harmful sexual behaviour in children (child protection)
7. Managing allegations of reportable conduct (child protection)

TOOLS AND RESOURCES

1. Incident, Injury, Trauma and Illness Record template (in Incident, Injury, Trauma and Illness Record Policy)
2. Recording disclosures of harm/risk of harm template (attached)
3. Recording suspicions of harm/risk of harm template (attached)
4. Child Safety and Wellbeing Breach – Incident Report template (attached)
5. List of indicators of harm resource (attached)

APPENDIX C

PROCEDURE - Managing an emergency (child protection)

When to use this procedure

- If there is an immediate risk to health and safety of a child
- If an incident of harm or risk of harm occurs at our service
- If there is no immediate risk, staff go straight to [Reporting procedure](#)

1. Respond to threats to health and safety

- Intervene to protect other children
- Separate the child and anyone else involved in the incident
- Make sure that all parties are supervised
- Administer first aid
- Call 000 for an ambulance
- Call 000 for police assistance if the person who is alleged to have harmed the child poses an immediate risk to anyone else at the service
- Follow instructions

2. Preserve evidence

- If an incident of suspected harm to a child has occurred at our service, take action to preserve any items that may be used as evidence
- Do not clean up the area where the incident has occurred. Cordon off the area/room/building and try not to allow anyone to enter
- If sexual abuse or physical abuse has occurred or is suspected, ensure that the person who has allegedly committed the abuse and the child remain in their clothing. If this is not possible, handle the clothes as little as possible, do not to wash, and store them in a sealable plastic bag
- Leave any other possible items of evidence untouched, where possible
- Secure evidence such as CCTV footage, emails, computers, devices etc

3. Manage possible witnesses

- Take reasonable steps to prevent potential witnesses (including children) from talking about the alleged incident

- If the alleged incident involves two or more children, they should be separated and supervised in separate rooms
 - If the alleged incident involves a staff member, they should be asked to stay with the nominated supervisor or person in day-to-day charge. Instruct the staff member not to discuss the alleged incident with any other staff, children or family members
4. Document the incident using our Incident, Injury, Trauma and Illness Record template as soon as possible (and within 24 hours) so the details are accurately captured
 5. Report according to procedure for Reporting as soon as practicable
 6. Notify the approved provider/nominated supervisor as soon as practicable
 7. Inform parents according to procedure for Contacting parents
 8. Support any children involved and their families according to procedure for Providing support
 9. If relevant, follow procedures for Managing allegations of harmful sexual behaviour in children or Managing allegations of reportable conduct
 10. Assess and manage risks - the approved provider and nominated supervisor must assess and manage any risks to children or other staff member

APPENDIX D

PROCEDURE – Managing disclosures and suspicions of harm (child protection)

When to use this procedure

- If you receive a disclosure. That is, if someone, including a child, tells you about harm or risk of harm that has happened and/or is happening to a child. Disclosures may start with:
 - I think I saw...||
 - Somebody told me that...||
 - Just think you should know...||
 - I'm not sure what I want you to do, but...||
- If you have a suspicion of harm or risk of harm, or a significant concern for a child's wellbeing. Harm or risk of harm may be suspected if, for example:
 - A child says they have been harmed or is at risk of being harmed
 - Someone else – e.g., another child, a parent, or a staff member - says harm has occurred or there is a risk of it occurring
 - A child says they know someone who has been harmed or might be harmed (it is possible that they may be referring to themselves)
 - There are significant changes in the behaviour of a child, or the presence of new unexplained and suspicious injuries
 - A suspicious incident is witnessed
 - A person who is in a position to give reliable information tells you of harm/risk of harm to a child (e.g. a relative, friend, sibling, neighbour of the child)
 - Other signs such as family violence, or familial substance misuse, psychiatric illness or intellectual disability that is impacting the child's safety and wellbeing

****Note:** A disclosure or suspicion can also be about a child harming another child or a child who is at risk of being harmed by another child.

1. Respond to disclosures

- Find a private place to talk
- Remain calm and listen in an attentive, active and non-judgemental way
- Encourage the person (including a child) to talk in their own words
- Take anything a child says seriously
- Ask just enough open-ended questions to act protectively without asking any leading questions which suggest an answer and could compromise later investigations
- Tell the person they have done the right thing in revealing the information and they'll need to tell someone who can help keep the child safe

- Do not investigate or mediate the matter yourself
2. Respond to suspicions
 - Remain alert to any warning signs or indicators (staff can access resources on the indicators of harm or risk of harm, including exposure to family violence, and signs that an adult may be engaging in child sexual abuse or grooming)
Template attached to this policy and available at the Office.
 - Pay close attention to changes in the child's behaviour, ideas, feelings and words
 - Assure a child that they can come to talk when they need to, and listen to them and believe them when they do
 - Do not investigate or mediate the matter yourself
 3. Document disclosures or suspicions using the templates (available on all laptops and tablet and attached to this policy) as soon as possible so the details are accurately captured, including:
 - Time, date, location and who was present
 - Full details of the (suspected) harm or risk of harm
 - Exactly what the person said using "I said", "they said," statements
 - The questions staff asked
 - Any comments staff made
 - Any actions by staff following the disclosure
 - Record your own observations as well as accurate details of any conversation with a parent (who may for example explain a noticeable mark on a child)
 - Make notes of observations in a non-judgemental and accurate manner
 4. Report according to procedure for Reporting as soon as practicable
 5. Notify the nominated supervisor/approved provider as soon as practicable
 6. Inform parents according to procedure for Contacting parents
 7. Support any children involved and their families according to procedure for Providing support
 8. If relevant, follow procedures for Managing allegations of harmful sexual behaviour in children or Managing allegations of reportable conduct

9. Assess and manage risks – the approved provider and nominated supervisor must assess and manage any risks to children or other staff member

APPENDIX E

PROCEDURE – Reporting (child protection)

When to use this procedure

- If a child has been or may be the victim of a criminal offence
- If you witness an incident where you believe a child has been harmed or is at risk of harm
- If you form a reasonable belief that a child has experienced or is experiencing sexual abuse or non-accidental physical injury
- If there are any serious incidents or allegations of serious incidents while a child was/is being cared for at the service
- If there are any circumstances at the service that pose a risk to the health, safety or wellbeing of children
- If there is any incident or allegation that physical or sexual abuse of a child or children has occurred or is occurring while the child or children are being cared for by our service
- If the approved provider is no longer a proper person to be involved in our service
- If there has been a suspension or cancellation of a WWCC or teacher registration of a nominated supervisor, or disciplinary proceedings of a nominated supervisor under an education law
- You do not need to have proved that the alleged incident/conduct has occurred to make a report
- If there is concern for a child's welfare, but it does not reach the threshold for reporting to the authorities, staff can connect children and families to external support services, following procedure for [Providing Support](#)
- See procedure for [Managing allegations of reportable conduct](#) if you need to report reportable conduct

1. Reporting to the police and mandatory reporting

- Report to the Police on 131 444 if a child has been or may be the victim of a criminal offence, including a sexual offence
- Report to the Child Protection Helpline on 13 21 11 (24 hours/7 days) if you form a reasonable suspicion that a child is at risk of significant harm (includes abuse and neglect)
- Non-urgent 'eReports' can be made through the [ChildStory Reporter](#) website (staff will need to register first)
- Read the resources on the ChildStory Reporter webpage to help make decisions about reporting or call the Helpline for advice
- Prepare as much information as you can before making the report
- Make the report yourself as soon as practicable. The report is not to be referred to another worker to determine if it is a reportable matter, but the person making

the report may be supported by the approved provider and/or nominated supervisor, if this is appropriate

- Record name of person taking report on the telephone and ask them for written confirmation that the report has been made
- Get clear guidance from the Child Protection Helpline or Police about what the next steps in the process are, including with whom information about the report should/can be shared
- If you are reporting to the Child Protection Helpline, you do not need to make an additional report to the police
- Notify the nominated supervisor as soon as possible. The nominated supervisor must notify the approved provider as soon as possible
- Create a record with the nominated supervisor's assistance and store it according to our Child Protection Policy record keeping requirements
- Do not carry out any internal investigations unless you have been instructed to do so by Child Protection Helpline/Police/Children's Guardian

2. Reporting to the regulatory authority - the approved provider must notify the regulatory authority in writing within the prescribed time period via the [NQA IT System](#) of:

- any serious incident at the service; and any complaints alleging that a serious incident has occurred or is occurring while a child was/is being cared for by our service (notify in writing, within 24 hours)
- circumstances at the service which pose a risk to the health, safety or wellbeing of children (notify in writing, within 7 days)
- any incident or allegation that physical or sexual abuse of a child or children has occurred or is occurring while the child or children are being educated and cared for by the service (notify in writing, within 24 hours)
- if there has been a change relevant to whether the approved provider is a fit and proper person to be involved in our service (notify in writing, within 7 days)
- the suspension or cancellation of a WWCC or teacher registration of a nominated supervisor, or disciplinary proceedings of a nominated supervisor under an education law (notify in writing, within 14 days)
- The approved provider must also notify SafeWork, where required

3. Reporting an adult within the service (additional steps) (includes paid staff, volunteers, students, third party contractors, allied health practitioners, visitors,

regardless of whether the conduct is alleged to have happened within the course of the person's employment or involvement with our service)

- Report the adult within the service as you would anyone else who was the subject of an allegation – that is, follow steps 1 and 2 above (if applicable)
- The approved provider/nominated supervisor must assess and manage the immediate risks to other children and staff members, and take action to protect children from harm. Depending on the situation, actions might include:
 - Suspending any volunteers and contractors who are the subject of allegations
 - Standing down staff with/without pay
 - Reviewing the duties of staff who are subjects of allegations, including whether it is appropriate to restrict their access to children
 - Ensuring staff subject to allegations are supervised at all times
 - Seeking advice from the relevant agencies about what is appropriate
 - Seeking legal advice
- Do not breach the rights of staff and keep our obligations under workplace laws
- Give appropriate support to any staff member who has an allegation made against them, including help to access appropriate support/counselling
- Provide support to other staff members who are impacted
- Keep information confidential, including the identity of the subject of the allegation
- Follow procedure for Managing allegations of reportable conduct if you need to report reportable conduct

APPENDIX F

PROCEDURE - Contacting parents (child protection)

When to use this procedure

- If a child has been harmed or is at risk of harm
- If you have made a child protection report
- If a child allegedly exhibits harmful sexual behaviour
- If a child has been affected by another child allegedly exhibiting harmful sexual behaviour

1. Get permission to contact parents first
 - Before contacting parents, get permission from the Police or Child Protection Helpline (13 21 11)
 - We may be advised not to disclose any information to the parents if, for example, the parent is alleged to have been involved in the harm or risk of harm, the child would be put at greater risk and/or telling the parents is likely to adversely affect investigations
2. Contact parents
 - If we are allowed, the approved provider/nominated supervisor/other appropriate staff member must contact the parents as soon as possible on the day of the incident, disclosure, suspicion or belief
 - The staff member contacting the parents should:
 - Be empathetic
 - Communicate sensitively, professionally and calmly
 - Give the parents details of the situation and what action we have taken and will be taking (e.g. reporting, protecting the child from further harm)
 - Give the contact details of the Police/Child Protection officer who is handling the case, if applicable
 - Outline what the next steps are likely to be, if this is known (e.g. they will be contacted by the Police/Child Protection Helpline, the investigation might take time, their child may need to be interviewed)
 - Give the parents an opportunity to ask questions
 - Ask the parents how they would like us to support them and their child
 - Assure them that we will be providing ongoing support to them and their child (as set out in [Providing support](#) procedure)
 - We should have clear advice from Police/Child Protection Helpline about what information we can share with the parents. However, if not, staff must not share any information with the parents that they think may put the child or any other person at risk (e.g., risk of further harm, destruction of evidence, retaliation)
3. Make a record of the discussion and follow up on any actions that arise from the conversation.

APPENDIX G

PROCEDURE - Providing support to families (child protection)

When to use this procedure

- If a child has been harmed or is at risk of harm
- If you have made a child protection report
- If you have a significant concern for a child's wellbeing
- If a child allegedly exhibits harmful sexual behaviour
- If a child has been affected by another child allegedly exhibiting harmful sexual behaviour

1. Support children and their families

- Staff can give direct support to the affected child and their family
- The nominated supervisor can provide referrals to professionals and community services
- Where a child has harmed or is at risk of harming another child, staff will provide support to both children and any other children who are affected. If the situation involves allegations of a child exhibiting harmful sexual behaviours, follow procedure for Managing Harmful Sexual Behaviour in Children
- The nominated supervisor must ensure that any other children or family members who have been impacted by any incidents, disclosures or suspicions are also offered support
- Help children to know how to respond to questions that other children ask about the incident and tell them staff member/s will be supporting them

2. Give collaborative and planned support

- Allow children and families to be part of decision-making processes, where possible
- If a child has been harmed or is at risk of harm, where appropriate, the nominated supervisor will:
 - Set up regular contact with the child's parents (if it is safe and appropriate) to discuss the child's health and wellbeing
 - Develop a safety/support plan with the child's parents (e.g. how the child will be monitored by staff at the service, how staff will communicate with the child's parents, any allied health and wellbeing support services needed)
 - Consult with allied health and wellbeing support service about how the child should be supported, where possible and appropriate
- Refer children and their families to external support services

- The nominated supervisor can refer children and their families who have been impacted by harm/risk of harm to external support services including:
 - Family violence services
 - Support for sexual assault victims
 - Children's mental health support services
 - Counselling/support services
- Referrals can also be made when there is significant concern for a child's wellbeing that have a low/moderate impact on the child, but their immediate safety is not at risk (i.e. not enough to warrant a report to Police/Child Protection Helpline). Examples of this include: parenting problems; pressure on the family from physical or mental illness, substance abuse, disability; social or economic disadvantage; family lacks social support/is isolated
- Get the family's consent and maintain the confidentiality of the child and the family when working with external support services.
- Use the resources section of the ChildStory Reporter website to determine suitable family referral services

3. Support children with diverse needs and backgrounds

- Consider the needs, circumstances and backgrounds of individual children and tailor their support accordingly:
 - Children with disabilities - consider the age, developmental stage and cognitive and functioning. Be aware that children with disabilities are particularly vulnerable to ongoing harm when considering any future risk management
 - Aboriginal and Torres Strait Islander children and children from Culturally and Linguistically Diverse (CALD) backgrounds - provide culturally appropriate support
 - Children from refugee backgrounds - recognise that these children and their families might also be experiencing trauma, dislocation and loss, which may significantly affect their wellbeing. Staff should be sensitive to these circumstances, but also make sure that the safety and wellbeing of a child is paramount
- Where possible, seek expert advice from the relevant disability, Aboriginal and Torres Strait Islander, cultural or refugee support services and arrange for an interpreter to help communicate with the child and family, if needed
- If staff are unsure who to ask, they can contact the regulatory authority for referrals and advice.

APPENDIX G

PROCEDURE – Managing allegations of harmful sexual behaviour in children

When to use this procedure

- If there is an allegation that a child has exhibited harmful sexual behaviour
- Use this procedure whether the above behaviour is self-directed or directed towards another child or adult

1. Be aware of the spectrum of sexual behaviours:

- Children and young people display a range of sexual behaviours. Most of the time these are age-appropriate, and generally consistent with the child's developmental stage and the context in which they are growing up (e.g., living in a society where they are regularly exposed to sexualised imagery used in popular culture or in marketing, online material, and the influences of a child's religious/cultural backgrounds etc)
- A small number of children display developmentally inappropriate sexual behaviour and an even smaller number display 'harmful sexual behaviour', which can be directed at themselves and/or other children
- Harmful sexual behaviour ranges in seriousness and impact
- The NSW Government (SafeWayz)'s [resources](#) can help staff understand the spectrum of sexual behaviours in children. Staff should use these resources, the contextual information, professional judgement and (where applicable) advice from the relevant authorities to decide on the most appropriate response to a child exhibiting sexual behaviours

2. Use the traffic light system to recognise appropriate and inappropriate sexual behaviour

GREEN - Developmentally appropriate Action - Explain to child about social expectations regarding GREEN	ORANGE – Concerning Action - Monitor and support child, possibly report ORANGE behaviour	RED – Very Concerning, serious, severe Action - Must report RED behaviour
• Behaviour that is expected for the age and developmental stage • Socially acceptable • Appropriate sexual curiosity/expression/exploration	• Behaviour is outside what would be expected for the child's developmental stage • Concerning because of its persistence, intensity, frequency and/or duration • Socially unacceptable • May be a one-off incident, but usually is repeated	• Extension of ORANGE behaviour • Excessive, often with physical violence, sadism, degradation • Secretive, manipulative, can involve bribery or trickery • May be highly intrusive and harmful to others

• May be exhibited at inappropriate contexts, especially by young children • Often one-off incidents • Child responds to redirection and reinforcement of expected behaviour • Equal in age or developmental stages between the individuals concerned • Generally positive emotional experience (laughter, giggling, joy) • Others are unharmed	• May involve a disparity in age, developmental stage • May display a lack of respect • May be not reciprocal or mutual • Child has a negative emotional experience (e.g. guilt, remorse, shame, confusion) • Risk of health and safety to child and others	• Uses power and force, coercion, threats, deception • Limited respect for the rights of others • Often persistent behaviour along difficult to shift patterns of thought that have developed over a long time • Child may experience shame, anger and pleasure

3. Respond to allegations or incidents of harmful sexual behaviours

- If someone is in immediate danger, follow procedure for Managing an emergency
- If someone has made a disclosure or there is a suspicion about a child exhibiting harmful sexual behaviour, follow procedure for Managing disclosures and suspicions of harm
- Remain calm
- Intervene to protect all children
- Do not shame or use judgemental language
- Keep discussion minimal if the behaviour involves possible criminal or child protection matter
- Develop an initial response plan

4. Document the behaviour and store the record confidentially and securely

5. Report following procedure for Reporting (if applicable)

- RED sexual behaviour must be reported
- Assess whether ORANGE sexual behaviour must be reported

6. Notify the nominated supervisor/approved provider as soon as practicable

7. Contact parents following procedure for Contacting parents

- If we have reported the allegation to Police/Child Protection Helpline, get clearance to contact parents
 - Contact the parents of the child who has allegedly exhibited harmful sexual behaviour
 - Contact any other parents of children who:
 - Have been impacted by the harmful sexual behaviour
 - Witnessed the behaviour
 - Notify other parents if accounts of the behaviour might be circulating, but do not disclose confidential information
 - Do not disclose the names of the children involved
8. Provide support, following procedure Providing support, to the child allegedly exhibiting harmful sexual behaviour and any other children, families and staff members who are impacted
9. Assess and manage risks
- The approved provider and nominated supervisor assess and manage the immediate risks to other children and staff members, and take action to protect children from harm (in consultation with support and child protection services)
 - Depending on the situation, actions might include:
 - Implementing a risk management strategy
 - Implementing a support and safety plan for impacted child/ren
 - Suspending/excluding the child from the service
 - Increased monitoring and constant supervision
 - Restricting the child's contact with other children or only allow them to have supervised contact
 - Restricting access to sensitive computer systems, files or facilities (if applicable)
10. Implement a behaviour support plan
- If the child remains at the service, the approved provider and nominated supervisor will need to establish a behaviour support plan that ensures the safety of other children and staff members. The behaviour support plan will need to address how the child will be monitored and provided with the support they need

- Establish the plan in consultation with family services, child's parents, carers, professionals and support services
- Monitor and review plans regularly and when there is any new behaviour by the child that may impact on their or other children and staff's safety and wellbeing

11. If a child exhibits GREEN – developmentally appropriate sexual behaviour:

- Do not punish or shame the child/ren for the behaviour
- Safely and sensitively intervene
- Use non-judgemental language to describe the behaviour that should stop
- Remind them of the expectations of behaviour at the service
- Discuss the impact the behaviour might have on others
- Explain that the behaviour might be inappropriate to the situation (e.g., it is private behaviour)
- Redirect them to another activity
- Document the behaviour and response
- Report to the nominated supervisor
- Contact the parents of the child/ren to notify them of the behaviour and our response
- Reinforce to the parents that the behaviour is age/stage appropriate
- Be aware that sexual behaviour in children may be viewed differently among different cultures, religions and familial backgrounds
- Provide parents with information about sexual behaviour in children if this will help them

APPENDIX H

PROCEDURE – Managing allegations of reportable conduct

When to use this procedure

- When you become aware that an employee (including volunteers and, in some cases, contractors) have engaged in reportable conduct – either reportable allegations or reportable convictions (see procedure for definition)

1. Respond to reportable conduct

- Report criminal offences to the Police, make any necessary reports to Child Protection Helpline and the regulatory authority
- Manage the risks to children, staff and others

2. Report reportable conduct

- The approved provider must report to the NSW Office of the Children’s Guardian ‘reportable conduct’; that is, allegations or convictions of child abuse or child-related misconduct by individuals engaged directly or indirectly by our service (including paid staff, volunteers, and in some circumstances, contractors) including:
 - sexual offences
 - sexual misconduct
 - ill-treatment of a child
 - neglect of a child
 - an assault of a child
 - failure to protect and failure to report - offences under the Crimes Act 1900
 - behaviour that causes significant emotional or psychological harm to a child
- The approved provider must make the report regardless of whether the allegations or convictions relate to the individual’s employment or activities at the service
- Staff and volunteers must report allegations and convictions of reportable conduct (including any made against them) to the approved provider as soon as practicable so the approved provider can make the report to the Children’s Guardian
- If a staff member becomes aware that the approved provider is the subject of reportable conduct or the approved provider is not satisfactorily meeting our obligations, they must notify the Children’s Guardian

- The approved provider must make the report within 7 business days of receiving a report or otherwise becoming aware of reportable allegations/convictions
- Make the report using the '7-day notification form' that is available on the Children's Guardian [website](#)
- Consult with Police and Child Protection after making report so as not prejudice any concurrent police investigation or court proceedings

3. Investigate reportable conduct

- The Reportable Conduct Scheme may require our service to investigate reportable allegations or make a determination about reportable convictions
- Consult with the Police and the Department of Communities before doing anything that could compromise any criminal or statutory child protection investigations, or a criminal prosecution
- If we are told to suspend an investigation, we will inform the Children's Guardian and take steps to manage the risks posed by that suspension
- Plan and conduct investigations strictly in line with the guidelines set out by the Ombudsman here. The approved provider will:
 - Conduct investigations in a timely way
 - Manage all conflicts of interest (actual, potential or perceived)
 - Protect against any interference from interested third parties
 - Plan, conduct and document the investigation
 - Appoint a suitable investigator
 - Give the staff member written notice when the investigation is over and a written report of the findings and the reasons for the findings
 - Form view/not form the view, on reasonable grounds, that the alleged reportable conduct has occurred on the balance of probabilities

4. Carry out investigations in line with the principles of procedural fairness

- Give the staff member an opportunity to make submissions when they are informed: that they are the subject of an investigation; of any proposed adverse finding; and of any proposed action to be taken as a result of the finding
- Always act fairly and without bias, manage conflicts of interests, and make reasonable inquiries before making a decision

5. Manage risks

- As part of our risk management for an allegation, we will consider the safety and wellbeing of any children or other adults involved
- Conduct three risk assessments according to the processes set out in our Child Safe Risk Management Plan and in the Children's Guardian's guidance:
 - Initial risk assessment – based on all the information we have at hand when a reportable allegation is first made
 - Ongoing risk assessment – during or on suspension of an investigation, based on any new information arising from the investigation
 - Final risk assessment – at the completion of an investigation, regardless of the finding, to inform the actions or proposed actions to be taken by the approved provider

Report findings of investigation

- The approved provider must submit an interim or final report on reportable allegations and reportable convictions to the Children's Guardian within 30 calendar days, following the Children's Guardian's guidelines for reports
 - Reports on reportable allegations will assess the evidence and make a finding on the balance of probabilities. They will describe what action our service will be taking in response to the allegation (e.g. disciplinary action, referring to authorities, any reviews and changes we make to our system as a result of the allegation)
 - Reports on reportable convictions will make a determination for each reportable conviction
6. Take appropriate action in response to the findings
 7. Inform the child involved and their family of the outcomes of investigations if we have permission to do so (follow procedure for Contacting parents)
 8. Comply with our obligations to provide certain information if the Children's Guardian or another authorised agency requests it. Our service will keep information about a reportable allegation confidential and store it securely, in line with our record keeping policies and procedures.

APPENDIX I

RESOURCE - Disclosure of harm or risk of harm record template (child protection)

Disclosure of harm or risk of harm record

This form must be completed as soon as practicable after you receive a disclosure of harm.

A disclosure of harm occurs when someone, including a child, tells you about harm that has happened, is happening, or is likely to happen to a child. Disclosures of harm may start with:

- I think I saw...||
- Somebody told me that...||
- Just think you should know...||
- I'm not sure what I want you to do, but...||

Keep this record on the child's enrolment record and retain according to our Child Protection Policy

Details of the child

Child's full name	

Details of the disclosure

Date of disclosure	Time
___ / ___ / _____	_____ am / pm
Name of the person who made the disclosure	
Are they related to the child?	Yes ☐ No ☐
If yes, what is the relationship?	
What did the person disclose? Try to use the exact words they used. Use "I said" "they said" statements, include any questions you asked and comments you made	
Where did the disclosure occur?	

Was anyone else present during the disclosure?	Yes ☐ No ☐
If yes, what is/are their name/s, role/s and employer/s	
Have you followed our Procedures for making a report?	Yes ☐ No ☐
Describe the actions you have taken following the disclosure	

Details of person completing this record		
Full name		
Position/role		
Date record was made	Time record was made	Signature
___ / ___ / _____	_____ am / pm	x _____

APPENDIX J

RESOURCE - Suspicion of harm or risk of harm record template (child protection)

Suspicion of harm or risk of harm record

This form must be completed as soon as practicable after form a suspicion of harm

You should suspect harm if:

- a child says they have been harmed
- someone else, for example another child, a parent, or an employee, says harm has occurred or is likely to occur
- a child says they know someone who has been harmed (it is possible that they may be referring to themselves)
- they are concerned at significant changes in the behaviour of a child, or the presence of new unexplained and suspicious injuries
- they see the harm happening

Keep this record on the child's enrolment record and retain according to our Child Protection Policy

Details of the child

Child's full name	

Details of the suspicion

Why do you suspect harm? Try to use the exact words a child or someone else uses if relevant. Provide as much detail as possible	

If relevant, what date and time did the person say something?	___ / ___ / _____ _____ am / pm
Have you followed our Procedures for making a report?	Yes ☐ No ☐
Describe the actions you have taken because of your suspicion	

Details of person completing this record		
Full name		
Position/role		
Date record was made	Time record was made	Signature
___ / ___ / _____	_____ am / pm	x

APPENDIX K

RESOURCE - Child safety and wellbeing breach - incident report template

Child safety and wellbeing breach - incident report

This form must be completed as soon as practicable after you witness or become aware of a breach.

Store and retain this record according to our Record Keeping Policy / Child Protection Policy

Details of the child

Child's full name	

Details of the breach

Date of breach	Time
___ / ___ / _____	_____ am / pm
Location of breach	
Name of person(s) involved in the breach	
Description of breach	
Immediate action taken	
If no action taken - reason	
Name of the authority the breach has been reported to (if relevant)	

Name of the person reported to	

Details of person completing this record		
Full name		
Position/role		
Date record was made	Time record was made	Signature
__ / __ / ____	____ am / pm	x

APPENDIX L

RESOURCE - Indicators of harm (child protection)

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

General indicators of harm	• Marked delay between injury and seeking medical assistance • History of injury • The child gives some indication that the injury did not occur as stated • The child tells you someone has hurt him/her • The child tells you about someone he/she knows who has been hurt • Someone (relative, friend, acquaintance, sibling) tells you that the child may have been abused
Neglect	Child neglect is the continued failure by a parent or caregiver to provide a child with the basic things needed for his or her proper growth and development, such as food, clothing, shelter, medical and dental care and adequate supervision. Parental/caregiver indicators • Depriving or withholding physical contact • Failure to provide psychological nurturing • Treating one child differently to the others • Dirty, chaotic, unhygienic environment, e.g., house over-run with pets, faeces not cleaned up etc • Nowhere for child or young person to sleep • Unable or unwilling to provide adequate food and/or clothing • Inability to respond emotionally to the child • Leaving the child or young person inappropriately without supervision • Abandoning the child • Depriving of or withholding physical contact or stimulation for prolonged periods • Overwhelmed with other problems, e.g., substance abuse • Showing no concern for the child or young person's wellbeing when it would be reasonably expected • Family is isolated from relatives, other adults or social supports • Greeting the child or young person with indifference • An extremely chaotic life Indicators in children • Poor hygiene: matted hair, dirty skin or strong body odour • Loss of 'skin bloom' and poor hair texture • Untreated physical or medical problems • Frequent illness and low-grade infections • Persistently untreated head lice

	• Hungry – scavenging, stealing or hoarding food • Constantly tired and listless • Delay in developmental milestones • Low weight for age and/or failure to thrive for no medical reason • A flat and superficial way of relating • Anxiety about being dropped or abandoned • Self-comforting behaviour, e.g., rocking and/or sucking • Inadequate clothing in winter • Frequent lateness to or absence from the service • Child or young person states that no one is home to provide care • Longing for adult affection • Child or young person avoids going home
Physical abuse	Physical abuse is a non-accidental injury or pattern of injuries to a child caused by a parent, caregiver or other person. Perpetrator indicators • Direct admissions of injuring the child • Direct expressions of desire to injure the child • Family history of violence, including previous harm to children • Telling a story of injury which is inconsistent with the physical findings • Showing little concern about the welfare of a child or the treatment and care of an injury • Isolating a child or young person from contact with school, services etc in order to hide injuries or prevent disclosure. Indicators in children • Disclosure by the child • Facial, head and neck bruising • Other bruising and marks which show the shape of the object used (e.g. a handprint, belt buckle) • Multiple bruises or injuries • Lacerations and welts • Bite marks • Dislocations • Fractures of bones, especially in children under three years old • Burns and scalds – a burn with a clear outline may be suspicious • A large number of scars of different sizes or ages, or on different parts of the body • Explanation offered by the child is not consistent with the injury • History of injury which is vague or variable • Marked delay between injury and presentation for medical assistance • Flinching when approached by adults • Frozen watchfulness • Repeated presentations of the child to health or other services with injuries, swallowing of non-food substances or minor complaints
Emotional abuse	Emotional abuse occurs when an adult harms a child's development by repeatedly treating and speaking to a child in ways that damage the child's ability to feel and express their feelings. Perpetrator indicators • Excessive or unreasonable demands • Unrealistic expectations of the child or young person • Persistent hostility and severe verbal abuse

	• Rejection, ridiculing and scape-goating • Exposing child to domestic violence • Constant criticism, belittling, teasing and withholding of affection and praise • Belief that a particular child or young person is intrinsically 'bad', 'naughty' or 'evil' • Using inappropriate social or physical isolation as punishment Indicators in children • Over compliant, withdrawn, passive and/or tearful • Displaying age-inappropriate behaviours, e.g. overly adult (parenting other children) or overly infantile (thumb sucking, rocking, wetting or soiling) • Lack expectations and trust in people • Fearful of parent(s) and/or caregiver(s) • Indiscriminate attachment • Disruptive or aggressive behaviour towards others • Hyper-vigilance, particularly in pre-school children • Exhibiting extreme attention seeking or risk-taking behaviour • Withdrawn or seen as a 'loner' – difficulty relating to others • Highly anxious • Developmental delay
Sexual abuse	Sexual abuse can be physical, verbal or emotional in nature. It can include non-contact and contact activities and can involve a range of behaviour including but not limited to: sexual acts, penetrative or non-penetrative, with a child or young person under the age of consent, forcing a child to strip or masturbate, inappropriate touching of a child, whether clothed or unclothed, engaging in any kind of sexual activity in front of a child, including watching pornography, taking, downloading, viewing or distributing sexual images of children, possessing images of child sexual abuse, encouraging a child to perform sexual acts in front of a webcam or any recording device, grooming a child (or their parent or carer). Perpetrator indications • Exposing a child or young person to pornography or using a child or young person for pornographic purposes • Intentional exposure of child or young person to sexual behaviour in others • Previously committed or suspected of child sexual assaults • Inappropriate curtailing or jealousy regarding age-appropriate development of independence from the family • Coercing the child or young person to engage in sexual behaviour with other children • Verbal threats of sexual abuse • Exploitation or corruption of children or young people Indicators in children • They describe sexual acts • Direct or indirect disclosures • Age-inappropriate behaviour and/or persistent sexual behaviour • Self-destructive behaviour • Regression in development achievements • Child being in contact with a suspected or know perpetrator of sexual assault • Bleeding from the vagina or anus • Injuries such as tears to the genitalia

	Sexually transmitted diseases
Grooming	Grooming is when a person engages in predatory conduct to prepare a child or young person for sexual activity at a later time. Grooming can include communicating or attempting to befriend or establish a relationship or other emotional connection with the child or their parent or carer. Young people are often 'groomed' before they are sexually abused. At first, they may be tricked into thinking they are in a safe and normal relationship so they may not know it's happening or may feel they have no choice but to be abused. It may be hard to identify when someone is being groomed until after they have been sexually abused, because grooming behaviour can sometimes look like 'normal' caring behaviour; however, this is not always the case. Perpetrator indicators - Paying undue attention paid to a child including giving gifts or going on special outings together - Inappropriate touching such as tickling and back rubbing - Inappropriate joke telling, sexual in nature - Emotional or behavioural changes- including the abrupt onset of mood swings, secretive behaviour or withdrawal - Openly or pretending to accidentally expose the child to nudity, sexual material - Oversteps social boundaries with parents (e.g., comes to child's birthday party uninvited) - Offers to take the child to sports or other activities, or offers to babysit child or take them camping - Offers to do things for the family – such as repairs or gardening - Overly complimentary to family and parents - Tries to be flirtatious or romantic with parent/family members - Offers to mentor/coach child - Shows an undue interest in the child's interests, wellbeing, life. Indicators in children - Talks a lot about a particular adult or older child, or wants to spend a lot of time with them or meet them alone - Is in a relationship with a much older person - Is skipping school or sporting activities - Is spending less time with friends or changes friendship groups suddenly - Spends more time alone in their room - Has unexplained gifts like new toys, clothes, jewellery or electronics and doesn't want to talk about where the gifts came from - Doesn't want to talk about what they've been doing or lies about it - Stops telling you about their day or asking for your advice..
Psychological abuse	Psychological harm occurs where the behaviour of the parent or caregiver damages the confidence and self-esteem of the child, resulting in serious emotional deprivation or trauma. In general, it is the frequency and duration of this behaviour that causes harm. Perpetrator indicators - Excessive criticism - Withholding affection - Exposing child to domestic violence - Intimidation or threatening behaviour.

	Indicators in children • Constant feelings of worthlessness • Unable to value others • Lack of trust in people • Lack of people skills necessary for daily functioning • Extreme attention seeking behaviour • Extremely eager to please or obey adults • Takes extreme risks, is markedly disruptive, bullying or aggressive • Suicide threats • Running away from home
Domestic violence	Any behaviour that's violent, threatening, controlling or intended to make the family feel scared and unsafe can be considered family and domestic violence. Perpetrator indicators • Controlling behaviour (also known as coercive control) – e.g. stopping family members from seeing people, leaving the house or other activities • Physical violence • Sexual assault • Emotional abuse • Stalking family members e.g., repeated phone calls/messages, unwanted or obsessive attention, following or monitoring • Technology facilitated abuse of family members e.g., checking computers/phone use, spyware trackers, publishing intimate photos without consent, threatening to share photos or messages to harm you • Financial abuse of family members e.g., stealing money, not allowing family members to work, making others account for how they spend money, withholding financial information. Indicators in children • Show aggressive behaviour • Develop phobias & insomnia • Experience anxiety • Show symptoms of depression • Have diminished self esteem • Demonstrate poor academic performance and problem solving skills • Have reduced social competence skills including low levels of empathy • Show emotional distress • Have physical complaints

Child protection reporting summary - NSW

Call 000 if there is an immediate risk to health and safety

Report to the Police on 131 444 if a child has been or may be the victim of a criminal offence, including a sexual offence

Report to the Child Protection Helpline on 13 21 11 (24 /7) if you form a reasonable suspicion that a child has been abused or neglected, is at risk of abuse or neglect, or is otherwise at risk of significant harm.

Non-urgent 'eReports' can be made through the [ChildStory Reporter](#) website

Notify the regulatory authority

Report reportable conduct to the NSW Office of the Children's Guardian

8. Children's Belongings Policy

PURPOSE AND BACKGROUND

- (1) To set out our rules for children's personal belongings, including which items they can bring into our service and how we will handle these
- (2) This policy aligns with the National Quality Standard Area 2 (Children's Health and Safety), which requires us to keep children safe from harm and hazards, and to provide for each child's wellbeing and comfort.

SCOPE

- (3) This policy applies to:
 - 'Staff': the approved provider, nominated supervisor, paid workers, volunteers, work placement students, and third parties who carry out child-related work at our service (e.g., contractors, subcontractors, self-employed persons, employees of a labour hire company)
 - Children in our care, their parents, families and care providers

DEFINITIONS

- (4) The following definitions apply to this policy and related procedures:
 - 'Belongings' refers to any personal items brought by a child to our service, including bags, clothing, bottles, dummies, comforters, toys, books, mobility aids, medical equipment
 - 'Comfort item' means a personal belonging that helps a child feel secure (e.g., teddy bears, blankets, sensory oral chewy necklaces, photographs of loved ones)
 - 'Parents' includes guardians and persons who have parental responsibilities for the child under a decision or order of court
 - 'Staff', unless otherwise indicated, refers to the approved provider, nominated supervisor, paid employees, volunteers, students, and third parties who are covered in the scope of this policy

POLICY STATEMENT

WHAT children should bring

- (5) Children should bring the following items each day: [edit this list according to your service's arrangements]
- A water bottle
 - Lunchbox
 - Sun safe hat
 - Spare clothes, socks and shoes
 - Beddings, sheets, sleeping bag, swag, pillow
 - Toothbrush, face cloth, bibs, hairbrush
 - A comfort item (optional)
 - SPF 50 or SPF50+ sunscreen
 - Bottles and dummies
 - Nappies, wipes, authorised nappy creams
 - Any items required for specific learning activities such as 'show and tell' (families will be given advanced notice of these)
 - Bikes, trikes, scooters, helmets)>
 - Any items needed and authorised for a child's medical or developmental needs (e.g., mobility aids, medication, sensory supports, glasses)
- (6) Families should clearly label belongings with the child's name, not just initials.

What children should not bring

- (7) Children should not bring any of the following items into the service without prior approval from the nominated supervisor or another authorised staff member: [edit this list according to your service's arrangements]
- <Any toys from home (except for comfort items)> [OR] <Toys that:
 - Shoot or launch objects
 - Make loud noises
 - May be a choking hazard (e.g., have removable parts such as buttons or wheels, marbles, small bouncy balls, Lego)
 - Have sharp edges or points
 - Have button batteries or magnets
 - Have long strings or cords
 - Are made of foam or polystyrene beads
 - Are electric and the battery cases are broken
 - May promote violence (e.g., toy guns, swords, knives)>

- Electronic devices (e.g., laptops, phones, tablets, smart watches, gaming devices)
 - Food or snacks
 - Jewellery or clothing accessories
 - Objects that are valuable, fragile or very significant for sentimental reasons
 - Cash
 - Unhygienic personal items (e.g., unwashed, mouldy, heavily soiled, smelly or with visible stains)>
 - Medications or creams that are not authorised and labelled in accordance with our Medication Policy
- (8) Families should check with an educator if they are unsure about whether an item is allowed before bringing it into our service
- (9) If a child brings an inappropriate or restricted item, an educator will remove it from the child and keep it securely stored until home time

Comfort items

- (10) A child is always welcome to bring a comfort item from home
- (11) In particular, we encourage families to send children in with comfort items during ‘challenging’ periods such as orientation, ‘settling in’, sleep and rest, significant transitions (e.g., changing rooms, new sleeping arrangements), or when a child has experienced a trauma or stress in their life
- (12) Children should not bring in any items that are very fragile, valuable or highly significant (e.g., irreplaceable family photos, heirlooms) as we cannot guarantee that these items will be kept safe from loss, damage or misuse

Bikes, scooters, prams, strollers

- (13) Children’s bikes, scooters, prams and strollers are not allowed to be stored at our service.

Storage and lost property

- (14) Each child will have a designated area to store their belongings
- (15) Educators will guide children to put their belongings into their storage area
- (16) Any unlabelled items will be kept in our lost property box, which is located near the entrance.

- (17) We will send out regular reminders to families to check lost property, but we may donate or discard any unclaimed items after a reasonable period of time

Respect and responsibility for children's belongings

- (18) Educators will recognise that a child's belongings are often very important to their identity, and that they can bring comfort and a sense of security during routines and transitions
- (19) Staff will treat children's belongings with care and respect, and guide children to do the same
- (20) Educators will model how to look after personal belongings (e.g., by packing them away and storing them appropriately, keeping them clean, handling them appropriately)
- (21) Children will be encouraged to take responsibility for their own belongings to increase their independence in carrying out the daily routines
- (22) Staff will take reasonable care with children's belongings, and support children to manage their own belongings; however, families should be aware that our service is not responsible for any loss, damage or deterioration of children's personal items

Safety and hygiene

- (23) Educators must assess whether any items brought in by children are a hazard to them or anyone else at our service. If so, these items must be removed, with sensitivity, from the child and stored securely until home time when they can be returned to the child's parents
- (24) Belongings such as bottles, dummies, comforters, hats should be labelled with the child's name, and must not be shared among children.
- (25) Educators must follow any applicable health, hygiene and cleaning procedures when handling or cleaning children's belongings (see our [Health, Hygiene and Cleaning Policy](#))

PRINCIPLES

- (26) We partner with families to ensure children's safety and wellbeing is supported through the appropriate management of their personal belongings
- (27) We help children to become increasingly independent and responsible for their own items, and to respect their own and others' belongings
- (28) We maintain high standards of health and hygiene when handling and cleaning children's belongings

- (29) We treat children's belongings with care and dignity, acknowledging their importance to children's sense of identity and security

POLICY COMMUNICATION, TRAINING AND MONITORING

- (30) This policy and related documents can be found on all Cuddlez's devices and a copy can be requested if required.
- (31) The approved provider and nominated supervisor provide information, training and other resources and support regarding the Children's Belongings Policy and related documents
- (32) All staff (including volunteers and students) are formally inducted. They are given access to, review, understand and formally acknowledge this Children's Belongings Policy and related documents
- (33) The Approved provider runs a professional development program for each staff member, which covers this policy
- (34) Roles and responsibilities are clearly defined in this policy and in individual position descriptions. They are communicated during staff inductions and in ongoing training
- (35) The approved provider and nominated supervisor monitor and audit staff practices and address non-compliance. Breaches of this policy are taken seriously and may result in disciplinary action against a staff member
- (36) At enrolment, families are given information and access to our Children's Belongings Policy and related documents
- (37) Families are notified in line with our obligations under the *National Regulations* when changes are made to our policies and procedures

LEGISLATION (OVERVIEW)

Education and Care Services National Law and Regulations

Law	Description
s 167	Offence relating to protection of children from harm and hazards

National Quality Standard

Standard / Element	Concept	Description
2.1.1	Wellbeing and comfort	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	Safety	Each child is protected

Standard / Element	Concept	Description
6.1	Supportive relationships with families	Respectful relationships with families are developed and maintained and families are supported in their parenting role

Early Years Learning Framework (EYLF) V2.0

Outcome	Key component
1: CHILDREN HAVE A STRONG SENSE OF IDENTITY	- Children feel safe, secure and supported - Children develop their emerging autonomy, inter-dependence, resilience and agency - Children learn to interact in relation to others with care, empathy and respect
3: CHILDREN HAVE A STRONG SENSE OF WELLBEING	- Children become strong in their social, emotional and mental wellbeing - Children become strong in their physical learning and wellbeing - Children are aware of and develop strategies to support their own mental and physical health and personal safety

National Principles for Child Safe Organisations

Most relevant principles

Child safety and wellbeing is embedded in organisational leadership, governance and culture

Children and young people are informed about their rights, participate in decisions affecting them and are taken seriously

Families and communities are informed and involved in promoting child safety and wellbeing

RELATED DOCUMENTS

Key Policies	Child Safe Environment Policy Family and Community Partnerships Policy Continuity of Education and Care Enrolment Policy Orientation Policy Physical Environment Policy Medical Conditions Policy Positive Relationships for Children Policy Access and Inclusion for Children Policy Clothing and Footwear Policy Sun Protection and Heat Safety Policy Health, Hygiene and Cleaning Policy
Procedures	Roles and Responsibilities – Children’s Belongings (attached) Health, Hygiene and Cleaning, Procedures (in Health, Hygiene and Cleaning Policy) Food Safety Procedures (in Food Safety Procedures)

SOURCES

Education and Care Services National Law and Regulations | National Quality Standard | Approved Learning Framework | Regulatory Authority resources | Raising Children Network | Australia Education Research Organisation – Family Engagement resources | Early Years Learning Framework Practice Based Resources – Connecting with Families

POLICY INFORMATION

Approval date	1 January 2026
Effective date	1 January 2026
Review date	Reviewed annually and when there are changes that may affect this policy or related procedures
Approved by	Dr Jay Mukhraiya >

APPENDIX A

ROLES AND RESPONSIBILITIES – Children’s belongings

Approved provider responsibilities (not limited to)

Ensure our service meets its obligations under the *Education and Care Services National Law and Regulations*, including to take every reasonable precaution to protect children from harm and hazards likely to cause injury

Ensure that our service’s policies, plans, (including risk management/action plans), systems, practices and procedures for children’s belongings are appropriate in practice, up-to-date, best practice, and comply with all relevant legislation, standards and guidelines

Take reasonable steps to ensure our Children’s Belongings Policy and related procedures are followed (e.g. through clear and accessible communication, and systemised inductions, training and monitoring of all staff – including volunteers, students)

Provide suitable facilities for children to store their personal items

Respond appropriately to any complaints, incidents or issues involving children’s belongings

Regularly review this Children’s Belongings Policy and related procedures in consultation with children, families, communities and staff

Nominated supervisor / persons in day-to-day charge responsibilities (not limited to)

Ensure our service meets its obligations under the *Education and Care Services National Law and Regulations*, including to take every reasonable precaution to protect children from harm and hazards likely to cause injury

Support the approved provider to ensure that our service’s policies, plans, (including risk management/action plans), systems, practices and procedures for children’s belongings are appropriate in practice, up-to-date, best practice, and comply with all relevant legislation, standards and guidelines

Implement our Children’s Belongings Policy and related procedures, and support the approved provider to make sure they are followed (e.g. through clear and accessible communication, and systemised inductions, training and monitoring of all staff – including volunteers, students)

Respond appropriately to any complaints, incidents or issues involving children’s belongings

Send out regular reminders to families to check lost property, and arrange for regular donations/removal of items after a reasonable period of time

Support the approved provider to regularly review this Children's Belongings Policy and related procedures in consultation with children, families, communities and staff

Educator / other staff responsibilities (not limited to)

Follow this Children's Belongings Policy and related procedures, including for hygiene and cleaning, and sun protection

Treat children's belongings with care and respect, and support children to take care of their own and others' belongings

Identify and assess risks associated with children's belongings (safety hazards, inappropriate or unhygienic items)

Put all unlabelled, unclaimed items in the lost property area

Respectfully communicate to families about our rules about children's belongings, including our requirement to label items

Contribute to policy and procedure reviews and risk assessments and plans, and participate in training and professional development opportunities on health and infection control

Family responsibilities (not limited to)

Follow our guidelines for children's belongings – what to bring and what not to bring

Label your child's belongings with their name, not their initials

Avoid letting your child bring items of significant value (either monetary or emotional) as our service cannot guarantee their safety

Work in partnership with educators to support children's independence in managing their belongings

Regularly check the lost property for any items your child may have lost

9. Clothing and Footwear Policy

PURPOSE AND BACKGROUND

- (38) To set out our expectations regarding children's clothing and footwear with the aim of ensuring their safety and comfort
- (39) This policy helps us to comply with the *National Regulations* (s 168(2)), which requires us to have policies and procedures related to children's health and safety, and sun protection

SCOPE

- (1) This policy applies to:
- 'Staff': the approved provider, nominated supervisor, paid workers, volunteers, work placement students, and third parties (e.g., contractors, subcontractors, self-employed persons, employees of a labour hire company) who carry out work on behalf of our service
 - Children in our care, their parents, families and care providers
- (2) This policy only covers clothing and footwear for children, not staff or other adults

DEFINITIONS

- (3) The following definitions apply to this policy and related procedures:
- 'Parents' includes guardians and persons who have parental responsibilities for the child under a decision or order of court
 - 'Staff' refers to the approved provider (unless otherwise indicated), paid employees, volunteers, students, and third parties who are covered in the scope of this policy

POLICY STATEMENT

General clothing requirements

- (4) Children should wear clothes that:
- Allow them to move comfortably and safely, participate in active play, and be safe for rest and sleep
 - Are not too loose or tight
 - Are free from cords, ribbons, drawstrings or any other accessory that can pull tight around the child's neck and pose a choking or entanglement risk
 - Give them protection from the sun
 - Are appropriate to the weather and temperature
 - Cover the child in such a way that maintains their privacy and dignity
 - Are clearly labelled with the child's name
 - Are suitable for active and messy play (i.e., not their best clothes)
 - Allow for easy dressing and toileting or nappy changes (e.g., elasticated waist bands rather than buttons, zips or belts; tops with large necks; cardigans; bigger buttons rather than small buttons or studs)

- Are low fire danger
- (5) Families should pack a spare set of clothes (including socks and, if possible, shoes) in case of accidents or changes in the weather
 - (6) Educators will encourage children to wear aprons for art and messy or water play
 - (7) Educators will inform families in advance if children need specific clothing or footwear for excursions, or other planned activities or events such as cultural celebrations

General footwear requirements

- (8) Children should wear footwear that:
 - Is stable and supportive with a good grip
 - Fits comfortably and securely (i.e., not too loose or small)
 - Is closed toe
 - Allows them to participate in active play such as running, climbing, jumping etc
 - They can put on and take off according to their age and stage of development (e.g., velcro fastenings or slip-on shoes for younger children)
- (9) Children should not wear thongs, slides, high-heeled shoes, clogs, shoes with slippery or flimsy soles, or backless shoes that might cause them to trip
- (10) Our service offers barefoot play for children. We:
 - Help children to remove their outside shoes before they enter indoor spaces and invite them to play outside without shoes, if it is safe to do so
 - Invite staff, families and visitors to remove their shoes before entering our indoor spaces> [edit according to your service's specific arrangements]
- (11) The nominated supervisor and educators will communicate the possible benefits of barefoot play to children and families, including that it may:
 - Enhance sensory experiences and feedback from the environment, promoting better spatial awareness and coordination
 - Support the development of foot muscles and arches, contributing to overall posture and physical development
 - Encourage a closer connection with nature and the outdoor environment, fostering a sense of freedom and exploration
 - Reduce the risk of foot deformities and improve balance and agility
- (12) To support safe barefoot play, we will:
 - Follow our barefoot / no shoes procedure (attached)
 - Conduct a regular risk assessment of barefoot play and ensure that children and staff are safe from harm or hazards
 - Promote and encourage barefoot play as part of the daily routine, ensuring it is safe and appropriate for the developmental stage of each child
 - Ensure environments are safe and suitable for barefoot activities, regularly checking for hazards that could pose risks to barefoot children

- Incorporate into the curriculum barefoot activities that support the development of gross motor skills, balance, and spatial awareness
- Respect individual family and children's preferences regarding barefoot play and accommodate children who, for cultural, health, or personal reasons, do not wish to remove their shoes
- Train our staff so they know how to identify and manage risks
- Consider and meet our obligations under work health and safety laws to provide a safe work environment for our staff
- Review and monitor this policy regularly to ensure it meets current best practices and safety standards.

Sun safety

(13) To comply with our Sun Safety and Heat Protection Policy, children should wear:

- A UV protective, legionnaire, broad-brimmed or bucket style hat when outdoors
- Clothes that cover as much skin as possible, including on their chest and back, shoulders, upper arms and upper legs (preference is to cover lower arms and legs too, but this may not be practical)
- Where practical, close-fitting, wrap around sunglasses that meet Australian Standards and cover as much of the eye area as possible

(14) Children should not wear caps, visors, or sleeveless or backless tops

Dressing for the weather

(15) In cold weather, children should wear warm layers (e.g., jackets, long pants, hats, beanies - if necessary)

(16) In wet weather, children should bring raincoats and gumboots

(17) In warm weather, children should wear light, breathable clothes and bring a jacket or jumper in their bag to be ready for cool changes

(18) Educators will monitor children's clothing and footwear to ensure it is suitable for the weather

Sleep and rest

(19) Educators must ensure that children are dressed safely for sleep and rest

(20) Children must be:

- Wearing well-fitting clothes that are not too loose or tight
- Not wearing clothes that may obstruct or cause strangulation or suffocation, including: crocheted jackets, jewellery, teething necklaces, headwear, or clothes with hoods, capes, ties, ribbons, strings, cords, loose buttons or toggles
- Dressed appropriately for the temperature of the room, without heavy or excess layers of clothing. Children should be comfortably warm, not too hot or too cold
- Helped to remove shoes

Jewellery, teething necklaces, sensory chewy necklaces

- (21) Children should not wear decorative or teething jewellery at our service
- (22) Children may wear cultural or religious jewellery, or safe sensory chewy necklaces that are designed to support children with neurodiversity
- (23) If a child arrives wearing jewellery that is not allowed, educators may remove it and give it to the child's parent at collection time

Supporting children and families

- (24) Staff will be aware that families have diverse needs, values and beliefs associated with clothing, jewellery and footwear, and some children will have disabilities or sensory sensitivities that may dictate their choice of fabrics, fits and fastenings
- (25) We will respect all families' cultural, religious and personal preferences regarding their child's clothing and footwear, provided they do not pose a risk to a child's safety or prevent them from participating in activities
- (26) Educators will support children's autonomy by respecting their clothing and footwear choices where they do not pose a risk to themselves or others or stop them from participating in our activities
- (27) Educators will discuss respectfully any concerns they have about children's clothing, jewellery or footwear, and work with families to find suitable solutions
- (28) Educators will encourage children to become increasingly independent to dress themselves
- (29) Educators must respect children's privacy and modesty when they are helping children with dressing

PRINCIPLES

- (30) Clothing and footwear should keep children safe and allow them to move, sleep, rest and play without risk
- (31) Children should feel comfortable and be dressed appropriately for the weather
- (32) We support children's independence and autonomy regarding clothing and footwear
- (33) We respect and celebrate the cultural, religious and individual clothing needs and preferences of our children and families
- (34) We regularly review and update our policies and practices to make sure they still reflect current best practices

POLICY COMMUNICATION, TRAINING AND MONITORING

- (35) This policy and related documents can be found in the Office and on our devices.

- (36) The approved provider and nominated supervisor provide information, training and other resources and support regarding the Clothing and Footwear Policy and related documents
- (37) All staff (including volunteers and students) are formally inducted. They are **given access to**, review, understand and formally acknowledge this Clothing and Footwear Policy and related documents
- (38) The approved provider runs a professional development program for each staff member, which covers this policy
- (39) Roles and responsibilities are clearly defined in this policy and in individual position descriptions. They are communicated during staff inductions and in ongoing training
- (40) The approved provider and nominated supervisor monitor and audit staff practices and address non-compliance. Breaches of this policy are taken seriously and may result in disciplinary action against a staff member
- (41) At enrolment, families are given information and access to our Clothing and Footwear Policy and related documents
- (42) Families are notified in line with our obligations under the *National Regulations* when changes are made to our policies and procedures

LEGISLATION (OVERVIEW)

Education and Care Services National Law and Regulations

Law	Description
s 167	Offence relating to protection of children from harm and hazards
Regulations	
s 168	Education and care services must have policies and procedures
s 170	Policies and procedures to be followed
s 171	Policies and procedures to be kept available
s 172	Notification of change to policies or procedures

National Quality Standard

Standard / Element	Concept	Description
2.2	Safety	Each child is protected
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazards
6.1	Supportive relationships with families	Respectful relationships with families are developed and maintained and families are supported in their parenting role
6.1.2	Parent views are respected	The expertise, culture, values and beliefs of families are respected and families share in decision-making about their child's learning and wellbeing
6.2	Collaborative partnerships	Collaborative partnerships enhance children's inclusion, learning and wellbeing

Early Years Learning Framework (EYLF) V2.0

Outcome	Key component

1: CHILDREN HAVE A STRONG SENSE OF IDENTITY	Children develop their emerging autonomy, inter-dependence, resilience and agency
3: CHILDREN HAVE A STRONG SENSE OF WELLBEING	- Children become strong in their social, emotional and mental wellbeing - Children become strong in their physical learning and wellbeing - Children are aware of and develop strategies to support their own mental and physical health and personal safety

National Principles for Child Safe Organisations

Most relevant principles

Children and young people are informed about their rights, participate in decisions affecting them and are taken seriously

Equity is upheld and diverse needs respected in policy and practice

Policies and procedures document how the organisation is safe for children and young people.

Quick reference: clothes | footwear | what to wear | temperature | sun protection | safety | clothing fabric | labelling | respect for cultural diversity | messy play | WHS | sleep and rest | neurodiversity

RELATED DOCUMENTS

Key Policies	Child Safe Environment Policy Family and Community Partnerships Policy Enrolment Policy Orientation Policy Sleep and Rest Policy Positive Relationships for Children Policy Access and Inclusion for Children Policy Physical Activity Policy Excursions Policy Sun Safety and Heat Protection Policy
Procedures	Roles and Responsibilities – Clothing and Footwear (attached)

SOURCES

Education and Care Services National Law and Regulations | National Quality Standard | StartingBlocks resources | Red Nose | Sun Protection Policy Guidelines ACECQA | Cancer Council Australia.

POLICY INFORMATION

Approval date	1 January 2026
Effective date	1 January 2026
Review date	1 January 202
Approved by	Dr Jay Mukhraiya >

APPENDIX A

ROLES AND RESPONSIBILITIES – Clothing and footwear

Approved provider responsibilities (not limited to)

Ensure our service meets its obligations under the *Education and Care Services National Law and Regulations*, including to take every reasonable precaution to protect children from harm and hazards likely to cause injury

Ensure that our service's governance, management, operations, policies, plans, (including risk management/action plans), systems, practices and procedures for children's clothing and footwear are appropriate in practice, up-to-date, best practice, and comply with all relevant legislation, standards and guidelines

Ensure this Clothing and Footwear Policy and related procedures are in place and available for inspection

Take reasonable steps to ensure our Clothing and Footwear Policy and related procedures are followed (e.g. through clear and accessible communication, and systemised inductions, training and monitoring of all staff – including volunteers, students)

Regularly review this Clothing and Footwear Policy and related procedures in consultation with children, families, communities and staff

Notify families at least 14 days before changing this Clothing and Footwear Policy if the changes will: affect the fees charged or the way they are collected; or significantly impact the service's education and care of children; or significantly impact the family's ability to utilise the service

Nominated supervisor / persons in day-to-day charge responsibilities (not limited to)

Ensure our service meets its obligations under the *Education and Care Services National Law and Regulations*, including to take every reasonable precaution to protect children from harm and hazards likely to cause injury

Support the approved provider to ensure that our service's management, operations, policies, plans, (including risk management/action plans), systems, practices and procedures for children's clothing and footwear are appropriate in practice, up-to-date, best practice, and comply with all relevant legislation, standards and guidelines

Implement this Clothing and Footwear Policy and related procedures

Take reasonable steps to ensure our Clothing and Footwear Policy and related procedures are followed (e.g. through clear and accessible communication, and systemised inductions, training and monitoring of all staff – including volunteers, students)

Contribute to policies and procedure reviews and risk assessments and plans in consultation with children, families, communities and staff. Support the approved provider to notify families of reviews and changes according to legislation and our policies and procedures

Educator / other staff responsibilities (not limited to)

Follow this [Clothing and Footwear Policy](#) and related procedures, including for sun protection, and safe sleep and rest

Communicate respectfully with families about children's clothing and footwear, and be mindful of families' cultural, religious or individual needs and preferences

Monitor children's clothing and footwear and make sure it is safe, comfortable and appropriate to the weather and the specific activity the child is engaged in

Give families advanced information about children's clothing or footwear requirements for excursions, or special events and activities (e.g., harmony day or other dress up days)

Make sure children are dressed safely for sleep and rest, in line with our procedures

Make sure children are wearing protective clothing in the sun and heat

Encourage children to wear aprons or smocks for messy play and art

Allow children to make decisions about their clothing and footwear, but only insofar as it does not pose a risk to themselves or others

Model appropriate clothing (e.g., wearing hats and close-in shoes)

Respect children's privacy and modesty when helping them dress or with toileting

Support children to build the skills for self-dressing

Contribute to policy and procedure reviews and risk assessments and plans, and participate in training and professional development opportunities that are relevant

Families responsibilities (not limited to)

Dress your child appropriately for the weather and play, in line with this [Clothing and Footwear Policy](#)

Label your child's clothes and shoes with their name (not just initials)

Pack a spare set of clothes for your child in case of accidents. If possible, also pack a pair of shoes

Make sure your child is wearing sun protective clothing

Discuss any specific needs your child has related to clothing and footwear with educators or the nominated supervisor

Dress your child in clothes that are okay to get dirty while playing – that is, don't dress them in their best clothes

APPENDIX B

Barefoot / No Shoes Procedure

Introduction

- These procedures apply to our Clothing and Footwear Policy
- 'Parents' includes guardians and persons who have parental responsibilities for the child under a decision or order of court
- 'Staff' includes volunteers, students and third parties defined in the scope of the Clothing and Footwear Policy

When to use this procedure

- To assess and manage the risk of promoting barefoot play
- When entering indoor spaces

1. Assess and manage risks

- The nominated supervisor and approved provider must conduct regular risk assessments that identify and manage the risks to children, staff, families and visitors who are not wearing shoes at our service
- Risk assessment should cover risks such as:
 - Injuries, e.g., heavy items dropped on feet, slipping and tripping, stubbing toes, stepping on sharp objects or hot surfaces (such as metal outdoor play equipment, soft fall materials, astroturf, sand)
 - Harms and hazards in different environments/areas at the service, e.g., outdoor/indoor, play equipment, in bathrooms and toilets, in rest/sleep areas, kitchens/food preparation and eating areas, arts/craft area, arrangement of furniture and play equipment
 - Material quality of walking surfaces, e.g., on hot days/cold days, tiled / paved / floorboards / carpets / rugs, soft play, mulch, woodchip, grass, tree roots etc.
 - Fungal or bacterial infections being spread by direct contact with uncovered feet or by contaminated floors/soil
 - Emergency situations or accidents when the service needs to evacuate quickly
 - Obligations under work health and safety laws to provide a safe work environment for our staff

2. Remove outdoor shoes before entering indoor spaces

- Place outdoor shoes in the designated area (e.g., shoe rack, shelf, basket near the door, lockers)
- Help children to remove their shoes

- Staff, families, visitors and children should either:
 - Go barefoot
 - Wear indoor-only shoes
 - Use shoe covers

3. Ensure safe and hygienic barefoot play

- Feet must be covered if there are any wounds, or fungal or bacterial infections present
- Help children to wash and dry their feet
- Keep tiled and hard surfaces, including toilet and bathroom floors, clean and dry to prevent slips and the spread of infectious diseases

4. Monitor safety and environmental conditions

- Check indoor and outdoor spaces for hazards throughout the day
- Tidy up toys, play equipment and other materials regularly to prevent trips
- Remove sharp sticks and stones from outdoor play areas
- On hot days, check the temperature of:
 - Play equipment
 - Soft fall surfaces
 - Astroturf
 - Walkways and other surfaces (e.g., tiles, bricks, metal grates)
- If surfaces are too hot and could cause burns, shoes must be worn
- In colder months, ensure that surfaces are not uncomfortably cold for bare feet and hard floors are covered with secured rugs, where appropriate

5. Wear shoes in the following situations:

- On excursions or during higher-risk activities
- In kitchen areas and when children are preparing food
- When surfaces (e.g., play equipment, tiles, bricks, metal flooring) are too hot
- When surfaces are too cold to walk on comfortably

6. Respect children and families' preference to wear shoes

- Do not compel any child, family member, staff member or visitor to remove their shoes
- Instead, you should:

- Explain the possible benefits of barefoot play
- Work to accommodate preferences (e.g., having indoor-only shoes or shoe covers)
- Respect a child's choice to keep their shoes on and provide time for adjustment to barefoot play

10. Complaint Handling Policy

PURPOSE AND BACKGROUND

- (40) To make sure that we manage complaints and concerns effectively, and that our complaints handling processes are clear and understood by children, families, communities and staff
- (41) This policy is a requirement under the *Education and Care Services National Regulations*. The approved provider must ensure that policies and procedures are in place for dealing with complaints and take reasonable steps to ensure those policies and procedures are followed. Our complaint handling system must be child focused and address the management of a complaint that alleges a child is exhibiting harmful sexual behaviours (s 168(o))
- (42) This policy complies with the NSW Child Safe Standards, which require us to have a child-focussed complaint handling system in place
- (43) It also helps us to fulfil our obligation under the Reportable Conduct Scheme to have systems in place for preventing, detecting and responding to reportable conduct

SCOPE

- (44) This policy applies to:
- The approved provider, paid workers, volunteers and work placement students, **referred to as ‘staff’ throughout this policy**
 - Third parties who carry out child-related work at our service, including contractors, subcontractors, self-employed persons, employees of a labour hire company, **referred to as ‘staff’ throughout this policy**
 - Children who are in our care, their families and care providers
 - Visitors to our service, including allied health support workers
 - Community members

DEFINITIONS

- (45) The following definitions apply to this policy and related procedures:
- a. ‘Concern’ - any potential issue that could impact negatively of the safety and well-being of children
 - b. ‘Complaint’- expression of dissatisfaction made to or about an organisation, related to its products, services, staff or the handling of a complaint, where a response or resolution is explicitly or implicitly expected or legally required
 - c. ‘Harm’ and ‘risk of harm’ are used in this policy as overarching terms that cover neglect and various forms of abuse. It includes physical, sexual and psychological abuse; neglect; ill-treatment; grooming; exposure to family violence; commercial child sexual exploitation; online child sexual abuse; and sexual abuse that is perpetrated by other children and young people
 - d. ‘Harmful sexual behaviours’ - a general term to describe behaviour in children under 18 years that fall across a spectrum of sexual behaviour

problems, including those that are problematic to the child's own development, as well as those that are coercive, sexually aggressive and predatory towards others

- e. 'Natural justice' refers to the right to be made aware of, and respond to, information which will be used in the course of a decision that will negatively affect the person
- f. 'Parents' includes guardians and persons who have parental responsibilities for the child under a decision or order of court
- g. 'Staff' refers to paid employees, volunteers, students, and third parties who are covered in the scope of this policy.

POLICY STATEMENT

Child-focused complaint system

A child-focused complaints culture

- (46) A positive complaints culture is at the core of our child-focused complaint handling system
- (47) We put children's safety, needs and interests at the forefront. We are committed to:
 - Helping children understand their rights and to speak up when something is not right. Educators support children to raise any concerns or complaints. Educators are trained to respond to children verbally and non-verbally communicating that something is wrong
 - Keeping children safe. Anyone raising a concern or making a complaint, including those related to a child's safety and well-being, will feel safe and supported by us. We will always act on harm or risk of to a child
 - Letting everyone know that that complaints are welcome and will be taken seriously
 - Responding to complaints sensitively, impartially, professionally, transparently, promptly and thoroughly

An effective, accessible and culturally safe complaint system

- (48) Our process for managing complaints is easy to understand, accessible and culturally safe
- (49) Our Complaint Handling Procedure at **Appendix A** can be used by children, families, community members, visitors and staff if they want to raise a concern or make a complaint. It explains how to make the complaint, who to make it to, and how it will be dealt with. It gives staff clear steps to follow to manage any complaints they receive
- (50) Our Complaint Handling Procedure is written in plain language. We provide appropriate versions for children and people from all backgrounds and abilities (e.g., pictures, diagrams, displays, audio, in different languages where needed)
- (51) We have a child-friendly poster showing the complaint process displayed in the foyer and at the entrance.
- (52) We clearly display the name and contact details of the person to whom complaints should be made in in foyer/Entrance.

- (53) Parents are told how they can make a complaint or raise a concern during their child's enrolment and orientation
- (54) Our complaint handling system is explained to staff at induction and in their ongoing program of professional development
- (55) We have clearly defined roles and responsibilities for staff, so they know what they need to do if someone has a concern or a complaint
- (56) Our staff are trained to respond to concerns and complaints in a culturally sensitive way. That means that, when they are dealing with complaints, they are expected to:
 - treat everyone, regardless of culture, with respect
 - be open-minded and flexible in their attitudes to different cultural practices
 - understand that their own cultural values or practices are not the only way to solve a problem
 - encourage and support everyone at the service to express and enjoy their cultural rights

Reporting complaints and concerns

- (57) We take complaints and concerns about child safety and wellbeing seriously
- (58) For concerns about harm or risk of harm to a child (either by adults or by other children), or allegations that a child is exhibiting harmful sexual behaviour, staff follow our Child Protection Policy and Procedures
- (59) Depending on the complaint, we may need to:
 - Make a report to the child protection authorities and/or police
 - Make a referral to family services or exchange of information with certain professionals/organisations
 - Notify the regulatory authority
 - Make a report under a reportable conduct scheme
- (60) The approved provider must, by law, notify the regulatory authority in writing:
 - Within 24 hours of any complaints alleging that a serious incident has occurred or is occurring while a child was or is at the service
 - Within 24 hours of any complaints that the *National Law* has been breached
 - Within 7 days of any allegation that physical or sexual abuse of a child has occurred or is occurring while the child is at the service

Using complaints to support continuous improvement

- (61) We see complaints and concerns as a valuable source of information. They can highlight issues for our service, and we use them as a trigger for us to critically reflect on our infrastructure and operations (systems, documents, communication, practices, activities, policies, procedures)
- (62) We keep accurate and full records of complaints and actions taken in response
- (63) We review our complaints and reporting procedures regularly, in consultation with children their families and the community
- (64) We analyse the root cause of complaints with the view to fixing any flaws or shortcomings in our infrastructure, documents or operations

- (65) We track complaints to identify recurring issues within the service
- (66) Where appropriate, we request feedback on the complaint process using a questionnaire.

PRINCIPLES

- (67) We are committed to the safety and wellbeing of children, and to implementing the NSW Child Safe Standards and the National Quality Framework across all levels of our service
- (68) We are committed to implementing the EYLF
- (69) We comply with all relevant legislation, regulations and standards at all times
- (70) We have a child focused culture that enables and empowers children, families, community members, staff, and volunteers to raise any concerns or complaints
- (71) Anyone raising a concern or complaint, including those related to a child's safety and well-being, will feel safe and supported by us
- (72) We listen to children and take their concerns seriously. Our complaint system prioritises the safety of children and we have a culture of reporting
- (73) Every reasonable precaution is taken to protect children from harm and hazards in our physical and online environments
- (74) We always act on harm and risk of harm to a child
- (75) Staff are given the training, resources and support to act on child safety and wellbeing concerns and complaints
- (76) Our governance, operations policies, risk management plans, procedures, systems and practices are best-practice and up-to-date

POLICY COMMUNICATION, TRAINING AND MONITORING

- (1) This policy and related documents can be found on the table near entrance
- (2) The approved provider and nominated supervisor provide information, training and other resources and support regarding the Complaint Handling Policy and Procedure and related documents
- (3) All staff (including volunteers and students) are formally inducted. They are given copies and access to review, understand and formally acknowledge this Complaint Handling Policy and Procedure and related documents
- (4) The approved provider runs a professional development program for each staff member, which covers this policy and procedures
- (5) Roles and responsibilities are clearly defined in this policy and in individual position descriptions. They are communicated during staff inductions and in ongoing training
- (6) The approved provider and nominated supervisor monitor and audit staff practices. through spot checks, performance reviews, supervision sessions, and regular performance appraisal and address non-compliance. Breaches to this policy are taken seriously and may result in disciplinary action against a staff member
- (7) At enrolment, families are informed of our Complaint Handling Policy and Procedure and related documents
- (8) Families are notified in line with our obligations under the *National Regulations* when changes are made to our policies and procedures

ROLES AND RESPONSIBILITIES

Approved provider responsibilities (not limited to)

Ensure our service meets its obligations under the *Education and Care Services National Law and Regulations*

Ensure that our service's complaint handling system, policies and procedures are appropriate in practice, best practice, align with the NSW Child Safe Standards and comply with all relevant legislation

Ensure that our service has child-focused policies and procedures in place for complaints handling (including those involving harm or risk of harm to a child) and managing complaints about children exhibiting harmful sexual behaviours

Ensure we display the name and telephone number of the person to whom complaints may be addressed in a position so that it is clearly visible to anyone from the main entrance

Ensure this Complaint Handling Policy and Procedure is in place and available for inspection

Communicate this Complaint Handling Policy and Procedure to staff, children, families and communities in a clear, age-appropriate, accessible and culturally safe way

Take reasonable steps to ensure our Complaint Handling Policy and Procedure is followed (e.g. through clear and accessible communication, and systemised inductions, training and monitoring of all staff – including volunteers, students)

Promote a culture of reporting. Act on any incidents, disclosures, or suspicions of harm or risk of harm to a child, and report to the relevant authorities in line with our procedures and legal obligations. Act on allegations of harmful sexual behaviour in children. Report allegations of reportable conduct

Ensure that investigations into complaints are managed in a thorough, fair, impartial, culturally sensitive, prompt and professional manner. Ensure that there is regular communication to the people involved in a complaint investigation during the investigation and they are provided with a timely outcome. Ensure that we document and keep records of complaints, investigations and outcomes in line with our legal obligations and our policies and procedures

Regularly review this Complaint Handling Policy and Procedure in consultation with children, families, communities and staff.

Notify families at least 14 days before changing this Complaint Handling Policy and Procedure if the changes will: affect the fees the charged or the way they are collected; or significantly impact the service's education and care of children; or significantly impact the family's ability to utilise the service

Nominated supervisor / persons in day-to-day charge responsibilities (not limited to)

Ensure our service meets its obligations under the *Education and Care Services National Law and Regulations*

Support the approved provider to ensure that our service's complaint handling system, policies and procedures are appropriate in practice, best practice, align with the NSW Child Safe Standards and comply with all relevant legislation

Implement this Complaint Handling Policy and Procedure

Communicate this Complaint Handling Policy and Procedure to staff, children, families and communities in a clear, age-appropriate, accessible and culturally safe way

Take reasonable steps to ensure our Complaint Handling Policy and Procedure is followed (e.g. through clear and accessible communication, and systemised inductions, training and monitoring of all staff – including volunteers, students)

Promote a culture of reporting. Act on any incidents, disclosures, or suspicions of harm or risk of harm to a child, and report to the relevant authorities in line with our procedures and legal obligations. Act on allegations of harmful sexual behaviour in children. Report any allegations of reportable conduct you are aware of

If responsible for investigating complaints, manage them in a thorough, fair, impartial, culturally sensitive, prompt and professional manner. Regularly communicate to the people involved in a complaint investigation during the investigation and provide them with a timely outcome. Document and keep records of complaints, investigations and outcomes in line with our legal obligations and our policies and procedures

Contribute to policies and procedure reviews and risk assessments and plans in consultation with children, families, communities and staff. Support the approved provider to notify families changes according to legislation and our policies and procedures

Educators / ECTs/ other staff responsibilities (not limited to)

Follow this [Complaint Handling Policy and Procedure](#)

Refer all complaints that cannot be resolved directly with the people concerned to the nominated supervisor and/or approved provider as soon as practicable

Support, and co-operate with, the nominated supervisor and or/approved provider in their investigations

Do not get involved in complaints that do not concern you (not ethical or can make the complaints process more difficult)

Do not raise complaints with an external complaints body, such as a court or Tribunal, without using our procedures and appeal process first

Act on any incidents, disclosures, or suspicions of harm or risk of harm to a child, and report to the relevant authorities in line with our procedures and legal obligations. Act on allegations of harmful sexual behaviour in children

Report any issues with our complaint management policies and procedures to the appropriate person (e.g. approved provider, nominated supervisor, lead educator)

Complete necessary records when required. Provide them to the approved provider/nominated supervisor as soon as practicable

Keep all child protection matters confidential unless we are legally required to disclose

Contribute to policy and procedure reviews and risk assessments and plans

Families' responsibilities (not limited to)

Follow our [Complaint Handling Policy and Procedure](#)

Raise any concerns or complaints and report any concerns about children's safety and wellbeing

Be aware of, and raise any complaints in line with, this [Complaint Handling Policy and Procedure](#)

Co-operate with staff in their investigations

Do not get involved in complaints that do not concern you (not ethical or can make the complaints process more difficult)

Do not raise complaints with an external complaints body, such as a court or Tribunal, without using our procedures and appeal process first.

LEGISLATION OVERVIEW

Education and Care Services National Law and Regulations

Law	Description
s 167	Offence relating to protection of children from harm and hazards
s 172	Offence to fail to display prescribed information
s 173	Offence to fail to notify certain information to Regulatory Authority
Regulations	
s 12	Meaning of serious incident
s 168(2)(h)	Education and care services must have policies and procedures in relation to providing a child safe environment
s 168(2)(o)	Education and care services must have policies and procedures in relation to dealing with complaints, including matters relating to (i) the provision of a complaint handling system that is child focused; and (ii) the management of a complaint that alleges a child is exhibiting harmful sexual behaviours
s 170	Policies and procedures to be followed
s 171	Policies and procedures to be kept available
s 172	Notification of change to policies and procedures
s 173 (2)(b)	Prescribed information to be displayed: the name and telephone number of the person to whom complaints may be addressed
s 175(d)(e)	Prescribed information to be notified to Regulatory Authority
s 176	Time to notify certain information to Regulatory Authority

Other applicable laws and regulations

Act/Regulation	Description
<i>Anti-Discrimination Act 1977 (NSW)</i> <i>Children (Criminal Proceedings) Act 1987 (NSW)</i> <i>Australian Human Rights Commission Act 1986 (Cth) (AHRC Act)</i>	Human rights laws
<i>Children and Young Persons (Care and Protection) Act 1998 (NSW)</i>	Principal relevant Act to child protection
<i>Law Enforcement (Powers and Responsibilities) Act 2002 (NSW)</i> <i>Crimes Act 1990 No.40 (NSW)</i>	Includes provisions for child-related criminal offences
<i>Children's Guardian Act 2019</i>	Reportable conduct scheme
<i>Work Health and Safety Act 2011</i>	Workplace health and safety
<i>Advocate for Children and Young People Act 2014 (NSW)</i> <i>Children's Guardian Act 2019 (NSW)</i>	Child Safe Organisations

National Quality Standard

Standard	Concept	Description
2.2	Safety	Each child is protected
2.2.3	Child Protection	Management, educators and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect
4.2	Professionalism	Management, educators and staff are collaborative, respectful and ethical
4.2.2	Professional standards	Professional standards guide practice, interactions and relationships
5.1	Relationships between educators and children	Respectful and equitable relationships are maintained with each child
5.1.1	Positive educator to child interactions	Responsible and meaningful interactions build trusting relationships which engage and support each child to feel secure, confident and included
5.1.2	Dignity and rights of the child	The dignity and rights of every child is maintained
5.2	Relationships between children	Each child is supported to build and maintain sensitive and responsive relationships
5.2.2	Self-regulation	Each child is supported to regulate their own behaviour, respond appropriately to the behaviour of others and communicate effectively to resolve conflicts
6.1	Supportive relationships with families	Respectful relationships with families are developed and maintained and families are supported in their parenting role
6.1.2	Families are supported	Current information is available to families about the service and relevant community services and resources to support parenting and family wellbeing
7.1	Governance	Governance supports the operation of a quality service
7.1.2	Management systems	Systems are in place to manage risk and enable the effective management and operation of a quality service
7.1.3	Roles and responsibilities	Roles and responsibilities are clearly defined, and understood, and support effective decision-making and operation of the service
7.2	Leadership	Effective leadership builds and promotes a positive organisational culture and professional learning community
7.2.1	Continuous improvement	There is an effective self-assessment and quality improvement process in place

Standard	Concept	Description
7.7.3	Development of professionals	Educators, co-ordinators and staff members' performance is regularly evaluated, and individual plans are in place to support learning and development

Early Years Learning Framework (EYLF) V.20

EYLF outcome	Key Component
3: CHILDREN HAVE A STRONG SENSE OF WELLBEING	- Children become strong in their social, emotional and mental wellbeing - Children become strong in their physical learning and wellbeing - Children are aware of and develop strategies to support their own mental and physical health and personal safety
5: CHILDREN ARE EFFECTIVE COMMUNICATORS	Children interact verbally and non-verbally with others for a range of purposes

National Principles for Child Safe Organisations

Most relevant principles
2. Children and young people are informed about their rights, participate in decisions affecting them and are taken seriously
3. Families and communities are informed and involved in promoting child safety and wellbeing
6. Processes to respond to complaints and concerns are child focused.

RELATED DOCUMENTS

Key policies	Child Protection Policy Child Safe Environment Policy Child Safe Code of Conduct Child Safe Risk Management Plan Recruitment, Induction and Training Policy Incident, Injury, Trauma and Illness Policy ECEC Code of Ethics
Procedures / Plans	Complaint Handling Procedure (Appendix A) Child Protection Procedures (in Child Protection Policy)
Templates / Resources	Incident, Injury, Trauma and Illness Record template (in Incident, Injury, Trauma and Illness Record Policy) Recording disclosures of harm/risk of harm template (in Child Protection Policy) Recording suspicions of harm/risk of harm template (in Child Protection Policy) Child Safety and Wellbeing Breach – Incident Report Form (in Child Protection Policy) List of indicators of harm (in Child Protection Policy) Child protection reporting summary (in Child Protection Policy) [Centre Support resources available on Karla Resources at centresupport.com.au]

POLICY INFORMATION

Approval date	1 January 2026
Effective date	1 January 2026
Review date	1 January 2027

11 - Continuity of Education and Care Policy

NQS

QA4	4.1.2	Continuity of staff - Every effort is made for children to experience continuity of educators at the service.
QA6	6.2.1	Transitions - Continuity of learning and transitions for each child are supported by sharing information and clarifying responsibilities.

EYLF

LO1	Children feel safe, secure, and supported

AIM

We aim to ensure continuity of education and care during transitions and routines, so that each child has the opportunity to feel safe, secure and supported and can engage in rich learning and development experiences.

RELATED POLICIES

1. Additional Needs Policy
2. Educator and Management Policy
3. Relationships with Children Policy
4. Sleep, Rest, Relaxation and Clothing
5. Staffing Arrangements Policy

IMPLEMENTATION

To support effective continuity of education and care between settings, the Nominated Supervisor will:

- ensure casual or relief educators, volunteers and work experience students complete an induction process similar to that for permanent staff (see Educator and Management Policy) so they can become familiar with:
 - the service environment, staff and needs of children.
 - and receive copies or access to service policies and procedures, relevant legislation, Staff Handbook, Code of Conduct, Service philosophy and their position description.
- draw on the same casual staff and volunteers, and on the same day each week where possible, so they can develop positive and meaningful relationships with the children and their families.
- implement rosters and staffing arrangements which provide children and families with familiar educators with whom they can develop supportive and trusting relationships during their time at the Service.
- inform families and children of any changes to staffing before they occur where possible. Notification may be via the Service newsletter, email, and note or on the Service noticeboard.
- encourage casual educators, volunteers and work experience students, as well as permanent staff, to display a photo of themselves with an introductory paragraph to help children and their families identify and get to know them.
- assist educators to develop and implement plans which support children in the transition to primary school. These plans may include visits to local primary schools, appropriate

documentation detailing each child's strengths and needs, liaising with primary schools about specialist support services for children with additional needs and processes to ensure each child will feel safe and secure during the transition.

- regularly remind educators about the importance of maintaining continuity of education and care practices between settings, for example between the home and service setting.
- ensure where possible that routines and transitions have the flexibility to accommodate each child's needs.

Educators will:

- communicate with each other during the day about the children's experiences to help provide continuity of education and care, especially where they are rostered on "split shifts". This may be verbal or through the use of a room diary and will include information on the attendance or non-attendance of children at the service.
- supervise children when transitioning to and from the service (e.g., excursions and arriving and leaving) and within the service.
- provide responsive, one-on-one support to children who return to the service after an absence.
- support children during transitions between rooms and settings (e.g., through open, meaningful interactions and communication, comfort and positive behaviour guidance).
- tell children what is happening next and when.
- allow children to use familiar and favourite items if appropriate.
- meet each child's individual needs where possible during transitions and routines.
- encourage families to share information about their child's strengths, interests and needs through direct conversations (e.g., daily on arrival and departure) or written requests (e.g., through our Family Input 'What You Did on the Weekend Sheets').

SOURCES

1. Education and Care Services National Regulations 2011
2. National Quality Standard
3. Early Years Learning Framework.

POLICY INFORMATION

Approval date	1 January 2026
Effective date	1 January 2026
Review date	Reviewed annually and when there are changes that may affect this policy or related procedures
Approved by	Dr Jay Mukhraiya >

12 - Dealing with Infectious Diseases Policy

(To be read with - Immunisation and Disease Prevention Policy)

NQS

QA2	2.1.2	Health practices and procedures - Effective illness and injury management and hygiene practices are promoted and implemented.

NATIONAL REGULATION

Regs	77	Health, hygiene and safe food practices
	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
	88	Infectious diseases
	90	Medical conditions policy
	162	Health information to be kept in enrolment record

AIM

Immunisation is a simple, safe and effective way of protecting people against harmful diseases before they come into contact with them in the community. Immunisation not only protects individuals, but also others in the community, by reducing the spread of disease.

RELATED POLICIES

1. Educator and Management Policy
2. Enrolment Policy
3. Food Nutrition and Beverage Policy
4. Health, Hygiene and Safe Food Policy
5. Incident, Injury, Trauma and Illness Policy
6. Immunisation Policy
7. Medical Conditions Policy
8. Privacy and Confidentiality Policy.

WHO IS AFFECTED BY THIS POLICY?

1. Child
2. Parents
3. Family
4. Educators
5. Management
6. Visitors
7. Volunteers.

IMPLEMENTATION

Educators and the Nominated Supervisor will:

- minimise the spread of potential infectious diseases between children by excluding children who may have an infectious disease or are too ill to attend the service and facilitating the prevention and effective management of acute illness in children.
- comply with the minimum Exclusion Periods outlined in Schedule 1 of the Public Health Regulation 2000 (attached) and those outlined in the NHMRC 'Staying Healthy' publication.
- inform parents of minimum exclusion periods, noting the Nominated Supervisor may ultimately determine when a child can return after illness and absence for the minimum exclusion period.

Educators will also advise the Nominated Supervisor as soon as they believe they have an infectious disease and are unable to care for children.

Children might be brought to care with symptoms or signs of illness or while in care suddenly develop an illness that has not been diagnosed by a doctor, and that might be potentially infectious or potentially life-threatening for the child. Symptoms may not clearly fit those listed in exclusion diseases making it difficult for educators to decide whether to accept or exclude the child. **If educators suspect a child may have an infectious disease, they will exclude the child until they receive a medical certificate stating the child is not contagious and is okay to attend the Service.**

Parents must advise educators on arrival verbally or in writing of any symptoms requiring administration of medication to their child in the past 48 hours and the cause of the symptoms if known. This advice must be provided the first time the child attends after the medication has been administered.

Many illnesses, while not fitting exclusion criteria, can transmit disease to other children in care, and can make a child too ill to participate in normal activities. All children who are unwell should not attend the Service and educators will ask parents of children who are unwell to collect the child from the residence/venue within one hour or to make alternative arrangements for their child's care.

The Nominated Supervisor will:

- assist educators in making notification to public health authorities.
- organise a pool of regular relief educators to cover educators who are ill and unable to care for children.
- request a medical certificate from educators who have been ill stating they are not contagious and are okay to return to work.
- comply with any directions from public health officials.

If an infectious disease arises at a residence/venue educators will respond to any symptoms in the following manner -

- Isolate the child from other children.
- Ensure the child is comfortable and appropriately supervised.
- Contact the child's parents or nominated emergency contact (if the child's parents are unavailable, we will contact authorised nominees) and ask them to pick the child up as quickly as possible (and within one hour). Educators will provide information in the child's home language if possible.
- Any person picking the child up from the service must be able to show identification if unknown to the educator.
- Ensure all bedding, towels and clothing which has been used by the child are washed separately and if possible, air dried in the sun.
- Ensure all toys used by the child are disinfected.
- Ensure all eating utensils used by the child are separated and sterilised.
- Inform all families of the presence of an infectious disease verbally and by placing a notice near the front door. The child's name will not be revealed.
- Ensure confidentiality of any personal or health-related information related to any child or family.

FEVERS

Unwell children include those with fevers. Fevers refer to temperatures above 38°C, and are usually a sign of infection (e.g., virus). When children develop a fever at the service, educators and staff will:

- contact parents and ask them to collect the child unless we have written advice from a medical practitioner that the fever is not caused by an infectious disease (e.g., teething). Babies less than 3 months old with fevers must always be collected by parents /authorised nominees who will be advised to take the child to a doctor.
- administer first aid if required in line with service procedures. This may include calling an ambulance. Educators and staff will be especially vigilant caring for babies less than 3 months old with fevers.
- if the child is distressed, bathe their face in lukewarm water, and administer paracetamol if parents have given written permission and administration is consistent with the Administration of Medication Policy
- offer water to the child and ensure they are not overdressed, and their clothing is comfortable.
- monitor the child's behaviour, alertness and any other symptoms that could indicate serious infection including rash, stiffness, vomiting, coughing or convulsions.

NOTIFICATIONS AND EXCLUSION PERIODS

As outlined in the Public Health Regulation 2000 (ACT):

- parents must advise the Nominated Supervisor or educators as soon as possible if a child has an infectious disease or the child has been in contact with a person infected with an

infectious disease listed in Schedule 1 of the 2000 Regulation (sec 16) (Schedule 1 diseases attached)

- Approved providers or nominated supervisors must not allow a child who has been infected or had contact with the diseases outlined in Schedule 1 to attend the service for the exclusion periods outlined in Schedule 1 (sec 17).

COMMUNICABLE DISEASE CONTROL BRANCH - ADVICE AND NOTIFICATIONS

The Communicable Disease Control Branch is an important source of information and advice about many contagious/notifiable diseases including measles, meningococcal disease, Haemophilus influenzae type b (Hib), hepatitis A, and pertussis (whooping cough). Nominated Supervisors will telephone the Branch as soon as possible when needed/appropriate for advice about an illness and how to control the spread of the illness and follow any advice. In particular the Nominated Supervisor will notify the Branch about cases of notifiable diseases in line with the **Public Health (Reporting of Notifiable Conditions) Code 2017** which outlines notifiable diseases (Appendix 1), required notification methods and timeframes). **Note notification is unnecessary if you believe a doctor, pathologist etc has already made the notification.**

The Nominated Supervisor will also notify the Branch as soon as possible and within 24 hours of:

- two or more cases (children or staff) of gastroenteritis in the centre (including norovirus, rotavirus, salmonellosis which are types of gastroenteritis) within 48 hours of each other. Symptoms include diarrhoea, vomiting, fever, abdominal cramps.
- if there are two or more cases (children or staff) of Shigellosis which is a severe intestinal infection. Symptoms include diarrhoea, fever, vomiting and cramps.

Recommended Minimum Periods of Exclusion

National Health and Medical Research Council.

Staying Healthy -Preventing Infectious Diseases in Early Childhood Education and Care Services 5th edition, Commonwealth of Australia 2012.

Children who are unwell should not attend the service.

The definition of 'contacts will vary according to disease. Please refer to specific Fact Sheets in the Staying Healthy Publication for the definition of 'Contacts'.

Campylobacter

Exclude until there has not been a loose bowel motion for 24 hours'

Exclusion of Contacts - Not excluded.

Candidiasis ('Thrush)

Exclusion is NOT necessary.

Exclusion of Contacts - Not excluded.

Chickenpox (Varicella)

Exclude until all blisters have dried. This is usually at least 5 days after the rash first appeared in unimmunised children and less in immunised children.

Exclusion of contacts - Any child with an immune deficiency (for example, leukaemia) or receiving chemotherapy should be excluded for their own protection. Otherwise not excluded.

CMV (Cytomegalovirus infection)

Exclusion is NOT necessary.

Exclusion of Contacts - Not excluded.

Conjunctivitis

Exclude until discharge from the eyes has stopped unless a doctor has diagnosed non-infectious Conjunctivitis.

Exclusion of Contacts - Not excluded.

Cryptosporidium

Exclude until there has not been a loose bowel motion for 24 hours.^b

Exclusion of Contacts – Not excluded.

Diarrhoea (No organism identified)

Exclude until there has not been a loose bowel motion for 24 hours.^b

Exclusion of Contacts - Not excluded.

Fungal infections of the skin or nails (e.g., ringworm, tinea)

Exclude until the day after starting appropriate anti-fungal treatment.

Exclusion of Contacts - Not excluded.

German measles (See 'Rubella')**Giardiasis**

Exclude until there has not been a loose bowel motion for 24 hours.^b

Exclusion of Contacts - Not excluded.

Glandular fever (Mononucleosis, EBV infection)

Exclusion is NOT necessary.

Exclusion of Contacts - Not excluded.

Hand, foot and mouth disease

Exclude until all blisters have dried.

Exclusion of Contacts - Not excluded.

Haemophilus influenzae type b (Hib)

Exclude until the person has received appropriate antibiotic treatment for at least 4 days. Exclusion of Contacts - Not excluded.

Head lice (Pediculosis)

Exclusion is NOT necessary if effective treatment begins before the next day at the Service. (The child doesn't need to be sent home immediately if head lice are detected).
Exclusion of Contacts - Not excluded.

Hepatitis A

Exclude until a medical certificate of recovery is received and until at least 7 days after the onset of jaundice.

Exclusion of Contacts - Not excluded. Contact a public health unit for specialist advice about treating or vaccinating children in the same room or group.

Hepatitis B

Exclusion is NOT necessary.

Exclusion of Contacts - Not excluded.

Hepatitis C

Exclusion is NOT necessary.

Exclusion of Contacts - Not excluded.

Herpes simplex (cold sores, fever blisters)

Exclusion is not necessary if the person is developmentally capable of maintaining hygiene practices to minimise the risk of transmission.

If the person is unable to comply with these practices, they should be excluded until the sores are dry. Sores should be covered by a dressing where possible.

Exclusion of Contacts - Not excluded.

Human Immunodeficiency Virus (HIV/AIDS)

Exclusion is NOT necessary. If the person is severely immunocompromised, they will be vulnerable to other people's illnesses.

Exclusion of Contacts - Not excluded.

Human Parvovirus B19 (fifth disease, erythema infectious, slapped cheek syndrome)

Exclusion is NOT necessary.

Exclusion of Contacts - Not excluded.

Hydatid disease

Exclusion is NOT necessary.

Exclusion of Contacts - Not excluded.

Impetigo (school sores)

Exclude until appropriate antibiotic treatment has commenced. Any sores on exposed skin should be covered with a watertight dressing.

Exclusion of Contacts - Not excluded.

Influenza and influenza-like illnesses

Exclude until well.

Exclusion of Contacts - Not excluded.

Listeriosis

Exclusion is NOT necessary.
Exclusion of Contacts - Not excluded.

Measles

Exclude for 4 days after the onset of the rash.
Exclusion of Contacts - Immunised and immune contacts are not excluded. For non-immunised contacts, contact a public health unit for specialist advice. All immunocompromised children should be excluded until 14 days after the first day of appearance of rash in the last case.

Meningitis (viral)

Exclude until well.
Exclusion of Contacts - Not excluded.

Meningococcal infection

Exclude until appropriate antibiotic treatment has been completed.
Exclusion of Contacts - Not excluded. Contact a public health unit for specialist advice about antibiotics and /or vaccination for people who were in the same room.

Molluscum contagiosum

Exclusion is NOT necessary.
Exclusion of Contacts - Not excluded.

Mumps

Exclude for 9 days or until swelling goes down (whichever is sooner).
Exclusion of Contacts - Not excluded.

Norovirus

Exclude until there has not been a loose bowel motion or vomiting for 48 hours.
Exclusion of Contacts - Not excluded.

Pertussis (See 'Whooping Cough')

Pneumococcal Disease

Exclude until person is well.
Exclusion of Contacts - Not excluded.

Roseola

Exclusion is NOT necessary.
Exclusion of Contacts - Not excluded.

Ross River virus

Exclusion is NOT necessary.
Exclusion of Contacts - Not excluded.

Rotavirus infection

Children are to be excluded from the service until there has not been a loose bowel motion or vomiting for 24 hours.^b
Exclusion of Contacts - Not excluded.

Rubella (German measles)

Exclude until fully recovered or for at least four days after the onset of the rash.

Exclusion of Contacts - Not excluded.

Salmonellosis (Salmonella infection)

Exclude until there has not been a loose bowel motion for 24 hours.^b

Exclusion of Contacts - Not excluded.

Scabies

Exclude until the day after appropriate treatment has commenced.

Exclusion of Contacts - Not excluded.

Shigellosis

Exclude until there has not been a loose bowel motion for 24 hours.^b

Exclusion of Contacts - Not excluded.

Streptococcal sore throat (including scarlet fever)

Exclude until the person has received antibiotic treatment for at least 24 hours and feels well.

Exclusion of Contacts - Not excluded.

Toxoplasmosis

Exclusion is NOT necessary.

Exclusion of Contacts - Not excluded.

Tuberculosis (TB)

Exclude until medical certificate is produced from an appropriate health authority.

Exclusion of Contacts - Not excluded. Contact a public health unit for specialist advice about screening, antibiotics or TB clinics.

Varicella See 'Chickenpox'**Viral gastroenteritis (viral diarrhoea)**

Excluded until there has not been a loose bowel motion for 24 hours.^b

Exclusion of Contacts - Not excluded.

Whooping cough (pertussis)

Exclude until 5 days after starting appropriate antibiotic treatment or for 21 days from the onset of coughing.

Exclusion of Contacts - Contact a public health unit for specialist advice about excluding non-vaccinated contacts, or antibiotics.

Worms

Exclude if loose bowel motions are occurring. Exclusion is not necessary if treatment has occurred.

Exclusion of Contacts - Not excluded.

^b If the cause is unknown, possible exclusion for 48 hours until the cause is identified. However, educators and other staff who have a food handling role should always be excluded until there has not been a loose bowel motion for 48 hours.

SOURCES

1. Education and Care Services National Law and Regulations
2. National Quality Standard
3. Department of Health and Aging, National Immunisation Program Schedule
4. NHMRC. Staying Healthy -Preventing Infectious Diseases in Early Childhood Education and Care Services 5th edition
5. Work Health and Safety Act 2011
6. Work Health and Safety Regulation 2011
7. Public Health Regulation 2012
8. NSW Health

Gastroenteritis – controlling viral outbreaks in childcare centres and schools NSW Health

Gastroenteritis in an institution Control Guideline for Public health Units NSW Health

Gastro Pack for Child Care Centres NSW Health

POLICY INFORMATION

Approval date	1 January 2026

Effective date	1 January 2026

Review date	1 January 202

Approved by	Dr Jay Mukhraiya >

13 - Delivery and Collection of Children Policy

NQS

QA2	2.2.1	Supervision - At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.

National Regulations

Regs	99	Children leaving the education and care service premises
	158	Children's attendance record to be kept by approved provider

AIM

To ensure the safety and wellbeing of children at all times.

RELATED POLICIES

1. Acceptance and Refusal of Authorisations Policy
2. Child protection Policy
3. Enrolment Policy
4. Family Law and Access Policy
5. Incident, Injury, Trauma and Illness Policy
6. Infectious Disease Policy

IMPLEMENTATION

The Nominated Supervisor, educators, staff and volunteers will adhere to the following procedure at all times to ensure the safety of children. Educators and staff will also remind parents/guardians of the dangers of leaving other children unattended in vehicles and encourage them to bring those children with them when dropping off or collecting a child enrolled at the service.

Children and families will not be allowed to enter our building for education and care prior to the advertised operating hours of the service as we are not licensed or insured to accept children before this time.

Arrival:

- All children must be signed in by their parent or person who delivers the child to our service. If the parent or other person forgets to sign the child in, they will be signed in by the nominated supervisor or an educator.
- An educator will greet and receive each child to ensure the child is cared for at all times.
- Educators will assess the health and wellbeing of each child. Children who are unwell, including those who have symptoms of an infectious disease, or an injury which prevents them from participating in activities, or an injury which a doctor has or would likely say means the child must be excluded from care (e.g., a head injury) will not be permitted to attend until a letter of clearance is provided by a doctor.
- A locker or shelf space will be made available to children and their families. A sign is posted

above the lockers nominating a symbol for each child.

Departure:

- All children must be signed out by their parent or person who collects the child from our service. If the parent or other person forgets to sign the child out, they will be signed out by the nominated supervisor or an educator.
- Children can only be collected by a parent, an authorised nominee named on their enrolment record, or a person authorised by a parent or authorised nominee to collect the child. Authorisations from parents or authorised nominees must be made in writing, unless parents or authorised nominees are unable to collect the child before the service closes (e.g., in an emergency). In this case educators may accept verbal authorisation for an alternate person who can be adequately identified to collect the child
- Children may leave the premises if a parent or authorised nominee provides written authorisation for the child to leave the premises, including authorisation to go on an excursion (please refer Excursion Policy).
- No child will be released into the care of an unauthorised person. If the person becomes aggressive or violent and will not leave the premises the Nominated Supervisor or educator will:
 - ensure the safety of all children and adults at the service and implement lockdown procedures if required.
 - ring the police on 000.
- Nominated Supervisors will ensure that the authorised nominee pick-up list for each child is kept up to date. It is our policy that we do not allow anyone under the age of 16 to collect children.
- No child will be released into the care of anyone not known to educators. Parents must give prior notice where:
 - the person collecting the child is someone other than those mentioned on the enrolment form (e.g., in an emergency) or
 - there is a variation in the persons picking up the child, including where the child is collected by an authorised nominee who is unknown to educators.

If educators do not know the person by appearance, the person must be able to produce some photo identification. If staff cannot verify the person's identity, they will be unable to release the child into that person's care.

- If a parent appears to be intoxicated, or under the influence of drugs, and staff feel that the person is unfit to collect their child, they will:
 - discuss their concerns with the parent, if possible, without the child being present
 - suggest they contact another parent or authorised nominee to collect the child.
 - inform the police of the circumstances, the person's name and vehicle registration number if the parent insists on taking the child. Educators cannot prevent an incapacitated parent from collecting a child but must consider their obligations under the relevant child protection laws.

- If an authorised nominee, or person authorised by a parent or authorised nominee, appears to be intoxicated, or under the influence of drugs, and staff feel that the person is unfit to take responsibility for the child, they will not let the child leave with the person. They will contact the parent and advise that another person needs to collect the child.
- If a child has not been collected by the time, we are due to close the service, the Nominated Supervisor will:
 - (again) attempt to contact the parents or other authorised nominees.
 - leave a voicemail or SMS message on the parent's phone if they do not answer advising he or she will wait up to 30 minutes before ringing the police or Child Protection Hotline
 - wait for 30 minutes and, if the parents or authorised nominee has not arrived, ring the police or Child Protection Hotline for guidance on the appropriate action to take.
- At the end of each day educators will check all beds and the premises including outdoors and indoors to ensure that no child remains on the premises after the service closes (refer Lock Up Policy).
- Children may leave the premises in the event of an emergency, including medical emergencies.
- Details of absences during the day will be recorded.

SOURCES

1. Education and Care Services National Regulations 2011
2. Early Years Learning Framework
3. National Quality Standard
4. Work Health and Safety Act 2011
5. Work Health and Safety Regulation 2011

POLICY INFORMATION

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Review date	1 January 202
Approved by	Dr Jay Mukhraya >

14 - Death of a Child Policy

NQS

QA2	2.2.2	Incident and emergency management - Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.

NATIONAL REGULATIONS

Regs	12	Meaning of serious incident
	85	Incident, injury, trauma and illness policies and procedures
	176	Time to notify certain information to Regulatory Authority

AIM

Educators or the Nominated Supervisor will ensure that immediate and appropriate action is taken to notify any relevant authorities in the event of the death of a child whilst at the Service.

RELATED POLICIES

1. Emergency Service Contact Policy
2. Emergency Management and Evacuation Policy
3. Incident, Injury, Trauma and Illness Policy
4. Medical Conditions Policy

WHO IS AFFECTED BY THIS POLICY?

1. Child
2. Staff
3. Families
4. Management

IMPLEMENTATION

Educators will follow and implement this procedure:

- Attempt CPR pursuant to current guidelines.
- Call an Ambulance immediately on 000.
- The Nominated Supervisor will call the parents/guardians of the child and arrange to meet at the Hospital or medical facility.
- Medical staff will advise parents.
- Contact Insurance Company.
- Notify state Police Department.
- Notify Regulatory Authority

Notification of a Serious Incident

The death of a child being educated and cared for at the service or following an incident while being educated and cared for at the service, is a “serious incident” under the national law. The

Approved Provider will notify the regulatory authority as soon as practicable and within 24 hours of the death through the online NQA ITS.

The documentation will be kept until the end of 7 years after the death.

Work Health and Safety (OHS) requirements.

The death of a person is a “notifiable incident” under the work, health and safety legislation. The approved provider or nominated supervisor must notify SafeWork by telephone or in writing (including by facsimile or email) as soon as possible after the death. Records of the incident must be kept for at least 7 years from the date that the incident is notified. The approved provider/nominated supervisor must ensure the site where the death occurred is left undisturbed as much as possible until an inspector arrives or as directed by SafeWork.

SOURCES

1. Education and Care Services National Regulations
2. National Quality Standard
3. Work Health and Safety Act 2011
4. Work Health and Safety Regulation 2017

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Approved by	Dr Jay Mukhraiya >

15 - Death of an Educator Policy

NQS

QA2	2.2.2	Incident and emergency management - Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.

NATIONAL REGULATIONS

Regs	35	Notice of change to Nominated Supervisor
	85	Incident, injury, trauma and illness policies and procedures

AIM

The Nominated Supervisor will ensure that immediate and appropriate action is taken to notify relevant authorities in the event of the death of an educator at the Service and take steps to ensure the safety and wellbeing of children and other staff members who may be affected by the death.

RELATED POLICIES

1. Emergency Service Contact Policy
2. Emergency Management and Evacuation Policy
3. Incident, Injury, Trauma and Illness Policy
4. Medical Conditions Policy

IMPLEMENTATION

Where an educator or staff member requires urgent medical attention while at the service:

- the Nominated Supervisor will immediately call an ambulance on 000.
- a first aid trained educator will immediately commence appropriate first aid which may include CPR. The educator will be guided by advice from ambulance personnel once contact with emergency services has been made.
- the Nominated Supervisor will call the educator or staff member's next of kin and advise to which hospital or medical facility the ambulance is heading.

In the tragic event the educator or staff member passes away at the service or as a result of an incident at the service, the Nominated Supervisor will:

- call triple 000 for advice if this has not already occurred (and the death occurs at the service)
- notify the local police station of the death and follow any advice given.
- notify the WHS Regulator by telephone immediately they become aware of the death. If requested to follow-up in writing, this must be done within 48 hours.

- keep records of the incident for at least 5 years from the date that the incident is notified to the WHS Regulator. (Note we advise keeping records for 7 years for ECEC Regulatory purposes).
- ensure the site where the death occurred is left undisturbed as much as possible until an inspector arrives or as directed by the Regulator.
- notify the ECEC Regulatory Authority within 24 hours of the death through the online NQA ITS
- if the Nominated Supervisor has passed away, advise the regulatory authority in writing about the new Nominated Supervisor within 14 days of the death through the online NQA ITS
- provide all reasonable assistance to the family of the deceased educator or staff member.

To ensure the safety and wellbeing of children and educators/ staff members at the service, the Nominated Supervisor will:

- implement service emergency procedures (e.g., service lockdown) if there is a risk of harm to children or educators/staff members.
- offer counselling/ support services for children, families and staff if any are traumatised by the death. Authorisation will be obtained from parents before children receive any support services.
- take steps to ensure children continue to be adequately supervised e.g., calling in relief staff to maintain ratios or where necessary requiring families to collect children.
- allow employees to attend the deceased person's funeral if they wish and consider the necessity and practicality of closing the service on the day of the funeral.

SOURCES

1. Education and Care Services National Law and Regulations
2. National Quality Standard
3. Work Health and Safety Act 2011
4. Work Health and Safety Regulations 2011
5. WorkSafe NSW

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16 - Dress Code Policy

NQS

QA2	2.1.2	Health practices and procedures - Effective illness and injury management and hygiene practices are promoted and implemented.

QA4	4.2.2	Professional standards - Professional standards guide practice, interactions and relationships.

NATIONAL REGULATIONS

Regs	77	Health, hygiene and safe food practices

AIM

All employees present a professional appearance which reflects the quality of education and care we provide.

RELATED POLICIES

1. Educator and Management Policy
2. Health Hygiene and Safe Food Policy

IMPLEMENTATION

Employee appearance contributes to the service reputation as a professional business providing high quality education and care. All employees must present a professional image with high standards of personal hygiene and grooming. Employees are required to wear a service uniform all working days except on Friday, which is a Mufti day for all. Also, on special occasions employees can wear traditional clothes. Clothing, including uniforms where relevant, must be neat, clean and in good repair, and of a standard acceptable to the Approved Provider and Nominated Supervisor. Religious or cultural head covers are allowed. Hair and fingernails must be neat and tidy. Fingernails should be kept short enough, so educators and staff do not unintentionally scratch children, and there are no adverse hygiene issues. Where acceptable fingernail length is disputed, employees must comply with the views of the Approved Provider or Nominated Supervisor. Employee appearance contributes to the service reputation as a professional business providing high quality education and care. All employees must present a professional image with high standards of personal hygiene and grooming.

Employees will ensure they comply with service policies and Government recommendations on relevant matters including sun safety, and work, health and safety, and will for example wear:

- sun safe hats when outside in high UV periods
- sun safe clothing which covers as much of the skin as possible when outside
- safe, secure footwear and not thongs or backless shoes.

The Approved Provider or Nominated Supervisor may direct that certain items of clothing do not meet an acceptable standard of professional attire. These may include things like tracksuits, joggers, midriff tops, ripped jeans etc. Employees will not wear clothing that has words, terms

or pictures that may be offensive to other employees, families or children, or clothing that is overly revealing or sexually provocative.

Jewellery, makeup, perfume and cologne will be in good taste, with limited body piercing.

Employees will limit the use of these substances if any other employees are allergic to the chemicals in the products. These items must not pose a risk to the safety of the children, other staff or visitors to the service.

If unsure whether clothing or jewellery is appropriate, employees should check with the Nominated Supervisor before wearing the item.

BREACH OF DRESS CODE

Employees who do not meet a professional standard may be sent home to change. The Nominated Supervisor has the discretion to pay permanent employees for the time they are absent. He or she will consider the number of previous breaches of the policy. Casual employees will not be paid for this time.

Persistent breaches of the policy may be subject to a disciplinary or performance review where the Approved Provider or Nominated Supervisor will:

- discuss the standard of dress required, give the employee an opportunity to respond, and provide a clear written statement outlining the reason/s for the disciplinary review and outcome.
- file records of interviews and outcomes on the employee's file and store securely.

Outcomes will take into consideration whether:

- the dress code is reasonable.
- the manager/employee's clothing impacted the safety and welfare of other employees, families and children.
- the clothing contravened service policies or Government guidelines
- this is a first offence.
- the employee has been given a reasonable opportunity to adhere to the dress code.

Outcomes may include termination of employment.

SOURCES

1. National Quality Standard
2. Education and Care Services National Law and Regulations

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17 - Education, Curriculum and Learning Policy

NQS

QA1	1.1.1	Approved learning framework - Curriculum decision-making contributes to each child's learning and development outcomes in relation to their identity, connection with community, wellbeing, confidence as learners and effectiveness as communicators.
	1.1.2	Child-centred Each child's current knowledge, strengths, ideas, culture, abilities and interests are the foundation of the program.
	1.1.3	Program learning opportunities - All aspects of the program, including routines, are organised in ways that maximise opportunities for each child's learning.
	1.2.1	Intentional teaching -Educators are deliberate, purposeful, and thoughtful in their decisions and actions.
	1.2.2	Responsive teaching and scaffolding -Educators respond to children's ideas and play and extend children's learning through open-ended questions, interactions and feedback.
	1.2.3	Child Directed learning - Each child's agency is promoted, enabling them to make choices and decisions that influence events and their world.
	1.3.1	Assessment and planning cycle - Each child's learning and development is assessed or evaluated as part of an ongoing cycle of observation, analysing learning, documentation, planning, implementation and reflection.
	1.3.2	Critical reflection - Critical reflection on children's learning and development, both as individuals and in groups, drives program planning and implementation.
	1.3.3	Information for families - Families are informed about the program and their child's progress.
QA3	3.2.1	Inclusive environment - 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.
QA6	6.2.2	Access and participation - Effective partnerships support children's access, inclusion and participation in the program.
QA7	7.2.2	Educational leadership - The educational leader is supported and leads the development and implementation of the educational program and assessment and planning cycle.

NATIONAL REGULATIONS

Regs	73	Educational programs
	74	Information about the educational program to be kept available
	75	Information about educational program to be given to parents
	76	Documenting of child assessments or evaluations for delivery of educational program
	118	Educational Leader
	254(1)	Declared approved learning frameworks

EYLF

LO1 – LO5	All Learning Outcomes under the Early Years Learning Framework will be addressed through our Policy and practices.

AIM

To create a positive, inclusive learning environment which encourages children to engage in activities and experiences based on their interests and everyday lives and achieve the Learning Outcomes of an approved learning framework.

INTERSECTION WITH OTHER POLICIES

1. Additional Needs Policy
2. Physical Activity Promotion Policy
3. Physical Environment (Workplace Safety, Learning and Administration) Policy
4. Record Keeping and Retention Policy
5. Relationships with Children Policy

DECLARED APPROVED LEARNING FRAMEWORKS FOR REFERENCE.

The following learning frameworks have been declared approved until 1 February 2024:

- a) Belonging, Being and Becoming: The Early Years Learning Framework for Australia (EYLF) V2.0 2022. Australian Government Department of Education [AGDE] (2022). National approved learning framework under the NQF for young children from birth to 5 years of age.

IMPLEMENTATION

Our Educational Leader is identified in the foyer by name.

The role of the Educational Leader is to affirm and extend educators' teaching practices, support the development of curriculum based on an approved learning framework and ensure children progress towards and achieve the outcomes of that framework.

Our service is committed to the Early Years Learning Framework (EYLF).

"While educators may plan or assess with a focus on a particular outcome or component of learning, they see children's learning as integrated and interconnected. They recognise the connections between children, families and communities and the importance of reciprocal relationships and partnerships for learning. They see learning as a social activity and value collaborative learning and community participation." Early Years Learning Framework p 14

EYLF Learning Outcomes

The Learning Outcomes recognise the importance of literacy, numeracy and social and emotional development.

1. Children have a strong sense of identity.
2. Children are connected with and contribute to their world.
3. Children have a strong sense of wellbeing.
4. Children are confident and involved learners.
5. Children are effective communicators.

Educators will:

- plan a Curriculum based on children's interests, culture, language, ideas, play and everyday lives i.e., connections between children, families and communities.
- work in partnerships with families to achieve Learning Outcomes and encourage families to contribute to the Curriculum by sharing information about their child or completing activities with children.
- build connections between the service, schools and the local community.
- include children in decision making, including decisions about indoor and outdoor spaces, programming, routines and documenting their achievements, and give them appropriate levels of responsibility.
- make use of spontaneous 'teachable moments' to scaffold children's learning.
- engage in sustained shared conversations with children to extend their thinking.
- support children's learning by participating in child led play.
- provide a balance between child led, child initiated, and educator supported learning by creating learning environments and activities that stimulate children's imagination, creativity and curiosity and encourage children to investigate, experiment, explore, solve problems, create and construct.
- use strategies like demonstrating, dramatic play, role play, open questioning, speculating, explaining, shared thinking and problem solving to promote and extend children's learning.
- use resources (e.g., man- made and natural loose parts) and implement activities (e.g., dramatic play, visual arts, role play, games) to promote learning across all Learning Outcomes
- create outdoor learning spaces which invite open-ended interactions, spontaneity, risk-taking, exploration, discovery and connection with nature.
- create both indoor and outdoor spaces that stimulate children's imagination, creativity and curiosity and encourage children to investigate, experiment and solve problems.
- regularly provide opportunities for children to learn individually and as part of a group.
- regularly assess what each child knows, can do and understands through an ongoing cycle of planning, documenting and evaluating, and then implement activities to help each child achieve all Learning Outcomes. Assessments will take into account the period of time each child spends at the service.
- regularly add to a learning portfolio for each child which includes written assessments of the child's learning. Portfolios will be available for a child's family members to view but they remain the property of the Service for the duration of the child's enrolment.
- plan the curriculum with each child and the learning outcomes in mind and remember that learning is not always predictable and linear.

- celebrate the achievements and learning of each child.
- with parents' consent, liaise with external agencies and professionals to support children with additional needs.
- regularly (at least weekly) evaluate their practices and reflect on how well the Curriculum is helping each child progress towards and achieve the Learning Outcomes
- display the daily curriculum in children's rooms and encourage families to contribute, make suggestions or ask questions about children's learning at any time.
- provide the following information to parents whenever requested:
 - the content and operation of the educational program
 - information about the child's participation in the program
 - assessments of the child's developmental needs, interests, experiences and progress against the Learning Outcomes.

SOURCES

1. Education and Care Services National Law and Regulations
2. National Quality Standard
3. Early Years Learning Framework
4. Early Years Learning Framework Version 2

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Approved by	Dr Jay Mukhraya

18 - Educator and Management Policy

NQS

	4.1.2	Continuity of staff - Every effort is made for children to experience continuity of educators at the service.
	4.2.1	Professional collaboration - Management, educators and staff work with mutual respect and collaboratively, and challenge and learn from each other, recognising each other's strengths and skills.
	4.2.2	Professional standards - Professional standards guide practice, interactions and relationships.
QA7	7.1.1	Service philosophy and purpose - A statement of philosophy guides all aspects of the service's operations.
	7.1.2	Management systems - Systems are in place to manage risk and enable the effective management and operation of a quality service.
	7.2.3	Development of professionals - Educators, co-ordinators and staff members' performance is regularly evaluated, and individual plans are in place to support learning and development.
QA7	7.2.2	Educational leadership - The educational leader is supported and leads the development and implementation of the educational program and assessment and planning cycle.

NATIONAL REGULATIONS

Regs	168	Education and care service must have policies and procedures
	170	Policies and procedures to be followed
	171	Policies and procedures to be kept available

AIM

Our Service aims to ensure that positive working relationships are formed between all educators and management. Educators and management will at all times conduct themselves in an ethical manner and strive to make all interactions positive and compliant with the Service's philosophy.

RELATED POLICIES

1. Incident, Injury, Trauma and Illness Policy
2. Physical Environment (Workplace Safety, Learning and Administration) Policy
3. Privacy and Confidentiality Policy
4. Staffing Arrangements Policy

Code of Conduct

The Approved Provider, Nominated Supervisor, educators, staff members, volunteers and students will uphold the following **ethical conduct principles** at all times, and promote positive interactions within the Service and the local community.

1. Commitment to our Service philosophy and values, including the promotion of a meaningful connection to the NQF and best practice in early childhood education in partnership with our families.

2. Effective, open and respectful two-way communication and feedback between employees, children, families and management
3. Honesty and integrity in all interactions between children, families, employees and managers
4. Consistency and reliability in all exchanges with children, families, employees and managers
5. Commitment to a workplace which values and promotes the safety, health and wellbeing of employees, volunteers, children and families.
6. Commitment to an Equal Opportunity workplace and culture which values the knowledge, experience and professionalism of all employees, team members and managers, and the diverse heritage of our families and children.

The Approved Provider, Nominated Supervisor, educators, staff members and volunteers will:

- ensure their work is carried out efficiently, economically and effectively. They will act in a professional and respectful manner at all times while at work, giving their full attention to the Service responsibilities and adhering to all Service policies, procedures, laws and regulations.
- act honestly and exercise diligence in all Service operations. They will carry out all lawful directions, retaining the right to question any direction which they consider to be unethical. If uncertain they can seek advice from the Nominated Supervisor, Approved Provider or the Ombudsman.
- consider all relevant facts and make decisions or take actions fairly, ethically, consistently and with appropriate transparency. If they are uncertain about the appropriateness of a decision or action, they will consider:
 - whether the decision or conduct is lawful
 - whether the decision or conduct is consistent with our policies and objectives
 - whether there will be an actual, potential or perceived conflict of interest involving obligations that could influence the business relationship or conflict with business duties.
- comply with our Privacy and Confidentiality Policy when dealing with confidential information and records.
- report (suspected) breaches of the code of conduct to a manager, preferably in writing.
- include children and families in the decision-making process.
- implement activities and experiences that are age appropriate, culturally sensitive and inclusive.
- refrain from developing close personal relationships with children outside work.
- refrain from using abusive, derogatory or offensive language.
- comply with all service policies, including those which ensure our activities and environment are safe for children and protect children from harm, abuse and neglect.

Examples of Appropriate Interactions with children

- use of YouTube, social media and technology to support age-appropriate curriculum.
- physical contact to soothe children, build trusting relationships, demonstrate learning and skills and assist children with additional needs.

Examples of Appropriate Educator Interactions

- positive, trustworthy and co-operative relationships with team members.
- respectful, courteous and empathetic communications and behaviours.
- complying with Service grievance procedures and resolving workplace conflicts where possible directly with the person concerned, and never through gossip or by including people who are not involved in the issue.
- valuing cultural differences, diverse viewpoints, and unique contributions.
- looking for and supporting educators' strengths not weaknesses.
- sharing professional resources, knowledge and information.
- supporting others to meet their professional development goals and needs.
- recognising the professional achievements of others.
- sharing information, experiences and expertise about children and families at the Service with team members to enhance children's learning and development.
- actively participating in regular meetings at the Service to discuss professional issues and problems.
- updating team members about meeting outcomes or workplace issues if they have been absent.
- sharing the workload equitably with team members.
- using the Educator's Communication Diaries to communicate messages where shifts make it difficult to convey information face-to-face. These means will ensure all educators are informed on important matters. It is the educator's responsibility to check the Diaries.

The Approved Provider, Nominated Supervisor, educators, staff members and volunteers will not:

- engage in conduct that is detrimental to the professional standing of our Service, is improper or unethical, is an abuse of power, or harasses, discriminates against, victimises, humiliates, intimidates or threatens other educators, staff members, volunteers or visitors at the Service, either directly or indirectly via information technology such as email, text or social media. Additionally, they will not support those who do this.
- accept gifts which exceed \$30 in value. If this occurs in circumstances where the gift cannot reasonably be refused or returned, the gift will be immediately disclosed to the Approved provider or Nominated Supervisor. Modest gifts or benefits valued less than \$30 may be accepted if they do not create a sense of obligation, are conducted transparently and there are no conflicts of interest.
- accept an offer of money, regardless of the amount.
- seek or accept a bribe.
- acquire personal profit or advantage because of their position (e.g., through the use of Service information).

- convert any property of the Service to their own use unless properly authorised.
- approach other employees, managers or visitors directly on individual matters that don't concern them.
- engage in any action in breach of our Privacy and Confidentiality Policy, including but not limited to disclosure of confidential Service or customer information, or the improper or illegal use of that confidential information. Confidential information will only be accessed by authorised persons for the purpose intended.
- engage in or support any action in breach of our Technology Usage Policy or Social Networking Usage Policy, including the use of communication media to search for, download, access, transmit or store any material of an offensive, obscene, pornographic, threatening or abusive nature.
- drink alcohol or use illicit substances on the Service's premises or come to the Service under their influence.
- smoke on the Service's premises including in the car park.
- show favouritism towards any child.

Families, visitors and children will:

- treat all children at the service equally and respectfully.
- report any suspicious behaviour to the Nominated Supervisor or Approved Provider and encourage a safe and supportive Service environment.
- respect the rights, dignity and worth of every person, regardless of their abilities, gender, religion or cultural background.
- refrain from bullying, harassing or discriminating against any child or adult at the Service.
- respect the decisions of educators and staff members and teach children (if adults) to do likewise.
- tell an educator (if a child) or the Approved Provider or Nominated Supervisor if we see an any instances of bullying, harassment or discrimination at the Service.
- cooperate and follow classroom rules.
- listen to educators' instructions and follow them.
- control our emotions and talk to an educator (if a child) if we are feeling upset.
- speak to an educator (if a child) or the Approved Provider or Nominated Supervisor if we are worried, concerned or have a grievance about something.

Families and visitors will not:

- not drink alcohol or use illicit substances while on the service's premises or come to the Service under their influence.
- not smoke on the service's premises including in the car park
- have physical contact with children at the service that are not their own unless a staff member is present.

BABYSITTING

To ensure private babysitting arrangements do not adversely affect the reputation of the service or affect an employee's ability to implement their responsibilities in a professional manner in line with our Code of Conduct, employees must obtain the Nominated Supervisor's approval before caring for other people's children outside the Service.

MANAGEMENT RESPONSIBILITIES

In our service the Approved Provider and the Nominated Supervisor are responsible for:

- supporting the Person in Day-to-Day Charge, Educational Leader, Room Leaders and educators in their role.
- keeping all service families up to date with relevant issues.
- recruiting and selecting educators and other staff members.
- ensuring educators and staff members have the correct qualifications.
- ensuring educator ratio and qualification requirements are met.
- ensuring all educators and staff understand their responsibilities under the education and care law and regulations, the National Quality Standard, the Early Years Learning Framework.
- developing the service policies and ensuring all educators follow our policies and procedures.
- ensuring all educators, staff, visitors and volunteers are aware of and comply with our Code of Conduct
- investigating and managing grievances from educators, staff members, families or volunteers (including incidents of workplace bullying) in accordance with our Grievance Guidelines.
- implementing effective communication and consultation procedures with educators and staff members about workplace issues.
- promoting the diverse skills and achievements of educators and staff (e.g., at educator meetings, through regular feedback, by sharing information with families and the community through notices and newsletters.)
- providing or organising appropriate information, instruction, training or supervision to educators and staff
- maintaining the financial viability of the Service.

VISITORS

The Approved Provider or Nominated Supervisor will ensure the safety, health and wellbeing of all children by:

- ensuring visitors are only allowed entry to the service if they can be adequately identified. Tradespeople, business representatives and early intervention specialists or professionals, or support workers provided by early childhood agencies, must carry appropriate

identification. Family members and family friends who, for example, attend service events or assist with learning activities may be identified by the parents of children at the service.

- requiring all visitors to sign in and out of the service for work health and safety and child protection reasons.
- ensuring visitors, including long term visitors, are never left alone with any children being educated and cared for. Visitors will be supervised by educators or staff members at all times.
- ensuring visitors have or obtain a child protection clearance if required by the child protection law before being allowed entry to the service <http://www.ors.act.gov.au/>
- ensuring specialists or professionals engaged to support a child are only allowed to visit and engage with the child if written authorisation has first been obtained from the child's parents. Authorisation may form part of an education or support plan.

COMMUNICATION PROCEDURES

To allow effective communication and consultation to take place with educators/staff the Approved Provider / Nominated Supervisor will use various methods of communication including:

- direct conversations.
- phone communication including SMS messaging if appropriate.
- a communication diary.
- educator meetings.
- other forms of written communication e.g., letters, notices, emails.
- educator appraisals and reviews.

Business Communication Channels

To ensure business communications are professional and consistent with the Business Plan/goals, employees may only use service email and social media accounts for work-related and professional development purposes, and in a way which is consistent with our Code of Conduct, if authorised by the Approved Provider or Nominated Supervisor.

Specifically, communications using business email and social media accounts must not breach any of our Service Policies, Procedures or Codes related to the good name or reputation of the Business, or the confidentiality of personal information the Business holds, as outlined for example in the Privacy and Confidentiality Policy.

To maximise security when using business communication channels (e.g., email), employees must:

- select strong passwords with a mix of letters, symbols and numbers which do not use their personal information (e.g., date of birth)
- change their passwords every 2 months.
- carefully identify emails that may contain malware or phishing links and avoid opening these.

We will monitor employees' use of these communication channels. Breaches of this Policy may result in a disciplinary or performance review where the Approved Provider or Nominated Supervisor will:

- discuss the specific breach, give the employee an opportunity to respond, and provide a clear written statement outlining the reason/s for the disciplinary review.
- securely file records of interviews and outcomes on the employee's file.

Outcomes will take into consideration the seriousness of the breach and the effect on the Business' reputation and finances and may include termination of employment and prosecution.

Educator Meetings

The service will hold one educator meeting a month at a time convenient for all educators. This will take place after hours so all educators can attend and educator to childcare ratios are not jeopardised.

Meetings will follow this structure:

- they will run for approximately 1.5 hours but can run longer if more issues need to be discussed.
- the Nominated Supervisor or Approved Provider will chair the meeting and give a report.
- the format of the meeting will be made available in the educator diary and any educator who wishes to speak can add their name.
- in the meeting educators may:
 - raise concerns.
 - negotiate solutions for any grievances.
 - receive, share and discuss new information.
- In regard to the decision-making process:
 - if a decision cannot be reached about an issue the Nominated Supervisor will make an informed decision or
 - if there is insufficient information an educator will be chosen by the Nominated Supervisor to research the issue.
 - all decisions made will be made on a trial basis and their effectiveness will be discussed at the next meeting.
- minutes will be taken at all meetings.

PROFESSIONAL DEVELOPMENT AND PERFORMANCE MANAGEMENT

We employ caring, loyal and capable educators who bring a high skill level, appropriate qualifications and a wide and varying number of experiences to help implement our curriculum and philosophy. To maintain our commitment to quality education and care, we will implement a performance appraisal process.

Performance Management/Appraisal

The Nominated Supervisor will complete a performance appraisal for all educators and staff every 12 months. In addition, the Nominated Supervisor will complete a performance appraisal for new educators and staff after they have completed 3 months at the service. The educator or staff member and the Nominated Supervisor will agree on a mutually acceptable date at least 2 weeks prior to the appraisal meeting.

The appraisal process will be used as a tool:

- to ensure educators and staff are aware of their duties and responsibilities.
- to discuss the level of performance expected. (The appraisal process is the best way to show evidence of continued poor work performance and allows formal written warnings to occur if necessary.)
- for identifying professional development and training needs.

The appraisal meeting will be linked to the educator's job description and will include:

- an appraisal of the educator's performance in relation to their job description.
- review and if necessary, clarification of the job role and its expectations.
- self-assessment of performance by the educator or staff member.
- two-way feedback between the Nominated Supervisor and educator or staff member.
- discussion of future opportunities within the position.
- discussion on an action plan for further training.
- feedback about how the appraisal process could be improved.

Training

The Nominated Supervisor will ensure that funds are set aside for training and development needs in the annual budget. Training will be provided on an equitable basis to all educators and staff and will include training about:

- identifying, assessing and minimising risks
- our policies, procedures, code of conduct, philosophy
- compulsory training required by industry standards or legislation.
- pedagogy, the approved learning framework, the NQS, National Law and Regulations
- child protection and reporting obligations

Training may be delivered through:

- mentoring by appropriate educators/staff
- in-house workshops run by an external trainer.
- external workshops, seminars etc.
- formal TAFE, college or university courses
- on-the-job training (e.g., through changes in role or through exchange of information between educators/staff)
- educator and management exchanges between services
- provision of appropriate resources (books, movies, documentaries etc.).

WORK, HEALTH AND SAFETY ISSUES

Bullying, Discrimination and Harassment

Discrimination occurs when someone is treated less favourably than others because they have a particular characteristic or belong to a particular group of people, such as age, race or gender. **Harassment** involves unwelcome behaviour that intimidates, offends or humiliates a person because of a particular personal characteristic such as race, age, gender, disability, religion or sexuality. It is possible for a person to be bullied, harassed and discriminated against at the same time.

Various anti-discrimination, equal employment opportunity, workplace relations, and human rights laws make it illegal to discriminate or harass a person in the workplace. Work Health and Safety laws include protections against discriminatory conduct for workers raising health and safety concerns.

Bullying is repeated and unreasonable behaviour towards a worker or a group of workers. Our service will not tolerate bullying in any form because it may have a detrimental effect on the psychological, emotional and/or physical wellbeing, health and safety of our educators and staff. Amendments to the Fair Work Act 2009 make it illegal to bully a person in the workplace from 1 January 2014.

Unreasonable behaviour includes actions that victimise, humiliate, intimidate or threaten and may be intentional or unintentional. It can occur directly and by using information technology such as email, texting and social media. While one incident of unreasonable behaviour is not considered to be workplace bullying, it may escalate, and it will not be ignored. Examples include:

- abusive, insulting or offensive language or comments.
- unjustified criticism or complaints.
- continuously and deliberately excluding someone from workplace activities.
- withholding information that is vital for effective work performance.
- setting unreasonable timelines or constantly changing deadlines.
- setting tasks that are unreasonably below or beyond a person's skill level.
- denying access to information, supervision, consultation or resources that adversely affects a worker.
- spreading misinformation or malicious rumours.
- changing work arrangements, such as rosters and leave, to deliberately inconvenience a particular worker or workers.
- excessive scrutiny at work.

Reasonable actions taken by the Approved Provider or Nominated Supervisor to direct or control the way work is carried out is not bullying behaviour. Examples of reasonable behaviour include:

- setting reasonable performance goals, standards and deadlines.
- rostering and allocating working hours where the requirements are reasonable.
- transferring a worker for operational reasons.
- deciding not to select a worker for promotion where a reasonable process is followed and documented.
- informing a worker about unsatisfactory work performance when undertaken in accordance with any workplace policies or agreements such as performance management guidelines.
- informing a worker about inappropriate behaviour in an objective and confidential way.

- implementing organisational changes or restructuring.
- termination of employment.

The Approved Provider or Nominated Supervisor will:

- ensure all educators, staff, visitors and volunteers are aware of and comply with our Code of Conduct.
- investigate and manage incidents of workplace bullying, harassment and discrimination in accordance with our Grievance Guidelines.
- consult with educators, staff and volunteers during staff meetings when:
 - identifying the risk of workplace bullying, harassment and discrimination.
 - making decisions about procedures to monitor and address workplace bullying, harassment and discrimination.
 - making decisions about information and training on workplace bullying, harassment and discrimination.
 - proposing changes to the way work is performed or rosters managed as this may give rise to the risk of workplace bullying, harassment and discrimination.
- provide appropriate information, instruction, training or supervision to educators, staff, visitors and volunteers to minimise the risks to their health and safety from workplace bullying, harassment and discrimination.
- contact the Police if there are incidents of workplace bullying, harassment and discrimination that involve physical assault or the threat of physical assault, or a visitor engages in bullying behaviour, harassment and discrimination and refuses to leave the Service.

Educators, staff, visitors and volunteers will:

- consider whether something they do or don't do will adversely affect the health and safety of others.
- comply with any reasonable instruction, policy and procedure given by the Approved Provider or Nominated Supervisor in relation to workplace bullying, harassment and discrimination.
- report all incidents of workplace bullying, harassment and discrimination using our Grievance Guidelines.
- talk to the Approved Provider or Nominated Supervisor if they have any questions about workplace bullying, harassment and discrimination.

Identifying Workplace Bullying, Harassment and Discrimination

The Approved Provider or Nominated Supervisor will minimise the risk of workplace bullying, harassment and discrimination occurring by:

1. Identifying the risk of workplace bullying, harassment and discrimination

- talking to educators, staff and volunteers (or conduct an anonymous survey) to find out if bullying is occurring or if there are unreasonable behaviours or situations likely to increase the risk of bullying, harassment and discrimination.

- monitoring patterns of absenteeism, sick leave, staff turnover, grievances, injury reports, workers compensation claims and other such records to establish any regular patterns or sudden unexplained changes.
- watching for any changes in workplace relationships between educators, staff, volunteers, visitors and/or managers
- seeking feedback on the professionalism of workplace behaviours in exit interviews and from supervisors and where relevant families.
- monitoring issues raised by our health and safety representatives and health and safety committee. See Work Health and Safety Policy for more information.

2. Implementing measures to prevent and respond to workplace bullying, harassment and discrimination.

- implementing a Code of Conduct.
- providing educators, staff, volunteers and visitors with information about our bullying, harassment and discrimination policy and relevant procedures at staff meetings, via email and by displaying anti-bullying posters.
- implementing grievance procedures which deal with bullying complaints in a confidential, reliable and timely way (see Grievance Guidelines).
- implementing effective performance management processes.
- clearly defining jobs and seeking regular feedback from educators and staff about their role and responsibilities.
- reviewing and monitoring workloads and staffing levels.
- including educators and staff in decision making which affects their roles and responsibilities.
- consulting with educators and staff as early as possible about any changes that affect their roles and responsibilities.
- promoting and modelling positive leadership styles e.g., communicating effectively and providing constructive feedback both formally and informally.
- organising relevant leadership training for managers and supervisors e.g., on performance management.
- mentoring and supporting new and poor performing leaders, educators or staff.
- facilitating teamwork and cooperation.
- ensuring supervisors act in a timely manner on any unreasonable behaviour.

3. Reviewing measures to prevent and respond to workplace bullying, harassment and discrimination.

The Approved Provider or Nominated Supervisor will implement a review of the bullying, harassment and discrimination policy and procedures if there is an incident of workplace bullying, at the request of a health and safety representative or committee, when new or additional information about bullying becomes available or at the scheduled review date.

Information will be obtained from confidential surveys, exit interviews and records of sick leave and workers compensation claims.

Training about Workplace Bullying, Harassment and Discrimination

The Approved Provider or Nominated Supervisor will organise face-to-face training, role plays and group work to ensure all educators, staff and volunteers can recognise workplace bullying, harassment and discrimination. Training will cover:

- our bullying, harassment and discrimination policy and procedures
- measures used to prevent bullying, harassment and discrimination from occurring.
- how to report workplace bullying, harassment and discrimination
- how bullying, harassment and discrimination reports will be responded to
- where to go for more information and assistance.

The Approved Provider or Nominated Supervisor, and other educators and staff who may be involved in resolving workplace bullying, harassment and discrimination will be familiar with conflict resolution skills and undertake training in that area if required.

EMPLOYEE SUPPORT

To ensure children are exposed to a safe and supportive environment at all times, the Approved Provider/Nominated Supervisor will assist educators and staff members who are adversely affected by issues that happen at home or work to access appropriate support services. They may include internal or external mentoring, medication, conflict resolution, coaching or training and counselling services. Employees may also be offered flexibility in their working arrangements where this can be accommodated to meet service needs.

Stress Management Guidelines

If an educator feels stressed in any way, they should:

- approach the Nominated Supervisor and talk together to see if the situation can be remedied in any way.
- approach their team leader, the Approved Provider, or if relevant a Union official if the educator feels unable to approach the Nominated Supervisor.
- accept opportunities to have stress alleviated (including counselling if recommended).

The Approved Provider or Nominated Supervisor will:

- discuss the cause of the stress with the educator or staff member and discuss viable options to alleviate it.
- refer educator/staff member to counselling if required.
- monitor and review the effectiveness of educator stress management procedures.
- monitor workloads to ensure educator is not overloaded or overwhelmed.
- monitor overtime hours and regular working hours to ensure educator is not overworked.
- monitor holidays to ensure educator is taking, or at least aware of, their entitlements.
- ensure that bullying and harassment is not taking place.

- be aware that educators may be suffering personal stress e.g., a death in the family or separation and offer additional support.
- raise any issues in a sensitive manner.
- support an educator or staff member on stress leave.
- work with the educator or staff member on stress leave to set up a return-to-work plan.
- monitor and discuss with the educator /staff member their stress levels in the workplace after they return to work.

NEW AND RETURNING/STAFF

Orientation

Before a new educator or staff member commences their job, the Nominated Supervisor will:

- Show them around the service, allow them to spend some time in their designated room, introduce them to other educators and staff, children and families.
- Ensure they understand how to adequately supervise children at all times, including during transitions and rest/sleep times.
- Ensure they know where we store the First Aid Kit(s), emergency asthma kits, Epi-pens and children's medication, which educators hold first aid qualifications, and who has undertaken asthma and anaphylaxis training.
- Give them a copy of the Staff Handbook.
- Highlight all policies, procedures (including those in our Child Protection Policy and Educator and Management Policy e.g., grievance procedures), our Code of Conduct and the Service philosophy, and ensure they know where the Policy and Procedures Manual is and how to access it at all times.
- Highlight relevant legislation including the Education and Care Services National Law and Regulations, Child Protection, Work Health and Safety (WHS), Anti-Discrimination, Bullying and Privacy and Confidentiality.
- Ensure they know under which industrial award/ agreement they are employed and how to access it.
- Ensure they are familiar with Work Health and Safety principles and child protection principles, particularly the procedures and safeguards that apply in the Service.
- Provide them with necessary forms in regard to taxation, superannuation and payment of salary.
- Advise them about the Service's management structure.
- Provide them with a copy of their Job Description and go through it with them.
- Clarify any questions they have.

The Nominated Supervisor will meet with the new educator or staff member at the end of their first week to clarify any questions they may have or resolve any issues that may have arisen including any training needs they have identified.

We will use an Induction-Orientation checklist to ensure all steps of the induction process are covered.

Return from Extended Leave

The Approved Provider or Nominated Supervisor will work with both the educator who has been on leave and educators at the Service to ensure a smooth return to work by:

- encouraging the educator to visit a few days before they return to work to reacquaint themselves with the environment and take in any changes.
- notifying the educator of any policy changes.
- notifying families of the educator's return.
- offering training and development if necessary.
- discussing any special conditions or considerations and drawing up an appropriate plan to manage these.

If the period is due to an illness the educator must produce a medical certificate stating, they are fit to return to work.

Work Experience Students and Volunteers

The Service is happy to support Work Experience Students and Volunteers in their efforts to become Early Childhood Professionals. They will be encouraged to obtain the qualifications necessary to work with children under the National Quality Framework.

Work Experience Students and Volunteers MUST follow all policies and procedures at the service.

Educators will:

- maintain open communication with Work Experience Students and Volunteers along with their practicum teachers.
- support all students and volunteers undertaking work experience during their placement.
- pass relevant skills and knowledge onto each student and volunteer.
- ensure all educators are provided with relevant feedback about tasks that the student is required to complete in the service as part of their practicum.
- be aware of student and volunteer expectations.
- have the time and capabilities to support each student and volunteer in their placement.

Work Experience Students and Volunteers will: -

- learn about the children through observation and practical experience.
- develop skills and abilities needed to care for and educate children.
- learn about working as part of a team in the Early Childhood Profession.
- learn strategies employed when working in a team environment.
- learn skills already acquired by qualified educators in the Service.
- become familiar with families and children in the Service.
- keep educators aware of all written work requirements.

METHOD:

The Nominated Supervisor or Approved Provider will appoint an educator to be 'Student Supervisor,' arrange a pre-placement visit for the student or volunteer and inform those at the Service when this will occur. Families will also be informed when Work Experience Students and

Volunteers are present at the service and about their role and hours they will be spending at the Service.

During the visit the Supervisor will:

- give the student or volunteer times/hours and dates of the placement.
- give the student a student package.
- take the student or volunteer on a tour of the Service.
- introduce the student or volunteer to educators and their Room Leader.

Work Experience Students and Volunteers will:

- inform the Student Supervisor in writing of what will be expected of them by their training body, University or School, or any other training organisation, and provide time sheets and evaluation forms. If this has not happened during the pre-placement visit it will occur on the student's first day.
- work different shifts to gain knowledge of different aspects of Service operations.
- bring in a photo and a short statement with:
 - name
 - time they will be at the Service.
 - what it is they are studying.
- discuss with the Student Supervisor any problems they may be experiencing.

The Room Leader will:

- discuss progress of written work and performance with the student and volunteer.
- discuss any issues raised by the student with the Student Supervisor.

Fail Procedure:

If educators feel that the student is at risk of failing their practicum, the following steps will be taken:

- Room Leader will alert the Student Supervisor of any concerns with the student.
- Both the Student Supervisor and the Room Leader will discuss these issues with the student.
- The Student Supervisor will arrange for the student's teacher to visit the Service and discuss issues that have arisen.
- The student's educational institution will ultimately determine the outcome of the practicum.

Termination of Practicum:

Termination of student's placement will occur if the student:

- harms or is at risk of harming a child in their care.
- is under the influence of drugs or alcohol.
- has disregard for the Service and fails to notify the Service if unable to attend.
- is observed using repeated inappropriate behaviour at the Service.
- does not comply with all policies and procedures addressed in the student package.
- does not provide the photo with an introduction on commencement.

SOURCES

1. Education and Care Services National Regulations 2011
2. National Quality Standard
Early Years Learning Framework
3. Work Health and Safety Act 2011
4. Fair Work Act 2009
Bryant, L. (2009). Managing a Child Care Service: A Hands-On Guide for Service Providers.
Sydney, Community Child Care Co-Operative.
5. Preventing and Responding to Workplace Bullying: Safe Work Australia Draft Code of Practice
6. Anti-bullying jurisdiction: Fair Work Commission

POLICY INFORMATION

Approval date	1 January 2026
Effective date	1 January 2026
Review date	Reviewed annually and when there are changes that may affect this policy or related procedures
Approved by	Dr Jay Mukhraiya >

19 - Emergency Management and Evacuation Policy and Procedures

NATIONAL QUALITY STANDARD

Element	2.2.1	Supervision - At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
	2.2.2	Incident and emergency management - Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.
	3.1.1	Fit for purpose - Outdoor and indoor spaces, buildings, fixtures and fittings are suitable for their purpose, including supporting the access of every child
	6.2.3	Community engagement - The service builds relationships and engages with its local community.
	7.1.2	Management Systems - Systems are in place to manage risk and enable the effective management and operation of a quality service
	7.1.3	Roles and responsibilities - Roles and responsibilities are clearly defined, and understood, and support effective decision-making and operation of the service.
	7.2.3	Development of professionals - Educators, co-ordinators and staff members' performance is regularly evaluated and individual plans are in place to support learning and development.

NATIONAL LAW

Section	165	Offence to inadequately supervise children
	167	Offence relating to protection of children from harm and hazards

NATIONAL REGULATIONS

Regs	97	Emergency and evacuation procedures
	98	Telephone or other communication equipment
	168(2)(e)	Policies and procedures in relation to emergency and evacuation including the matters set out in regulation 97
	170	Policies and procedures to be followed
	171	Policies and procedures to be kept available
	172	Notification of change to policies or procedures

EARLY YEARS LEARNING FRAMEWORK

LO3	Children become strong in their social and emotional wellbeing.

AIM

In the event of an emergency at the service, we aim to manage the situation in a rehearsed, timely, calm and safe manner to secure the safety of each person at the service. Emergencies may require us to evacuate, lock out or lock down the premises. The safety and wellbeing of each child and adult at the service is paramount above any other consideration in the time of an emergency or evacuation. Any other procedures will be carried out only if it is safe to do so.

DEFINITIONS

“Authorised nominee” - a person who has been given permission by a parent or family member to collect the child from the service. Source: National Law (Section 170)

“Parent” - in relation to the child, includes: a guardian of the child; and a person who has parental responsibility for the child under a decision or order of a court. For regulation 99,

‘parent’ does not include a parent who is prohibited from having contact with the child. Source: National Law (Definitions)

“Direct Egress” - means the ability to move and directly exit to an assembly area that is at the same level as the education and care service and is outside the service premises and away from the building. This does not include travelling through sets of stairs (including fire isolated stairwells), busy occupied areas, traffic or other hazards, or obstructions. Source: [ACECQA Guide to the NQF](#)

“Emergency” - an incident, situation or event where there is an imminent or severe risk to the health, safety or well-being of a person at the service (e.g., a flood, fire or a situation that requires the service premises to be locked down or other type of emergency response). Source: [ACECQA Guide to the NQF](#)

“Emergency drill/rehearsal” - a process to rehearse the possible emergency scenarios or events, designed to help clarify roles and responsibilities, provide training and test the adequacy of the emergency response. Source: [ACECQA Policy Guidelines: Emergency and Evacuation](#)

“Emergency Services” - includes ambulance, fire brigade, police and state emergency services. Source: [ACECQA Policy Guidelines: Emergency and Evacuation](#)

“Evacuation diagram/plan” - an evacuation plan is used where it is deemed necessary to evacuate the immediate area or building. Source: [ACECQA Policy Guidelines: Emergency and Evacuation](#)

“Evacuation route” - Continuous path of travel (including exits, public corridors) from any part of a building to a safe place. Source: [ACECQA Policy Guidelines: Emergency and Evacuation](#)

“Harm” - Physical or mental injury; hurt. Source: [ACECQA Policy Guidelines: Emergency and Evacuation](#)

“Hazard” - a danger or risk, even though often foreseeable. Source: [ACECQA Policy Guidelines: Emergency and Evacuation](#)

“Lock Down” - a security measure taken during an emergency to prevent people from leaving or entering a premises until the threat or risk has been resolved. Source: [ACECQA Policy Guidelines: Emergency and Evacuation](#)

“Lock Out” - a security measure taken during an emergency to prevent people from entering a premises until the threat or risk has been resolved. Source: [ACECQA Policy Guidelines: Emergency and Evacuation](#)

“Multi-storey building” - a building with more than two storeys, including the ground floor. Each level of a split-level storey (or mezzanine) is counted as one storey. For these purposes, the ground floor is the first storey, the first floor is the second storey, and so forth. Source: [ACECQA Policy Guidelines: Emergency and Evacuation](#)

“Risk” - Exposure to the chance of injury or loss; a hazard or dangerous chance. Source: [ACECQA Policy Guidelines: Emergency and Evacuation](#)

“Risk assessment” - assessing the risk means working out how likely it is that a hazard will harm someone and how serious the harm could be. Source: [ACECQA Risk assessment template: Excursions](#)

INTERSECTION WITH OTHER POLICIES

1. Bushfire or Grassfire Policy
2. Bush Kindy Policy
3. Child Safe Policy
4. Emergency Service Contact Policy
5. Enrolment and Orientation Policy
6. Lockdown Policy
7. Incident, Injury and Trauma and Illness Policy
8. Administration of Authorised Medication Policy
9. Death of a Child Policy
10. Medical Conditions Policy
11. Physical Environment (Workplace, Learning and Administration) Policy

IMPLEMENTATION

Our service has strict measures and procedures in place to ensure the safety, health and well-being of children, staff and visitors during emergencies and evacuations. Specifically, we:

- Conduct thorough risk assessments in line with the *National Regulations*
- Follow best practice emergency planning and management, namely the Australian Standard AS3745:2010 Planning for emergencies in facilities, as well as guidance from ACECQA and regulatory authorities
- Have a comprehensive *Emergency Management Plan* that includes clear procedures for dealing with a range of emergencies
- Have an *Emergency Communication Procedure*
- Conduct quarterly emergency drills for evacuations and other emergencies
- Have defined roles and responsibilities for staff, volunteers, students and families
- Train staff, volunteers and students on our policies and procedures, both at induction and at regular intervals
- Communicate our emergency policies and procedures to the children and families
- Ensure that our emergency equipment – such as fire extinguishers, blankets, Emergency Kits – are maintained and tested according to instructions
- Monitor and audit compliance and strive for continual improvements to our practices.

RISK ASSESSMENTS

We will conduct a risk assessment of potential emergencies that are relevant to our service at least once every 12 months and soon as practicable after becoming aware of any circumstances that may affect the safe evacuation of children from our service. A record of each risk assessment conducted will be kept, in line with our regulatory obligations.

We will ensure that children are protected from risks, and that any newly identified risks are communicated to the nominated supervisor and approved provider as soon as practicable. The approved provider must ensure that any necessary updates are made to this *Policy and Procedure*.

Our service uses the template at Appendix D when we conduct our risk assessments.

Risk assessment areas to consider

Risk assessments must identify and assess the risks of potential emergencies and specify how the risks will be minimised and managed.

Possible emergencies including:

- Natural disasters such as earthquake, flood, bush fire, extreme weather and storms
- Personal injuries and threats, suspicious mail, siege, bomb scare
- Chemical spills, biohazards, fire, gas leak, explosion.

Potential hazard during emergencies including:

- Heavy items falling particularly if they are stored high
- Hazardous materials leaking
- Communication/power outages or live wires
- Debris blocking preventing safe evacuation
- Structural damage to buildings.

EMERGENCY MANAGEMENT PLAN

Our *Emergency Management Plan* will be based on all identified risks and includes appropriate responses including evacuation, lockdown, lockout and shelter-in-place, and drill and training schedules. Where appropriate, we will consult with local emergency services (e.g., fire, police, ambulance), local government, community leaders and other relevant agencies for advice about issues like evacuation routes, assembly points and accessibility for adults or children with special needs.

Our Emergency Management Plan will include:

- Emergency contact details for people who have specific roles or responsibilities
- Contact details for local emergency services
- A description of how we will alert people to an emergency, e.g., siren/bell
- Emergency procedures (see **Appendix A**). We may discuss our procedure - for example, evacuation point/route and alternatives - with local emergency services, community leaders and/or other relevant authorities, or access their online resources to ensure our procedures are robust, and accessible for adults or children with special needs
- How we will assist any child or person with special needs
- An Evacuation Diagram (see below for details) based on service floor plans showing the location of fire equipment, emergency exits and assembly points
- Processes to ensure staff are trained in our emergency procedures
- Processes we will follow after an incident
- Procedures we will follow to test the Emergency Management Plan and familiarise children and staff with the Plan.

Evacuation Diagram

The Evacuation Diagram of the floor or area will include the following elements and will be at least A4 size:

- Title, e.g. Evacuation Diagram
- Designated exits in green
- Hose reels, hydrants, extinguishers, fire blankets in red
- “You are here” location
- Location of assembly area(s) including shelter in place location (pictorially or in words)
- Location of communication equipment in red
- Legend with the symbols used
- Date Diagram completed and when it will be reviewed
- If the Diagram includes additional elements, including those listed below, it will be at least A3 size:
 - Direction of North
 - Paths of travel in green
 - Location of First Aid Kits
 - Location of Hazardous Chemicals
 - Emergency information (e.g., phone numbers, procedures).

Displaying information from the Emergency Management Plan

Relevant information from the Emergency Management Plan is displayed prominently at our service to ensure it can be easily identified and is accessible to all educators, staff, visitors, volunteers and families. Relevant information includes:

- Emergency service telephone numbers which will be displayed near telephones and/or service exits
- Evacuation procedures and diagrams which will be displayed near each exit. The Evacuation Diagram will be displayed at a height not less than 1200 mm and not more than 1600. It will also be oriented correctly in relation to the emergency exit, the ‘You are here’ point and the assembly area(s).

EMERGENCY AND EVACUATION PROCEDURES

Staff, volunteers and students will implement the *Emergency and Evacuation Procedures* during an emergency to protect children, each other and visitors to our service, and to ensure compliance with all regulations.

The following procedures are detailed at **Appendix A:**

- **Emergency Evacuation procedure**
- **Lockout procedure** (see the separate *Lockdown Policy* for our Lockdown Procedure)
- **Shelter-in-Place procedure**
- **Emergency response procedures** (what to do in specific emergencies: fire, severe weather, storms, flooding, pandemic, bomb/chemical threat, major external and internal emissions/spills, earthquake, medical emergencies, intruder/personal threat. Bush fires and grass fire procedures can be found in our separate *Bush fires and Grass Fire Policy*.)

EMERGENCY COMMUNICATION PROCEDURE

Our Emergency Communication Procedure is at **Appendix B**.

The approved provider will ensure there is access to reliable communication channels in the event of an emergency by maintaining access to a telephone (such as fixed-line telephone, mobile phone, satellite phone, 2-way radio, video conferencing equipment) at all times.

The main telephone is located at the Office of the Service. If there is a complete loss of electricity and the telephones are not available, a mobile phone will be available and ready to use at all times to ensure educators can make emergency contact.

EMERGENCY KIT

The nominated supervisor will ensure an Emergency Kit includes:

- Current emergency contact details for each child
- Employee and next of kin contact details
- Emergency service telephone numbers (see sa.gov.au for national numbers)
- Working torch and spare batteries
- Fully stocked first aid kit
- Administration of medication records and medical management plans
- Mobile phone with sufficient credit and charger
- Drinking water
- Woollen blankets/towels
- Gloves
- Smoke mask/goggles
- Portable radio and torches - battery-powered, solar or wind-up
- Spare batteries
- Whistle
- Pen and paper
- Insurance policy
- Alcohol based hand sanitiser
- Sunscreen
- Insect repellent
- Nappies/wipes/change mat
- Infant bottles and formula

The nominated supervisor will ensure the Kit contains a list of items that must be added at the last minute in an emergency. Items will include:

- Attendance registers for children, staff and volunteers
- Medications for staff and children
- Financial and business records, e.g., computer backups if these not done externally

The nominated supervisor will include the requirement to check batteries, food, water, sunscreen and insect repellent in the diary note for quarterly emergency rehearsals and replace these items if necessary.

EMERGENCY AND EVACUATION REHEARSALS

The service will add to each child's sense of security, predictability and safety, and ensure all educators and staff are familiar with our emergency procedures, by conducting evacuation drills at least **every three months**.

If necessary, the nominated supervisor will prepare a risk assessment to identify and manage risks that may arise in emergency drills and evacuation points.

The nominated supervisor will develop a schedule for conducting drills for the different types of emergencies identified in the *Emergency Management Plan* and will diarise to ensure these are completed. All rehearsals and drills will be recorded and available for inspection.

The drills will:

- Take place at various times of the day and week (rather than always on a Tuesday at 10am, for example) to ensure all children and staff members get the opportunity to rehearse. Rehearsals may also be conducted when families are present to help them become familiar with the emergency procedures. All persons present at the service during the evacuation drill must participate
- Be documented and assessed against specific outcomes using the checklist at **Appendix C**.
- Be immediately followed by a debriefing session, if possible, to identify any improvements that may be made. Any training needs will be identified, and action will be taken to implement the relevant training

INFORMATION SHARING, TRAINING AND MONITORING

The nominated supervisor will include the *Emergency Management and Evacuation Policy and Procedures* in staff inductions and ensure staff, volunteers and students receive practical training in relation to the requirements, including how to identify and manage risks. The nominated supervisor also implements an ongoing training program tailored to each staff member's needs and goals, which are identified through regular performance reviews.

At orientation, parents will be provided with the *Emergency Management and Evacuation Policy and Procedures*. Staff and family can access the risk assessments we conduct. Where appropriate, visitors will also be made aware of the emergency response procedures.

Our Emergency Management Plan will be tested every quarter and reviewed at least annually and as soon as practicable after an emergency event. Other scheduled training for all staff, students and volunteers will take place regularly, e.g., how to use fire extinguishers, fire blankets and other emergency equipment, communication arrangements, identifying assembly points and the location of emergency equipment, first aid arrangements and how to turn off the electricity and gas supplies. All new staff, students and volunteers will receive training during their induction and refresher training will take place. (Note – our Incident, Injury, Trauma and Illness Policy describes our service's training arrangements for First Aid).

We will use informal games and discussions to familiarise children with our evacuation and emergency procedures as well as regular rehearsals.

The approved provider and nominated supervisor will monitor staff to ensure they are following our policies and procedures for emergencies and evacuations. They will act quickly to fix any issues and will give staff any extra support or training they need to comply. Volunteers and students are also required to comply with all service policies and procedures.

We will keep a record of all actual and rehearse emergencies, training and risk assessments, which can be accessed by staff, volunteers and families.

ROLES AND RESPONSIBILITIES

Role	Responsibilities
Approved Provider Nominated Supervisor	Ensure our service meets its obligations under the <i>Education and Care Services National Law and Regulations</i> , including to take every reasonable precaution to protect children from harm and hazards likely to cause injury and ensure children are adequately supervised at all times.
Approved Provider	- Ensure that our service has policies and procedures in place for emergencies and evacuations that address specific areas set out in the <i>National Regulations</i> - i.e., this <i>Emergency Management and Evacuation Policy and Procedures</i> will be in place. - Ensure our procedures set out instructions for what to do in an emergency and include an emergency and evacuation floor plan.
Approved Provider (ultimate responsibility) Nominated Supervisor	Take reasonable steps to ensure that nominated supervisors, staff and volunteers follow, and can easily access, the <i>Emergency Management and Evacuation Policy and Procedures</i>, including by: - Providing information, training and other resources and support - Providing this <i>Policy</i> at induction - Clearly defining and communicating roles and responsibilities for implementing this <i>Policy</i> - Communicating changes to routines and policies - Monitoring and auditing of staff practices (including through spot checks) and addressing non-compliance quickly - Regularly reviewing this <i>Policy</i> The <i>Policy</i> must also be available for inspection.
Approved Provider	Notify families at least 14 days before changing <i>Emergency Management and Evacuation Policy and Procedures</i> if the changes will: - Affect the fees the charged or the way they are collected; or - Significantly impact the service's education and care of children; or - Significantly impact the family's ability to utilise the service.
Approved Provider (ultimate responsibility) Nominated Supervisor	- Ensure risk assessments are conducted to identify potential emergencies, in accordance with regulations and having regard to all the areas covered in Risk Assessment section of this <i>Policy</i>. - Ensure a risk assessment is conducted at least once every 12 months and as soon as practicable after becoming aware of any circumstance that may affect the safe evacuation of children from our service and update our policies and procedures accordingly. - Ensure staff are aware of and can access/use the risk assessment to manage risks and ensure the safety of children and each other. - Keep a record of all risk assessments conducted.
Approved Provider Nominated Supervisor Educators and Families	Ensure that procedures are appropriate in practice to our service, identify risks and hazards, and any potential improvements to make to the <i>Emergency Management and Evacuation Policy and Procedures</i> . Report any issues to the appropriate staff member (either approved provider, nominated supervisor, or educators).

Nominated Supervisor	Implement the <i>Emergency Management and Evacuation Policy and Procedures</i> .
Educators and other staff Volunteers	Be aware of legal obligations and understand and follow the <i>Emergency Management and Evacuation Policy and Procedures</i> .
Families	Be aware of <i>Emergency Management and Evacuation Policy and Procedures</i> and follow the directions of staff if present during a rehearsal or real emergency or evacuation
Approved Provider (ultimate responsibility) Nominated Supervisor	Ensure that a copy of the Emergency Management Plan and Evacuation Diagram and instructions are displayed in a prominent position near each exit at our premises.
Approved Provider (ultimate responsibility) Nominated Supervisor	Ensure emergency equipment is maintained and tested according to instructions and easily accessible
Nominated Supervisor	Keep up-to-date emergency contact lists in each room in our service
Families	Provide up-to-date contact details and emergency contact details
Approved Provider (ultimate responsibility) Nominated Supervisor	• Ensure that the emergency and evacuation procedures are rehearsed every 3 months with staff, volunteers and children present, and under the guidance of the nominated supervisor. • Keep a record of all rehearsals carried out. • Ensure that all educators are trained in the procedures and know their roles and responsibilities and the evacuation points.
Nominated supervisor Educators and other staff Families Visitors	Participate in emergency and evacuation procedures if present at the service when they are occurring.
Nominated Supervisor Educators and other staff Volunteers	Communicate the emergency procedures with children and families.
Families	Complete attendance records when delivering or collecting child

SOURCES

1. Australian Standard 3745-2010 Planning for Emergencies in Facilities
2. Education and Care Services National Regulations
3. National Quality Standard
4. Work Health and Safety Act 2011
5. Work Health and Safety Regulations 2011
6. Fact Sheet Emergency Plans – Safe Work Australia
7. Guide to Developing an Emergency Management Plan for Early Childhood Services, Victorian Government
8. ACECQA - Emergency and Evacuation Policy Guidelines
9. ACECQA – Multi-Storey Buildings: Evacuations and Approvals

REVIEW

The policy will be reviewed annually and when there are changes that could or do affect the safety of children and adults during an emergency or evacuation (such as renovations or

changes to the number of staff or children). The review will be conducted by approved provider, nominated supervisor, employees and families.

POLICY INFORMATION

Approval date	1 January 2026
Effective date	1 January 2026
Review date	1 January 202
Approved by	Dr Jay Mukhraiya >

APPENDIX A

Emergency Evacuation Procedure

Use this procedure for on-site and off-site evacuations. On-site evacuations may occur when it is necessary to evacuate the building but not the entire service premises.

Refer *Bushfire and Grassfire Policy* and *Emergency Evacuation and Shelter in Place Procedures in case of bushfire or grassfire*.

Nominated supervisor should advise neighbouring businesses/homes of emergency ASAP, if possible, e.g., by phone or visiting business/home.

1. If there's a fire, staff member who's first on scene immediately
 - sounds alarm, e.g., sounds bell/whistle every 5 seconds for 1 minute and says an evacuation (not practice) is taking place and extinguishes fire if safe/time to do so
 - calls 000
 - advises nominated supervisor
2. For other emergencies requiring evacuation employees or volunteers advise nominated supervisor who sounds alarm and says an evacuation (not practice) is taking place and calls 000
3. For fire emergencies
 - nominated supervisor turns off gas and electricity supplies if appropriate and safe
 - staff close all doors and windows
4. All educators on breaks return to their room to help evacuate children to assembly area
 - if children are outside, evacuation may occur from there if this is the safest option
 - if only some children outside, educators/room leader will immediately decide who is responsible for evacuating children who are inside and outside
5. Room leaders advise which educators in room will
 - evacuate mobile children
 - evacuate infants and toddlers in evacuation cots if necessary
 - help children and adults who cannot walk by most appropriate method which has been previously discussed, e.g., evacuation cots, wheelchairs, physical assistance
6. Educators evacuate children to assembly area
 - wherever possible use the stairs NOT the lifts in a multi-storey building unless the stairs are unsafe. Never use lifts if there's a fire
 - conduct head count so aware if all children accounted for
 - locate child if there is time to do so and this won't risk safety of other children/adults

Educators must acknowledge room leader's directions.

7. Nominated supervisor advises which educators/staff will check toilet, kitchen, playrooms, cot rooms and outside areas for children and adults and guide remaining children and visitors to the on-site/off-site assembly point.

Educators/staff must acknowledge nominated supervisor's directions.

8. Designated educators/staff evacuate toilet, kitchen, playrooms, cot rooms and outside areas to assembly area
9. Nominated supervisor collects children's and staff attendance sheets, visitor register and the Emergency Kit including medications before leaving centre (must include parent/emergency contact phone numbers)
10. Nominated supervisor locks door if there is immediate danger inside building
11. Nominated supervisor advises neighbouring businesses/homes of emergency, e.g. by phone or visiting business/home if this has not already occurred
12. Educators check all children in their groups are present at assembly area using attendance sheets and report any absences to Nominated Supervisor as soon as possible
13. Nominated supervisor checks all educators, staff and visitors are present at assembly area
14. Nominated supervisor advises emergency services immediately if any child or adult is missing and follows their advice
15. Educators and staff supervise and reassure children
16. Educators and staff support children, staff and visitors who are injured and apply first aid if required - first aid applied by employees with current first aid qualifications
17. Educators and staff follow instructions from emergency services
18. Nominated supervisor and educators contact parents/emergency contacts to tell them what has and will happen by the most appropriate method in the situation, e.g., via service website, email, answering machine, telephone calls, phone texts
19. Nominated supervisor ensures no-one leaves assembly point until emergency services give all clear

After emergency

20. Nominated supervisor ensures children or adults who are injured receive medical attention if required
21. Nominated supervisor and educators contact parents/authorised nominees to collect children if required by the most appropriate method in the situation, e.g., via service website, email, answering machine, telephone calls, phone texts
 - tell parents/authorised nominees any relevant information, e.g., building damaged and unsafe, evacuation point, areas to avoid, parking instructions
22. Nominated supervisor ensures educators stay on duty to care for and supervise children (after rostered hours if necessary) until families or relief staff arrive
23. Nominated supervisor implements following where parents/emergency contacts cannot be contacted, or are unable to get to the centre, to collect their child:
 - contact parents/emergency contacts and authorised nominees every 15 minutes where previous attempts to make contact have been unsuccessful
 - ensures there are sufficient numbers of service staff available (including relief staff) to adequately care for and supervise each child
 - ensures child is never left alone with any adult unknown to staff, or not assisting in managing the emergency or child's care in a professional capacity

- contact the police or Child Protection Services for advice if emergency is over and service staff are unable to stay with the child any longer
24. Complete *Incident, Injury, Trauma and Illness Record* for children who have suffered an injury or trauma
 25. Get parent/authorised nominee to sign *Incident, Injury, Trauma and Illness Record* and give them a copy
 26. File original *Record* in child's file and record summary details in the *Incident, Injury, Trauma and Illness Register*, including time notified to Education and Care Regulatory Authority if relevant
 27. Approved provider notifies Education and Care Regulatory Authority of serious incident within 24 hours through NQS ITS and records summary details in the *Serious Incident Register*, including time notified to Regulator if relevant
 - File acknowledgement with *Incident Record* in child's file
 28. If service closes approved provider reports closure and reason within 24 hours to:
 - CCS Assessments CCSAssessments@dese.gov.au
 - Education and Care Regulatory Authority
 - any third-party software provider

Advise these agencies when service reopens.
 29. Approved provider notifies SafeWork NSW as soon as possible about **work-related incidents** including where:
 - a person dies
 - a person suffers a serious injury or illness
 - there's a dangerous incident (near miss)
- See [SafeWork NSW](#) for more information.
30. File notification in WHS Register
 31. Debrief after emergency, review emergency plan and procedures, and implement any improvements to policy and procedures
 32. Record improvements in QIP.

LOCKDOWN PROCEDURE (Refer to *Lockdown Policy for details*)

The following *Lockout Procedure* will be used when an internal immediate danger is identified, and it is determined that children should be excluded from buildings for their safety. The nominated supervisor:

- Activates lockout procedures
- Announces lockout with instructions about what is required. Instructions may include nominating staff to:
 - Lock doors to prevent entry
 - Check the premises for anyone left inside
 - Obtain Emergency Kit.
 - Contacts emergency services on 000
 - Goes to the designated assembly area
 - Checks that children, staff and visitors are all accounted for.

Actions after lockdown

- Determine if there is any specific information staff, children, parents and visitors need to know (e.g., areas of the facility to avoid)
- Ensure any children, staff or visitors with medical or other needs are supported
- Follow up with any children, staff or visitors who need support.
- Prepare and maintain records and documentation.
- Undertake operational debrief to review the lockdown and procedural changes that may be required.
- Notify Education and Care Regulatory Authority of incident as set out in our *Incident, Injury, Trauma and Illness Policy*.

SHELTER-IN-PLACE PROCEDURE

Refer *Bushfire and Grassfire Policy* and *Emergency Evacuation and Shelter in Place Procedures* in case of bushfire or grassfire.

The following *Shelter-in-place Procedure* will be considered when an event takes place outside of the children's service and emergency services determine the safest course of action is to keep children and staff inside a designated building in the children's service until the external event is handled.

If a shelter-in-place action is determined, the nominated supervisor:

- Activates shelter-in-place procedures
- Moves all children, staff and visitors to the pre-determined shelter-in-place area
- Obtains emergency kit
- Notifies parents/families if the shelter-in-place is going to extend beyond the services hours of operation
- Notifies Education and Care Regulatory Authority of incident as set out in our *Incident, Injury, Trauma and Illness Policy*.

EMERGENCY RESPONSE PROCEDURES (SPECIFIC EMERGENCIES)

FIRE

All staff will remain calm and report the outbreak of fire immediately to the nominated supervisor who will:

- Activate the fire alarm
- Phone **000** to notify the fire brigade
- Extinguish the fire (**if safe to do so**)
- Implement evacuation procedures if threat exists and close all doors and windows
- Check that all areas have been cleared
- Check children, staff and visitors are accounted for
- Notify Education and Care Regulatory Authority of incident as set out in our *Incident, Injury, Trauma and Illness Policy*.

BUSHFIRES/GRASS FIRES

Refer Bushfire or Grassfire Policy

SEVERE WEATHER /STORMS AND FLOODING

The nominated supervisor will direct educators and staff to:

- Store or secure loose items external to the building, such as outdoor furniture
- Secure windows (close curtains & blinds) and external doors. If necessary, tape windows and glass entrances. Utilise boards and sandbags if required
- Protect valuables and disconnect electrical equipment – cover and/or move this equipment away from windows
- (During a severe storm) remain in the building and ensure they and children keep away from windows. Restrict the use of telephone landlines to emergency calls only
- Tune in to ABC radio, if possible, to follow any emergency instructions
- Report to the nominated supervisor regarding the status of children, staff and visitor safety.

After the storm passes, the nominated supervisor will evaluate the need to evacuate if uncontrolled fires, gas leaks, or structural damage has occurred as a result of the storm.

PANDEMIC

The approved provider and nominated supervisor will:

- Ensure basic hygiene measures are in place including the display of hygiene information
- Provide convenient access to water and liquid soap and/or alcohol-based sanitiser
- Educate staff and children about covering their cough to prevent the spread of germs
- Stay alert and follow any instructions issued by Health authorities
- Be prepared for multiple waves
- Ensure spaces are well-ventilated – open windows if safe to do so or through mechanical air ventilation
- Notify Education and Care Regulatory Authority of incident as set out in our *Incident, Injury, Trauma and Illness Policy*.

BOMB/CHEMICAL THREAT

The nominated supervisor will implement the following procedures:

- If a bomb/chemical threat is received by telephone:
 - **stay calm**
 - **do not** hang up
 - refer to the bomb threat checklist.
- If a bomb/chemical threat is received by mail:
 - avoid handling of the letter or envelope
 - place the letter in a clear bag or sleeve
 - inform the Police immediately.
- If a bomb/chemical threat is received electronically or through the service's website:
 - do not delete the message
 - contact police immediately.

- Ensure doors are left open.
- **Do not** touch any suspicious objects found.
- If a suspicious object is found or if the threat specifically identified a given area, then evacuation may be considered.
- Notify Education and Care Regulatory Authority of incident as set out in our *Incident, Injury, Trauma and Illness Policy*.

Bomb/substance threat checklist

This checklist should be held by persons who regularly accept incoming telephone calls.

KEEP CALM

CALL TAKER		CALL TAKEN	
Name		Date/Time:	
Telephone #		Duration of call	
Signature		Number of caller	

Complete the following for a BOMB THREAT

QUESTIONS	RESPONSES
When is the bomb going to explode?	
Where did you put the bomb?	
What does the bomb look like?	
What kind of bomb is it?	
What will make the bomb explode?	
Did you place the bomb?	
What is your name?	
Where are you going?	
What is your address?	

Complete the following for a SUBSTANCE THREAT

QUESTIONS	RESPONSES
When will the substance be released?	
Where is it?	
What does it look like?	
When did you put it there?	
How will the substance be released?	
Is the substance a liquid, powder or	
Did you put it there?	

CHARACTERISTICS OF THE CALLER	
Sex of caller	
Estimated age	
Accent if any	
Speech impediments	
Voice (loud, soft, etc)	
Speech (fast, slow etc)	
Dictation (clear, muffled, etc)	
Manner (calm, emotional, etc)	
Did you recognise the voice?	

If so, who do you think it was?	
Was the caller familiar with the area?	

LANGUAGE	
☐ Abusive	☐ Taped
☐ Well Spoken	☐ Irrational
☐ Incoherent	☐ Message read by caller
☐ Other (Specify)	

BACKGROUND NOISE	
☐ Music	☐ Local call
☐ Machinery	☐ Long Distance Call
☐ Aircraft	☐ Other (specify)

EXACT WORDING OF THREAT

ACTIONS	
REPORT CALL TO:	
ACTIONS:	

MAJOR EXTERNAL EMISSIONS/SPILL (includes gas leaks)

The nominated supervisor will:

- Call the Fire Brigade on 000
- Turn off gas supply
- If there is a gas leak onsite, notify the gas provider (number can be found on the emergency numbers and key contacts page)
- Implement evacuation procedures
- Check staff, children and visitors are accounted for
- Await 'all clear' or further advice before resuming normal children's services activities
- Notify Education and Care Regulatory Authority of incident as set out in our *Incident, Injury, Trauma and Illness Policy*
- Notify SafeWork NSW if required.

INTERNAL EMISSION/SPILL (e.g., cleaner's storeroom)

The nominated supervisor will:

- Move staff/children away from the spill to a safe area
- If safe to do so, direct staff to clean the spill. Personal Protective Equipment should be worn as per the requirements of the Material Safety Data Sheet
- Contact the Fire Brigade if the nature of the emission/spill is unknown or it is unsafe to manage
- Notify SafeWork NSW if required.

EARTHQUAKE

- Don't panic.

If outside:

The nominated supervisor will instruct staff and children to:

- Stay outside and move away from buildings, streetlights and utility wires.
- DROP, COVER and HOLD
 - DROP to the ground
 - Take COVER by covering their head and neck with your arms and hands
 - HOLD on until the shaking stops.

If inside:

The nominated supervisor will instruct staff and children to:

- Move away from windows, heavy objects, shelves etc.
- DROP, COVER and HOLD
 - DROP to the ground
 - Take COVER by getting under a sturdy table or other piece of furniture or go into the corner of the building covering their faces and head in their arms
 - HOLD on until the shaking stops.

After the earthquake the nominated supervisor will:

- Evaluate the need to evacuate if there are uncontrolled fires, gas leaks or structural damage to the building
- Instruct educators, staff and children to watch out for fallen trees, power lines, and stay clear of any structures that may collapse
- Ask educators and staff about the status of staff, children and visitor safety.
- Arrange medical assistance where required
- Instruct educators and staff to help others if possible
- Tune in to ABC radio, if possible, to follow any emergency instructions.

If there is damage to the facility and it is OK to do so, the nominated supervisor may take notes and photographs for insurance purposes.

MEDICAL EMERGENCY

- Check for any threatening situation and remove or control it (if safe to do so)
- Remain with the casualty and provide appropriate support
- Notify First Aid Officer and the nominated supervisor
- Notify the ambulance by dialling '000'
- The nominated supervisor will designate someone to meet and direct the ambulance to the location of the casualty
- Do not leave the casualty alone unless emergency help arrives
- Do not move the casualty unless exposed to a life-threatening situation.
- Refer "Administration of First Aid" in our *Incident, Injury, Trauma and Illness Policy*.

INTRUDER/PERSONAL THREAT

- Notify the nominated supervisor who will request assistance from the police by dialling '000'
- Do not do or say anything to the person to encourage irrational behaviour
- Initiate action to restrict entry to the building if possible and confine or isolate the threat from building occupants
- The nominated supervisor will determine if evacuation or lockdown is required. Evacuation only should be considered if safe to do so.

Appendix B

Emergency Services Communication Procedure

The approved provider will ensure there is access to reliable communication channels in the event of an emergency by maintaining access to a telephone (such as fixed-line telephone, mobile phone, satellite phone, 2-way radio, video conferencing equipment) at all times.

The main telephone is located at the Office of the Service, with one hand set in the Koala Room. If there is a complete loss of electricity and the telephones are not available, a mobile phone will be available and ready to use at all times to ensure educators can make emergency contact.

The nominated supervisor will, *where possible*:

- Listen to local radio stations (e.g., local ABC station) during emergencies to access current information about the situation.
- Ensure that families are provided with current information about an emergency situation, the actions taken to protect their child, and what actions families should take, through an accessible communication channel such as social media, service website, SMS or email. Multiple channels may be used to assist the flow of information
- Ensure that current information about any service closure due to the emergency is provided through the same communication channels. Unless this communication channel is unavailable, we plan to use internet and news channels.
- Ensure current information about families' emergency contact details is maintained. This may include families' phone numbers, email addresses and social media accounts. The nominated supervisor will regularly remind families through service communications to update their contact details if required. This information is available on Tablet computers in the room and these Tablets are connected to a cloud based platform SmartCentral.

Appendix C

Emergency Drill/Exercise ‘Observer’ Record

Item	Yes ✓	No ✓
Were emergency services briefed on exercise prior to exercise being started?		
Did the person discovering the emergency alert the other occupants?		
Was the alarm activated?		
Was the emergency service notified promptly?		
Did staff direct persons from the building/site per the evacuation procedures?		
Were isolated areas searched?		
Was the evacuation logical and methodical?		
Did someone take charge? If yes, who?		
Did occupants act as per instructions?		
Was a roll call conducted for:		
Children		
Staff		
Visitors (including contractors and volunteers)		
Was someone appointed to liaise with the emergency service/s?		
Was someone appointed to liaise with the parents/community?		
Was the emergency service given the correct information?		
Did anyone re-enter the premises before the “all clear” was given?		
Did anyone refuse to leave the building/site?		
Area of Emergency plan tested by current exercise:		

Appendix D

Emergency Services Contact Procedure

In the event that the service needs to be evacuated, we aim to conduct this in a rehearsed, timely, calm and safe manner to secure the safety of each person using the service. The safety and wellbeing of each child, educator and person using the service is paramount above any other consideration in the time of an emergency or evacuation. Any other procedures will be carried out only if it is safe to do so.

An evacuation may be necessary in the event of a fire, chemical spill, bomb scare, earthquake, siege, flood etc.

Implementation

When you call Triple Zero (000)



- Do you want Police, Fire or Ambulance?
- Stay calm, don't shout, speak slowly and clearly.
- Tell us exactly where to come. Give an address or location.

If you are deaf or have a speech or hearing impairment, call 106.

- This is a Text Emergency Call, not SMS.



- You can call from teletypewriters.
- Tell us which service you need and where to come.

How to call Triple Zero (000)

Stay focused, stay relevant, stay on the line.

The Triple Zero (000) service is the quickest way to get the right emergency service to help you. You can contact Police, Fire or

Ambulance in life threatening or emergency situations.

Assess the situation.

- Is someone seriously injured or in need of urgent medical help?
- Is your life or property being threatened?
- Have you just witnessed a serious accident or crime?
- If you answered YES call Triple Zero (000).

Make your call.

- Stay calm and call Triple Zero from a safe place.
- When your call is answered you will be asked if you need Police, Fire or Ambulance
- If requested by the operator, state your town and location.
- Your call will be directed to the service you asked for.
- When connected to the emergency service, stay on the line, speak clearly and answer the questions?
- Don't hang up until the operator tells you to do so.

Providing location information

- You will be asked where you are.
- Try to provide street number, street name, nearest cross street and the area.
- In rural areas give the full address and distances from landmarks and roads as well as the property name
- If calling from a mobile or satellite phone, the operator may ask you for other location information.
- If you make a call while travelling, state the direction you are travelling, and the last motorway exit or town you passed.

Instructions from the operator

The operator may ask you to wait at a pre-arranged meeting point to assist emergency services to locate the incident.

Other languages and text-based services

- People with a speech or hearing impairment can use the One Zero Six (106) text-based service.
- If you can't speak English, you can call Triple Zero (000) from a fixed line and ask for 'Police', 'Fire', or 'Ambulance'. Once connected you need to stay on the line and a translator will be organised.
- Further information in several community languages can be found on the Emergency information in other languages page.

Other things you can do.

- Keep the Triple Zero (000) number beside telephones.
- Teach children and visitors that the emergency number to call in Australia is Triple Zero (000)
- Teach children when and how to use Triple Zero.

Appendix E

Risk assessment template for emergencies

This is an example taken from the Victorian [Guide to Developing an Emergency Management Plan](#) - refer for further information and written example

1. Identified Hazard	2. Description of Risk	3. Current control measures implemented at our early childhood service	4. Risk Rating			5. Treatments to be Implemented	6. Revised Risk Rating after implementing Treatments		
			A Consequence	B Likelihood	C Risk Level		A Consequence	B Likelihood	C Risk Level
<i>Only include in your EMP those hazards that are applicable to your early childhood service</i> <i>The examples provided below are not intended to be exhaustive.</i>		<i>Only include in this column those controls that have actually been implemented in your early childhood service.</i> <i>If you choose to use any of the examples below, make sure the wording describes the situation in your workplace.</i>				<i>Measures to be taken by our early childhood service to eliminate or reduce impact of the risk</i>			

20 - Emergency Service Contact Policy

NQS

QA2	2.2.2	Incident and emergency management - Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.

NATIONAL REGULATIONS

Reg	97	Emergency and evacuation procedures
	98	Telephone or other communication equipment

EYLF

LO3	Children become strong in their social and emotional wellbeing.

AIM

In the event that the service needs to be evacuated, we aim to conduct this in a rehearsed, timely, calm and safe manner to secure the safety of each person using the service. The safety and wellbeing of each child, educator and person using the service is paramount above any other consideration in the time of an emergency or evacuation. Any other procedures will be carried out only if it is safe to do so.

An evacuation may be necessary in the event of a fire, chemical spill, bomb scare, earthquake, siege, flood etc.

RELATED POLICIES

1. Emergency Management and Evacuation Policy
2. Lockdown Policy
3. Incident, Injury and Trauma and Illness Policy
4. Administration of Authorised Medication Policy
5. Death of a Child Policy
6. Medical Conditions Policy

IMPLEMENTATION

When you call Triple Zero (000)



- Do you want Police, Fire or Ambulance?
- Stay calm, don't shout, speak slowly and clearly.
- Tell us exactly where to come. Give an address or location.

If you are deaf or have a speech or hearing impairment, call 106.

- This is a Text Emergency Call, not SMS.



- You can call from teletypewriters.
- Tell us which service you need and where to come.

How to call Triple Zero (000)

Stay focused, stay relevant, stay on the line.

The Triple Zero (000) service is the quickest way to get the right emergency service to help you. You can contact Police, Fire or Ambulance in life threatening or emergency situations.

Assess the situation.

- Is someone seriously injured or in need of urgent medical help?
- Is your life or property being threatened?
- Have you just witnessed a serious accident or crime?
- If you answered YES call Triple Zero (000).

Make your call.

- Stay calm and call Triple Zero from a safe place.
- When your call is answered you will be asked if you need Police, Fire or Ambulance
- If requested by the operator, state your town and location.
- Your call will be directed to the service you asked for.
- When connected to the emergency service, stay on the line, speak clearly and answer the questions?
- Don't hang up until the operator tells you to do so.

Providing location information

- You will be asked where you are.
- Try to provide street number, street name, nearest cross street and the area.
- In rural areas give the full address and distances from landmarks and roads as well as the property name
- If calling from a mobile or satellite phone, the operator may ask you for other location information.
- If you make a call while travelling, state the direction you are travelling, and the last motorway exit or town you passed.

Instructions from the operator

- The operator may ask you to wait at a pre-arranged meeting point to assist emergency services to locate the incident.

Other languages and text-based services

- People with a speech or hearing impairment can use the One Zero Six (106) text-based service.
- If you can't speak English, you can call Triple Zero (000) from a fixed line and ask for 'Police', 'Fire', or 'Ambulance'. Once connected you need to stay on the line and a translator will be organised.
- Further information in several community languages can be found on the Emergency information in other languages page.

Other things you can do.

- Keep the Triple Zero (000) number beside telephones.
- Teach children and visitors that the emergency number to call in Australia is Triple Zero (000)
- Teach children when and how to use Triple Zero.

SOURCES

1. Education and Care Services National Regulations 2011
2. National Quality Standard
3. Australian Government, Attorney General's Department, Australian Emergency Management
4. Early Years Learning Framework

POLICY INFORMATION

Approval date	1 January 2026
Effective date	1 January 2026
Review date	Reviewed annually and when there are changes that may affect this policy or related procedures
Approved by	Dr Jay Mukhraiya >

21 - Environmental Sustainability Policy

NQS

QA3	3.2.3	Environmentally responsible - The service cares for the environment and supports children to become environmentally responsible.

QA6	6.1.1	Engagement with the service - Families are supported from enrolment to be involved in the service and contribute to service decisions.
	6.2.3	Community engagement - The service builds relationships and engages with its local community.

EYLF

LO2	Children become socially responsible and show respect for the environment

AIM

Our service aims to help children learn about and implement sustainable practices and foster respect and care for the living and non-living environment.

IMPLEMENTATION

Children develop positive attitudes and values about sustainable practices by engaging in learning experiences, joining in discussions that explore solutions to environmental issues, and watching adults' model sustainable practices. Children learn to live interdependently with the environment.

Environmental Sustainability and our Curriculum

Our educators will promote a holistic, open-ended curriculum which explores ideas and practices for environmental sustainability and helps children understand the interdependence between people and the environment by:

1. connecting children to nature through art and play and allowing children to experience the natural environment through natural materials like wood, stone sand and recycled materials, plants including native vegetation, trickle streams or ponds, nesting boxes, a potting bench with gardening tools and watering cans.
2. developing education programs for water conservation, energy efficiency and waste reduction.
3. celebrating children's' environmental knowledge and sustainable activities.
4. involving children in nature walks, education about plants and gardening and growing plants and flowers from seed.
5. engaging children in learning about the food cycle by growing, harvesting, and cooking food for our service kitchen.
6. using resource kits and information on environmental issues from the Better Business Partnership or resources targeted at early childhood services such as "The Little Green Steps" Resource kits on Water, Waste and Wildlife.
7. enlisting the help of groups with expertise in environmental issues, for example bush care groups, wildlife rescue groups, Clean Up Australia, to deliver elements of our sustainability program.
8. acknowledging and celebrating environmental awareness events like Clean Up Australia Day and Walk to School Day.

The Role of Educators

Our educators will model sustainable practices by embedding sustainability into all aspects of the daily running of our service operations including:

- recycling materials for curriculum and learning activities
- minimising waste and effectively using service resources
- turning off equipment and lights when not in use
- using the least hazardous cleaning substance appropriate for the situation, for example, ordinary detergent for cleaning dirt from tables and other surfaces.
- composting
- maintaining a worm farm
- maintaining a no dig vegetable/herb garden
- incorporating water wise strategies such as drip irrigation and ensuring taps are turned off and leaks fixed.
- using food that we have grown in meals on our weekly menu.
- implementing environmentally friendly pest management

Partnerships with Families and the Community

Our educators will facilitate collaborative partnerships with local community groups, government agencies and private companies to enhance and support children's' learning about sustainable practices. We will share their brochures and fact sheets on sustainable practices like recycling, saving water and power and green cleaning with our children and their families. Families will be encouraged to participate in decision making and information sharing about environmental sustainability through our newsletters, parent input forms, wall displays, meetings.

The NSW Early Childhood Environmental Education Network has resources which may assist Early Childhood Services to identify and work towards an Environmentally Sustainable Service. The Network's website also has links to many organisations and Government agencies that provide information on sustainable practices at <http://www.eceen.org.au/links.htm>

SOURCE

1. National Quality Standard
2. Early Years Learning Framework
3. Climbing the little green steps 2007: Gosford and Wyong Councils
4. NSW Early Childhood Environmental Education Network

POLICY INFORMATION

Approval date	1 January 2026
Effective date	1 January 2026
Review date	Reviewed annually and when there are changes that may affect this policy or related procedures
Approved by	Dr Jay Mukhraiya >

22 - Enrolment Policy

NQS

QA2	2.1.2	Health practices and procedures - Effective illness and injury management and hygiene practices are promoted and implemented.

QA6	6.1.1	Engagement with the service - Families are supported from enrolment to be involved in the service and contribute to service decisions.

NATIONAL REGULATIONS

Regs	77	Health, hygiene and safe food practices
	78	Food and beverages
	79	Service providing food and beverages
	80	Weekly menu
	88	Infectious diseases
	90	Medical conditions policy
	92	Medication record
	93	Administration of medication
	96	Self-administration of medication
	97	Emergency and evacuation procedures
	99	Children leaving the education and care service premises
	100	Risk assessment must be conducted before excursion
	101	Conduct of risk assessment for excursion
	102	Authorisation for excursions
	157	Access for parents
	160	Child enrolment records to be kept by approved provider and family day care educator
	161	Authorisations to be kept in enrolment record
	162	Health information to be kept in enrolment record
	168	Education and care service must have policies and procedures
	173	Prescribed information is to be displayed
	177	Prescribed enrolment and other documents to be kept by approved provider
	181	Confidentiality of records kept by approved provider
	183	Storage of records and other documents

EYLF

LO1	Children feel safe, secure, and supported

AIM

To ensure that each child's enrolment is completed as per our legal requirements. Additionally, we aim to ensure that each child and family receives an enrolment and orientation process that meets their needs, allowing the family and child to feel safe and secure in the level of care that we provide.

RELATED POLICIES

1. Additional Needs Policy
2. Administration of Authorised Medication Policy
3. Child Protection Policy
4. Excursion Policy
5. Fees Policy
6. Food, Nutrition and Beverage Policy

7. Health, Hygiene and Safe Food Policy
8. HIV AIDS Policy
9. Immunisation and Disease Prevention Policy
10. Infectious Diseases Policy
11. Medical Conditions Policy
12. Orientation for Children Policy
13. Privacy and Confidentiality Policy
14. Record Keeping and Retention Policy
15. Relationships with Children Policy
16. Sleep, Rest, Relaxation and Clothing Policy
17. Unenrolled Children Policy

WHO IS AFFECTED BY THIS POLICY?

- Children
- Families
- Educators

IMPLEMENTATION

Our service operates Monday to Friday from 6 am to 6 pm and accepts enrolments of children aged between 2-6 years.

Enrolments will be accepted providing:

- The maximum daily attendance does not exceed the approved number of places of the service.
- Child-educator ratios are maintained across the service.
- A vacancy is available.

Where limited vacancies are available, we may prioritise enrolling a child who is at risk of serious abuse or neglect, or who is a child of a sole parent who satisfies, or parents who both satisfy, the activity test through paid employment.

Within these categories we may also prioritise children in:

- Aboriginal and Torres Strait Islander families
- families with a disabled person
- families on low incomes
- families from a non-English speaking background
- socially isolated families
- single parent families.

We may also develop criteria to prioritise children, such as distance of residence from Service, or demonstrated link to the Service, and will advise families about these criteria.

Enrolment:

When a family has indicated their interest in enrolling their child in our service, the following will occur:

- A tour of our service. During this tour, the educator conducting the tour will give the family information about the service including, but not limited to, programming methods, meals, incursions, excursions, inclusion, fees, policies, procedures, our status as a Sun Smart service, regulations for our state and the licensing and assessment process, signing in and out procedure, the National Quality Framework, room routines, educator qualifications, introduction of educator in the room the child will be starting in and educator and parent communication. Families are also invited to ask any questions they may have.
- Families are given a copy of the Parent Handbook to read and are invited to ask questions.
- Discussions are held between office staff and families regarding availability of days, a start date and tailoring an orientation process to suit the needs of the family and child. Any matters that are sensitive of nature, such as discussing a child's medical needs, Court Orders, parenting plans or parenting orders, will be discussed privately with the Nominated Supervisor at this time. We request that parents begin to fill out enrolment forms at that time and discuss their child with us so we can accommodate their needs in the service from the first day they start with us. Should a child use English as a second language, or speak another language at home, we request that families provide us with some key words in the languages the child speaks at this time so that educators can learn the words.
- Families can claim Child Care Subsidy or Additional Child Care Subsidy online by signing into their Centrelink online account through my Gov and completing a claim. If eligible, the Subsidy will be paid directly to the service on families' behalf and will reduce the fees owed. This can only occur after our service enters families' enrolment information online, and families confirm their enrolment information through their mogo account. Until Child Care Subsidy details are available, families will need to pay full fees.
- As per our Orientation for Children Policy, families will be invited to bring their child into the service at a time that suits them so the child and family can familiarise themselves with the environment.
- Before the child begins their first day with us, the service must have all required documentation for the child. The child will not be accepted into the service without this being completed.

On the child's first day:

- The child and their family are welcomed into their room for the first day.
- The Nominated Supervisor will ensure all details are finalised and complete and sign the Enrolment Checklist.

Other information about our service's enrolment includes:

- We will try and accommodate families so that children from the same family can attend our service.

- There are strict immunisation requirements for children who are enrolled at our service. Please see our Immunisation Policy for further information.
- To ensure all children are treated fairly and receive the same care and attention, any of our educators' children, grandchildren, nieces or nephews who attend the service will not be enrolled in the same room their parent, grandparent or relative works in.
- In accordance with the National Law and Regulations, our educators will support each child to manage their own behaviour, respond appropriately to the behaviour of other children and communicate effectively to resolve conflicts. We will also work with each child's family to support any children with diagnosed behaviour and social difficulties. However, a child's enrolment at our service may be terminated if the nominated supervisor decides the child's behaviour threatens the safety, health or wellbeing of any other child at the service.

Information and Authorisations to be kept in the Enrolment Record

Our Record Keeping and Retention Policy outlines the information and authorisations that we will include in all child enrolment records.

SOURCES

1. Work Health and Safety Act 2011
2. Work Health and Safety Regulations 2011
3. Child and Young Persons (Care and Protection) Act 1998
4. Education and Care Services National Law and Regulations
5. National Quality Standard
6. A New Tax System (Family Assistance) Act 1999
7. Early Years Learning Framework

REVIEW

The policy will be reviewed annually by Management, Employees, Families and other interested Parties

POLICY INFORMATION

Approval date	1 January 2026
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Review date	1 January 202
Approved by	Dr Jay Mukhraiya >

Enrolment Checklist		 Director
Element 6.1.1	Engagement with the service. Families are supported from enrolment to be involved in the service and contribute to service decisions.	
Nominated Supervisor's Name		Date:
Nominated Supervisor's Signature:		
	yes	N/A
All parts of the Enrolment Form completed and signed		
Parents 1, 2 and 3 DOB and CRN provided		
Child's DOB and CRN provided		
Complying Written Arrangement template signed by parent		
Enrolment lodged with Centrelink		
Child's Birth Certificate or equivalent sighted		
Court/parenting orders, parenting plans outlining powers, duties, responsibilities in relation to the child provided		
Information about the child's family is obtained e.g., culture, religion, family structure (e.g., siblings, grandparents)		
Information about any special dietary requirements/restrictions or additional needs obtained		
Information about the child's interests and strengths obtained		
Evidence of immunisation status provided. (Child fully immunised or has appropriate exemptions – refer Immunisation Policy)		
All authorisations and indemnities signed including authority for:		
• medical treatment from a medical practitioner, hospital or ambulance service		
• ambulance transportation		
• incursions		
• regular excursions		
• Authorised nominees		
• Emergency contacts		
• Persons authorised to consent to medical treatment or administration of medication (could be same as authorised nominees/emergency contacts)		
Relevant health information is provided including:		
• medical practitioner or medical service		

• Medicare number		
• dental practitioner or service		
• healthcare needs, medical conditions, allergies, anaphylaxis or risk of anaphylaxis		
• Medical Management Plan and Medical Risk Minimisation Plan for specific health care need, medical condition, allergy or anaphylaxis		
Parent Information Pack discussed		
Families provided with copies of, or access to, all policies and procedures, Code of Conduct and Statement of Philosophy		
Medical Conditions Policy provided to all parents where child has a specific health care need, medical condition, allergy or other relevant medical condition		
• Relevant policies and procedures discussed/explained including:		
• Medical conditions policy - Child cannot attend without medication		
• Administration of Medication Policy • Medication must be in original container. • Over the counter medications not administered unless prescribed by doctor • Administration of medication must be authorised in writing unless emergency. • Procedures during medical emergency, including asthma and anaphylaxis		
• Delivery and Collection of Children Policy • Sign in/out procedure explained. • Procedure if parent running late to collect child		
• Grievance Policy • Location of complaint forms		
• Fee Policy • Fees should be paid on time. Fees in arrears attract extra charges		
• Photography Policy (authorisation signed)		
• Infectious Disease Policy • Any child who is unwell must not attend the Service. • Children who become unwell at the Service need to be collected. • If service suspects child has infectious disease, child may be excluded until child has a medical certificate stating they are not contagious.		
• Immunisation and Disease prevention Policy • Any child that is not fully immunised may be excluded if there is a vaccine preventable disease at the service		
• Sleep, Rest, Relaxation and Clothing Policy • Service implements safe sleeping practices as recommended by Sisanie's. • Sleep and rest practices • Children should wear comfortable clothing that can get dirty. • All items should be labelled with child's name		
• Behaviour Guidance (Relationships with Children Policy) • Parents will:		

• work in partnership with educators to minimise risk where the child's behaviour is a danger to children and educators. • consent in writing where educators believe liaising with relevant professionals will support the learning and development of their child		
• Health, Hygiene and Safe Food Policy • Service has a 'healthy' eating policy. • Service does not allow e.g. nuts into the service		
• Tobacco, Drug and Alcohol Policy • No smoking on premises allowed including car park		
• Parental Interaction and Involvement in the Service Policy • Family input procedures e.g., "what did you do on the weekend" sheets		
• Environmental Sustainability Policy • Measures taken to promote sustainability e.g., litter less lunches		
• Bond and Administration Fee paid in full		
• Credit reference check permission form signed.		
• Direct Debit form completed/method of payment for fees established		
• Tour of service and introduction to educators	•	•

23 - Excursion Policy

NQS

QA2	2.2.1	Supervision - At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.

NATIONAL REGULATIONS

Reg	100	Risk assessment must be conducted before excursion.
	101	Conduct of risk assessment for excursion.
	102	Authorisation for excursion.

IMPLEMENTATION

Our educators recognise that excursions and regular outings offer a fun way of connecting children with their community, contribute to their sense of belonging and provide endless opportunities to extend children's learning. Information gained during excursions can be used to plan ongoing activities and experiences that may last days or weeks as learning about one thing leads to new and exciting discoveries about related or different topics.

Excursions also allow educators to demonstrate how their practice is shaped by meaningful engagement with the community.

Children's health, safety and wellbeing during excursions and regular outings is a priority. Children will only be taken on an excursion or regular outing if we have appropriate authorisation, and they will always be conducted in ways that minimise and address any risks identified in our risk assessments.

RISK ASSESSMENTS

Safety during excursions is a priority. The Nominated Supervisor or educators will always complete a risk assessment to identify, assess and remove or reduce risks the excursion may pose to the safety, health and wellbeing of and each child before children are transported unless the arrangement is a 'regular outing (i.e. a walk, drive or trip to and from a destination that the service visits regularly as part of its educational program and where the circumstances and risks are substantially same on each outing) and a risk assessment has been completed within the last 12 months. The risk assessment will cover:

- Any risk that the excursion may pose to the safety, health and wellbeing of any child and identify how these risks will be managed and minimised (this may include sun protection considerations)
- Proposed route and destination
- Any water hazards and associated risks
- Means of transport and child restraint/seat belt requirements
- The process for entering and exiting the service premises or destination, and procedures for embarking and disembarking transport, including how each child will be accounted for
- Number of educators and children (and ratio)

- Whether extra adults are required for supervision/safety -educator to child ratios are minimum requirements. You may discuss supervision strategies at a staff meeting e.g., sourcing high viz vests and ropes which children can hold on to
- Any special skills required.
- Proposed activities
- Proposed duration
- Any specific health care needs or medical conditions that need to be managed.
- Items that should be taken

The Nominated Supervisor will update risk assessments for regular outings and obtain new authorisations from parents/guardians when circumstances that may affect the arrangements change, including for example:

- weather conditions (summer versus winter, extreme weather events like heatwaves, floods and bushfires)
- changes in routes for example because of road works
- the numbers and vulnerabilities of children.

AUTHORISATIONS FOR EXCURSIONS

Authorisation for a child to be taken on an excursion must be given by a parent or other person named in the child's enrolment record as having authority to authorise the excursion unless the arrangement is a 'regular outing and there's an authorisation which is less than 12 months old.

The authorisation will include:

- Child's name
- If it's a regular outing, a description of when the child is to be taken on the regular outings.
- If it's not a regular outing, the date of the excursion.
- Destination and proposed activities
- if transport involved, the means of transport, and any requirements for seatbelts or safety restraints under the relevant state/territory law.
- How long the child will be away from the centre.
- Expected number of children attending
- Expected ratio of educators to children
- Expected number of additional adults who will be attending.
- Items child required to bring from home for excursion.
- Advice risk assessment available at service.

EXCURSION PROCEDURE

The Nominated Supervisor and educators will always implement the Excursion Procedure to eliminate or minimise any risks associated with an excursion and ensure compliance with all Regulations.

RELATED POLICIES

1. Acceptance and Refusal of Authorisations Policy
1. Emergency Management and Evacuation Policy
2. Incident Injury Trauma and Illness Policy

3. Physical Environment Policy (Sun Safety and Water Safety)
4. Staffing Arrangements Policy
5. Transport Policy.

SOURCES

National Quality Standard

2.2.1 Supervision - At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.

6.2.3 Community engagement – The service builds relationships and engages with its community.

7.1.2 Management systems - Systems are in place to manage risk and enable the effective management and operation of a quality service.

7.1.3 Roles and responsibilities - Roles and responsibilities are clearly defined, and understood, and support effective decision-making and operation of the service.

Education and Care Services National Law

165 Offence to inadequately supervise children.

Education and Care Services National Regulations

4 Definitions (Regular Outing)

89 First aid kits

99 Children leaving the education and care service premises.

100 Risk assessment must be conducted before excursion

101 Conduct of risk assessment for excursion.

102 Authorisation for excursion

168(2)(g) Education and care services must have policies and procedures dealing with excursions, including procedures complying with regulations 100 to 102.

Early Years Learning Framework

Learning Outcome 4

Children transfer and adapt what they have learned from one context to another.

Children develop dispositions for learning such as curiosity, cooperation, confidence, creativity, commitment, enthusiasm, persistence, imagination and reflexivity.

Learning Outcome 5

Children interact verbally and non-verbally with others for a range of purposes.

TOOLS

1. Excursion Procedure
2. Excursion - ACECQA Risk Assessment Template
3. Authorisation - Excursion
4. Authorisation - Excursion Regular Outing
5. Excursion Checklist Nominated Supervisor
6. Excursion Checklist Educators
7. Excursion Evaluation

Risk assessment and management template - Excursions

Service Name	
Excursion details	
Date (s) of excursion. If it is a regular outing include a description of when children are to be taken on regular outings.	
Proposed activities. List all activities that will take place during the excursion.	
Pick up location and destination (s). List each location travelled to and from as part of the excursion. E.g., the museum, park for lunch and service.	
Estimated departure and arrival times and duration of the excursion. E.g., from the service to each destination and returning to the service.	
Proposed route You can include an image of the route sourced online.	
Means of transport E.g., public bus, private bus, coach, private car, taxi, tram	
Requirements for seatbelts or safety restraints in your state or territory have been met.	Yes / No Comment:
Number and full names of each adult involved in the excursion. E.g., service staff, family members, volunteers	
The number of educators / responsible adults, appropriate to provide supervision, and whether	

any adults with specialised skills are required. E.g. for children's individual needs.	
The number of children involved in the excursion.	
Any water hazards during the excursion, including any risks associated with water-based activities? If yes, detail in the risk assessment table below.	Yes / No Comment:
Educator to child ratio, including whether this excursion warrants a higher ratio. Provide details in the risk assessment table below.	
Describe the process for entering and exiting the service premises and the pick-up location or destinations (as required); (include how each child is accounted for):	
Describe the procedures for embarking and disembarking the vehicle (include how each child is accounted for in embarking and disembarking):	
Excursion checklist – items to be readily available during the excursion (Please tick)	
☐ First aid kit	☐ List of adults involved in the excursion
☐ List of children involved in the excursion	☐ Contact information for each adult
☐ Contact information for each child	☐ Mobile phone / other means of communicating with the service & emergency services
☐ Medication, health plans and risk assessments for individual children	☐ Other items, please list

Use the table below to identify and assess risks to the safety, health or wellbeing of children attending the excursion, and specify how these risks will be managed and minimised (regulation 101(1)). This must include any risks associated with water-based activities.

Risk assessment					
Activity	Hazard identified	Risk assessment (use matrix)	Elimination/control measures	Who	When

(Press tab to add more rows)

Risk Matrix						
Consequences	Likelihood					
		Rare	Unlikely	Possible	Likely	Almost Certain
	Major	Moderate	High	High	Critical	Critical
	Significant	Moderate	Moderate	High	High	Critical
	Moderate	Low	Moderate	Moderate	High	High
	Minor	Very low	Low	Moderate	Moderate	Moderate
	Insignificant	Very low	Very low	Low	Moderate	Moderate
Plan and Review						
Plan prepared by:			Full name: Signature: Role/Position:		Date:	
Prepared in consultation with:			Full name: Signature: Role/Position:			
Communicated to all relevant staff:			Yes / No Comment if needed:			
Vehicle safety information reviewed and attached:			Yes / No Comment if needed:			
Risk assessment to be evaluated and reviewed on: A risk assessment must be undertaken prior to an excursion being undertaken (and before seeking authorisation for that excursion to be undertaken - see regulation 102). If the excursion is a ' <i>regular outing</i> '*, a risk assessment must be undertaken at <i>least</i> annually.			Date:			

EXCURSION PROCEDURE

The Nominated Supervisor and educators will always implement the Excursion Procedure to eliminate or minimise any risks associated with an excursion and ensure compliance with all Regulations.

As a part of the Excursion Risk Assessment, we will consider the following details:

Time and Date of Proposed Excursion

Destination (s)

Proposed Route (to and from)

Water hazards

Transportation Details (to and from)

Number of Educators Attending

Number of Children Attending

Ratio of Educators to children

Number of Additional Adults Required

Specialised skills needed to ensure children are adequately and safely supervised at all

times (e.g. life-saving)

Proposed Activities

Availability of shade

Proposed Duration

Specific health care needs or medical conditions that need to be managed.

Items to Be Taken by the Service (mobile phone, emergency contact details, etc.)

Items to Be Taken by the Children

AUTHORISATION FOR EXCURSION FORM

Our service has organised an excursion for your child to attend. All of the relevant details are provided below for your convenience. The service has conducted an Excursion Risk Assessment which is available for your review upon request. For your child to attend, you are required to read this information and complete the Authority for Excursion Form. To complete this Form, you must be the child's parent or authorised on the child's enrolment record to authorise this excursion.

This excursion is a Regular Outing, and this authorisation will cover the regular outing for 12 months. Please note that the Authority can be cancelled at any time.

Child's Full Name

Time and Date of Proposed Excursion

Destination (s)

Reason for Excursion

Proposed Activities

Route (to and from)

Transportation Details (to and from)

The Period Children will be Away from the Service

Number of Educators Attending

Number of Children Attending

Ratio of Educators to children

Number of Additional Adults Attending

Items to Be Taken by the Child and Provided by the Parents

Authority for my Child to Attend the Excursion

Full Name

Relationship to Child

Current Emergency Contact Details (home or mobile phone number, email)

Interested in Volunteering to the Attend the Excursion? Please circle Yes No

By signing the Authorisation for Excursion Form, I agree to and understand the following –

- My child has my permission to attend the excursion listed. If the excursion is a regular outing, my child has permission to attend for 12 months after the date listed below.
- I am listed on the child's Enrolment Form as a Parent or authorised on the child's enrolment record to authorise this excursion.
- I have read all of the details provided by the service and understand that I can access the Excursion Risk Assessment at the service.

Signature

Date

EXCURSION CHECKLIST (Please circle)

yes	no	N/A	A risk assessment has been completed and steps taken to minimise any identified risks
yes	no	N/A	A signed authorisation for the specific excursion and any specific activity which is to take place during the excursion has been received. Regular outings can be covered by one form for a period of 12 months
yes	no	N/A	A list of children attending the excursion will be left at the service prior to departure and a copy carried by the Supervisor who will cross check against the children at regular intervals during the excursion
yes	no	N/A	All children are equipped with appropriate clothing for the excursion. For example - jumpers, sun hats, appropriate footwear, sunscreen
yes	no	N/A	Children will have access to shaded areas
yes	no	N/A	The excursion is consistent with the requirements/exclusions of the Public Liability Insurance Cover held by the service
yes	no	N/A	Educators are taking a fully stocked first aid kit
yes	no	N/A	Educators are taking each child's current emergency contact details
yes	no	N/A	A mobile phone or change for a phone will be taken. Office staff know the mobile number
yes	no	N/A	A designated educator has been assigned to directly supervise any child with a chronic illness/allergic condition, and will carry the child's medication and current medical management plan throughout the excursion

SOURCES

1. Education and Care Services National Law and Regulations
2. National Quality Standard

POLICY INFORMATION

Approval date	1 January 2026
Effective date	1 January 2026
Review date	1 January 202
Approved by	Dr Jay Mukhraiya >

24 - Family and Community Partnerships Policy

PURPOSE AND BACKGROUND

- (1) To set out how we maintain authentic, respectful and supportive partnerships with families and communities to improve the outcomes for the children in our care
- (2) This policy helps us to comply with the National Quality Standard Area 6: Collaborative partnerships with families and communities

SCOPE

- (3) This policy applies to:
 - ‘Staff’: the approved provider, nominated supervisor, paid workers, volunteers, work placement students, and third parties who work at our service (e.g., contractors, subcontractors, self-employed persons, employees of a labour hire company) who perform work on our behalf that is relevant to this policy
 - Children, parents, families and care providers
 - Visitors, including members of the community

DEFINITIONS

- (4) The following definitions apply to this policy and related procedures:
 - ‘Parents’ includes guardians and persons who have parental responsibilities for the child under a decision or order of court
 - ‘Staff’ refers to the approved provider, nominated supervisor, paid employees, volunteers, students, and third parties who are covered in the scope of this policy, unless otherwise indicated
 - ‘Visitor’ is any individual entering the service who is not an enrolled child or a staff member at the service (e.g., community members, trainers, prospective staff and allied health support workers)

POLICY STATEMENT

Access for parents

- (5) Staff must allow a child’s parent to enter our service at any time their child is being cared for by us - unless allowing the parent to enter would pose a risk to the safety of children or staff, or would conflict with another duty we have under the law, or the approved provider or nominated supervisor reasonably believes that allowing the parent to enter would contravene a court order (*National Regulations* s 157)

- (6) Staff must follow our Family Law and Access Policy to ensure we are upholding our obligations under family law, including for court orders, parenting orders or parenting plans

Engagement from the time of enrolment

- (7) Staff must support families from the time of enrolment to be involved in our service and to contribute to decisions about our environment, policies, programs and practices (National Quality Standard 6.1.1)
- (8) We will encourage families to be involved in any way that suits their availability, skills and commitments
- (9) Staff must follow our enrolment and orientation policies and procedures, which set out how we ensure that:
- Families get the information they need about us (e.g., how we operate, our philosophy and governance)
 - We get to know each child and their family, their values and expectations, additional needs or considerations, knowledge and expertise, family life, language and culture
 - Parents can tell us how we can support them and their child with the settling in process
 - We record families' preferred ways to communicate and participate
 - Families know they can easily access our policies and procedures which are displayed in a central location / available on all our devices.
 - Families know the different ways they can be involved, such as through volunteering, attending events and meetings, sharing feedback or joining the family and community activities.
- We will regularly communicate to families, including grandparents and other extended family members, that they are welcome to be involved in our program, including our special events, celebrations, information sessions, excursions and open days

COMMUNICATION

- (10) Our verbal and written communication will be accessible and inclusive (e.g., plain language, relevant, welcoming and respectful, various formats, use of translation services)
- (11) Staff will respond to families' questions, concerns and requests as soon as possible. Urgent matters should be dealt with in person or on the telephone
- (12) Staff must inform families of any incidents affecting their child as soon as possible, and no later than 24 hours after the occurrence, according to the law and our relevant policies and procedures (*National Regulations s 86*)

- (13) We will use communication apps such as Facebook, KindyHub to share with families each child's learning experiences, photos, notes on meals, sleep, important service updates, reminders about fee or immunisation due dates, and to notify about incidents or infectious disease
- (14) Communication about children between staff and families:
- Will be two-way
 - May be formal (e.g., in parent-educator meetings, written records, assessments, evaluations, and plans etc) or informal (e.g., casual conversations at drop off and pick up, family days)
 - Will cover the child's daily interactions, friendships, needs, preferences, interests, participation, wellbeing, development, learning, strengths, achievements and experiences at our service and at home
- (15) Staff must uphold privacy in all communications with families and must not disclose to an unauthorised person the personal information of any other child or family (e.g., group messages must not disclose the personal details of other children and direct messages must be kept confidential)

RESPECTING FAMILIES' VIEWS AND SHARED DECISION-MAKING

- (16) Staff must show respect for the expertise, cultures, values and beliefs of families, and ensure that families are involved in making decisions about their child's learning and wellbeing (National Quality Standard 6.1.2)
- (17) We will maintain a welcoming, friendly, respectful and culturally safe environment for all families and the community
- (18) When we are making a decision about a child's education, health, safety and wellbeing, the family's and the child's preferences and needs will be taken into account
- (19) We will ask parents to contribute to the assessments and documentation of their child's progress and goals
- (20) Staff will be non-judgmental and respectful when they are discussing information about individual children
- (21) We will provide different ways for families to give feedback and share their knowledge and expertise (e.g., via in person exchanges, parents and community committee, newsletters, education apps, emails and direct messaging, communications book in our foyer, social media, physical notice board, surveys, information sessions, suggestions box, informal and formal meetings)
- (22) We will consult with all families when we are reviewing our statement of philosophy, Quality Improvement Plan, governance and management systems, programs, policies and procedures

- (23) We will keep the information we have about families and children updated, and use it to shape our communication, risk management, educational program and practices, policies and procedures, daily routines, transitions and activities

SHARING INFORMATION TO SUPPORT FAMILIES

- (24) Staff must share relevant information to families about our service, community services and resources to support the family and increase their wellbeing (National Quality Standard 6.1.3)
- (25) We must keep a copy of the *National Law and Regulations* available at our premises for the use families and anyone else who uses our service (*National Regulations* s 185)
- (26) We must display information about the contents and operation of our educational program at our premises in central location that is readily accessible to parents (*National Regulations* s 75)
- (27) We must give families information about our educational program so far as it relates to their child, information about the child's participation in our program and copies of their child's educational assessments and evaluation records (*National Regulations* s 76)
- (28) We must make available our current Quality Improvement Plan on request (*National Regulations* s 31(c))
- (29) We must also display the specific information about our service required by the *National Law* s 173 and *Regulations* s 173 (for a full list see our [Governance and Management Policy](#))
- (30) Educators will support families by making time to talk and by providing reputable information about parenting and child development
- (31) We will provide families with information and links to community services and resources in our newsletters, family handbook, physical spaces (e.g., posters, leaflets) and via social media, emails.
- (32) The nominated supervisor will ensure that our contact list for local support services is comprehensive and kept up-to-date
- (33) The nominated supervisor may provide and receive referrals from external professionals, services and support networks, where required
- (34) Staff may undertake further training to work with families (e.g., cultural competency, identifying biases, languages, having difficult conversations) in their professional development program
- (35) We support families to build relationships with other families by hosting family and community events, and by facilitating our parents and staff.
- (36) We will host information sessions and workshops on a variety of topics that are useful to families (e.g., child development and learning, nutrition, oral health, sleep and rest, understanding children's behaviour, managing tantrums, technology and screen etc.

TRANSITIONS

- (37) We must ensure that children have continuity of learning, and that staff support them through transitions by sharing information and clarifying responsibilities with families and external professionals and services (National Quality Standard 6.2.1)
- (38) Staff must follow our relevant policies and procedures to ensure that children experience positive transitions (e.g., Collection and Delivery Policy, Safe Arrival of Children Policy, Access and Inclusion, Positive Relationships for Children Policy, Excursion Policy, Staffing Arrangements Policy, Transport Policy)
- (39) Educators will work with families, other staff, and (where relevant) external professionals to make sure:
- Parents have input into decisions about significant transitions for their child (e.g., moving to a different room or group or starting school)
 - Plans, procedures, authorisations, risk assessments, and communication protocols are in place, available and understood
 - Everyone knows their roles and responsibilities, including who has the duty of care
 - All relevant information about the child is kept up to date and shared among the people who are caring for the child (e.g., medical conditions, additional needs, daily routines, social and emotional wellbeing)
 - Children are supported and prepared for transitions (e.g., educators will give them time to adapt to the changes at their own pace, introduce changes gradually, use consistent routines and communicate the changes in ways the child understands)
 - Children are actively and adequately supervised at all times
 - Children's learning and development is observed and documented (and shared among educators, parents)

ACCESS AND PARTICIPATION

- (40) Our partnerships with families, communities and external professionals and services must be strong and effective to ensure every child can access, be included, and participate in, our service (National Quality Standard 6.2.2)
- (41) Staff must follow relevant policies and procedures to ensure all children can access and participate in our service, including our Access and Inclusion Policy, and our Positive Relationships with Children Policy

Community engagement

- (42) We must build relationships and engage with our community (National Quality Standard 6.2.3)

- (43) Our spaces, resources and activities will reflect a range of experiences, cultures and ways of being we see in our community
- (44) We will celebrate diversity and various cultural festivals in partnership with the community
- (45) Staff will liaise with other organisations that work with families and children in our area, including other children's services, local businesses, allied health professionals, playgroups, libraries, schools, environmental and heritage associations, and cultural, health and family support services
- (46) Children will learn about their social and cultural context and history during regular excursions to parts of our local area
- (47) We will invite members of the local community to contribute to our educational program, including through regular incursions
- (48) As part of their program of professional development, educators learn about cultural safety for children from Aboriginal and Torres Strait Islander and culturally and linguistically diverse backgrounds
- (49) Our culturally safe practices are embedded across our service, including in our educational program and practices, communication, physical spaces, special events, play and daily routines, and menu plans.

PRINCIPLES

- (50) We value the diverse backgrounds, cultures and point of view of all families and we want them to feel welcome, supported, included and respected
- (51) We see families as central to their child's education and care. We actively seek their involvement in making decisions about their child's education and development, and our broader governance and management
- (52) We celebrate the unique strengths, backgrounds and family structures of each child. We have a culturally safe and inclusive environment and practices
- (53) We maintain regular, clear and accessible communication with families about their child's development, learning and wellbeing
- (54) We provide families with current information about our service and other relevant community services and resources to support their parenting and children's wellbeing
- (55) We build and maintain partnerships with the community to strengthen our relationship with children and families, and to encourage each child to develop their identity within a wider context
- (56) We regularly review and update our policies and procedures to make sure they still reflect current best practices and address emerging health risks.

POLICY COMMUNICATION, TRAINING AND MONITORING

- (57) This policy and related documents can be found on the table near entrance and on our digital devices.
- (58) The approved provider and nominated supervisor provide information, training and other resources and support regarding the Family and Community Partnerships Policy and related documents
- (59) All staff (including volunteers and students) are formally inducted. They are access to, review, understand and formally acknowledge this Family and Community Partnerships Policy and related documents
- (60) The approved provider runs a professional development program for each staff member, which covers this policy
- (61) Roles and responsibilities are clearly defined in this policy and in individual position descriptions. They are communicated during staff inductions and in ongoing training
- (62) The approved provider and nominated supervisor monitor and audit staff practices and address non-compliance. Breaches of this policy are taken seriously and may result in disciplinary action against a staff member
- (63) At enrolment, families are given access to our Family and Community Partnerships Policy and related documents
- (64) Families are notified in line with our obligations under the *National Regulations* when changes are made to our policies and procedures

LEGISLATION (OVERVIEW)

Education and Care Services National Law and Regulations

Law	Description
s 175	Offence relating to requirement to keep enrolment and other documents
s 172	Offence to fail to display prescribed information
Regulations	
s 74	Documenting of child assessments or evaluations for delivery of educational program
s 75	Information about educational program to be kept available
s 76	Information about educational program to be given to parents
s 86	Notification to parents of incident, injury, trauma and illness
ss 99 - 102	Collection of children from premises and excursions
ss 102AA – 102AAC	Safe arrival of children
ss 102A – 102F	Transportation of children other than as part of an excursion

s 157	Access for parents
s 160	Child enrolment records to be kept by approved provider and family day care educator
s 172	Notification of change to policies or procedures
s 173	Prescribed information to be displayed
s 177	Prescribed enrolment and other documents to be kept by the approved provider
ss 181 ,183 - 184	Confidentiality and storage of records

Other applicable laws and regulations

Act/Regulation/Standard	Description
Privacy Act 1998	Principal act protecting the handling of personal information

National Quality Standard

Standard / Element	Concept	Description
6.1	Supportive relationships with families	Respectful relationships with families are developed and maintained and families are supported in their parenting role
6.1.1	Engagement with the service	Families are supported from enrolment to be involved in the service and contribute to service decisions
6.1.2	Parent views are respected	The expertise, culture, values and beliefs of families are respected and families share in decision-making about their child's learning and wellbeing
6.1.3	Families are supported	Current information is available to families about the service and relevant community services and resources to support parenting and family wellbeing
6.2	Collaborative partnerships	Collaborative partnerships enhance children's inclusion, learning and wellbeing
6.2.1	Transitions	Continuity of learning and transitions for each child are supported by sharing information and clarifying responsibilities
6.2.2	Access and participation	Effective partnerships support children's access, inclusion and participation in the program.
6.2.3	Community engagement	The service builds relationships and engages with its community

Early Years Learning Framework (EYLF) V2.0

Outcome	Key component
2: CHILDREN ARE CONNECTED WITH AND CONTRIBUTE TO THEIR WORLD	- Children develop a sense of connectedness to groups and communities and an understanding of their reciprocal rights and responsibilities as active and informed citizens - Children respond to diversity with respect - Children become aware of fairness - Children become socially responsible and show respect for the environment

National Principles for Child Safe Organisations

Most relevant principles

Families and communities are informed and involved in promoting child safety and wellbeing

Equity is upheld and diverse needs respected in policy and practice

Policies and procedures document how the organisation is safe for children and young people.

RELATED DOCUMENTS

Key Policies	Child Safe Environment Policy Continuity of Education and Care Enrolment Policy Orientation Policy Physical Environment Policy Medical Conditions Policy Positive Relationships for Children Policy Access and Inclusion for Children Policy Physical Activity Policy Fees Policy Education Curriculum and Learning Policy Visitors Policy Safe Arrival of Children Policy Delivery and Collection of Children Policy Transport Policy Excursions Policy Governance and Management Policy Family Law and Access Policy Quick reference: collaboration respect engagement communication inclusion access for parents transitions diversity and equity communication surveys consulting understanding families shared decision-making

SOURCES

Education and Care Services National Law and Regulations | National Quality Standard | Approved Learning Framework | Regulatory Authority resources | Raising Children Network | Australia Education Research Organisation – Family Engagement resources | Early Years Learning Framework Practice Based Resources – Connecting with families.

POLICY INFORMATION

Approval date 1 January 2026

Effective date 1 January 2026

Review date 1 January 202

Approved by Dr Jay Mukhraiya

APPENDIX A

ROLES AND RESPONSIBILITIES – Family and Community Partnerships

Approved provider responsibilities (not limited to)

Ensure our service meets its obligations under the *Education and Care Services National Law and Regulations*, including to:

- Communicate and display the prescribed information to parents (as described in the [Family and Community Partnerships Policy](#))
- Ensure that we collect the prescribed information about children and their families at enrolment and that this information is kept up to date (as described in the [Family and Community Partnerships Policy](#))
- Notify parents according to our procedures as soon as possible and within 24 hours of any incidents affecting their child
- Ensure that parents are allowed to enter our services at any time their child is being cared for by us unless allowing a parent to enter:
 - Would pose a risk to the safety of the children or staff
 - Would conflict with another duty we have under the law, or
 - There is a reasonable belief held by the approved provider or nominated supervisor that it would contravene a court order

Ensure that our service's governance, management, operations, policies, plans, (including risk management/action plans), systems, practices and procedures for partnerships with families and communities are appropriate in practice, up-to-date, best practice, and comply with all relevant legislation, standards and guidelines

Ensure this [Family and Community Partnerships Policy](#) and related procedures (including for safe transitions and access and inclusion) are in place and available to access

Take reasonable steps to ensure our [Family and Community Partnerships Policy](#) and related procedures are followed (e.g. through clear and accessible communication, and systemised inductions, training and monitoring of all staff – including volunteers, students)

Consult with families and the community and incorporate their feedback into our policies, procedures and program

Regularly review this [Family and Community Partnerships Policy](#) and related procedures in consultation with children, families, communities and staff

Notify families at least 14 days before changing this [Family and Community Partnerships Policy](#) if the changes will: affect the fees charged or the way they are collected; or significantly impact the service's education and care of children; or significantly impact the family's ability to utilise the service

Nominated supervisor / persons in day-to-day charge responsibilities (not limited to)

Ensure our service meets its obligations under the *Education and Care Services National Law* and *Regulations*, including to:

- Ensure that parents are allowed to enter our services at any time their child is being cared for by us unless allowing the parent to enter:
 - Would pose a risk to the safety of the children or staff
 - Would conflict with another duty we have under the law, or
 - There is a reasonable belief held by the approved provider or nominated supervisor that it would contravene a court order

Support the approved provider to:

- Communicate all the prescribed information to parents (as described in the Family and Community Partnerships Policy)
- Collect all the prescribed information about children and their families at enrolment and that this information is kept up to date (as described in the Enrolment Policy)
- Notify parents according to our procedures as soon as possible and within 24 hours of any incidents affecting their child

Support the approved provider to ensure that our service's management, operations, policies, plans, (including risk management/action plans), systems, practices and procedures for family and community partnerships are appropriate in practice, up-to-date, best practice, and comply with all relevant legislation, standards and guidelines

Implement this Family and Community Partnerships Policy and related procedures (including for safe transitions and access and inclusion)

Support the approved provider to ensure our Family and Community Partnerships Policy and related procedures are followed (e.g. through clear and accessible communication, and systemised inductions, training and monitoring of all staff – including volunteers, students)

Keep a contact list of support agencies, professionals or networks and make sure to regularly update it. Refer families and receive referrals following relevant procedures (e.g., see our procedure for providing support in Child Protection Procedure)

Build connections with local community organisations and facilities

Contribute to policies and procedure reviews and risk assessments and plans in consultation with children, families, communities and staff. Support the approved provider to notify families of reviews and changes according to legislation and our policies and procedures

Educator / other staff responsibilities (not limited to)

Follow this [Family and Community Partnerships Policy](#) and related procedures (including for safe transitions and access and inclusion)

Maintain respectful relationships with families and support parents in their role

Involve families in decision making about their child's learning and development. Communicate with families regularly about their child's experiences at the service and at home

Get to know families and children. Incorporate each family's expertise, culture, values and beliefs into our program and practices

Discuss with the room leader/nominated supervisor if a family needs support or resources for their child's learning, development or wellbeing. The nominated supervisor can make and receive referrals for families (with their consent)

Maintain confidentiality for children and their families

Support children through periods of transitions according to our procedures and policies

Plan and participate in community events, excursions, inclusions and build relationships with local organisations

Participate in any training / professional development that will help your work with families or the community

Contribute to policy and procedure reviews and risk assessments and plans, and participate in training and professional development opportunities on health and infection control

Families responsibilities (not limited to)

Participate where you can in any way that suits your availability, skills and commitments (e.g., service events, meetings, surveys, volunteering etc)

Discuss any concerns or feedback to improve our service

Provide our service with the information we require at enrolment and keep the information updated

Communicate regularly with educators about your family and child (e.g., values, beliefs, needs, interests, experiences at our service and home)

Participate in decision making with educators about your child's learning and development, and about our wider curriculum, policies and practices

Contribute to our positive and culturally safe environment

Families and Visitors Code of Conduct

[THIS CODE OF CONDUCT IS OPTIONAL – IT IS NOT REQUIRED UNDER THE LAW]

Guiding principles

As Cuddlez families, we:

- Support the service's philosophy and values, and are committed to maintaining a positive, respectful, inclusive and child safe culture in which diversity is celebrated
- Uphold the rights and dignity of children, other families and staff members
- Prioritise and promote the safety, health and wellbeing of ourselves and others at the service
- Engage in open, accessible, respectful and effective two-way communication with others
- Have zero tolerance for bullying, harassment, sexual and sex-based harassment, unlawful discrimination, victimisation, vilification, violence or aggression
- Raise concerns appropriately, respectfully and productively

Positive relationships

DO:

- Speak and behave respectfully at all times
- Use polite spoken and written language at all times, including during disagreements or complaints
- Collaborate with educators in making decisions on children's care and education. Understand that, at times, compromises may be necessary
- Respect the privacy and confidentiality of families, children, visitors and staff
- Treat all members of our community equally, respectfully and fairly, regardless of race, gender, sexuality, disability, culture, religion, age or family structure
- Support us in providing an inclusive and culturally safe environment that celebrates the diverse backgrounds, abilities, circumstances, views, beliefs and values of everyone at our service
- Raise any concerns or complaints with your child's educators or through our service's [Complaint Handling Policy and Procedure](#)

DON'T

- Engage in any unacceptable behaviour (either in the physical or online environment), such as using offensive, aggressive, threatening, intimidatory language or abusive language, or bullying, harassment, sexual harassment, unlawful discrimination, physical aggression
- Make negative comments or gossip with other members of our service's community (including on social media)

Child safe environment

DO:

- Support us in creating a child safe environment that upholds the rights of all children to be safe, heard, and respected (see our [Child Safe Environment Policy](#))

- Always act respectfully and appropriately around children and do not have physical contact with any child at the service who is not your own
- Report any concerns (including suspicions or disclosures) about the safety or wellbeing of a child at our service to a staff member or the nominated supervisor
- Respect our legal and ethical obligations to follow child protection laws, including the mandatory reporting of harm or risk of harm to a child
- Supervise your own child while on the premises, unless they are signed in and under our care
- Supervise any other children in your care who are not enrolled in the service (e.g. siblings), and don't allow them to use service equipment or be left unaccompanied at any time
- Follow all directions from staff regarding phone or other device use while at the service

DON'T:

- Condone or engage in any activity that harms or risks harm to a child, including inappropriate conduct
- Use physical discipline, corporal punishment or aggressive behaviour towards any child while at the service, including your own
- Have any personal devices capable of capturing, storing, or transmitting images in your possession or control if you are working directly with children at our service
- Take, store or transmit photographs, videos or audio recordings of children, staff or other families and visitors at the service on any device unless you are authorised to do so and have the relevant consent
- Share (e.g., on social media, via email or messaging apps) images, videos or any identifying information about children, staff or other families without the relevant consent

Health and safety

DO:

- Take good care of your own health and safety, and that of others
- Respect our safety rules, hygiene protocols and illness exclusion periods
- Comply with any reasonable instruction that our staff give to you about health and safety

Alcohol, drugs, vapes and tobacco free environment

DO:

- Respect our legal and ethical obligations to have an alcohol, drug, vape and tobacco free environment for children

DON'T:

- Attend the service if you are affected by alcohol or illicit drugs (including misused prescription medication)
- Bring alcohol, illicit drugs, or tobacco or vaping products onto the premises
- Smoke or vape at our service at any time

Cooperate with policies and procedures

DO:

- Follow all relevant service policies and procedures, including for child safety, enrolment, attendance, delivery and collection of your child, fees, behaviour guidance, photography, medical conditions, infectious diseases, immunisation, medication, authorisations, clothing and sun protection, and food and nutrition
- Notify us as soon as possible of any change to your child or family's circumstances, such as contact details, authorised persons, court orders, medical conditions, immunisation status, health and wellbeing etc

Gifts, benefits and hospitality

DON'T:

- Offer staff gifts, benefits or hospitality that exceed \$50
- Offer staff cash or cash vouchers (e.g., Visa gift cards) of any value
- Offer any gifts that may influence, or give the impression to influence, any decision by a staff member

Breaches of this Code of Conduct

Report breaches or suspected breaches of our [Families and Visitors Code of Conduct](#) to nominated supervisor and/or approved provider either in person, by telephone on 0286324439 or via email cuddlez_preschool@outlook.com.

Staff must follow our [Child Protection Policy and Procedures](#) if the breach relates to harm or risk of harm to a child.

Breaches and suspected breaches will be taken seriously and dealt with quickly, fairly, transparently and according to our relevant policies and procedures, including our [Complaint Handling Policy and Procedure](#).

Families or visitors who breach this Code may have action taken against them, such as formal warnings, denied access to our premises, suspension/termination of enrolment.

We may consider the following factors when deciding what action to take: the seriousness of the breach, the likelihood of the breach happening again, whether the person has committed the breach before, the risk of the breach to others health and safety, and other relevant circumstances.

Depending on the breach, we may need to refer the matter to the police and/or another relevant authority.

Agreement and signature:

[OPTIONAL AGREEMENT]

I have read and understood this [Families and Visitors Code of Conduct](#) and agree to abide by it and its terms

Name:

Signature:

Date:>

25 - Family Law and Access Policy

NQF

QA2	2.2.3	Child protection - Management, educators and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect.

NATIONAL REGULATIONS

Regs	84	Awareness of child protection law
	157	Access for parents

AIM

To ensure that the service is upholding any responsibilities or obligations in relation to family law and access at the service.

RELATED POLICIES

- Child Protection Policy
- Enrolment Policy
- Privacy and Confidentiality Policy

IMPLEMENTATION

Both parents have full responsibility for their children until they reach 18, unless a Court orders otherwise. This is not changed in any way as a result of a change in the parents' relationship, for example, separation or remarriage. If the relationship breaks down parental responsibility may be documented to clarify responsibilities in relation to the child.

Parenting Orders – are orders that the Family Court (or the Federal Circuit Court) will make when parents' relationships break down and they cannot agree on the arrangements for their child. They change parenting responsibilities and stipulate which parent has what responsibilities. Parenting Orders may cover:

1. a child's residence – who the child will live with, (who has custody of the child). This person is responsible for day-to-day matters like discipline, going out, clothes and pocket money. Residency can be a shared arrangement.
2. A child's contact arrangements - when a child may have contact with a non-custodial parent or anyone else who plays an important part in their life e.g., grandparent s(contact can either be face to face, or by phone, letters)
3. Child Maintenance – who provides financial support for a child.
4. Specific Issues –any other aspect of parental responsibility (this may include the day-to-day care, welfare and development of a child, issues relating to religion, education, sport, or other specific issue)

Parenting Orders by Consent/Parenting Plans – Where parents agree on the arrangements for their child despite their relationship breaking down, they can apply to the Court for a "parenting order by consent" or they can enter into a written Parenting Plan which records the agreed arrangement.

The Approved Provider or Nominated Supervisor will:

- ensure parents provide copies of any parenting orders or plans during the child's enrolment.
- request/remind parents to provide copies of any new or revised orders or plans.
- ensure educators, staff and volunteers understand and comply with any parenting orders or parenting plans, in particular know with whom the child lives, who they may have contact with, and any other specific legal rights and responsibilities set out in the documents. Services have a legal responsibility to ensure children only leave the Service with the permission of the custodial parent (or in accordance with the orders/plans)
- contact the custodial parent and if necessary, the Police if a person who is not authorised to collect the child wishes to take the child and will not leave. The child will remain at the Service.

The Approved Provider, Nominated Supervisor and educators will not allow a parent to enter the service premises if they reasonably believed this would contravene a court order.

SOURCES

1. www.familycourt.gov.au
2. Law Council of Australia www.familylawsection.org.au
3. Family Law Act 1975
4. Education and Care National Regulations 2011
5. National Quality Standard

REVIEW

The policy will be reviewed annually by Management, Educators, Families and other interested Parties.

POLICY INFORMATION

Approval date	1 January 2026
Effective date	1 January 2026
Review date	1 January 202
Approved by	Dr Jay Mukhraiya >

26 - Fees Policy

NQF

QA7	7.1.2	Management systems - Systems are in place to manage risk and enable the effective management and operation of a quality service.

AIM

Parents fully understand fee payment procedures and requirements and pay their childcare fees on time.

RELATED POLICIES

1. Privacy and Confidentiality Policy
2. Orientation for Children Policy
3. Enrolment Policy

IMPLEMENTATION

Enrolment

A booking fee of \$50.00 is required when lodging an enrolment form. This is non-refundable if your child does not take a place at our service. This booking fee will be taken as part of your security deposit once your child takes a place at our Service.

Upon enrolment families must pay a security deposit of \$500- or one-week's full fees. Any bond owing when a child leaves the service will be refunded within fourteen weeks of the child's last week of attendance being submitted to CCMS.

Fees

Our childcare fees are outlined in our fee schedule which is available from our office/administration area. We will advise eligible families if we can access any Government funding which may reduce the fees they're required to pay. This may include, for example, fee free or reduced cost or preschool programs funded by the State Government.

Please note our fees may change from time to time. We will notify families in writing at least 14 days before we change our fees or the way in which we collect them.

Fees must be paid on time and:

- **one week in advance**
 - weekly, fortnightly or monthly in advance by cheque, direct deposit or B-pay
 - on the first morning your child attends the service for the week
 - in advance for every day that your child is enrolled at the service. This includes pupil free days, sick days, family holidays and public holidays but excludes periods when the service is closed including over the Christmas and New Year break period.

Fees may also be payable during any period when the service closes in response to a local emergency e.g., fire, flood. Potential emergencies which may affect our service are considered in our service risk assessment for potential emergencies and covered in our emergency

response procedures (refer Emergency Management and Evacuation Policy.) Due to administration costs incurred by the service, dishonoured payments (e.g., cheques) will incur a charge of \$10.00 will be billed to your account.

Child Care Subsidy

Child Care Subsidy is available to all families who are Australian Residents if the child meets immunisation requirements and parents meet eligibility requirements. Entitlement is determined by an activity test which determines the number of hours of subsidised care to which families are entitled. Combined family income is used to determine the subsidy percentage. Income thresholds change each financial year. Current thresholds are available from the Department of Human Services website. See servicesaustralia.gov.au/. See 'Activity Level and Subsidised Care.'

<i>Hours of activity per fortnight</i>	<i>Maximum number of hours of subsidy per fortnight</i>
8 hours to 16 hours	36 hours
More than 16 hours to 48 hours	72 hours
More than 48 hours	100 hours

A broad range of activities meet the activity test requirements, including paid work, self-employment, unpaid work in a family business, active job hunting, volunteering or studying. You can also include reasonable travel time to and from a place of activity to the centre. In two parent families, both parents must meet the activity test, and subsidy hours are calculated on the lower number where parents have different levels of activity.

There are exemptions for parents who legitimately cannot meet the activity test requirements.

Low-income families who do not meet the activity test can access 24 hours of subsidised care per fortnight under the Child Care Safety Net. Families who do not meet the activity test but have a preschool-age child attending preschool are eligible for 36 hours of subsidised care per fortnight.

People with disability or impairment, including those who receive Disability Support Pension or an invalidity service pension or who have been diagnosed by a registered medical practitioner or clinical psychologist as impaired to a significant degree may be exempt from the activity test. Families who need more than their available hours of subsidised care per fortnight due to exceptional circumstances can also apply to Centrelink for additional hours.

The Additional Child Care Subsidy may be available to help support:

- families needing help to support their children's safety and wellbeing.
- grandparents on income support who are primary child-carers.
- families in temporary financial hardship
- families moving to work from income support.

Families can claim Child Care Subsidy or Additional Child Care Subsidy online by signing into their MyGov and completing a claim. If eligible, the Subsidy will be paid directly to the service on

families' behalf, and we will reduce the fees owed. This can occur after our service enters families' enrolment information online, and families confirm their enrolment information through their MyGov account. Until Child Care Subsidy details are available, families will need to pay full fees.

Child Care Subsidy may not be paid by the Government in certain situations and families will be required to pay full fees for the period involved. These include:

- non-attendance for 14 weeks in a row
- for any days before a child attends the service for the first time.
- for any days in the final attendance period after a child last physically attends the service.

Absences

Families are entitled to receive Child Care Subsidy for up to 42 days where their child is absent, for example due to illness, public holidays, local emergencies and parental leave. Evidence to support these absences is not required. Additional absence days may be available if they meet the situations outlined in the Family Assistance Law and there is evidence to support these.

Statements of Entitlement

We will issue fortnightly Statements which include child/children's full name/s, date of care, date of payment, daily and weekly hours of care, absences, hourly fees and hourly and daily fee totals and the number of hours fees were reduced (e.g., by Child Care Subsidy) and total reduction amount. (Parents' My Gov accounts will also have how much care families have received and how much Child Care Subsidy has been paid.)

Invoices

Invoices for the amount of fees payable in a period will be issued every week. If families pay more than the fee amount required at the time, change will not be given but will be credited to the family's account.

Receipts

Families will be provided with receipts once invoices have been paid.

Late Fees

Families who do not collect their child before we normally close for the day may be charged a late fee of \$15 for every 15 minutes or part thereof, they arrive past our closing time. This fee covers the cost of employing the staff required to supervise a child outside our operating hours. It may be waived at the discretion of the Nominated Supervisor.

Termination

Should families wish to end a permanent booking at the service, 2 weeks written notice is required. If families do not provide this notice, they will be charged 2 weeks' fees. The Nominated Supervisor may also suspend or terminate a child's enrolment after providing 2 weeks' notice, unless they believe the child's behaviour poses an unacceptable risk to the welfare and safety of other children and educators, in which case no notice period is required. Please note children must be signed in and out by parents/guardians on the last scheduled day of their attendance for the Child Care Subsidy to apply. If this does not occur families are required to pay full fees.

NOTE: Please note that as per the CentreLink Policy, if the child is absent on the last day of his/her enrolment, the CCS subsidy will not be paid by the CentreLink to the Centre and hence full fee is payable by the parents.

In relation to casual bookings, at least 24 hours' notice is required if a child no longer requires a place in the booked session. **If this notice is not provided, families will be charged for the session.**

There may be instances where cancellation occurs as a result of an emergency or other special circumstance. The Nominated Supervisor has the discretion to waive the termination fee in these situations.

Overdue Fees

The Nominated Supervisor/Approved Provider will issue a **Friendly Fee Reminder** letter to any family who is one week late paying their fees. **If families are having difficulty making fee payments, they should immediately speak with the** approved provider or nominated supervisor to discuss fee payment arrangements. Information provided by families will be treated as strictly private and confidential.

In cases of non-payment of fees, where the service is unable to contact families about the debt, or families do not meet agreed arrangements for repayment of the debt and ongoing payment of fees:

- bond payments will be applied to outstanding debt amounts and
- the Nominated Supervisor may immediately suspend or terminate the child's place at the service. Families will be advised of this action in writing.

Where families do not meet agreed payment plans, and an outstanding debt remains, the Nominated Supervisor may use their discretion to engage a third-party agency to recover the outstanding amount. The cost of this action may be added to the debt owed.

Fees of **\$10.00 a day** will apply to any overdue fees.

SOURCES

- Bryant, L. (2009). Managing a Child Care Service : A Hands-On Guide for Service Providers.
- Sydney: Community Child Care Co-Operative.
- Education and Care Services National Law and Regulations
- Family Assistance Law.

POLICY INFORMATION

Approval date	1 January 2026

Effective date	1 January 2026

Review date	1 January 2027

Approved by	Dr Jay Mukhraiya >

27. First Aid Policy

PURPOSE AND BACKGROUND

- (65) To set out how we meet the first aid needs of children in our care and staff in our workplace
- (66) This policy is required under the *Education and Care Services National Regulations*. The approved provider must ensure that policies and procedures are in place for dealing with health and safety matters relating to the administration of first aid (s 168(2)(a)(iv))
- (67) This policy also helps us to comply with work health and safety laws, including the First Aid in the Workplace Code of Practice

SCOPE

- (68) This policy applies to:
- ‘Staff’: the approved provider, nominated supervisor, paid workers, volunteers, work placement students, and third parties who carry out related work at our service (e.g., contractors, subcontractors, self-employed persons, employees of a labour hire company)
 - Children in our care, their parents, families and care providers
 - Visitors to our service who carry out related work, including allied health support workers
- (69) It applies to all physical environments of our service (including off-site e.g., during excursions or travel)
- (70) First aid for anaphylaxis, diabetes and asthma is also covered in our [Medical Conditions Policy](#)

DEFINITIONS

- (71) The following definitions apply to this policy and related procedures:
- ‘Approved first aid qualification’, ‘approved anaphylaxis training’ and ‘approved emergency asthma management training’ means a qualification approved by the regulatory authority
 - ‘Emergency’ means an incident, situation or event where there is an imminent or severe risk to the health, safety or well-being of a person at the service (e.g., a flood, fire or a situation that requires the service premises to be locked down or other type of emergency response)
 - ‘Emergency contact’ is a person who has been nominated by the child’s parent or legal guardian to be notified in case of an emergency
 - ‘Emergency services’ - includes ambulance, fire brigade, police and state emergency services

- ‘First aid’ is the immediate care provided to a person who is suffering an illness or injury
- ‘Injury’ means any physical damage to the body caused by violence or an incident
- ‘Medical attention’ includes a visit to a registered medical practitioner or attendance at a hospital
- ‘Medical emergency’ means an injury or illness that is acute and poses an immediate risk to a person’s life or long-term health (e.g., a seizure, acute asthma attack, an anaphylactic response, choking or aspiration, major injuries, broken bones or lacerations, poisoning, chest pain or pressure, sustained or significant knock, serious head injury, loss of consciousness, sudden severe pain, uncontrolled bleeding, hyperventilation, fainting, difficulty breathing, coughing or vomiting blood, uncontrolled bleeding)
- ‘Parents’ includes guardians and persons who have parental responsibilities for the child under a decision or order of court
- ‘Serious incidents’ are defined in our [Incident, Injury, Trauma and Illness Policy](#)
- ‘Staff’, unless otherwise indicated, refers to approved provider, nominated supervisor, paid employees, volunteers, students, and third parties who are covered in the scope of this policy

POLICY STATEMENT

Duty of care

- (72) The approved provider and nominated supervisor must take every reasonable precaution to protect children from harm and any hazard likely to cause injury (*National Law s 167*)
- (73) We must support and protect each child’s health and safety, including by:
- Promoting and implementing effective illness and injury management and hygiene practices (National Quality Standard 2.1.2)
 - Developing plans to manage incidents and emergencies with relevant authorities, and practicing and implementing these plans (National Quality Standard 2.2.2)
- (74) The approved provider must also discharge their duty of care to staff and others at our service under work health and safety laws – including by providing first aid

First aid procedures

- (75) Relevant staff must follow our first aid procedure (attached) if a child or another adult has a sudden illness, injury or trauma while they are at our service that requires the administration of first aid

- (76) They must also follow any other relevant procedure related to first aid (e.g., for managing medical conditions, illnesses, injuries, emergencies, evacuations, infectious diseases, and maintaining records, authorisations, health, hygiene, work health and safety)
- (77) Staff (including volunteers and students) will be given instruction and training at induction and at regular intervals as part of their ongoing training program on all the procedures they need to implement

First aid risk assessment

- (78) When we are determining our first aid needs, we must consider all relevant matters to ensure that we have the right first aid equipment, facilities and training for staff
- (79) The approved provider will ensure we conduct regular first aid risk assessments that cover:
- The size and location of our service (e.g., access, number of floors, distance to nearest hospital and medical service, outdoor environment)
 - The number and composition of staff, children and others at the service (e.g., ratios, ages of children, medical conditions, disabilities or mobility needs, languages spoken)
 - Injuries, illnesses and incidents (e.g., in the last 12 months, trends)
 - Nature of the work and the nature of hazards (e.g., children's activities, manual handling, hazardous chemicals, special events, excursions, travel and transport)
- (80) The risk assessments will be used to inform our procedures and decisions about additional training or competencies for staff; the number, contents and location of kits and first aid equipment; and our equipment maintenance protocols
- (81) When making decisions on our first aid needs, the approved provider must consult staff, and will consult families, children and external specialists (where appropriate)

First aid training and qualifications

- (82) As a minimum, the approved provider must ensure that each of the following persons are in physically present - and immediately available in an emergency – at all times and at any place where children are in our care (including in off-site locations such as during excursions, travel, transport) (*National Regulations* s 136(1)):
- At least one staff member or one nominated supervisor who holds a current approved **first aid qualification**
 - At least one staff member or one nominated supervisor who has undertaken current approved **anaphylaxis management training**
 - At least one staff member or one nominated supervisor who has undertaken current approved **emergency asthma management training**

- (83) The same person may hold one or more of the above qualifications
- (84) Our service goes above the minimum requirements and ensures that all educators undertake approved current first aid, anaphylaxis management and emergency asthma management training.
- (85) Relevant staff will also receive regular hands-on training to administer first aid according to any specific treatment needs of adults or children in our care (e.g., for diabetes management devices such as using blood glucose meters, insulin pumps, syringes, pens or epilepsy seizure first aid)
- (86) The approved provider or nominated supervisor will use ACECQA's '[qualification checker](#)' to make sure that the qualification is an approved one
- (87) The nominated supervisor will ensure that staff rosters include the minimum number of staff with current approved first aid qualifications (including for anaphylaxis and emergency asthma management)
- (88) The approved provider must ensure that a record of any approved first aid training completed by a staff member is kept on their staff record (*National Regulations s 147*)

First aid training frequency

- (89) First aid trained staff must attend training on a regular basis to keep their qualifications current as follows (*National Regulations s 136(4A)*):
 - CPR training – at least annually
 - First aid qualifications – at least every three years
 - Anaphylaxis management training – at least every three years
 - Emergency asthma management training - at least every three years
- (90) The nominated supervisor will record and track expiry/validity dates of staff qualifications, and schedule refresher training for staff when it is due

First aid kits – requirements

- (91) The approved provider must ensure that our first aid kits are adequate in number for the number of children in our care, suitably equipped, and easily recognisable and readily accessible to adults, considering the design of our service (*National Regulations s 89*)
- (92) Under work health and safety laws, first aid kits must be accessible to staff whenever they are at work – even if they are not caring for children at the time

First aid kits - contents

- (93) The approved provider will use our first aid risk assessment and guidance from a reputable authority (e.g., St John Ambulance, Safe Work Australia) to inform the contents of our first aid kits

(94) Our first aid kit must:

- Not contain paracetamol (Panadol)
- Be suitably equipped having regard to the hazards at the service, past and potential injuries and size and location of our service
- Include resources for the immediate treatment of injuries, including:
 - Cuts, scratches, punctures, grazes and splinters
 - Muscular sprains and strains
 - Minor burns
 - Amputations and/or major bleeding
 - Broken bones
 - Eye injuries
 - Shock
- Be maintained in proper condition and the contents replenished as necessary
- Display emergency telephone numbers, and the name, photograph (if possible), phone number and location of the nearest first aid trained staff (or other appropriate information for those staff who have mobile workplaces)

(95) The nominated supervisor will ensure that all first aid items and equipment in our kits meet any applicable Australian Standard, are not expired, and are bought from a reputable supplier

First aid kits – design

(96) Our first aid kits will:

- Be constructed of resistant material, dustproof (can be sealed) and large enough to adequately store the required contents
- Where possible, be fitted with a carry handle and internal compartments
- Have a white cross on a green background with the words 'First Aid' prominently displayed on the outside
- Contain a list of contents (inventory)

First aid kits – location and accessibility

(97) The approved provider will ensure that our first aid kits:

- Are on hand wherever children are present, including on excursions, during travel and transport, in outdoor areas, for special events and during emergency evacuations
- Are not locked, but are kept out of reach of children

- Are accessible within two minutes of an incident (includes time required to access secure areas) and located where there is a risk of injury or illness occurring (if relevant)
- (98) To help people to find our first aid kits, we will display prominent, well-recognised first aid signs, which comply with AS 1319:1994 – Safety Signs for the Occupational Environment, wherever first aid kits are located

General use anaphylaxis and asthma response kits

- (99) In addition to our standard first aid kits, we will keep a general use emergency kit containing medication and equipment to manage anaphylaxis or asthma attacks
- (100) Our emergency anaphylaxis and asthma kits will be stored unlocked and out of reach of children in our first aid kit in the Media Room/Children rooms.
- (101) It will be readily accessible to staff wherever we are caring for children, including during excursions, special events, outdoors, travel, transport and emergency evacuations - even if there are no children enrolled with these conditions

First aid kits - restocking and maintaining

- (102) The nominated supervisor is responsible for ensuring that each first aid kit and general use anaphylaxis and asthma response kit:
- Contains all the required quantities of items according to its inventory list
 - Items are in working order, have not deteriorated and are within their expiry dates, and that sterile products are sealed and have not been tampered with
 - Are in their correct location with prominent signage
 - Contents and locations are still appropriate considering our recent incident, injury, trauma, and illness data (for both children and adults)
- (103) The nominated supervisor will audit:
- The first aid kits after each use and at least once every 12 months
 - The general use anaphylaxis and asthma kits after each use and at least once every 3 months
- (104) The nominated supervisor will sign and date the inventory checklist after each audit

Other first aid equipment

- (105) The approved provider will consider whether, aside from our first aid kits, any other first aid equipment is needed to treat specific medical conditions of children or staff.

Emergency telephone

- (106) Staff must always have access to an emergency telephone or similar form of communication to contact emergency services and parents (*National Regulations s 89*) (refer to our Emergency and Evacuation Policy)

Providing first aid information

- (107) The approved provider must provide staff with relevant and accessible information about how to protect the health and safety of themselves and others at our service, including information and instructions on first aid
- (108) Inductions and ongoing training for staff, volunteers and students will cover the following first aid information:
- The location of first aid kits, equipment and facilities
 - The names and rooms of first aid trained educators and staff
 - Our first aid policy and related procedures
 - First aid needs of any children with a medical condition (as covered in their medical management plan), if relevant
 - First aid needs of the staff member, volunteer or student, if relevant (note, this information will only be shared with other staff members with the person's consent, or to meet our duty of care)
- (109) Information, instruction and training must also be provided if there are any changes to our first aid policy or related procedures, medical management plans of individual children, the location of first aid equipment or facilities, or to the names, location or contact details of first aid trained staff
- (110) Our educational program for children will cover basic, age-appropriate first aid (e.g., common injuries; applying bandages, icepacks, band-aids; what to do in an emergency)

First aid signage

- (111) The approved provider must ensure that first aid facilities and equipment are adequately signposted, and that the telephone numbers of emergency services and details to assist staff to locate first aid trained staff are displayed (names, telephone numbers, locations, and - if possible - photographs)
- (112) Signs should comply with AS 1319 Safety Signs for the Occupational Environment (e.g., white cross on a green background)
- (113) We will display first aid posters and instructions in prominent locations (e.g., posters and info sheets for DRSABCD action plan, CPR, ASCIA action plan for anaphylaxis, choking, burns, bites and stings, nose bleeds, electric shock etc)

- (114) We will display an emergency services contact card near our phone

Reviewing first aid needs

- (115) The approved provider will ensure that our first aid arrangements are regularly reviewed in consultation with staff and families at least annually and/or when there are staff or other relevant changes (e.g., relocation, renovation, new legislation)
- (116) Reviews will cover:
- Our first aid procedure
 - The quantity, contents and location of our first aid kits and equipment
 - First aid training, skills and knowledge – whether we have enough trained staff and whether their training is current
 - Whether first aid trained staff and emergency contact details are up to date
 - The nature of incidents occurring at the service
 - Whether we need a first aid room
 - The results of risk assessments we have conducted
- (117) The nominated supervisor will assess each first aid trained staff's skills and knowledge in their regular performance evaluations and, if there are gaps, arrange further training
- (118) When we introduce a new activity, practice, or environment, or a new hazard is identified, the approved provider will ensure our first aid risk assessment is reviewed to confirm that our arrangements are still suitable
- (119) We must rehearse our first aid procedures as part of our regular emergency and evacuation rehearsals, which must be held at least once every three months (see [Emergency Management and Evacuation Policy](#))
- (120) The approved provider will use the data we collect on incidents, injuries, traumas and illnesses to inform our first aid policy and procedures. Any serious incident or a pattern of minor incidents or injuries will trigger a review of our first aid arrangements

First aid reporting and record keeping

- (121) If there is an incident, injury, trauma or illness involving a child while they are in our care, we must notify the child's parent/emergency contact, and complete an incident, injury, trauma and illness record as soon as practicable (and within 24 hours) (*National Regulations s 87*)
- (122) We may also need to notify the regulatory authority and/or work health and safety regulator, depending on the circumstances (e.g., serious incidents, notifiable incidents). For details refer to our [Incident, Injury, Trauma and Illness Policy](#)

- (123) If an incident involves harm or risk of harm to a child – such as physical or sexual abuse – staff must report it following our [Child Protection Policy](#)
- (124) The approved provider must also ensure that we also keep a record of incidents involving staff and other adults at our service. ‘Notifiable incidents’ must be reported to our work health and safety regulator within a set time. For details refer to our [Work Health and Safety Policy](#)
- (125) We must keep on a child’s enrolment record written parental authorisation for the approved provider, nominated supervisor or an educator to seek medical treatment for the child from a registered medical practitioner, hospital or ambulance service, and the transportation of the child by an ambulance service (*National Regulations s 161*)
- (126) If we administer medication to a child, including as part of first aid, staff must complete a medication record and store it on the child’s record for 3 years after the child’s last day at the service. For details refer to our [Administration of Medication Policy](#)

PRINCIPLES

- (127) The health, safety and wellbeing of children in our care is our number one priority, so we take every reasonable measure to protect children from harm and hazards
- (128) We are well equipped to administer first aid in the event of injury or illness
- (129) Staff understand their roles and responsibilities for first aid, emergency management, notifications and reporting. They have current training and first aid information at hand
- (130) Our first aid kits and equipment are appropriate to our service, prominently displayed and systematically monitored and reviewed to ensure they are suitably equipped
- (131) We communicate with staff, families, children and government authorities about our first aid arrangements, ensuring that everyone is informed and contributing to a safe environment
- (132) Children are helped to take increasing responsibility for their health and physical wellbeing. Basic first aid is included in our education programming and planning
- (133) We regularly review and update our first aid arrangements, policies and procedures to make sure they still reflect current best practices and address changed or new hazards

POLICY COMMUNICATION, TRAINING AND MONITORING

- (134) This policy and related documents can be found in the Office and on all our devices.
- (135) The approved provider and nominated supervisor provide information, training and other resources and support regarding the [First Aid Policy](#) and related documents
- (136) All staff (including volunteers and students) are formally inducted. They are given access to, review, understand and formally acknowledge this [First Aid Policy](#) and related documents

- (137) The nominated supervisor runs a professional development program for each staff member, which covers this policy and related procedures
- (138) Roles and responsibilities are clearly defined in this policy and in individual position descriptions. They are communicated during staff inductions and in ongoing training
- (139) The approved provider and nominated supervisor monitor and audit staff practices and address non-compliance. Breaches of this policy are taken seriously and may result in disciplinary action against a staff member
- (140) At enrolment, families are given access to our [First Aid Policy](#) and related documents
- (141) Families are notified in line with our obligations under the *National Regulations* when changes are made to our policies and procedures

LEGISLATION (OVERVIEW)

Education and Care Services National Law and Regulations

Law	Description
s 165	Offence to inadequately supervise children
s 167	Offence relating to protection of children from harm and hazards
s 174	Offence to fail to notify certain information to Regulatory Authority
Regulations	
ss 85 - 89	Incidents, injury, trauma and illness
ss 90 - 91	Medical conditions policy
ss 92 - 96	Administration of medication
ss 97 - 98	Emergencies and communication
ss 99 - 102	Collection of children from premises and excursions
s 136	First aid qualifications
s 160	Child enrolment records to be kept by approved provider and family day care educator
s 161	Authorisations to be kept in enrolment record
s 162	Health information to be kept in enrolment record
s 168	Education and care services must have policies and procedures
s 170	Policies and procedures to be followed
s 171	Policies and procedures to be kept available
s 172	Notification of change to policies or procedures
s 175	Prescribed information to be notified to Regulatory Authority
s 176	Time to notify certain information to the Regulatory Authority
s 177	Prescribed enrolment and other documents to be kept by the approved provider

ss 181 ,183 - 184	Confidentiality and storage of records

Other applicable laws and regulations

Name	Description
<i>Work health and safety legislation</i>	Describes the primary duty of care to people in the workplace
<i>Privacy Act 1988</i>	Principal act governing the handling of personal information
<i>State/territory based child safety and child protection legislation</i>	Covers child safe standards/principles, reporting obligations, preventing harm or risk of harm to children
<i>State/territory-based health laws, including health records</i>	Covers exclusion periods for infectious diseases, notifications and record keeping requirements

National Quality Standard

Standard / Element	Concept	Description
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented
2.2	Safety	Each child is protected
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazards
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented
2.2.3	Child Protection	Management, educators and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect
3.1	Design	The design of the facilities is appropriate for the operation of a service
3.1.2	Upkeep	Premises, furniture and equipment are safe, clean and well maintained
7.1.2	Management systems	Systems are in place to manage risk and enable the effective management and operation of a quality service that is child safe

Early Years Learning Framework (EYLF) V2.0

Outcome	Key component
3: CHILDREN HAVE A STRONG SENSE OF WELLBEING	- Children become strong in their social, emotional and mental wellbeing - Children become strong in their physical learning and wellbeing - Children are aware of and develop strategies to support their own mental and physical health and personal safety

National Principles for Child Safe Organisations

Most relevant principles
Families and communities are informed and involved in promoting child safety and wellbeing

Processes to respond to complaints and concerns are child focused

Staff and volunteers are equipped with the knowledge, skills and awareness to keep children and young people safe through ongoing education and training

Physical and online environments promote safety and wellbeing while minimising the opportunity for children and young people to be harmed

RELATED DOCUMENTS

Key Policies	Child Safe Environment Policy Child Protection Policy Cleaning, Health and Hygiene Policy Work Health and Safety Policy Enrolment Policy Medical Conditions Policy Sand Pit Policy Governance and Management Policy Dealing with Infectious Diseases Policy Staffing Arrangements Policy Excursions Policy Transport Policy Incident, Injury, Trauma and Illness Policy Safe Arrival of Children Policy Sleep and Rest Policy Emergency Management and Evacuations Policy Immunisation Policy Recruitment, Induction and Training Policy Administration of Medication Policy Authorisations Policy
Procedures	Roles and Responsibilities – First Aid (attached) First Aid Procedure (attached) First Aid Kit Procedure (attached) Incident, Injury, Trauma and Illness Procedures including: Standard Incident Notification and Record Keeping Actions, Medical Emergencies Procedure, Managing an Unwell Child Emergency and Evacuation Plan and Procedures (in Emergency and Evacuation Policy) Excursion Procedure Transport Procedure Safe Arrival of Children Procedure (in Safe Arrival of Children Policy) Notifiable incident reporting and record keeping (Work Health and Safety Policy)
Resources	St John Ambulance fact sheets in English and other languages

SOURCES

Education and Care Services National Law and Regulations | National Quality Standard | Model Code of Practice: First Aid in the Workplace | Staying Healthy 6th edition NHMRC | Work Health and Safety laws | Public health laws | Child Safety laws and principles | St John Ambulance and Australian Red Cross resources | Kidsafe Australia | ACECQA Administration of First Aid Policy and Procedure Guidelines.

Quick reference: first aid | incidents | injuries | trauma | serious incidents | head injuries | NQA IT System notifications | duty of care | risk management | incident, injury, trauma and illness record | record keeping | privacy and confidentiality | emergency response | non-serious incidents | medical emergencies | ambulance procedure | authorisations | hazard | harm | medication | serious injuries | broken bones | anaphylaxis | asthma attack | seizure | managing unwell children

POLICY INFORMATION

Approval date	1 January 2026
Effective date	1 January 2026
Review date	Reviewed annually and when there are changes that may affect this policy or related procedures.
Approved by	Dr Jay Mukhraiya

APPENDIX A

ROLES AND RESPONSIBILITIES – First aid

Approved provider responsibilities (not limited to)

Ensure our service meets its obligations under the *Education and Care Services National Law and Regulations*, including to take every reasonable precaution to protect children from harm and hazards likely to cause injury

Ensure that our service's governance, management, operations, policies, plans, (including risk management/action plans), systems, practices and procedures for first aid are appropriate in practice, up-to-date, best practice, and comply with all relevant legislation, standards and guidelines

Ensure this First Aid Policy and related procedures are in place and available for inspection

Take reasonable steps to ensure our First Aid Policy and related procedures are followed (e.g. through clear and accessible communication, and systemised inductions, training and monitoring of all staff – including volunteers, students)

Ensure that we meet the minimum requirements described in this policy for the number of first approved current aid trained staff (including staff who have undertaken current approved anaphylaxis training and current emergency asthma management training)

Ensure a record of training is kept on the nominated supervisor and relevant staff members' record

Ensure risk assessments are conducted to identify and assess any risks related to first aid, in line with regulations and our policies and procedures. Risk assessments must specify how the risks will be managed and minimised. They must be communicated to staff, recorded and available for inspection

Ensure our first aid kits, equipment and facilities are monitored, accessible and prominently displayed, suitably equipped, and adequate in number for the size and scope of our service. Ensure staff (inc. volunteers and students) know where the kits are kept and that emergency services contact cards, and the names, locations and telephone numbers of first aid trained staff are prominently displayed with first aid kits and telephones

Ensure we meet our work health and safety obligations for first aid, including to provide immediate and effective first aid to staff and others who are injured or have become ill at our service, to report notifiable incidents, and to record incidents of first aid administered in the workplace

Ensure staff follow our policies and procedures record keeping and incident notifications

Regularly review this First Aid Policy and related procedures in consultation with children, families, communities and staff

Notify families at least 14 days before changing this First Aid Policy if the changes will: affect the fees charged or the way they are collected; or significantly impact the service's education and care of children; or significantly impact the family's ability to utilise the service

Nominated supervisor / persons in day-to-day charge responsibilities (not limited to)

Ensure our service meets its obligations under the *Education and Care Services National Law and Regulations*, including to take every reasonable precaution to protect children from harm and hazards likely to cause injury

Support the approved provider to ensure that our service's management, operations, policies, plans, (including risk management/action plans), systems, practices and procedures for first aid are appropriate in practice, up-to-date, best practice, and comply with all relevant legislation, standards and guidelines

Implement this First Aid Policy and related procedures

Take reasonable steps to ensure our First Aid Policy and related procedures are followed (e.g. through clear and accessible communication, and systemised inductions, training and monitoring of all staff – including volunteers, students)

Support the approved provider to meet the minimum requirements for first approved current aid trained staff (including staff who have undertaken current approved anaphylaxis training and current emergency asthma management training). Support the approved provider to maintain records of training on staff records. Ensure that the minimum number of first aid trained staff are rostered on, including for excursions, transport and travel, special events etc

Support the approved provider to conduct risk assessments to identify and assess any risks related to first aid, in accordance with regulations and our policies and procedures. Risk assessments must specify how the risks will be managed and minimised. They must be communicated to staff, recorded and available for inspection

Monitor and review our first aid kits, equipment and facilities to ensure they remain accessible and prominently displayed, suitably equipped, and adequate in number for the size and scope of our service. Tell staff (incl. volunteers and students) where the kits are kept and display emergency services contact cards, and the names, locations and telephone numbers of first aid trained staff with first aid kits and telephones

Support the approved provider to meet our work health and safety obligations for first aid, including to provide immediate and effective first aid to staff and others who are injured or have become ill at our service, to report notifiable incidents, and to record incidents of first aid administered in the workplace

Implement our policies and procedures for record keeping and incident notification

Contribute to policies and procedure reviews and risk assessments and plans in consultation with children, families, communities and staff. Support the approved provider to notify families of reviews and changes according to legislation and our policies and procedures

Educator / other staff responsibilities (not limited to)

Follow this [First Aid Policy](#) and related procedures, including for the administration of first aid, incident, injury, trauma or illness, cleaning and hygiene, medical emergencies, safety checks, administration of medication, managing sick children, exclusion recommendations and periods, and emergency responses

Only administer first aid if you are trained and it is safe to do so. Call 000 if the situation is serious

Notify parents and complete an incident, injury, trauma and illness record as required as soon as practicable and within 24 hours

Notify the nominated supervisor or approved provider as a matter of urgency of any serious incidents involving children

Be aware of and use the risk assessment to eliminate/minimise risks and ensure the safety, health or well-being of children. Report any concerns or new/changed risks to the nominated supervisor (via your room leader / supervisor as appropriate)

Keep your training, skills and knowledge for child safety and wellbeing (including, where relevant, first aid, medication administration, emergency and evacuation procedures) up-to-date

If you use supplies in a first aid kit, notify the nominated supervisor so they can be restocked

Make sure you have access to a first aid kit and our general use emergency anaphylaxis and asthma kit readily at hand anywhere you are working (on site and off-site), including on excursions, while transporting or travelling with children, or during special events

Contribute to policy and procedure reviews and risk assessments and plans

Families responsibilities (not limited to)

Keep your contact details up-to-date. Keep your emergency contact list up-to-date

Be contactable and collect the child as soon as possible from the service when notified of an incident, illness, trauma or injury to the child

Collect your child – or have an authorised emergency contact collect your child - as soon as possible and within 1 hour if they become ill or injured while at our service

Provide authorisations in your child's enrolment form for our service to seek medical treatment for the child from a registered medical practitioner, hospital or ambulance service and, if required, transportation by an ambulance service

Notify our service about any medical conditions, health needs or allergies in your child. Keep us up to date if there are any changes to your child's health or medical conditions (see Medical Conditions Policy and Dealing with Infectious Diseases Policy)

APPENDIX B

PROCEDURE – First aid

When to use this procedure

- When a child, staff member (including volunteers and students) or visitor experiences an illness, injury, trauma or medical episode that requires first aid, e.g:
 - Incidents involving visible injury, significant pain, illness, or physical trauma
 - Medical episodes such as allergic reactions, asthma attacks, seizures, fainting or breathing difficulties
 - Dental accidents or injuries
 - Minor injuries (e.g. cuts, bruises, sprains) that require assessment and first aid
 - Unresponsive individuals or those showing signs of serious illness or distress

NOTE:

- For medical emergencies relating to asthma, anaphylaxis, epilepsy and diabetes staff must also follow our [Medical Conditions Policy](#)
- For administering medication during an emergency, staff must also follow our [Administration of Medication Policy](#)

Only staff members who have a current approved first aid qualification should administer first aid, and only if it is safe to do so. However, untrained staff can offer basic help in an emergency

1. Identify, assess and immediately respond to any situation requiring first aid
2. Remove or control any immediate hazards, and take any other protective measures for yourself and others (if safe to do so)
3. Follow DRSABCD action plan - DANGER, RESPONSE, SEND FOR HELP, AIRWAY, BREATHING, CPR, DEFIBRILLATE
4. If a child or adult is in immediate danger, call 000 for an ambulance and implement relevant emergency procedures (e.g., managing a medical emergency, emergency management or evacuation)
5. Respond to the needs of the child or adult according to:
 - Your training - do not act above your first aid qualifications or competence
 - Any medical management plans in place
6. Ensure that all children are adequately supervised at all times
7. Inform the nominated supervisor as soon as is practicable and urgently if the matter is serious
8. Reassure the injured or ill person. Keep them calm and as comfortable as possible
9. Move person to a quiet comfortable area if appropriate

10. Administer the appropriate first aid based on your training and the circumstances – follow St John Ambulance First Aid Fact Sheets <https://stjohn.org.au/first-aid-facts>, if relevant (see list of current fact sheets at end of this procedure)
11. Do not give food, drink or medication unless authorised and appropriate. Note, staff are authorised to administer medication to children who are experiencing anaphylaxis or an asthma attack
12. Wear disposable gloves if there is a risk of contact with bodily fluids
13. Practice hand and respiratory hygiene and clean up any body spills according to our body spills procedure (in our Health, Hygiene and Cleaning Policy)
14. Stay with the person, continually monitoring and reassuring them, until they are stable or emergency services arrive
15. Note the time and the nature of all the first aid actions you take
16. Notify the child's parent/emergency contact or the adult's emergency contact:
 - Immediately if emergency services have been called or the child or adult needs medical attention from a registered medical practitioner
 - Immediately if the child needs to be collected from our service, in which case ask the parent/authorised nominee to collect the child within 1 hour, or
 - Otherwise, as soon as practicable and on the same day (must be within 24 hours)
17. Tell the parent/emergency contact what has happened, what we did in response and whether the child should see a doctor
18. Complete an incident, injury, trauma and illness record without delay (must be within 24 hours)
19. Nominated supervisor and approved provider must follow our standard actions for incident notifications and records (in our Incident, Injury, Trauma and Illness Policy), including:
 - Notify the regulatory authority and any other relevant authorities, where applicable (e.g., serious incidents or allegations of serious incidents) and within the set period of time
 - Record in the incident, injury, trauma and illness register
 - Keep records on the child's enrolment record and store securely until the child is 25 years old, or 45 years if it relates to child abuse
20. Tell the nominated supervisor which first aid products were used during the incident so they can be restocked
21. Clean up following our Health, Hygiene and Cleaning procedures, except where we may be required to preserve a site pending investigations by police or the work health and

safety regulator – in which case, cordon off the site, do not clean and do not allow unauthorised access

22. Nominated supervisor must follow our first aid kit procedure
23. Approved provider must ensure that risk assessments and first aid arrangements are reviewed in consultation with staff and families according to our [First Aid Policy](#)

The following St John Ambulance first aid fact sheets are available to download at <https://stjohn.org.au/first-aid-facts>:

DRSABCD Action Plan | AED maintenance checklist | Anaphylaxis - using an Anapen | Anaphylaxis - using an EpiPen | Asthma attack | Bat bites and scratches | Bites and stings | Burn or scald | Choking adult / child (over 1 year) | Choking infant (under 1 year) | Concussion | CPR adult | CPR infants | Diabetic emergency | Dog bite | Electric shock | Epileptic seizure | Eye injuries | Fainting | Febrile convulsion | First aid kits | Fracture and dislocation | Frostbite | Heart attack | Heat-induced illness | How to handwash | Hypothermia | Nosebleed | Poisoning | Recovery position | Rescuing a drowning person | Severe bleeding | Shock | Smoke or embers in eyes | Snake bite | Spider bites | Spinal and neck injury | Sprain and strain | Stroke | Vertigo (dizziness)

The Australian Red Cross has a first aid fact sheet for someone with a tick bite available at <https://www.redcross.org.au/firstaid/basics/> including:

The Australian Dental Association has first aid information for dental accidents and injuries available at <https://teeth.org.au/dental-trauma>

ASCIA's First Aid Plan for Anaphylaxis is available to download at <https://www.allergy.org.au/hp/anaphylaxis/first-aid-for-anaphylaxis>

National Asthma Council of Australia factsheet for an asthma attack is available to download at <https://www.nationalasthma.org.au/asthma-first-aid>

APPENDIX C

PROCEDURE – First aid kits

When to use this procedure

- When preparing new first aid kits
- When checking and monitoring existing first aid kits
- When restocking first aid kits
- When evaluating and reviewing existing first aid kit arrangements and contents

The nominated supervisor or a nominee is responsible for implementing this procedure, but the approved provider is ultimately responsible for ensuring our first aid kits meet our legal obligations under the *National Regulations* and work health and safety laws

1. Conduct a risk assessment to determine arrangements for first aid kits, including:
 - How many we need considering the size and layout of our service, and the number and profile of our children and staff
 - The type of supplies we are likely to need in each kit considering the types of injuries or illnesses that might occur at our service
 - The location of each kit
 - What signage we need
 - How staff (including volunteers and students) will access the kits
2. Prepare a first aid contents checklist for each kit
 - Use guidelines from reputable authorities such as Safe Work Australia's 'First Aid in the Workplace Code of Practice'
 - Assess whether first aid kits need to include resources to treat outdoor injuries such as insect, plant stings, snake bites
 - Make sure to adapt the kits to our specific needs, but each one must contain resources for the immediate treatment of injuries, including:
 - Cuts, scratches, punctures, grazes and splinters
 - Muscular sprains and strains
 - Minor burns
 - Amputations and/or major bleeding
 - Broken bones
 - Eye injuries
 - Shock

- Also include instructions for providing first aid, incl. CPR flow chart
 - Do not include paracetamol (Panadol) or aspirin
3. Also prepare a general use anaphylaxis and asthma emergency kit checklist including:
 - Adrenaline injectors (Anapen and EpiPen) and an ASCIA First Aid Plan for Anaphylaxis
 - Asthma reliver medication, volume spacer devices, compatible children's face masks (to use on small children), asthma first aid instructions
 4. Source kit supplies
 - Purchase items from reputable supplier to ensure the standard of products
 - Check sterile items are intact and sealed, and that items with expiry dates are still current
 5. Ensure the design and construction of the kits are appropriate
 - Constructed of resistant material, dustproof (can be sealed) and large enough to adequately store the required contents
 - Where possible, fitted with a carry handle and internal compartments
 - Have a white cross on a green background with the words 'First Aid' prominently displayed on the outside
 - Contain a list of contents (inventory)
 - Photos, names, locations and telephone numbers of first aid trained staff
 6. Determine the location of the kits based on our service's specific needs
 - There should be at least one kit on each floor of multi-level services, but more may be required depending on the number of children and staff per floor
 - Include a kit in any work vehicle, including buses
 - Ensure we have a kit available for excursions, special events, outdoor activities, transport, travel, emergencies and evacuations
 7. Ensure kits are accessible and prominently displayed
 - Not locked away
 - Readily accessible to adults, but out of reach of children
 - Alert people to each kit's location by displaying an easily recognisable sign that complies with AS 1319:1994 – Safety Signs for the Occupational Environment

8. Display first aid signs, instructions, and contact details for first aid trained staff and emergency services
 - Emergency services contact card near a phone line
 - Names, telephone numbers, location, and photographs (if possible) of all first aid trained staff
 - Display first aid posters and instructions in prominent locations (e.g., posters and info sheets for DRSABCD action plan, CPR, ASCIA action plan for anaphylaxis, choking, burns, bites and stings, nose bleeds, electric shock etc)
 - Signs should comply with AS 1319 Safety signs for the occupational environment (e.g., white cross on a green background)
9. Remind staff to notify the nominated supervisor after first aid products have been used so kits can be restocked
10. Diarise audits of the contents and location of first aid kits as follows:
 - First aid kits after each use and at least once every 12 months
 - General use anaphylaxis and asthma kits after each use and at least once every 3 months
11. When auditing, check each first aid kit and general use anaphylaxis and asthma response kit:
 - Contains all the required quantities of items according to its inventory list
 - Items are in working order, have not deteriorated and are within their expiry dates, sterile products are sealed and have not been tampered with
 - Is in its correct location
 - Contents and locations are still appropriate considering our recent incident, injury, trauma, and illness records
 - Sign and date the inventory checklist list after each audit
12. Safely dispose of expired/unsterile products - e.g., medicines through the '[Return of Unwanted Medicines](#)' program; other items place in bag, tie and place in outside bin which children cannot access.

28. Food Safety Policy

PURPOSE AND BACKGROUND

- (142) To set out how we ensure that all food that we prepare, store and serve is safe and suitable to eat, and that our practices are in line with NSW food laws, and the Australian New Zealand Food Standards Code (FSANZ)
- (143) This policy is a requirement under the *Education and Care Services National Regulations*. The approved provider must ensure that policies and procedures are in place for health and safety matters in relation to food and beverages (s 168). We must also ensure that staff implement adequate health and hygiene practices and safe practices for handling, preparing and storing food (s 77), and that our premises, furniture and equipment are clean and well maintained (s 103)
- (144) This policy covers the food safety requirements for our service, which is not considered to be food business.

SCOPE

- (145) This policy applies to:
- ‘Staff’: the approved provider, paid workers, volunteers, work placement students, and third parties who carry out child-related work at our service (e.g., contractors, subcontractors, self-employed persons, employees of a labour hire company)
 - Children who are in our care, their parents, families and care providers
 - Visitors to our service who carry out child-related work, including allied health support workers

DEFINITIONS

- (146) The following definitions apply to this policy and related procedures:
- ‘Handling of food’ includes the making, manufacturing, producing, collecting, extracting, processing, storing, transporting, delivering, preparing, treating, preserving, packing, cooking, thawing, serving or displaying of food
 - ‘Parents’ includes guardians and persons who have parental responsibilities for the child under a decision or order of court
 - ‘Potentially hazardous food’ means food that must be kept at certain temperatures to: (a) minimise the growth of any pathogenic microorganisms that may be present in the food; or (b) prevent the formation of toxins in the food
 - ‘Process’, in relation to food, means activity conducted to prepare food for sale and includes chopping, cooking, drying, fermenting, heating, thawing and washing, or a combination of these activities
 - ‘Ready-to-eat food’ means food that is ordinarily consumed in the same state as that in which it is sold, but does not include: (a) nuts in the shell; or (b) whole,

raw fruits; or (c) vegetables that are intended for hulling, peeling or washing by the consumer

- 'Serve' means the act of setting out or presenting food to or for a person to eat that food and includes the following activities: (a) portioning food from a bulk tray or container into single serves and placing it on plates; or (b) presenting food in a bain-marie or other bulk food display unit for self-service; or (c) delivery of plated food
- 'Sanitisation' is the process of reducing microorganisms to a safe level (either through heat or with chemicals)
- 'Sterilisation' is the process of eliminating microorganisms
- 'Staff' refers to paid employees, volunteers, students, and third parties who are covered in the scope of this policy

POLICY STATEMENT

Our staff have food safety and hygiene skills and knowledge

- (147) Staff who handle food have the skills and knowledge to ensure the safety and suitability of food being prepared, stored and served at our service (*National Regulations s 77*) (Food Safety Standard 3.2.2)
- (148) The approved provider and nominated supervisor must provide staff with:
- Detailed best practice procedures for food safety, health, hygiene and cleaning
 - External, in-house and on-the-job training as part of staff professional development programs
 - Food health and hygiene posters and checklists displayed on the walls for quick reference and reminders
 - Clear expectations for roles and responsibilities concerning food handling
 - Opportunities to discuss food safety and hygiene during staff meetings
 - Supervision, support and guidance

We have food handling controls in place

- (149) Staff must follow our food safety procedures (attached), which ensure that food is prepared, stored and served safely, minimising food safety risks (*National Regulations s 77*) (Food Safety Standard 3.2.2)
- (150) Our procedures meet Food Safety Standards and cover:
- **Food receipt** – we only accept food that is likely to be safe and suitable

- **Food storage** - we store foods in a way that protects them from contamination and in the appropriate conditions
- **Food processing/preparation** - we process food in a way that reduces the chances of food being contaminated
- **Food display/serving food** - we protect food from being contaminated while we are serving or displaying it
- **Food disposal** - we immediately dispose of any food that is not safe or suitable, or which we suspect is not safe or suitable

Managing high risk foods, allergies and special purpose foods

- (151) We have an 'allergy aware approach' to the prevention and management of anaphylaxis. We do not serve peanuts or tree nuts to children, and we ask staff, families and visitors not to bring food that contains nuts into our service. We also place a sign near the front door reminding families of this.
- (152) If a child has a food allergy or other food related medical condition, we manage it according to our Medical Conditions Policy, which gives specific and detailed information about risk minimisation strategies, medical management plans, and communication plans for children (*National Regulations* s 90)
- (153) All bottles, drinks and lunchboxes from home must be labelled with the child's name
- (154) Educators follow our safe bottle-feeding procedure (attached), which covers how to sterilise feeding equipment and safely store and prepare milk/formula.

Children have access to safe drinking water

- (155) Children have access to safe, drinkable water at all times (*National Regulations* s 78)
- (156) We use safe, drinkable water for preparing and cooking food, and washing hands, food areas, equipment, utensils, crockery, cups, cutlery, food contact surfaces etc

We have health and hygiene practices in place for handling food

- (157) Our food safety procedures (attached) meet the Food Safety Standards for health and hygiene, and ensure that the safety and suitability of food is not compromised (*National Regulations* s77) (Food Safety Standard 3.2.2)
- (158) The approved provider and nominated supervisor ensure that staff and children have the skills, information and equipment they need to maintain consistently high standards of health and hygiene (see our Health, Hygiene and Cleaning Policy)
- (159) Staff must report any issues or problems about health or hygiene to their supervisor/nominated supervisor.

Personal hygiene practices

- (160) Our personal health and hygiene for food handlers procedure (attached) requires staff to take practical measures to prevent their body, anything from their body, or anything that they are wearing from contaminating food or food contact surfaces
- (161) Staff and children follow our hand hygiene procedure (in our Health, Hygiene and Cleaning Policy), particularly after toileting, before and after handling or eating food
- (162) We do not allow children to share food, bottles, plates or utensils
- (163) Staff are strictly forbidden from spitting, smoking or using tobacco or similar substances at our service

Health of food handlers

- (164) Staff who are sick must not handle food
- (165) Any staff member who has, or suspects they might have, a foodborne disease must:
 - Report this to their room leader/food safety supervisor and the nominated supervisor/approved provider and follow our infectious disease exclusion procedure (in our Dealing with Infectious Diseases Policy)
 - Not handle food if there is a reasonable likelihood they are infectious
 - Get clearance from a doctor before handling food at the service again
- (166) The nominated supervisor must ensure that any instances of illness in food handlers is managed according to our Dealing with Infectious Diseases Policy

We have cleaning, sanitising and maintenance practices in place

- (167) The approved provider and nominated supervisor ensure that staff have the skills, resources, and equipment they need to maintain consistently high standards of cleanliness so that there is no build-up of: garbage (except in garbage containers), recycled matter (except in containers), food waste, dirt, grease or other visible matter (Food Safety Standard 3.2.2)
- (168) Our cleaning and maintenance procedures, as well as the design and construction of our premises and the equipment we use, meet the Food Safety Standard 3.2.3 – Food premises and equipment, which aims to minimise opportunities for food contamination
- (169) Staff follow our cleaning, waste management and pest control procedures (in our Health, Hygiene and Cleaning Policy) to minimise the chance of food becoming contaminated and to discourage pests
- (170) Food-related areas, fixtures, fittings, equipment are kept clean and maintained according to our food safe cleaning, sanitising and maintenance procedure (attached)

Food safety training for food handlers

- (171) Staff who handle unpackaged and potentially hazardous food at our service must have completed a government approved food safety training course or have enough skills and knowledge in food safety and hygiene to keep food safe (e.g., they have extensive relevant experience in the food industry, have completed in-house education or a food safety induction course with another employer etc)
- (172) Food safety training is included as part of the induction process for new staff and in their ongoing professional development program. Refresher training is provided if there are significant changes to laws and regulations
- (173) We keep a record of all the food safety training our staff have undertaken so we can track when refresher training is due and to provide evidence to the regulatory authorities that we are complying with the Food Safety Standards

Certified food safety supervisor/s

- (174) As required, we always have at least one appointed certified food supervisor available at the service. They:
- Oversee food handling and manage the day-to-day food handling operations at our service
 - Are available to advise, train and supervise any food handlers while they are handling unpackaged potentially hazardous food to be served (this means they work on-site most of the time, and can be contacted by phone when they are not physically at the service). Note, for short absences (e.g. up to 30 days) we do not need to appoint another supervisor if the proper systems for food handling are in place (e.g. prior training of staff, instructions, checklists, written procedures/signage/posters)
 - Are responsible for ensuring that our service is handling food safely, and in accordance with the Food Safety Standards, so that food that is unsafe to eat is not served to children at our service
- (175) The approved provider must ensure that:
- Food safety supervisors have the authority and skills to manage and instruct others on the safe handling of food
 - Food safety supervisors hold a 'food safety supervisor certificate' that is less than five years old, and that the certificate is from a registered training organisation and shows that the required competency units for the course have been completed
 - The certificate is kept on the food safety supervisor's record - along with their written acceptance of their appointment to the role. We need to provide these documents to authorised officers, if requested

‘Evidence tool’ – substantiating food safety management

- (176) We maintain records that show our service is handling food safety, including safely receiving, storing, processing, displaying, and transporting potentially hazardous food, and for cleaning and sanitising
- (177) Records are kept for at least 3 months.

PRINCIPLES

- (178) We are committed to keeping everyone safe from food-related illnesses or reactions
- (179) We comply with all relevant legislation, regulations and standards for food safety. Our food handling, health, hygiene and cleaning practices go above and beyond minimum requirements
- (180) Food safety is a shared responsibility at our service and we have a culture that encourages food safety
- (181) We work to spot and fix any risks related to food safety before they become problems
- (182) Staff are given the training, resources and support they need to handle food safely
- (183) Food safety is part of our educational program and planning
- (184) Our governance, operations policies, risk management plans, procedures, systems and practices for food safety are best-practice and up-to-date

POLICY COMMUNICATION, TRAINING AND MONITORING

- (185) This policy and related documents can be found in the Office and on all our devices.
- (186) The approved provider and nominated supervisor provide information, training and other resources and support regarding the Food Safety Policy and related documents
- (187) All staff (including volunteers and students) are formally inducted. They are given access to, review, understand and formally acknowledge this Food Safety Policy and related documents
- (188) The nominated supervisor runs a professional development program for each staff member, which covers this policy
- (189) Roles and responsibilities are clearly defined in this policy and in individual position descriptions. They are communicated during staff inductions and in ongoing training
- (190) The approved provider and nominated supervisor monitor and audit staff practices through spot checks, performance reviews, supervision sessions and regular performance appraisal and address non-compliance. Breaches to this policy are taken seriously and may result in disciplinary action against a staff member
- (191) At enrolment, families are given access to our Food Safety Policy and related documents

- (192) Families are notified in line with our obligations under the *National Regulations* when changes are made to our policies and procedures

LEGISLATION (OVERVIEW)

Education and Care Services National Law and Regulations

Law	Description
s 167	Offence relating to protection of children from harm and hazards
Regulations	
s 73	Educational program
s 77	Health, safety and safe food practices
s 78	Food and beverages
s 79	Service providing food and beverages
s 82	Tobacco, drug and alcohol-free environment
s 88	Infectious diseases
ss 103 - 110	Physical environment – Centre-based services and family day care services
s 168	Education and care services must have policies and procedures
s 170	Policies and procedures to be followed
s 171	Policies and procedures to be kept available
s 172	Notification of change to policies or procedures

Other applicable laws and regulations

Act/ Regulation/Standard	Description
<i>Work Health and Safety Act 2011</i>	Describes the primary duty of care to people in the workplace
<i>Australia New Zealand Food Standards Code</i>	Covers mandatory food handling training requirements
<i>Food Act 2003 (NSW)</i> <i>Food Regulation 2015 (NSW)</i>	Regulates the sale of food, ensuring that it is safe and suitable to eat

National Quality Standard

Standard	Concept	Description
2.1	Health	Each child's health and physical activity is supported and promoted
2.1.3	Healthy lifestyle	Healthy eating and physical activity are promoted and appropriate for each child
2.2	Safety	Each child is protected
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazards

Standard	Concept	Description
3.1	Design	The design of the facilities is appropriate for the operation of a service
3.1.2	Upkeep	Premises, furniture and equipment are safe, clean and well maintained
4.2	Professionalism	Management, educators and staff are collaborative, respectful and ethical
4.2.2	Professional standards	Professional standards guide practice, interactions and relationships
7.1	Governance	Governance supports the operation of a quality service
7.1.2	Management systems	Systems are in place to manage risk and enable the effective management and operation of a quality service
7.1.3	Roles and responsibilities	Roles and responsibilities are clearly defined, and understood, and support effective decision-making and operation of the service
7.2	Leadership	Effective leadership builds and promotes a positive organisational culture and professional learning community
7.2.3	Development of professionals	Educators, co-ordinators and staff members' performance is regularly evaluated and individual plans are in place to support learning and development

Early Years Learning Framework (EYLF) V2.0

EYLF Outcome	Key component
3: CHILDREN HAVE A STRONG SENSE OF WELLBEING	- Children become strong in their physical learning and wellbeing - Children are aware of and develop strategies to support their own mental and physical health and personal safety

National Principles for Safe Organisations

Most relevant principles

Child safety and wellbeing is embedded in organisational leadership, governance and culture

Policies and procedures document how the organisation is safe for children and young people

SOURCES

Education and Care Services National Law and Regulations | National Quality Standard | Australia New Zealand Food Standards Code | Safe Food Australia – A guide to the Food Safety Standards | NHMRC's Staying Healthy - Preventing Infectious Diseases in Early Childhood Education and Care Services 6th edition | NHMRC's Infant Feeding Guidelines: information for health workers 2012 (current) Australian Government Department of Health (StartingBlocks.gov.au) and state/territory guidelines for health and hygiene in childcare | State/territory food legislation | Australian Breastfeeding Association | Best Practice Guidelines for Anaphylaxis Prevention and Management in Children's Education and Care Services V2.1, 2023

Quick reference: food and drinks safety | food safety | food handling requirements | food preparation | cooking | food storage and display | cleaning procedures for food handling areas | food safety training | bottle feeding | sterilising infants' bottles | preparing infants' bottles | food safety standards | health and hygiene for food handlers | food receipt | serving food | transporting food | cooking with children | birthday cakes | food allergies | allergens

RELATED DOCUMENTS

Key Policies	Child Safe Environment Policy Health, Hygiene and Cleaning Policy Physical Environment Policy Dealing with Infectious Diseases Work Health and Safety Policy Nutrition, Food and Beverages, Dietary Requirements Policy Medical Conditions Policy
Procedures	Roles and Responsibilities – Food Safety (attached) Food Safety Procedures (attached) Cleaning, Health and Hygiene Procedures (attached) Medical management plans (in Medical Conditions Policy) Dealing with Infectious Diseases Procedures (in Dealing with Infectious Diseases Policy)
Tools	I'm Alert and DoFoodSafely - free online food safety training programs

POLICY INFORMATION

Approval date	1 January 2026
Effective date	1 January 2026
Review date	Reviewed annually and when there are changes that may affect this policy or related procedures.
Approved by	Dr Jay Mukhraya >

APPENDIX A

ROLES AND RESPONSIBILITIES – Food safety

Approved provider responsibilities (not limited to)

Ensure our service meets its obligations under the *Education and Care Services National Law* and *Regulations*, including to:

- Take every reasonable precaution to protect children from harm and hazards likely to cause injury
- Ensure that staff implement effective health and hygiene practices and safe practices for handling, preparing and storing food
- Ensure that children have access to safe drinking water at all times
- Ensure our premises, furniture and equipment are clean and in good repair

Ensure that our service's management, operations, policies, plans, (including risk management/action plans), systems, practices and procedures for food safety are appropriate in practice, up-to-date, best practice, and comply with all relevant legislation, standards and guidelines

Ensure that we are meeting our obligations under NSW food laws and the Food Standards Code including for our food safety program, training, food safety supervision and record keeping.

Ensure this Food Safety Policy and related procedures are in place and available for inspection

Take reasonable steps to ensure our Food Safety Policy and related procedures are followed (e.g. through clear and accessible communication, and systemised inductions, training and monitoring of all staff – including volunteers, students)

Ensure we make and store records of food safety according to our policies and obligations

Regularly review this Food Safety Policy and related procedures in consultation with children, families, communities and staff

Notify families at least 14 days before changing this Health, Hygiene and Cleaning Policy if the changes will: affect the fees charged or the way they are collected; or significantly impact the service's education and care of children; or significantly impact the family's ability to utilise the service

Nominated supervisor / persons in day-to-day charge responsibilities (not limited to)

Ensure our service meets its obligations under the Education and Care Services National Law and Regulations, including to:

- Take every reasonable precaution to protect children from harm and hazards likely to cause injury
-

-
- Ensure that staff implement effective health and hygiene practices and safe practices for handling, preparing and storing food
 - Ensure that children have access to safe drinking water at all times

Support the approved provider to ensure our premises, furniture and equipment are clean and in good repair

Support the approved provider to ensure that our service's management, operations, policies, plans, (including risk management/action plans), systems, practices and procedures for food safety are appropriate in practice, up-to-date, best practice, and comply with all relevant legislation, standards and guidelines

Implement this Food Safety Policy and related procedures

Take reasonable steps to ensure our Food Safety Policy and related procedures are followed (e.g. through clear and accessible communication, and systemised inductions, training and monitoring of all staff – including volunteers, students)

Monitor and maintain oversight of our service's food safety, cleaning, and hygiene protocols and schedules. Ensure that staff make and store records concerning food safety, cleaning, hygiene and pest control measures according to our policies and obligations

Contribute to policies and procedure reviews and risk assessments and plans in consultation with children, families, communities and staff. Support the approved provider to notify families of reviews and changes according to legislation and our policies and procedures

Educator / other staff responsibilities (not limited to)

Follow this Food Safety Policy and related procedures (including those aimed at reducing the spread of infectious diseases)

Model and teach children about food safety, health and hygiene practices

Record food safety, hygiene and cleaning activities in our logs, according to our procedures

Record and report any food safety, health or hygiene hazards, incidents or breaches according to the relevant procedure

Carry out day-to-day routine food safety, hygiene, cleaning and tidying according to our procedures

Food handlers

Follow this Food Safety Policy and related procedures (including those aimed at reducing the spread of infectious diseases)

Undertake the necessary training for food safety

Model and teach children about food safety, health and hygiene practices

Record any food safety, hygiene and cleaning activities in our logs

Record and report any food safety, health or hygiene hazards, incidents or breaches according to the relevant procedure

Carry out day-to-day routine food safety, hygiene, cleaning and tidying according to our procedures

APPENDIX B

Food Safety Procedures

Introduction

- These procedures apply to our [Food Safety Policy](#)
- Related procedures are located in our [Health, Hygiene and Cleaning Policy](#) and [Dealing with Infectious Diseases Policy](#)
- ‘Parents’ includes guardians and persons who have parental responsibilities for the child under a decision or order of court
- ‘Staff’ refers to paid employees, volunteers, students, and third parties who are covered in the scope of the related policy

Attachments

- [Appendix C](#) - Personal health and hygiene for food handlers
- [Appendix D](#) - Food receipt
- [Appendix E](#) - Food storage
- [Appendix F](#) - Food processing (preparing and cooking)
- [Appendix G](#) - Serving food safely
- [Appendix H](#) - Food transportation
- [Appendix I](#) - Safe bottle feeding
- [Appendix J](#) - Cooking with children safely
- [Appendix K](#) - Food safe cleaning, sanitising and maintenance
- [Appendix L](#) - Example job description for cooks

APPENDIX C

PROCEDURE – Personal health and hygiene for food handlers

When to use this procedure

- When handling food: e.g., receiving or packing deliveries of food, packaging and storing food, processing food, serving food, cleaning and maintaining food equipment, utensils and areas

Follow hand hygiene procedure

1. Always follow our hand hygiene procedure (in our Health, Hygiene and Cleaning Policy) when handling and serving food
2. In particular, wash hands frequently while handling foods, before and after handling food, and after handling raw food (e.g., meat, eggs), toileting or handling rubbish
3. Dry hands with a clean towel, disposable paper towel or under an air dryer

Wear the appropriate clothing and footwear

1. Wear clean clothes with a clean apron over the top
2. Wear enclosed shoes
3. Don't wear jewellery, except for plain-banded rings and earrings
4. Keep your spare clothes and other personal items (e.g., handbags, phones, keys) away from food handling areas and equipment
5. Remove your apron when leaving the kitchen or food preparation area

Keep body and body fluids away from food and food handling areas/equipment

1. Avoid unnecessary contact with ready-to-eat foods (e.g. salads, cooked meats)
2. Tie back or cover long hair
3. Keep fingernails trimmed and clean
4. Always wear gloves if you are wearing nail polish, nail decorations or artificial nails, or have long fingernails
5. Cover cuts with a blue or other highly visible coloured band-aid and wear gloves over the top
6. Don't eat, sneeze, blow air out of your mouth or cough over unprotected food
7. Do not spit anywhere at the service

Do not handle food if you are sick or have an infection

1. Do not handle food if you have an infectious illness or skin, eye, ear or nose infection
2. If you have – or think you may have – an infectious disease, tell your supervisor and follow our [Dealing with Infectious Diseases Policy](#)
3. You must not handle food if you have or think you have a foodborne illness that could contaminate food or other people at our service
4. If you have diarrhea, vomiting, sore throat with a fever, fever, or jaundice, immediately inform your room leader and the nominated supervisor/approved provider and do not return to food handling duties until you have been symptom free for at least 48 hours and have been cleared to return by a doctor

APPENDIX D

PROCEDURE – Food receipt

When to use this procedure

- When receiving food deliveries
- When purchasing food for the service

1. Only purchase food supplies from reputable suppliers
2. Schedule food deliveries for times when a trained staff member can receive and inspect the food on arrival
3. Inspect food on arrival:
 - Check that food packaging is all intact, without signs of damage, contamination, tampering, dents, tears, water damage
 - Check used-by date
 - Check any food labelling information meets FSANZ standards (product name, allergy information, batch ID, use-by date)
 - Check quality of fresh produce
 - Check eggs have been stamped with the producer's unique identifier, and are not cracked or dirty
 - Reject any poor quality, expired, damaged, contaminated, improperly labelled or spoilt goods
 - Periodically check the supplier's delivery van is clean and equipped with the right temperature controls (if applicable)
4. Do a temperature check of perishable foods to make sure they are at safe temperatures:
 - **Cold items: At or below 5°C**
 - **Frozen items: At or below -18°C**
 - **Hot foods: At or above 60°C**
5. Record temperature checks in the food receipt log
6. Cross-check the delivery against the order to make sure the right quantity and type has been delivered
7. Immediately pack away items, following our food storage procedure
8. If an item needs to be rejected, arrange for a refund/replacement from the supplier
9. Complete food receipt log and retain delivery receipts for auditing

APPENDIX E

PROCEDURE – Food storage

When to use this procedure

- When storing food, including leftovers

1. Maintain cleanliness and organisation in storage areas (fridges, freezers, pantries, cupboards, shelves etc)
2. Store food according to manufacturers' instructions
3. Store food at the right temperature:
 - Cold items: At or below 5°C – e.g., dairy, meats, poultry, seafood, eggs, some fresh produce, cut up fruit and vegetables, some condiments, left-overs etc
 - Frozen items: At or below -18°C
 - Dry foods: In a cool, dry area, ideally between 10-21°C – e.g., pasta, rice, flour, sugar, dry fruit, spices, some condiments, cans, packaged biscuits, cakes, bread, and some whole fresh produce etc
 - Perishable food for children brought from home: store in the fridge after removing it from any insulated containers
4. Use temperature gauges in fridges and freezers to check the temperature is right and log temperatures. Do not overload fridges/freezers with stock. Discard any food that has been stored in unsafe conditions
5. Make sure that all food items are labelled correctly (with name of item, use by date, allergy information)
6. Use the FIFO ('First In, First Out') system to put older stock before newer items, especially for perishable produce that has a shorter shelf life
7. Segregate food to prevent cross-contamination:
 - Raw and ready-to-eat foods – store raw meat, poultry, seafood separately on shelves below ready-to-eat foods like fruits, vegetables, prepared meals
 - Fruits and vegetables – store whole fruits and vegetables separate from raw meat, poultry and seafood. Store fruit and vegetables in clean, sanitised containers
 - Allergens – store food that contains allergens stored separately from other food (e.g., eggs, nuts, wheat, dairy, soy, sesame, seafood, some fruits and vegetables)
 - Purees - store cooked pureed food separately from raw foods

- Chemicals – store chemicals separately from food
8. Store food in food-grade containers:
- Check that containers are clean, in good condition and have tightly sealed lids or foil/plastic film covers
 - Discard any containers that are very worn or damaged
 - Regularly replace old or deteriorated plastic containers and wrapping. Plastic containers and wrapping can leach chemicals as they age or if they are heated
 - Where possible, use glass, ceramic or metal containers (rather than plastic)
 - Do not use plastic containers to store acidic foods, such as cut up tomatoes or tomato dishes, vinegar, citrus juice
 - Where possible, keep food in its original packaging. If you repackage it, re-label it with all the necessary information
 - Do not use the same containers for storing chemicals or food, regardless of whether they have been used in between
 - Do not store food in opened tins/cans
9. Store leftovers at the right temperature, for the right amount of time:
- Store leftover food within 2 hours of preparation (see 2-hour/4-hour rule in food processing procedure)
 - Refrigerated leftovers can be stored for 2-3 days
 - Frozen leftovers can be stored for 2-6 months, depending on the food type
 - Make sure that hot leftovers have cooled down sufficiently before refrigerating or freezing them. Foods cool quicker in smaller, shallow containers. Leave space around food containers that are cooling in the fridge – do not stack and do not overcrowd
10. Maintain conditions to deter pests:
- Regularly check storage areas for signs of pest activity (e.g., droppings, damaged packaging). If there are signs, tell the nominated supervisor who will follow our pest control procedure (in our [Health, Hygiene and Cleaning Policy](#))
 - Store all food at least 15cm off the floor and away from the walls to allow for ventilation and to make pest inspections easier
 - Clean up spills immediately and remove waste regularly and at the end of each day (see our waste management procedure in our [Health, Hygiene and Cleaning Policy](#))

11. Dispose of any food that has become unsafe or unsuitable during storage, including foods that are expired, contaminated or have been stored at an unsafe temperature
12. Log temperature checks, cleaning activities, and any issues concerning food storage
13. The nominated supervisor must regularly review storage records to check they comply with the food safety standards

APPENDIX F

PROCEDURE – Food processing (preparing and cooking)

When to use this procedure

- When chopping, cooking, drying, fermenting, heating, thawing and washing food

Maintain strict personal health and hygiene practices

1. Follow our food handler health and hygiene procedure (attached)
2. Wash and dry hands thoroughly (particularly before eating or handling food, and after handling raw food (meats, eggs etc), toileting or handling garbage) according to our hand hygiene procedure (in our [Health, Hygiene and Cleaning Policy](#))
3. Do not handle food if you are sick or have an infection that could contaminate food

Clean, maintain and use correctly all food processing areas, equipment and utensils

1. Follow our cleaning, sanitising and maintenance procedure (attached) and clean, sanitise and dry as you go. In particular:
 - Only use food safe cleaning products
 - Wash food processing equipment and utensils (e.g., appliances, pans, mixing bowls, crockery, containers, knives, spoons, serving cutlery, glassware) with hot, soapy water after use. Sanitise and air-dry or dry with a clean linen towel or paper towels
 - Wash surfaces that have contact with food (e.g., tables, benches, cutting boards, high-chairs, cabinets, fridge doors, oven doors, light switches, door handles, taps, sinks, floors, bins etc) with hot, soapy water. Sanitise and air-dry or dry with a clean linen towel or paper towels
 - Wash, sanitise and dry any item that has been used for raw foods or other high-risk foods in between uses

Prevent cross-contamination

1. Process raw meats, seafood, poultry, raw eggs and other high-risk food separately from other ready-to-eat foods. Use different knives, cutting boards, bowls, utensils etc. Wash, sanitise and dry between uses
2. Label or have colour coded cutting boards so they don't get mixed up
3. Prepare allergen containing foods away from allergen-free foods:
 - Inspect food labels for the presence of allergens and request allergen information from supplier if food is unlabelled

- Use separate utensils, equipment and areas for preparing and serving allergen-free food
 - Make sure that utensils, equipment and work benches are cleaned and sanitised before preparing allergen free food
 - Follow children's medical management plans
4. Do not use chemicals (e.g., cleaning products, pest sprays etc) near food
 5. Keep left over food covered during cooling to protect it from contamination
 6. Do not add raw food or mix in new batches of food into already reheated food
 7. Prepare fruit, vegetables and salad before serving:
 - Wash thoroughly in clean drinking-quality water, just before serving
 - Peel, trim or remove the skin or outer leaves, if necessary
 - Remove bruised or damaged bits
 - Be especially careful with rough skin fruit, such as strawberries and rock melon, as these have been linked to foodborne illnesses. Make sure to thoroughly wash the skin of these fruits
 8. Check eggs are fresh and have not past their used by dates, are clean, free from dirt/feathers and have no visible cracks. Don't used cracked or dirty eggs
 9. Do not serve honey to children who are under one in any form, even cooked, as they may acquire infant botulism. Honey is safe for children who are over one year
 10. Avoid heating food up in plastic containers because chemicals can leach from the plastic into the food

Cook or heat food to the temperature and for the length of time needed:

POULTRY	Cook to at least 75°C Must be cooked all the way through until steaming hot in the centre with no pink in the centre. Juices in the thickest part (leg/thigh) should run clear
MINCED MEATS	Cook to at least 71 °C Must be cooked all the way through until steaming hot in the centre with no pink
MEAT CUTS (E.G. STEAK, CHOPS):	Can be cooked to preference, but surfaces must be fully cooked. The centre may remain slightly pink
FISH	Cook to at least 63°C Must be cooked all the way through until the flakes separate easily with a fork

EGGS AND EGG DISHES	Cook to 72°C Cook until white is firm and yolk begins to thicken Cook egg dishes all the way through until they are firm or set in the middle If making batters with eggs (e.g., pikelets and pancakes), make sure the batter is cooked all the way through. Don't let children lick bowls or mixing spoons Do not serve foods that contain raw/lightly cooked egg Only use commercially prepared mayonnaise, caesar dressing, aioli, mousse etc
LEFTOVERS	Reheat to 75°C (60°C is considered safe, but 75°C is recommended as an extra precaution) Reheat quickly - preheat equipment such as ovens/grills Stir or turn food thoroughly to make sure the temperature is consistent Follow any reheating instructions from the manufacturer or supplier Allow to cool for a short period before serving to children Only reheat once Note, re-heating food is not always recommended
LIQUID DISHES	Must be boiled or simmer until bubbling rapidly and steaming (e.g. soups, stews)
PUREES	Reheat to 75°C Puree foods just before serving and freeze/throw away any leftover pureed food

Keep food out of the temperature danger zone

1. Throw out any perishable food that has been in the 'temperature danger zone' (when bacteria breed quickly) of between 5°C and 60°C for too long. Use the 2-hour/4-hour rule to guide you:
 - 0-2 hours – eat it, use it, or keep it at or below 5°C, or at or above 60°C**
 - 2-4 hours – eat it or use it**
 - + 4 hours – throw it away**
2. Use cut fruit and vegetables in the day they are prepared and serve immediately after preparing if possible. If not serving within 2 hours, cover and store in the fridge until ready to serve (that day)
3. Keep cold food in a fridge/freezer, below 5°C until you are ready to cook or serve, e.g. if you are serving salads keep them in the fridge until ready to serve
4. Keep hot food in an oven or on a stove, above 60°C until you are ready to serve
5. Do not use bains-marie to heat food

6. Only take refrigerated ingredients such as milk, cheese, eggs out of the fridge as you need them, so they stay cool. Return them to the fridge as soon as you have finished using them
7. Cool cooked food to 5°C or colder as quickly as possible and within 2 hours (food safety standards require food to be cooled from 60°C to 21°C in a maximum of two hours and from 21°C to 5°C within a further maximum period of four hours)

Thaw food safely

1. Frozen food must be thawed thoroughly before cooking. Check food for ice crystals in the centre of the thickest part of the food using a skewer or finger
2. Never defrost foods on the bench top
3. Use thawed food quickly and thaw once only
4. If the thawed food is not used within 30 minutes, throw it away
5. Do not refreeze food that has been frozen and thawed already
6. Use proper thawing methods to keep temperature controlled:

IN FRIDGE	**RECOMMENDED** Plan to allow enough time to thaw food at a safe temperature (e.g., overnight for small portions but 1-2 days for whole chicken) Thaw on a tray or covered container on a shelf <u>below</u> ready-to-eat foods (raw meats must always be store below ready-to-eat food)
UNDER RUNNING WATER	Thaw food in a container with a lid under running water at 2°C or below Do not leave for more than 4 hours If food is still frozen after 4 hours, continue to thaw in the fridge If water temperature goes above 21°C, throw the food away
IN MICROWAVE	Thaw on a plate/bowl and use the defrost or a low setting Turn food occasionally so it thaws evenly

Document and monitor

1. Log temperature checks (cooking, cooling and reheating)
2. The nominated supervisor must regularly audit compliance and give ongoing staff training

APPENDIX G

PROCEDURE – Serving food safely

When to use this procedure

- At mealtimes and snack times
- For special events at the service that involve serving food

Prepare for serving food

1. Follow our food handler health and hygiene procedure (attached)
2. Make sure that any bottles, lunchboxes, drinks, cutlery etc from home are labelled with the child's name
3. Wash and dry hands thoroughly
4. Help children to wash and dry hands thoroughly
5. Do not serve food if you are sick
6. Clean and sanitise high-chairs, seats, tables, crockery, cutlery, utensils
7. Keep food covered with cling wrap, lids or food safe covers until you are ready to serve it

Keep food out of the temperature danger zone

1. Follow our food processing procedure (attached). Make sure to:
 - Keep hot foods at or above 60°C. If serving hot food buffet-style, use warming rays or equipment that keeps the food above this temperature
 - Keep cold foods at or below 5°C. Can use ice packs, chilled tray or fridges
 - Serve potentially hazardous food (e.g., meats, dairy) as quickly as possible
 - Discard any perishable food left in the temperature danger zone for too long (see the 2-hour/4-hour rule)
11. If you are using bains-marie to serve food:
 - Preheat before use and operate them on the highest temperature setting
 - Do not allow the food to drop below 60°C (check using a clean thermometer)
 - Do not over fill

Serve and help children serve themselves

1. Model good hygiene practices for eating and drinking
2. Provide separate tongs, serving spoons and forks for each dish or food
3. Give each child individual clean cups, bottles, crockery and cutlery

4. Supervise children while they are serving themselves, especially around hot food or drinks
5. Make sure children are using the serving utensils, not their hands, to handle communal food
6. Do not allow children to share their own food or drinks with each other. Explain that they should only eat from their own bowls and plates using their own cutlery, and only drink from their own cups and bottles
7. If someone sneezes or coughs or contaminates food in any way, remove the food immediately
8. Remove and replace any food, cutlery, crockery that has fallen onto the floor or been shared between children
9. Serve appropriately sized portions to avoid wasting leftovers
10. Follow our food handler health and hygiene procedure (attached)

Manage allergies

1. Manage any allergies in line with children's medical and risk management plans and communication plans
2. Support children who have food allergies to engage with their peers. They should be included in mealtime routines and activities
3. Supervise closely young children and children who have a developmental delay that limits their ability to manage their own food allergies
4. Make sure that all staff and children wash and dry their hands thoroughly before handling and eating food and drinks
5. Use allergen restricted areas, e.g.,
 - Separate highchairs, seats, tables that are thoroughly washed after each use
 - Seating children eating messy meals with allergens (e.g., yoghurt, grated cheese, scrambled eggs) away from children with allergies (but, not so as to isolate them from their peers)
 - Don't let children 'wander around' at meal and snack times. Make sure the food is eaten in the designated food area
6. Keep water bottles belonging to children with food allergies on a separate shelf from the others to reduce the risk of another child drinking from them
7. Use coloured or labelled plates, cutlery, utensils and cups to distinguish between non-allergen and allergen food
8. Have two staff check before giving food to a child with allergies
9. Clean up immediately food and drink spills, and posits/vomits

10. Plan cooking activities that do not include children's allergens

Prevent contamination of celebration and birthday cakes

1. Ask parents to provide either:
 - Cupcakes for all children and extra one with candles for the birthday child, or
 - A large cake that can be cut and shared among the children and an extra cupcake with candles for the birthday child
2. Ask parents not to provide cakes that contain nuts
3. Ask the parents of children who have a food allergy to provide a safe 'treat box' or safe cupcakes that are stored in the freezer in a labelled sealed container

Clean up afterwards

1. Help children to wash and dry their faces and hands
2. Throw away:
 - Any perishable food or drink that has been sitting out for longer than 2 hours
 - Any food or drink that has been contaminated during serving
 - Any food or drink that has been served to person e.g., leftovers on plate or in a glass
 - Food or drink served at the table e.g., food in serving bowls, milk or juice in a jug, rice served in a steamer, bread rolls in table baskets, chopped fruit, cheese and biscuits on a platter. You don't need to throw away food or drink that was completely wrapped and remains wrapped (e.g., packets of chips, tomato sauce, condiments, salt and pepper)
3. Dispose food waste in our designated bins
4. Wash and dry hands thoroughly
5. Clean and sanitise high-chairs, tables, crockery, cutlery, utensils
6. Wash and dry hands thoroughly

APPENDIX H

PROCEDURE – Food transportation

When to use this procedure

- When transporting food from one location to another
- When transporting food during excursions

Protect food from contamination

1. Make sure any unpackaged food is completely covered and sealed
2. Containers and wraps must be clean and sanitised and constructed of food-grade materials that are fit for transport (e.g., plastic wrap, containers with tightly fitting lids, aluminium foil, clean paper, commercial packaging)
3. Do not use dirty, contaminated, broken, worn or otherwise deteriorated containers, lids or wrapping. Do not use newspapers
4. Keep insulated containers clean and in good condition. Do not use them to store anything other than food
5. Place food in a clean, enclosed area of the vehicle
6. Keep raw foods separate from cooked or ready-to-eat foods, and allergen food separate from non-allergen food
7. Wash and dry hands thoroughly before and after handling food. Pack hand sanitiser if you know hand washing facilities aren't available (e.g., on excursions)

Keep food and drinks at the right temperature

1. Keep:
 - Hot foods at or above 60°C
 - Cold foods at or below 5°C
 - Frozen foods at or below – 18°C
2. If the journey is short, use insulated containers to keep the food cold/hot
3. If the journey is longer, use ice bricks or heat packs or refrigerated units in vehicles
4. Fill up and seal insulated containers as quickly as possible. Keep them closed until you are ready to use or appropriately store the food
5. Pack the cold food at the last moment and place in the coolest part of the vehicle
6. Transport food for excursions safely:
 - Don't pack perishable foods if they won't be eaten within 4 hours

- Where possible, choose food that doesn't need to be kept cold (e.g., sandwiches with vegemite or jam, crackers, muffins, UHT milk, whole fruit)

Unpack food at destination immediately

1. Immediately unpack the food on arrival
2. Follow our food receipt procedure (attached) - e.g., check for damage or contamination, temperature
3. Serve food within 2 hours OR follow our food storage procedure (attached) if it is being stored for later or
4. Discard any perishable food left in the temperature danger zone for too long (see the 2-hour/4-hour rule)

APPENDIX I

PROCEDURE – Safe bottle feeding

When to use this procedure

- When receiving bottles, milk and formula from parents
- When storing milk and formula
- When heating up milk, formula for babies
- When bottle-feeding children
- When cleaning and sterilising bottles, teats and bottle-feeding equipment

Ask parents to supply labelled, clean and sterilised feeding equipment and properly stored milk/formula

1. Ask parents to:
 - Provide clean and sterilised equipment
 - Clearly label all containers of breast/other milk, formula and feeding equipment with their child's name and, where applicable, allergies, the date it was prepared or expressed
 - Give us detailed feeding instructions, including the amount of milk/formula and times for feeding. Make sure that educators have easy access to this information
2. On receipt, check that the labels are correct and match the child. If anything is not labelled, ask the parents to label
3. Visually inspect the bottles and containers for any signs of spoilage (e.g., discolouration or bad smells). If there is something wrong, discuss it with the parents and do not accept until you are satisfied the equipment and milk/formula is safe

Store breast/other milk or formula in the fridge

1. Place any containers or bottles of breast/other milk or formula in **in our fridge** immediately upon receiving them. Remove from cooler bags first
2. Store in the back of the fridge Do not store in fridge door
3. Store according to the table below
4. Throw away any breast/other milk or formula that has been stored at an unsafe temperature or which is left over from feeding

	Fridge 5°C storage time	Freezer -18°C storage time	Room temperature storage time
FRESHLY EXPRESSED BREAST MILK	72 hours only	2 weeks only in freezer compartment of fridge, or 3 months only in freezer with separate door	6-8 hours only (26°C or lower)
FROZEN BREASTMILK THAT HAS BEEN THAWED IN THE FRIDGE	24 hours only	Do not refreeze	4 hours only
FROZEN BREASTMILK THAT HAS BEEN THAWED IN WARM WATER	For 4 hours only	Do not refreeze	Use immediately
PRE-MADE FORMULA	24 hours only	Do not freeze	2 hours only
ALREADY HEATED PRE- MADE FORMULA	Do not refrigerate	Do not freeze	Use within 1 hour. Do not reheat more than once
LEFT OVER MILK OR FORMULA	Discard	Discard	Discard after feeding

Prepare breast/other milk and formula safely

1. Wash and dry your hands thoroughly
2. Make sure all equipment has been cleaned and sterilised within the last 24 hours
3. Use our dedicated breast/other milk and formula preparation area
4. Check the labels match the child and prepare bottles individually, as close to feeding time as possible
5. Make up formula for children with milk allergies first, before making up bottles that contain cow's or goat's milk
6. Prepare formula according to manufacturer's instructions:
 - Carefully measure out the right amount of cooled, boiled water (to about 37°C) into the bottle. Do not use tap water
 - Scoop the right amount of formula powder into the bottle. Scoops should be level and not packed. DO NOT use the same scoop for different formulas as this can lead to cross-contamination and the risk of anaphylaxis
 - Put the cap on the bottle and shake it gently until the powder dissolves completely
 - Reseal the tin of formula and store in the fridge
7. Reheat milk or formula safely **ONCE ONLY** using a method in the table below and use immediately

Reheating methods

WATER BATH	**RECOMMENDED** Fill a bowl or container with warm water (not boiling) and place the sealed bottle in an upright position in the water Gently swirl the bottle Do not heat for longer than 10 minutes
IN MICROWAVE	Reheating other milk and formula in the microwave is generally not recommended. However, it can be an efficient method, so instructions are provided: Only use microwave safe bottles Do not place the teat/bottle top inside the microwave Heat at least 120mLs of formula or other milk at a time to ensure that it doesn't overheat Follow the microwave manufacturer's instructions to work out how long to heat the bottle. The higher the wattage of the microwave, the less time you need to heat Shake and rotate immediately after microwaving to even out the temperature Place the teat and bottle top on and invert the bottle at least 10 times Let the bottle sit for 1-2 minutes before testing the temperature>

Practice safe feeding

1. Test the temperature of the milk or formula by dripping a few drops on your wrist. It should be lukewarm, around 37°C, not hot
2. Wash and dry hands your own hands and the child's hands before feeding
3. Check the name of the bottle belongs to the child you are feeding. This is especially important for children who have allergies
4. Closely supervise the child while feeding:
 - Make sure they are in a semi-up right position (e.g., in your lap or in the high-chair)
 - Do not give bottles to children who are lying down or in the cot
 - If a child has an allergy, hold them while they are drinking
5. Log feeding on the child's record and throw away any left-over milk

Clean and sterilise bottles, teats and equipment immediately after use (for babies under 1 year)

1. Wash and dry your hands thoroughly

2. Separate all parts and wash bottles, teats and equipment in hot soapy water using a clean bottlebrush
3. Thoroughly remove all traces of milk. Squeeze hot, soapy water through the teat hole
4. Rinse in clean water, drinkable water. Squeeze the clean water through the teat hole
5. Wash and dry your hands again
6. Sterilise using the correct method in the table below
7. Air dry
8. Store the dry sterilised equipment in a clean, sealed container in the fridge
9. Sterilise again if you don't use the equipment within 24 hours

BOILING	**RECOMMENDED** Place all equipment in a large pot and cover with clean, drinkable water Check that there are no air bubbles trapped inside the bottles Put the saucepan lid on and bring to the boil Rapidly boil for 5 minutes Turn off heat and allow to cool Air dry equipment
STERILISING CHEMICALS	Carefully follow the manufacturer's instructions to ensure correct strength Mix the chemicals with clean, drinkable water in a big plastic or glass bowl (do not use metal as it will rust) Place all feeding equipment in the solution ensuring all surfaces are covered (e.g., by squirting solution through teats and getting rid of any air bubbles) Soak the equipment for at least one hour Remove the equipment and shake off excess solution, but do not rinse Change the solution every 24 hours Scrub the bowl with warm soapy water and rinse thoroughly before refilling with new solution
STEAM STERILISER APPLICANCES	Carefully follow the manufacturer's directions Place the equipment in the steriliser and add the recommended amount of water Put the lid on and steam the equipment and steam for the recommended period of time Remove equipment Wipe and dry the inside of the container once a day to keep it clean

APPENDIX J

PROCEDURE – Cooking with children safely

When to use this procedure

- When you are doing cooking activities with children

Preparation

1. Help children to wash and dry their hands thoroughly
2. Help children who have long hair to tie it up
3. Consider the needs of any children with allergies or other dietary requirements when deciding what to cook

Supervise children at all times

1. Be aware of the dangers of heat and closely supervise children around hot surfaces or equipment

Reduce the risk of spreading germs

1. Only have children prepare shared food that will be cooked afterwards (to destroy harmful germs) e.g., cooked biscuits, pasta, soups, pizza
2. Avoid foods that don't require cooking, such as fresh fruits or biscuits and slices that aren't baked
3. If preparing uncooked food, you can have each child prepare their own food and not share it with others
4. Do not allow children to eat uncooked mixtures or lick mixing spoons, bowls (e.g., cake batter or biscuit dough)

Don't let children who are sick participate

1. Children who have been sick with diarrhoea or vomiting must not participate in cooking activities until they have been symptom-free for at least 48 hours
2. During gastrointestinal outbreaks, suspend all cooking activities with children and check with our local public health unit before resuming them

APPENDIX K

PROCEDURE – Food safe cleaning, sanitising and maintenance

When to use this procedure

- While you are handling and processing (preparing and cooking) food
- While you are serving food
- At the end of every day, week, and month
- At other times indicated in this procedure

Clean and sanitise as you go

1. During food preparation/processing:
 - Keep areas free from clutter and rubbish
 - Keep sinks clear and clean and sanitise them regularly
 - If raw food (e.g., meat, eggs) touches a surface, food equipment or dishcloth, wash and sanitise it afterwards
 - Clean and sanitise food processing surfaces and equipment while you are processing food
 - Use new cloths or cloths that have been disinfected to clean surfaces and equipment
 - Clean up any spills immediately
 - Sweep floors
 - Take out garbage when full
2. Clean food-contact utensils and surfaces – (e.g., appliances, pans, mixing bowls, crockery, containers, cutlery and utensils, tables, benches, cutting boards, high-chairs, cabinets, fridge doors, oven door, light switches, door handles, taps, sinks, floors, bins etc)
 - Scrape off any food scraps and rinse equipment and surfaces with warm water to remove loose debris
 - Pull apart appliances and clean parts individually after every use
 - Use hot water and a food safe detergent to scrub
 - Rinse all items thoroughly with clean, hot water to get rid of any soap

- Use dishwasher according to manufacturer's instructions, but hand wash and dry non-dishwasher safe equipment and utensils (e.g., wooden and electrical equipment)
3. After cleaning, sanitise food contact utensils and surfaces
 - Sanitise by
 - Soaking in very hot water (77°C for 30 seconds), or
 - Saturating items with 70% isopropyl alcohol or ethanol (), or
 - Using a food-safe sanitiser according to the manufacturer's instructions, or
 - Using a dishwasher that can sanitise (e.g., on a hygienic setting) according to the manufacturer's instructions>
 - Take apart blenders and food processors to sanitise
 - Air dry. Do not use towels as they can contaminate the surfaces
 4. Store clean equipment in a clean, dry spot to avoid contamination

Carry out end-of-day cleaning

1. Put all dirty dishes and cutlery through the dishwasher on hottest setting
2. Wash and sanitise all food processing and serving surfaces, equipment and utensils (see above for method)
3. Clean and sanitise appliances (e.g., stove tops, oven doors, oven trays and racks if used during the day, microwaves, toasters, sandwich presses, juicers, blenders, processors etc)
4. Wipe down and sanitise fridge doors and shelves (if they have spills). Check temperature of fridge is below 5°C
5. Wash off food splatters from the surfaces of stoves, dishwashers, cupboards, fridges etc
6. Clean splashbacks and walls
7. Clean and sanitise food processing sink and taps
8. Clean and sanitise separate handwashing basin and taps
9. Sanitise or replace sponges and dishcloths
10. Launder aprons, mats, tea towels, uniforms, oven mitts etc
11. Dust light fixtures
12. Change foil linings

13. Remove all garbage to outdoor bins (and follow local rules and regulations for food waste and chemical disposal)
14. Clean and disinfect bins and bin areas if very dirty
15. Sweep, mop and sanitise floors
16. Restock soap, cloths, gloves, towels etc

Carry out end-of-week cleaning

1. Clean fridges, freezers, cool room:
 - Deep clean fridge – remove food, shelves, drawers and clean with warm, soapy water. Sanitise and dry before returning food
 - Check and discard any out-of-date items or spoilt food
 - Clean fridge doors and seals, handles, and the exterior. Sanitise
 - Check fridge/freezer temperatures
 - Defrost freezer if necessary
2. Clean ovens and cooking equipment:
 - Deep clean oven – Clean door, racks and trays, clean inside with a degreaser
 - Clean stove top – remove grates or burner covers, clean knobs and controls
 - Clean and sanitise small appliances – e.g., microwave, kettles, toasters
 - Check and clean the rangehood, exhaust fans, vents. Remove grease and dust
3. Clean food storage areas and shelves. Check for expired products and organise items
4. Clean and sanitise walls and splashbacks
5. Deep clean sinks and drains and scrub with disinfectant
6. Clean and sanitise dish drying racks and areas
7. Clean and descale dishwasher, clean the filter and wipe down the exterior
8. Sweep, mop and sanitise floors, paying attention to corners and under appliances
9. Clean and sanitise bins and bin areas
10. Look for signs of pests in food storage areas
11. Restock any cleaning supplies
12. Check the condition of kitchen equipment and utensils
13. Clean and sanitise handles and touchpoints (e.g., door handles, light switches, other surfaces)

14. Update temperature logs

Carry out monthly cleaning

1. Vacuum or dust off the condenser coils on the back or bottom of the fridge/freezer
2. Defrost freezer, if necessary, and clean interior
3. Service any appliances, if necessary
4. Deep clean and reorganise pantry and food storage areas, cupboards and drawers
5. Thoroughly clean fryers
6. Move and clean under heavy appliances
7. Clean vents
8. Check fire safety equipment and first aid kit is stocked
9. Clean light fixtures
10. Inspect all equipment (e.g., mixers, blenders, knives) for any damage and repair, replace as needed

Carry out maintenance

1. Check for issues daily and report to the nominated supervisor who must arrange for any repairs to be undertaken as soon as possible. Document all maintenance
2. Conduct a 12-monthly internal audit and maintenance checklist
3. Benches, chopping boards, knives, utensils, bowls, plates, containers, pots, blenders, tins, trays, saucepans, frying pans etc must be designed, constructed and maintained in a way that minimises the risk of food contamination
4. Fridges, freezers, stoves, ovens, grills, mixers, grinders etc must be kept clean and in good working order. Any service reports must be maintained
5. Equipment should only be used according to its instructions
6. Throw away any chipped, broken or cracked eating or drinking utensils and repair/replace any equipment or utensils that are damaged or have loose parts
7. Repair any damage to food handling areas such as damp/chipped plaster, broken tiles, holes in cupboards, walls, windows
8. Clean extractor fans and filters regularly

APPENDIX L

RESOURCE – Example job description for cooks

Responsible to: Approved provider and nominated supervisor

Aims of the position

- Provide and prepare a variety of well-balanced nutritional meals
- Ensure a high standard of cleanliness of the kitchen and equipment
- Handle food safely
- Identify and manage risks and prevent or correct them
- Promote a culture of food safety
- To be an active team member of the service

Duties

- Adhere to Australia New Zealand Food Safety Standards
- Plan a weekly menu
- Provide a diet for the children which has reduced sugar, no added salt, low fat, high fibre, and is free from artificial colours and preservatives
- Ensure any special diets are adequately catered for e.g. vegetarian, diabetic, dairy intolerance etc. An alternative must be prepared
- Make a shopping list from weekly menu
- Rotate stock each week
- To prepare fresh fruit and vegetables that are not already prepared
- To follow the menu
- Prepare lunch and afternoon tea for both rooms. To deliver to both rooms
- To prepare afternoon tea for After School Care
- Wash and wipe dishes
- Assist with social functions e.g., Easter, Christmas, Eid al-Adha, etc
- Reduce wastage of food
- Be responsible for maintain food handling areas are cleaned and sanitised in line our with our policies, procedures and obligations
- Maintain personal hygiene in the food preparation according to our procedures

29. Governance and Management Policy

PURPOSE AND BACKGROUND

- (1) To set out how our service is governed and managed, how we meet a wide range of requirements and ensure quality processes, procedures and practices for effective and ethical leadership and management
- (2) This policy is a requirement under the *Education and Care Services National Regulations*. The approved provider must ensure that policies and procedures are in place for the governance and management of the service (s 168(2)(l))
- (3) It helps us to meet the objectives and principles of the Approved Learning Framework and National Quality Standard Area 7 (Governance and Leadership)

SCOPE

- (4) This policy applies to:
 - The approved provider
 - Persons involved in the management or control of our service (PMCs)
 - The nominated supervisor
 - Staff, including educators, administrative and support staff
 - Volunteers, students, contractors
- (5) It informs families, visitors and the broader community about the governance and management arrangements of our service

DEFINITIONS

- (6) The following definitions apply to this policy and related procedures:
 - ‘Approved provider’ is the legal entity that is approved to operate our service. Note, the regulatory authority may deem a provider to be a ‘related provider’ of an approved provider if where they share persons of management or control in criteria. The regulatory authority then has the same functions and powers in relation to a related provider as it does for the approved provider. References in this policy to the approved provider may apply to related providers
 - ‘Continuous improvement’ means ongoing improvement in the provision of quality education and care services
 - ‘Fit and proper person’ has specific assessment criteria in the [National Law](#) and in [Commonwealth Family Assistance Law](#), including consideration of a person’s history of compliance with the law, criminal history, working with children checks, bankruptcy or insolvency, financial circumstances, tax record, medical

conditions, management capabilities, and any sanctions or suspensions upon them (check links provided for details)

- 'Fraud' means dishonestly obtaining a benefit, or causing a loss, by deception or other means
- 'Parents' includes guardians and persons who have parental responsibilities for the child under a decision or order of court
- 'Persons with management or control (PMC)' are individuals responsible for managing the delivery of our service or who have authority, responsibility or significant influence over the planning, direction or control over the activities or the delivery of the service (i.e., people in executive or management roles, such as members of the board or management committee, partners of a partnership, people in management positions)

A nominated supervisor, person in day-to-day, centre directors or other staff who hold other 'operational' management positions are not automatically PMCs unless they also meet the definition above

- 'Staff', unless indicated otherwise, refers to approved provider, persons with management or control, the nominated supervisor, paid employees, volunteers, students, and third parties (e.g., contractors, casual staff) who perform work on our behalf

POLICY STATEMENT

Legal structure and governance model

- (7) Our service is operated by Educational Training and Consultancy Services Pty Ltd, **which** holds provider approval under the *Education and Care Services National Law*
- (8) We are legally structured as a Private Company, Public Company, incorporated by Trust.
- (9) The management / approved provider is responsible for the governance of our service
- (10) Our constitution / incorporation documents reflect our legal structure.
- (11) The approved provider governs the service directly and has delegated some responsibilities for governance to our nominated supervisor/designated staff.
- (12) Our organisational chart is available in the Foyer near the entrance. It shows the relationships between the approved provider, persons with management or control, the nominated supervisor and other key staff.
- (13) The governance model supports strategic planning, financial oversight, legal compliance and leadership of our service

- (14) The approved provider must ensure our service complies with all the conditions of service approved under the *National Law* s 51, including not exceeding the maximum number of children specified, holding the required insurance, and meeting the health, safety, wellbeing, education and development needs of children
- (15) The approved provider must take reasonable steps to transparently demonstrate the approved provider's ownership structure (*National Law* s 19 NSW):
- At any premise at which the approved provider operates
 - On the approved provider's website and other digital content
 - In all advertisements for any service operated by the approved provider
 - As part of any prescribed information to be displayed under the Law **[Dept of Education to provide further advice about how to implement]**

Our philosophy and purpose

(16) OUR PHILOSOPHY

All children are successful, competent, and capable learners who are active and informed members of their communities with knowledge of Sustainable development and Aboriginal Torres Islander perspective.

- (17) It outlines the purpose and principles under which our service operates. It also reflects the guiding principles of the National Quality Framework (*National Law* s 3 (3)) and the Approved Learning Framework (Element 1.1.1)]

- (18) Our statement of philosophy guides all aspects of our operations, including our decisions, policies, educational program and practices (National Quality Standard 7.1.1)

- (19) We will regularly critically reflect on and review our statement of philosophy in consultation with staff, children, families and the community to make sure it continues to reflect their understanding of our service's role

- (20) We will include our statement of philosophy in staff inductions and when enrolling new families

Commitment to effective and ethical governance and leadership

- (21) Our governance must support the operation of a quality service that is child safe (National Quality Standard 7.1) that ensures the safety, health and wellbeing of children in our care, and meets their educational and developmental needs (*National Law* s 51)
- (22) Our governance and management systems will contribute to a safe, ethical, respectful, honest, inclusive and supportive work and learning environment, in which diversity is celebrated and reflected in our staff profile, educational program and daily routines
- (23) The approved provider must ensure that periodic meetings and reviews of our operations – including quality assurance and strategic, financial, legal and operational risk management - are conducted and documented
- (24) We will provide staff, children, families and the wider community with opportunities to have a say in what happens at our service (see our Family and Community Partnership Policy)
- (25) Our leaders shape our culture, ensure legal compliance and support continuous improvement
- (26) We must have effective leadership to build and promote a positive organisational culture and professional learning community (National Quality Standard Area 7.2)
- (27) The approved provider and other service leaders must:
 - Act honestly, lawfully and in the best interests of children, our service and our community
 - Be aware of, and comply with, the *Education and Care Services National Quality Framework*, other relevant laws, and our own policies and procedures
 - Be accountable to our stakeholders and management for their decisions
 - Have the appropriate qualifications, experience and integrity for their role
 - Not use or disclose any confidential or commercially sensitive information for their personal or financial benefit
 - Strive to continually improve our operations, program and practices

Child safety is embedded in our governance, leadership and culture

- (28) Child safety is at the core of our governance, leadership and culture
- (29) We will promote our *Statement of Commitment to Child Safety and Wellbeing*, and champion and model a child safe culture at all levels in our service

- (30) The rights and best interests of a child or children in our care must be placed above the approved provider's interests (where there is conflict) and above a PMC's other duties, or the other interests of our service (*National Law* Schedule 1 s 4 - NSW)
- (31) Management, educators and staff must be aware of their roles and responsibilities regarding child safety, including the need to identify and respond to every child at risk of abuse or neglect (National Quality Standard 2.2.3)
- (32) Staff must follow our Child Safe Environment Policy and uphold our Child Safe Code of Conduct at all times
- (33) The approved provider and nominated supervisor must oversee the policies, procedures, risk management, supervision, HR processes, training, reporting, communication and monitoring systems we have in place to keep children safe from harm or the risk of harm
- (34) All staff (see definition) must comply with any directions given by the NSW Minister or regulatory authority to prevent unacceptable risk to the safety, welfare or wellbeing of a child in our care (*National Law* s 261A)
- (35) The approved provider and nominated supervisor will regularly review and report on our performance in child safety matters as part of our continuous improvement practices. Child safety is a standing agenda item at staff management, and committee meetings

Leaders and staff must be fit and proper persons

- (36) Everyone leading or working for us must be safe, suitable and legally allowed to be in their job
- (37) The approved provider, PMCs, and persons responsible for the day-to-day operations must demonstrate they are 'fit and proper' persons (see definition) to be involved in managing or controlling our service (*National Law* s 12) (*Family Assistance Law*)
- (38) We must have child safe recruitment and ongoing employment practices in place (*National Regulations* s 168(2)(i)(ii))
- (39) The approved provider must ensure that:
- The nominated supervisor and person/s in day-to-day charge satisfy the minimum requirements related to fitness and propriety (*National Regulations* ss 117B-C)
 - Educators, persons with management or control, and persons responsible for the day-to-day operations have the [background checks](#) required under *Family Assistance Law*
 - All staff (including the approved provider, nominated supervisor, educators, other paid staff, contractors, volunteers and students) are thoroughly screened

and verified as safe, suitable and not-prohibited to work with children and in an education and care service, and hold a valid, non-prohibited working with children check unless they are exempt under the law

- All staff (including the approved provider, persons with management or control, nominated supervisors, educators, other paid staff, contractors, volunteers, students) complete mandatory approved child protection training (*National Law s 162A*) and child safety training. They are made aware of, and understand, current child protection laws and can explain any obligations they have under them, including for mandatory reporting (*National Regulations s 84*)
- We continue to check and maintain accurate records about the fitness and propriety of the approved provider, PMCs, staff, volunteers and students according to our procedures
- We notify the regulatory authority and the Australian Department of Education if there is any change relevant to whether the approved provider/PMCs are fit and proper persons within 7 days (*National Law s 174, Family Assistance Law*)
- We provide information to the regulatory authority and Australian Department of Education, on request, for their assessment as to whether a person involved in our service is a fit and proper person (*National Law s 14, Family Assistance Law*)
- We notify the appropriate authorities (e.g., regulatory authority, Australian Department of Education, child protection services etc) within the required time of any relevant changes to the suitability of a staff member, volunteer or student (e.g., negative notices, working with children checks, charges or convictions, incidents etc)
- To comply with any suspension notices, supervision notices, prohibition notices or enforceable undertakings issued to current staff and volunteers (*National Law s 178 ss 178, 178A*) and make reasonable enquiries about whether current and prospective staff are subject to any such notices (*National Regulations s 168(2)(i)(ia-b)*)

(40) See attached prescribed notifications lists, and our child safe [Recruitment, Induction and Training Policy](#) and [Child Safe Risk Management Plan](#) for more detail.

Roles and responsibilities

- (41) Having clear expectations for staff about their roles and responsibilities ensures accountability, and better teamwork, morale and performance
- (42) We must ensure that roles and responsibilities are clearly defined, understood, and support effective decision-making and operation of our service (National Quality Standard 7.1.3)

- (43) The approved provider must display the name of each nominated supervisor in a place where it is clearly visible from the main entrance of our premises (*National Law s 172*)
- (44) Staff roles and responsibilities must be documented in position descriptions, policies and procedures
- (45) All staff (including relief staff, volunteers and students) will have a formal induction which will cover their individual obligations under relevant laws, the Approved Learning Framework, and relevant policies and procedures
- (46) Ongoing staff will participate in a professional development program to increase their skills and knowledge, and reinforce their understanding of their role and responsibilities
- (47) The approved provider and nominated supervisor must regularly and systematically monitor and appraise staff performance
- (48) For efficiency, accountability and transparency, staff will report directly to the immediate supervisor who supports and oversees their work
- (49) Staff must follow our Staff Communication Policy, which sets out how information about work will be shared with and among staff
- (50) Staff must comply with the *National Law* and *Regulations*, noting that the regulatory authority may take disciplinary action against a person for any contraventions (*National Law s 188C*)

High level summary of key staff roles and responsibilities:

Role	Areas of responsibility
Approved provider	The approved provider is the legal entity that is approved to operate our service and is legally responsible for managing our service, including compliance, strategic direction, risk management, financial performance, developing policy and procedures, communications and consultation, health and safety, staffing and recruitment, and documentation
Persons with management or control (PMC)	PMCs are responsible for managing the delivery of our service, including making or contributing to making decisions that affect the whole, or a substantial part, of our service or our financial position A PMC has the same legal responsibilities as the approved provider and must exercise due diligence to ensure that the approved provider has complied with all legal obligations, including putting into place effective governance systems and operational processes
Nominated supervisor	The nominated supervisor is responsible for effectively supervising and managing our service, including our day-to-day operations, implementing policies and procedures, overseeing the educational program, staffing and recruitment, communications and consultation, health, safety and wellbeing, and documentation
Persons in day-to-day charge	The person in day-to-day charge is the point of contact for families and staff, and has the same legal responsibilities as a general educator at our service
Responsible persons	A responsible person is responsible for the operation of our service, either: The approved provider or a PMC (if the approved provider is not an individual)

	• A nominated supervisor • A person in day-to-day charge At least one responsible person must be physically present at our service at all times we are caring for and educating children (<i>National Law</i> s 162)
Educational leader	The educational leader is responsible for leading the development and implementation of the educational program and practices (aligned with the Approved Learning Framework) and for promoting a culture of continuous improvement
Early childhood teacher	Early childhood teachers are responsible for carrying out educational and care activities
Educators	Educators implement our educational program, carry out routine care and supervision, ensure the health, safety and wellbeing of children
Administrative staff	Administrative staff have a range of responsibilities. Depending on their role, these may include management, bookkeeping and accounts, reporting, enrolments, record keeping, data management, IT, function coordination, organising meetings, communications and customer service
Support staff (e.g., kitchen, maintenance, cleaning)	Support staff responsibilities vary according to their role, but they support our service to maintain a safe, clean and hygienic environment, and contribute to our effective operation
Volunteers and students	May be present at our service and do work on our behalf under supervision, but do not count towards educator to child ratios

Decision-making

- (51) The best interests of children in our care are paramount. If an action or decision that concerns a particular child, the safety, welfare and wellbeing of the child will be placed above all else (*National Regulations* s 168(2)(h)(ii))
- (52) All high-level financial business decisions are made by the approved provider/PMCs, including: determining our hours and days of operation; deciding on staff structures and approving recruitment; creating or terminating Child Care Subsidy enrolments; and making decisions about business closure, changes in our premises or major renovations
- (53) Decisions are generally made individually by those who have the authority or in consultation with relevant staff members
- (54) Decisions must be made by in line with the relevant policy and procedure (if one is in place)
- (55) Our decision-making processes must be documented and align with professional, ethical and quality standards
- (56) Unlawful discrimination, bias or the misuse of power will not be tolerated
- (57) Conflicts of interest must be disclosed and any person with a conflict (actual, potential or perceived) must not be involved in any related decision-making

- (58) Significant decisions or changes to our service must be documented, communicated and made in consultation with families, staff and any other interested parties

Delegation of authority

- (59) For our efficient and lawful operation, certain roles and responsibilities will be delegated
- (60) The approved provider/persons with management or control (PMCs) may delegate appropriate authority to the nominated supervisor and other staff for our day-to-day operations, curriculum leadership, administrative functions, and policy implementation
- (61) The approved provider/PMCs must not delegate authority for:
- Approving strategic plans, annual budgets, financial reports or statements, policies, annual reports
 - Appointing or dismissing persons with management or control, the nominated supervisor or the educational leader, or
 - Making purchases or agreements that exceed specified limits
- (62) When delegating responsibilities, we must ensure that the staff member has the necessary qualifications and experience, understands their responsibilities, and is legally allowed to have the delegation
- (63) Staff who are delegating roles and responsibilities will:
- Choose an appropriate person for the task/s, taking into consideration their current skills, workload and professional development program
 - Clearly communicate the task/s and timing for completion
 - Check that the staff member can do the task/s with the information and resources they have
 - Have positive and open lines of communication with the staff member, in case of any issues
 - Where appropriate, get formal agreement (e.g., in written position descriptions, delegation agreements)
- (64) Delegation of responsibilities does not absolve the approved provider/PMCs from overseeing and being accountable for the outcomes of the delegated tasks

Delegations under the *National Quality Framework*

- (65) The approved provider or nominated supervisor may place a person in ‘day-to-day charge’ of the service to be the point of contact for families and staff, if the person: agrees to the role in writing; is over 18 years old; is a ‘fit and proper person’; and has the

knowledge, understanding and ability to effectively supervise and manage our service
(*National Regulations* s 117B)

- (66) The approved provider must ensure that a 'responsible person' is present at the service at all times we are caring for children. The role of responsible person may be delegated to the nominated supervisor or a person in day-to-day charge
- (67) The approved provider must designate a suitably qualified and experienced educator, co-ordinator or other person as 'educational leader' to lead the development and implementation of our educational program (*National Regulations* s 118(1))
- (68) The approved provider must ensure that the educational leader has been advised of, can understand, and can explain the section of the *Regulations* that establishes their role, the purpose of the role, and their obligations under the National Quality Framework (*National Regulations* s 118(2-4))
- (69) The designation for these roles must be agreed to in writing, documented according to our record keeping procedures, and available for inspection by the regulatory authority on request

Educational leadership

- (70) Strong educational leadership ensures our curriculum delivers the best outcomes for children's learning and development
- (71) The approved provider must appoint a suitably qualified and experienced individual as educational leader (*National Regulations* s 118)
- (72) The educational leader must be supported and lead the development and implementation of the educational program and assessment and planning cycle (National Standard 7.2.2), as detailed in our Education, Curriculum and Learning Policy
- (73) The approved provider must take reasonable steps to ensure that staff who have a role in educating children at our service hold the required qualifications

Development of professionals

- (74) Staff growth and development are foundational to our ability to deliver quality care and education
- (75) Staff performance must be regularly evaluated, and individual plans must be in place to support their learning and development (National Standard 7.2.3)
- (76) The approved provider must take reasonable steps to ensure that staff who are responsible for managing staff development follow our HR policies and procedures, including our Recruitment, Induction and Training Policy

- (77) The approved provider and nominated supervisor must ensure that all staff have or are working towards completing any mandatory study or training for their role, including refresher training
- (78) Staff members will have individual performance plans and programs of professional development in place that are tailored to their individual needs, interests and goals
- (79) Staff performance will be formally appraised and documented:
- At 3 months of their start date in a role
 - At least once every 12 months, thereafter, and
 - Throughout the year with informal ‘check-ins’ between staff members and their team leader
- (80) Each staff member’s performance will be assessed against their job description, the ECEC Code of Ethics, our Child Safe and Staff Codes of Conduct, our statement of philosophy, and the relevant areas of the National Quality Standard
- (81) We will celebrate the skills and achievements of staff with children, families and other staff members
- (82) We will have an employee support program for staff who are experiencing difficulties either at home or at work. The program will link staff to suitable support (e.g., counselling, mediation, coaching, mentoring) and/or facilitate adjustments to their working arrangements (where possible)

Financial governance

- (83) The protection of the rights and best interests of each child and the children at our service must prevail over the financial interests of the approved provider and other fiduciary duties owed by PMCs (*National Law* Schedule 1 s 3A - NSW)
- (84) Sound financial management ensures we remain solvent, viable and compliant with the law
- (85) The approved provider must ensure that we comply with all relevant financial and accounting laws, regulations and standards, and must take reasonable steps to prevent and eliminate corruption and fraud at our service
- (86) The approved provider is responsible for approving the annual budget and for reviewing financial reports to ensure our service remains financially sustainable and solvent
- (87) The nominated supervisor and administrative staff may be delegated responsibility for recording payments and expenses, preparing financial reports, processing payroll, invoicing families, and authorising petty cash and operational expenses within their authorised limit

- (88) The approved provider must take reasonable steps to ensure that staff who have financial responsibilities implement any related policies and procedures, and that they use our budgeting and accounting system to manage income and expenses, including fees paid, grants and subsidies, wages, supplies and other operating costs
- (89) We must administer and use all government funding according to funding conditions
- (90) The approved provider must take prompt and appropriate action if there is a breach or concern about financial misconduct, corruption or fraud at our service

Child Care Subsidy governance and administration

- (91) The approved provider must ensure that we administer the Child Care Subsidy (CCS) according to the requirements under *Family Assistance Law*, including meeting all obligations for enrolment reporting, attendance data, record keeping, paying gap fees electronically, and ensuring all claims and payments are accurate and lawful
- (92) Decisions about Child Care Subsidy (CCS) enrolments, attendance records and fee reporting are made by the nominated supervisor or an approved delegated staff member, under the oversight of the approved provider
- (93) The approved provider must ensure that we manage and communicate our fees according to the *National Regulations* and *Family Assistance Law*, including having a fee policy in place (s 160(3)(k)), and keeping a record of a formal agreement for fees with families (a Compliant Written Arrangement) (*Family Assistance Law*)
- (94) The approved provider must take reasonable steps to ensure that staff who are administering the CCS are trained to implement our [Fees Policy](#) and [Enrolment Policy](#), and that they use approved [CCS software](#) to manage enrolment and attendance reporting, fee processing, and managing absences
- (95) The approved provider must ensure that all claims and payments are accurate and lawful, and that staff are adequately monitored for compliance via regular internal audits of weekly session reports
- (96) Errors or problems with CCS administration will be dealt with promptly and the nominated supervisor will notify the Australian Government Department of Education about relevant matters as required (see attached list of prescribed notifications)
- (97) The approved provider must ensure that any allegation or suspicion of fraud or non-compliance with the fee or CCS systems is investigated, and that appropriate action is taken in line with our HR policies where appropriate, including measures to prevent non-compliance or misconduct in the future
- (98) Staff may use the Australian Government's [Get Early Childhood Compliance Knowledge Online \(Geccko\)](#) online learning platform to understand their compliance obligations

Insurance

- (99) Appropriate insurance is essential to protect our service, staff, children and families
- (100) The approved provider must ensure that our service is appropriately insured, including:
- Adequate cover for the service against public liability with a minimum cover of \$10,000,000 (*National Regulations* s 29)
 - Workers compensation insurance
 - Building and contents insurance
 - Motor vehicle insurance
 - Professional indemnity insurance
 - Volunteer insurance / personal accident insurance
 - Business interruption insurance
- (101) The approved provider must keep evidence of our public liability insurance on the premises, ready for inspection by the regulatory authority (*National Regulations* s 180)
- (102) The approved provider must review our insurance annually and ensure we continue to have adequate coverage for the level of risk
- (103) The approved provider must ensure that any incidents that may result in an insurance claim are reported promptly and managed in line with our procedures
- (104) The approved provider, PMCs, nominated supervisors, other staff, contractors and volunteers must not hold an insurance policy that indemnifies the person against payment of financial penalties for contraventions of the *National Law or Regulations* (National Law s 292A)

Management systems

- (105) We must have systems in place to manage risk and enable the effective management and operation of a quality service that is child safe (National Quality Standard 7.1.2).
- (106) The approved provider must ensure that all of our management systems operate in compliance with all relevant legislation, including the *National Quality Framework*, *Family Assistance Law*, *Privacy Act 1988 (Cth)*, *Fair Work Act 2009 (Cth)* and other employment laws, equal opportunity and anti-discrimination laws, health regulations, child safety/protection legislation, and work health and safety laws
- (107) We will have detailed policies and procedures set out how we use and maintain a range of paper-based and electronic management systems (see Management system cross reference table attached)

- (108) The approved provider and nominated supervisor will ensure that staff are adequately trained and equipped to use our systems, and that they have access to adequate technology resources
- (109) The approved provider or nominated supervisor will periodically audit our systems to check for compliance and take any corrective actions, if required
- (110) We will provide opportunities for staff to give feedback about our systems in staff meetings and policy reviews.

Documented policies and procedures

- (111) Policies and procedures are vital documents to guide and direct our operations, and ensure consistency and compliance
- (112) The approved provider must ensure that we have adequate policies and procedures in place for any matter prescribed under an applicable law, including those required under the *National Regulations* s 168 (see list attached)
- (113) The approved provider must take reasonable steps to ensure that the nominated supervisor, staff members (including volunteers) follow our policies and procedures (*National Regulations* s 170), including through:
- Clear and accessible communication
 - Systemised induction, training and monitoring
 - Regular policy reviews and updates
 - Monitoring and responding to non-compliance, and
 - Adequate resources and practical support
- (114) Our policies and procedures must be readily available and accessible (*National Regulations* s 171), including to families
- (115) The approved provider must ensure that our policies and procedures are regularly reviewed, in consultation with staff, children, families and the community, to ensure they continue to:
- Be effective
 - Align with best practice and current legislation
 - Be informed by our statement of philosophy, risk management and quality improvement activities
 - Support high quality practice across our service
- (116) The approved provider is responsible for approving policies and procedures

- (117) The approved provider must ensure that parents are notified at least 14 days in advance - or as soon as practical if the changes are urgent to protect safety, health or wellbeing of a child - before making any change to a policy or procedure required under s 168 if the change:
- May have a significant impact on the service's provision of education or care to any child at the service, or
 - Will affect the fees charged or the way fees are collected (*National Regulations s 172*)

Record of service's compliance

- (118) Our service must keep a record of our compliance with the National Quality Framework (*National Regulations 167*), containing details of any:
- Compliance direction or compliance notice issued to the approved provider of the service
 - Suspension of service approval (other than by voluntary application)
 - Amendment to service approval made by the regulatory authority
- (119) We must make the record available to any person upon request and keep it at our premises (*National Regulations 177(3)(b)*)
- (120) The approved provider will use the [approved form](#) to display our service's compliance and quality history as part of the prescribed information that must be displayed under the National Law in NSW (ss 172(3)(4)). It must:
- Cover the past 2 years of compliance history as it appears on the approved provider view of the NQA ITS portal (or to the date our service was approved or transferred to the current approved provider)
 - Include any required prosecution information (noting this is not included in the NQA ITS portal) – i.e., any offences for which the approved provider has been prosecuted where there is a plea of guilt, finding of guilt or a conviction and any associated penalties
 - Include our current and previous quality rating
 - Include compliance actions that are the subject of review
 - Be updated within 7 days of any relevant compliance actions

National Law and Regulations to be available

- (121) We must be transparent and open about our service's legal obligations

- (122) The approved provider must ensure that a copy of the *National Law and Regulations* is kept available at our premises for the use of the nominated supervisor, other staff, volunteers and students, families and anyone else who uses our service (*National Regulations* s 185)

Prescribed information to display and report

- (123) We must display particular information at our service and report specific information to families and government authorities
- (124) The approved provider must ensure that we:
- Display the information prescribed in the *National Law* (s 172) and *Regulations* (s 173) in a prominent location at the entrance to our service (see list attached)
 - Notify the regulatory authority and families of prescribed information within the required time (see list attached) (*National Law* ss 173, 174) (*National Regulations* ss 174-176)
 - Notify the Australian Government about the prescribed matters under *Family Assistance Law* within the required time (list attached)
 - Make any other mandatory reports or notifications to the relevant authority where and when required (e.g., Australian Tax Office, Work Safe, child protection agencies)
- (125) The approved provider must take reasonable steps to ensure that staff make the required notifications and reports according to our policies and procedures, and that they use our paper-based and digital reporting and notification systems to track due dates, and make and store records
- (126) The approved provider and nominated supervisor will display in staff areas an up-to-date list of due dates and required notifications

Attendance and enrolment records

- (127) Accurate records of attendance and enrolment are essential for health and safety, administration and compliance
- (128) The approved provider must take reasonable steps to ensure staff implement our Fees Policy, Enrolment Policy, Delivery and Collection Policy, Acceptance and Refusal of Authorisation Policy, Medical Conditions Policy and Record Keeping Policy
- (129) These policies set out how we keep records of attendance and enrolment according to the requirements in the *National Regulations* and *Family Assistance Law*

- (130) Enrolment records must be reviewed at least annually and linked to individual learning and care plans
- (131) Our enrolment and attendance records will be linked to related systems (e.g., staffing, fees, medical management, emergency plans, and waitlists)

Record-keeping, including confidentiality, storage and technology

- (132) Accurate and secure record-keeping and data management are vital for an efficient and lawful operation
- (133) The approved provider must take reasonable steps to ensure that staff implement our record keeping, confidentiality, privacy and storage related policies, and that they use our records management systems (paper-based and electronic) according to our procedures
- (134) Our Record Keeping Policy and Privacy and Confidentiality Policy set out how we manage the prescribed enrolment records and other documents required under s 177 of the *National Regulations*
- (135) Staff must keep the following information confidential and stored securely: any prescribed enrolment or other document; personal information about children, families and staff; incidents and reportable information (e.g., mandatory reports, complaints, details of illnesses or injuries); sensitive organisational or operational information (e.g., security, internal investigations, financial records); and any other information classified as confidential by law
- (136) The approved provider must ensure that technology and devices are secure, maintained and managed in such a way that keeps children safe from harm or the risk of harm, and protects data and privacy, in line with all relevant legislation and standards and our Technology and Device Use Policy

Continuous improvement and self-assessment

- (137) Quality improvement is an ongoing process that everyone contributes to
- (138) We must have an effective self-assessment and quality improvement process in place (National Quality Standard 7.2.1)
- (139) The approved provider must ensure that our current quality improvement plan (QIP) is kept on the premises and is made available for inspection by the regulatory authority and, on request, to parents of current and prospective enrolled children (*National Regulations* s 31)
- (140) The approved provider must review and revise our QIP at least annually and at any time on request to the regulatory authority (*National Regulations* s 56)

- (141) We will use our QIP as a dynamic document that is regularly updated for continuous assessment against the National Quality Standard. It will be a true and accurate reflection of our service
- (142) We will incorporate what we have learnt through regular self-assessments into our QIP, which will then guide our practices and program delivery
- (143) We use ACECQA's 'Self-assessment Tool' to conduct our self-assessments
- (144) The approved provider and nominated supervisor will coordinate a 'whole of service' self-assessment process that involves staff, families, children and our broader community
- (145) Staff must document the self-assessment and planning process (e.g., reflective documentation for staff, meeting minutes, feedback from families and children, progress notes)
- (146) The approved provider must take reasonable steps to ensure staff follow our Complaint Handling Policy and Procedure, which covers how our complaint processes support continuous improvement.

PRINCIPLES

- (147) We uphold the values of transparency, collaboration, integrity, ethics, fairness and respect in our decision making and communication
- (148) We have effective child safe management systems for all areas of our operation
- (149) We have clear roles and responsibilities, and individuals are supported and accountable for their actions and decisions
- (150) We strive for continuous improvement to our service and outcomes for children. We have the systems and culture in place so that everyone is contributing to regular self-assessment and critical reflection
- (151) We comply at all times with relevant laws, regulations and standards
- (152) We celebrate diversity, and have an inclusive and accessible workplace and learning environment
- (153) Leadership provides the guidance to make our programs and practices match our philosophy
- (154) The health, safety and wellbeing of children, staff, families and visitors is our number one priority,

POLICY COMMUNICATION, TRAINING AND MONITORING

- (155) This policy and related documents can be found in our Office as well as on our digital devices.
- (156) The approved provider and nominated supervisor will provide information, training and other resources and support regarding the Governance and Management Policy and related documents
- (157) All staff (including volunteers and students) will have a formal induction which will cover relevant information in our Governance and Management Policy and related documents
- (158) We will run a professional development program for each staff member, which covers relevant aspects of this policy
- (159) Roles and responsibilities are clearly defined in this policy and in individual position descriptions. They will be communicated during staff inductions and in ongoing training
- (160) The approved provider and nominated supervisor will monitor and audit staff practices and address non-compliance. Breaches of this policy are taken seriously and may result in disciplinary action against a staff member
- (161) At enrolment, families are given access to our Governance and Management Policy and related documents
- (162) Families are notified in line with our obligations under the *National Regulations* when changes are made to our policies and procedures

LEGISLATION (OVERVIEW)

Education and Care Services National Law and Regulations

Law	Description
s 13	Matters to be taken into account in assessing whether fit and proper person
s 14	Regulatory Authority may seek further information
s 21	Reassessment of fitness and propriety
s 51	Conditions on service approval
s 162	Offence to operate education and care service unless responsible person is present
s 162A	Child protection training
s 169	Offence relating to staffing arrangements
s 172	Offence to fail to display prescribed information
s 173	Offence to fail to notify certain circumstances to Regulatory Authority
s 174	Offence to fail to notify certain information to Regulatory Authority
s 175	Offence relating to requirement to keep enrolment and other documents
s 188	Offence to engage person to whom prohibition notice applies

Regulations	
s 29	Condition on service approval – insurance
s 31	Condition on service approval – quality improvement plan
s 55	Quality improvement plans
s 56	Review and revision of quality improvement plans
s 73	Educational program
s 84	Awareness of child protection law
ss 77 – 102F	Part 4.2 – Children’s health and safety (applicable sections)
ss 103 - 110	Physical environment – Centre-based services
ss 111 – 115	Physical environment - Additional requirements for centre-based services
ss 117A – 117C	Minimum requirements for persons in day-to-day charge and nominated supervisors
s 120	Educators who are under 18 to be supervised
s 122	Educators must be working directly with children to be included in ratios
s 123	Educator to child ratios – centre-based services
s 126A	Illness or absence of a qualified educator who is required to meet the relevant educator to child ratio
s 136	First aid qualifications
ss 145 – 152B	Staff and educator records – centre-based services
s 155	Interactions with children
s 156	Relationships in groups
s 157	Access for parents
s 158	Children’s attendance record to be kept by approved provider
s 160	Child enrolment records to be kept by approved provider
s 161	Authorisations to be kept in enrolment record
s 162	Health information to be kept in enrolment record
s 167	Record of service’s compliance
s 168	Education and care services must have policies and procedures
s 170	Policies and procedures to be followed
s 171	Policies and procedures to be kept available
s 172	Notification of change to policies or procedures
s 173	Prescribed information to be displayed
s 174	Time to notify certain circumstances to Regulatory Authority
s 174A	Prescribed information to accompany notice
s 174AA	Educators and other staff members of education and care services to notify certain information (NSW)
s 174AB	Approved provider must notify Authority of event under s 174AA (NSW)

s 175	Prescribed information to be notified to Regulatory Authority
s 176	Time to notify certain information to the Regulatory Authority
s 177	Prescribed enrolment and other documents to be kept by the approved provider
ss 181 ,183 - 184	Confidentiality and storage of records
s 185	Law and regulations to be available

Other applicable laws and regulations

Name	Description
<i>Work Health and Safety Laws</i>	Describes the primary duty of care to people in the workplace
<i>Privacy Act 1988</i>	Principal act governing the handling of personal information
<i>Fair Work Act 2009</i>	Minimum standards for employment conditions
<i>Corporations Act 2001</i>	Principal legislation regulating companies in Australia
<i>Association incorporations laws, business laws</i>	Legislation regulating business entities
<i>Family Assistance Law</i>	Regulates administration of the Child Care Subsidy
<i>Children's Services Award 2010</i>	Covers employment conditions and wages in the children services and early childhood industry
<i>State/territory-based child safety and child protection laws</i>	Covers obligations for child safety and protection in governance and management of prescribed organisations

National Quality Standard

Standard / Element	Concept	Description
7.1	Governance	Governance supports the operation of a quality service that is child safe
7.1.1	Service philosophy and purpose	A statement of philosophy guides all aspects of the service's operations
7.1.2	Management systems	Systems are in place to manage risk and enable the effective management and operation of a quality service that is child safe
7.1.3	Roles and responsibilities	Roles and responsibilities are clearly defined, and understood, and support effective decision-making and operation of the service
7.2	Leadership	Effective leadership builds and promotes a positive organisational culture and professional learning community
7.2.1	Continuous improvement	There is an effective self-assessment and quality improvement process in place
7.2.2	Educational leadership	The educational leader is supported and leads the development and implementation of the educational program and assessment and planning cycle
7.2.3	Development of professionals	Educators, co-ordinators and staff members' performance is regularly evaluated and individual plans are in place to support learning and development

Early Years Learning Framework (EYLF) V2.0 - all outcomes are relevant

National Principles for Child Safe Organisations

Most relevant principles

Child safety and wellbeing is embedded in organisational leadership, governance and culture

RELATED DOCUMENTS

Key Policies and procedures	All our policies and procedures are relevant to the governance and management of our service
Resources	Names and contact details for key roles template (attached) National Law and Regulations required information to display (attached) Management system cross reference table (attached) National Laws and Regulations prescribed notifications (attached) Family Assistance Law prescribed notifications (attached) Policies and procedures required (National Regulations s 168) (attached) Australian Government's Get Early Childhood Compliance Knowledge Online (Geccko)

SOURCES

Education and Care Services National Law and Regulations | National Quality Standard | Family Assistance Law and Australian | Department of Education online resources for CCS and Child Care Provider Handbook April 2025| Work health and safety legislation and guidelines| ASX Corporate Governance Principles and Recommendations | ACECQA Policy and Procedure Guidelines for Governance and Management | Australian Institute of Company Directors Governance Principles | Early Childhood Australia Code of Ethics | Child Safe Standards / Principles.

Quick reference: statement of philosophy | governance and management | leadership | service approval conditions | risk management systems | financial governance | child care subsidy administration | fit and proper staff | educational leadership | development of professionals | roles and responsibilities | reporting relationships | summary of key staff roles and responsibilities | delegations | management systems | administration systems | confidentiality and records management systems | complaints management system | documented policies and procedures | prescribed information to be displayed and notified | continuous improvement | regular self-assessment | Quality Improvement Plan (QIP) | children's interests | child safety

POLICY INFORMATION

Approval date 1 January 2026

Effective date 1 January 2026

Review date 1 January 2027

Approved by Dr Jay Mukhraiya >

APPENDIX A

RESOURCE – Names and contact details for key roles

[THIS IS AN OPTIONAL TEMPLATE FOR SERVICES TO KEEP UPDATED AND DISPLAYED]

APPROVED PROVIDER:

PERSONS WITH MANAGEMENT OR CONTROL:

NOMINATED SUPERVISOR:

EDUCATIONAL LEADER:

PERSONS IN DAY-TO-DAY CHARGE:

ROOM LEADERS:

ADMINISTRATION MANAGER:

THE PERSONS RESPONSIBLE FOR THE DAY-TO-DAY OPERATION OF OUR SERVICE:

WWCC NOMINATED REPRESENTATIVE (WA ONLY):

APPENDIX B

RESOURCE – Management system cross reference table

MANAGEMENT SYSTEM	KEY RELATED POLICIES AND PROCEDURES	KEY REFERENCES
EDUCATIONAL PROGRAM AND PRACTICE	Education, Curriculum and Learning Policy Staffing Arrangements Policy	National Law s 168 - Offence relating to required programs <i>National Regulations</i> Part 4.1 and National Quality Standard Area 1 – Educational program and practice <i>National Regulations</i> Part 4.4 – Staffing arrangements National Standard 7.2.2 – Educational leadership
CHILDREN'S HEALTH, SAFETY AND WELLBEING (INCLUDING CHILD SAFE STANDARDS/PRINCIPLES)	Child safe policies (including Child Safe Environment, Child Safe Risk Management Plan, Child Safe Code of Conduct and Child Protection Policy) Health, Hygiene and Cleaning Policy Food Safety Policy Nutrition and Dietary Requirements Policy Sun Protection and Heat Safety Policy Tobacco, Vape, Drug and Alcohol Policy Sleep and Rest Policy Incidents, Injuries, Trauma and Illness Policy First Aid Policy Dealing with Infectious Diseases Policy Administration of Authorised Medication Policy Medical Conditions Policy Emergency Management and Evacuation Policy Delivery and Collection of Children Policy Excursions Policy Safe Arrival of Children Policy Transport Policy	<i>National Law</i> 3A – Paramount consideration <i>National Law</i> s 165 – Offence to inadequately supervise children <i>National Law</i> s 166 – Offence to use inappropriate discipline <i>National Law</i> s 166A – Offence to subject a child to inappropriate conduct <i>National Law</i> s 167 – Offence relating to protection of children from harm and hazards <i>National Regulations</i> Part 4.2 and National Quality Standard Area 2 – Children's health and safety Child Safe Standards/National Principles for Child Safe Organisations and state/territory-based child safety laws State/territory health and safety laws
PHYSICAL ENVIRONMENT	Physical Environment Policy Child Safe Environment Policy Health, Hygiene and Cleaning Policy Environmental Sustainability Policy Access and Inclusion Policy CCTV Policy	<i>National Regulations</i> Part 4.3 – Physical environment National Quality Standard Area 3 – Physical environment

MANAGEMENT SYSTEM	KEY RELATED POLICIES AND PROCEDURES	KEY REFERENCES
		Privacy Act 1998 (Cth) and state/territory workplace surveillance laws related to CCTV>
STAFFING ARRANGEMENTS	Recruitment, Induction and Training Policy Staffing Arrangements Policy Staff Code of Conduct Volunteers and Students Policy Staff Communication Policy Relevant HR Policies	<i>National Law s 169</i> – Offence relating to staffing arrangements <i>National Law s 170</i> – Offence relating to unauthorised persons on education and care services premises <i>National Law s 171</i> – Offence relating to direction to exclude inappropriate persons National Regulations 4.4 and National Quality Standard Area 4 – Staffing arrangements Commonwealth and state/territory employment laws, awards and regulations, including the <i>Fair Work Act 2009 (Cth)</i> , Childrens Services Award, superannuation requirements, work health and safety legislation, equal opportunity and anti-discrimination laws, working with children check and child safety/protection obligations
RELATIONSHIPS WITH CHILDREN	Positive Relationships for Children Child Safe Environment Policy	<i>National Regulations Part 4.5</i> and National Quality Area QA5 – Relationships with children
PARTNERSHIPS WITH FAMILIES AND COMMUNITIES	Families and Communities Partnerships Policy	<i>National Regulations Part 4.6</i> and <i>National Quality Area QA6</i> – Collaborative partnerships with families and communities
FEES AND CHILD CARE SUBSIDY	Fees Policy Enrolment Policy	<i>Family Assistance Law</i>
WORK HEALTH AND SAFETY	Work Health and Safety Policy	Work health and safety laws Anti-discrimination laws
CONFIDENTIALITY AND RECORD-KEEPING	Record Keeping Policy Privacy and Confidentiality Policy	<i>National Regulations ss 173-177, 181 -184</i> <i>Privacy Act 1988 (Cth)</i>
INFORMATION AND TECHNOLOGY	Technology and Device Use Photography and Video Policy Social Media Policy Record Keeping Policy Privacy and Confidentiality Policy CCTV Policy>	<i>National Regulations s 168(2)(ha)</i> Privacy Act 1988 (Cth) Family Assistance Law Australian Cyber Security Centre Guidelines National Model Code for ECEC State/territory workplace surveillance laws related to CCTV

MANAGEMENT SYSTEM	KEY RELATED POLICIES AND PROCEDURES	KEY REFERENCES
COMPLAINTS MANAGEMENT	Complaint Handling Policy Child Protection Policy (for harm or risk of harm to a child)	Child Safe Standards/National Principles for Child Safe Organisations and state/territory-based child safety laws
FINANCIAL MANAGEMENT	Financial management procedures	ATO obligations, general business, financial and accounting laws and standards
INSURANCE	Insurance risk register and risk management plan	<i>National Regulations</i> ss 29, 180
CONTINUOUS IMPROVEMENT	Quality Improvement Plan Self-assessment tools	<i>National Regulations</i> ss 55-56

APPENDIX C

RESOURCE – Policies and procedures required (*National Regulations s 168*)

Source: National Regulations s 168

Policies and procedures are required in relation to the following—

- (a) health and safety, including matters relating to—
 - (i) nutrition, food and beverages, dietary requirements; and
 - (ii) sun protection; and
 - (iii) water safety, including safety during any water-based activities; and
 - (iv) the administration of first aid; and
 - (v) sleep and rest for children, including the matters set out in regulation 84B;
- (b) incident, injury, trauma and illness procedures complying with regulation 85;
- (c) dealing with infectious diseases, including procedures complying with regulation 88;
- (d) dealing with medical conditions in children, including the matters set out in regulation 90;
- (e) emergency and evacuation, including the matters set out in regulation 97;
- (f) delivery of children to, and collection of children from, education and care service premises, including procedures complying with regulation 99;
- (g) excursions, including procedures complying with regulations 100 to 102;
- (ga) if the service transports or arranges transportation of children other than as part of excursions, transportation including procedures complying with Division 7 of Part 4.2 of Chapter 4;
- (gb) the safe arrival of children who travel between an education and care service and any other education or early childhood service within the meaning of regulation 102AA, including the matters set out in regulation 102AAB;
- (h) providing a child safe environment, including matters relating to the promotion of a culture of child safety and wellbeing within the service, by having policy and procedures that provide for the following:
 - (i) commitment that for an action or decision that concerns a particular child, the safety, welfare and wellbeing of the child is paramount;
 - (ii) ensuring requirements for child protection training under the Law, generally, including under section 162A, are met;
 - (iii) a register for child protection concerns;
 - (iv) the reporting decision tree, including the requirement to keep the reporting decision tree in a place accessible by all staff;
 - (v) child protection risk assessments;

- (vi) day-to-day use of the attendance record required under regulation 158 and other practices to ensure children are accounted for throughout the day. **[further advice from Department of Education to follow for ii-vi and Centre Support will update our policies accordingly]**
- (ha) the safe use of digital technologies and online environments at the service, including –
 - (i) the taking, use, storage and destruction of images and videos of children being educated and care for by the service; and
 - (ii) obtaining authorisation from parents to take, use and store images and videos of children being educated and cared for by the service; and
 - (iii) the use of any optical surveillance devices at the service; and
 - (iv) the use of any digital device issued by the service; and
 - (v) the use of digital devices by children being educated and cared for by the service;
- (i) staffing, including—
 - (i) a code of conduct for staff members; and
 - (ii) determining the responsible person present at the service; and
 - (iii) the participation of volunteers and students on practicum placements;
- (j) interactions with children, including the matters set out in regulations 155 and 156;
- (k) enrolment and orientation;
- (l) governance and management of the service, including confidentiality of records;
- (m) the acceptance and refusal of authorisations;
- (n) payment of fees and provision of a statement of fees charged by the education and care service;
- (o) dealing with complaints, including matters relating to—
 - (i) the provision of a complaint handling system at the service that is child focused; and
 - (ii) the management of a complaint that alleges a child is exhibiting harmful sexual behaviours

APPENDIX D

RESOURCE – *National Law and Regulations* required information to display

Provider approval

- Name of the approved provider
- Provider approval number
- Any conditions on the provider approval

Service approval

- Name of the education and care service
- Service approval number
- Any conditions on the service approval

Nominated supervisor

- Name of each nominated supervisor

Service rating (National Quality Framework services)

- Current rating levels for each quality area under the National Quality Standard
- Overall rating of the service

Compliance and quality history

- Covering the past 2 years of compliance history as it appears on the approved provider view of the NQA ITS portal (or to the date the service was approved or transferred to the current approved provider)
- Includes any required prosecution information (noting this is not included in the NQA ITS portal)
- Includes the service's current and previous quality rating
- Includes compliance actions that are the subject of review
- Be updated within 7 days of any of the relevant compliance actions appearing on the 'Compliance Summary' report from the NQA ITS

Service or temporary waivers

- The regulations or elements of the National Quality Standard that have been waived
- Duration of the waiver
- Whether the waiver is a service waiver or temporary waiver

Service operation

- Hours and days of operation

- Name and position of the responsible person in charge at any given time
- Name and phone number of the person that can be contacted that complaints may be addressed
- Name of the educational leader (National Quality Framework services)
- Contact details of the Regulatory Authority

Health and safety

If applicable:

- A notice stating that a child who has been diagnosed as at risk of anaphylaxis is enrolled at the service
- A notice stating that there has been an occurrence of an infectious disease at the service

APPENDIX E

RESOURCE – *National Law and Regulations* prescribed notifications

Source: ACECQA [website](#)

Reference	Type of Notification	Responsibility	Timeframe
Change to information about approved provider			
Section 173(1)(a)	Notice of change in name of approved provider	Approved provider	Within 14 days
Section 174(1)(b) Regulation 175(1)(a)	Change to address, principal office* or contact details of approved provider	Approved provider	Within 7 days
Section 174(1)(a)	Any change relevant to approved provider's fitness and propriety	Approved provider	Within 7 days
Section 173(1)(b)	Notice of any appointment or removal of a person with management or control of service	Approved provider	Within 14 days
Section 174(1)(b) Regulation 175(1)(b)	The appointment of receivers or liquidators to the approved provider or any matters that affect the financial viability and ongoing operation of the service	Approved provider	Within 7 days
Section 39(2)	Death of approved provider	Nominated supervisor or person in day to day control	Within 7 days of the death
Section 306(5)	If an approved provider is a trust, the trust must notify the identity of the trustee	The trust	Within 30 days after the scheme commencement day
Section 38(1)	Surrender of provider approval	Approved provider	No specified timeframe

Reference	Type of Notification	Responsibility	Timeframe
Change to information about education and care service			
Section 173(1)(c)	A failure to commence operating within 6 months (or within the time agreed with the regulatory authority) of being granted a service approval	Approved provider	Within 14 days
Section 173(2)(a) Regulation 174(1)	Suspension or cancellation of a working with children card or teacher registration of a nominated supervisor, or disciplinary proceedings of a nominated supervisor under an education law	Approved provider	Within 14 days
Section 174AB	A negative notice in relation to an educator or other staff member A change in relation to the educator's accreditation or registration as a teacher Negative notice means: (a) becoming a disqualified person under the <i>Child Protection (Working with Children) Act 2012</i> (b) notice that the person is subject to an interim bar under the <i>Child Protection (Working with Children) Act 2012</i> (c) notice of a refusal of an application for a working with children check clearance under the <i>Child Protection (Working with Children) Act 2012</i> (d) notice of a cancellation of a working with children check clearance under the <i>Child Protection (Working with Children) Act 2012</i> (e) a mutual recognition negative notice within the meaning of the <i>Child Protection (Working with Children) Act 2012</i>, section 25A	Approved provider	Within 24 hours of becoming aware
Section 174(2)(c) Regulation 175(2)(a)	Any change to the hours and days of operation of the service	Approved provider	Within 7 days

Reference	Type of Notification	Responsibility	Timeframe
Section 56(1) Regulation 35	Adding nominated supervisor(s)	Approved provider	At least 7 days prior to commencement (or, if 7 days is not possible, as soon as practicable but no more than 14 days after commencement)
Section 56A	Change of a nominated supervisor's name or contact details	Approved provider	No specified timeframe
Section 173(2)(b)	A nominated supervisor is no longer employed or engaged by the service, is removed from the role or withdraws consent to the nomination	Approved provider	Within 7 days
Section 173(2)(c)	Any proposed change to the premises	Approved provider	Within 7 days
Sections 59 and 173(2)(f) Regulations 36 & 37	Intention to transfer service approval	Transferring approved provider and receiving approved provider	At least 60 days before transfer, except in WA, which is at least 42 days before the transfer
Section 59A	Delay to transfer of service approval* * Note this requirement is not yet applicable in WA	Transferring approved provider and receiving approved provider	As soon as practicable
Section 68	Confirmation of transfer taking effect, specifying the date of transfer	Transferring approved provider and receiving approved provider	Within 2 days after transfer
Section 173(2)(d)	Ceasing to operate the education and care service	Approved provider	Within 7 days
Section 86(1)	Surrender of service approval	Approved provider	No specified timeframe

Reference	Type of Notification	Responsibility	Timeframe
Section 174(2)(c) Regulation 175(2)(ab)	Any change to the ages of children being educated or cared for by a centre-based service	Approved provider	Within 7 days
Section 174(2)(c) Regulation 175(2)(ac)	Any change to the nature of education and care offered by a centre-based service	Approved provider	Within 7 days
Regulation 175(2)(f)	The first time a centre-based service provides, or arranges, for the transportation of children	Approved provider	Within 7 days
Regulation 175(2)(g)	The final time a centre-based service provides, or arranges, for the transportation of children	Approved provider	Within 7 days
Approval in principle (ACT and VIC only)			
Section 114	Material change to approval in principle or environment surrounding the proposed service premises	Approval in principle holder	No specified timeframe
Section 118	Transfer of approval in principle	Transferring approval in principle holder and receiving approval in principle holder	No specified timeframe
Incidents and Complaints			
Section 174(2)(a) Regulation 12(a)	Serious incident - Death of a child	Approved provider	As soon as practicable, but within 24 hours
Section 174(2)(a) Regulation 12(c)	Serious incident - Any incident involving serious illness of a child while being educated and cared for which the child attended or ought reasonably to have attended a hospital	Approved provider	Within 24 hours of the incident or of becoming aware of the incident
Section 174(2)(a)	Serious incident - Any incident involving serious injury or trauma to a child while being educated and cared for which the child attended or ought	Approved provider	Within 24 hours of the incident

Reference	Type of Notification	Responsibility	Timeframe
Regulation 12(b)	reasonably to have attended a hospital, or a reasonable person would consider that the child would require urgent attention from a registered medical practitioner		
Section 174(2)(a) Regulation 12(d)	Serious incident - Any emergency for which emergency services attended	Approved provider	Within 24 hours of the incident
Section 174(2)(a) Regulation 12(e)(i) and 12(e)(ii)	Serious incident - A child appears to be missing or cannot be accounted for or appears to have been removed from the premises in a manner that contravenes the National Regulations	Approved provider	Within 24 hours of the incident
Section 174(2)(a) Regulation 12(e)(iii)	Serious incident - A child is mistakenly locked in or out of the premises or any part of the premises	Approved provider	Within 24 hours of the incident
Section 174(2)(a) Regulation (12)(e)(iv)	Serious incident – A child appears to have been involved in a sexual offence or sexual misconduct, within the meaning of the <i>Children’s Guardian Act 2019</i> , Part 4	Approved provider	Within 24 hours of the incident
Section 174(2)(b) Regulation 12	Any complaint alleging that: - a serious incident has occurred or is occurring at an education and care service (refer to Serious Incidents outlined in table above), or - the National Law has been contravened	Approved provider	Within 24 hours of the complaint
Section 174(2)(c) Regulation 175(2)(b)	Any incident that requires the approved provider to close, or reduce the number of children attending the service for a period	Approved provider	Within 24 hours of the incident
Section 174(2)(c) Regulation 175(2)(c)	Any circumstance at the service that poses a risk to the health, safety or wellbeing of a child attending the service	Approved provider	Within 7 days

Reference	Type of Notification	Responsibility	Timeframe
Section 174(2)(c) Regulation 175(2)(d)	Any incident where the approved provider reasonably believes that physical or sexual abuse of a child or children has occurred or is occurring while the child is being educated and cared for by the service	Approved Provider	Within 24 hours
Section 174(2)(c) Regulation 175(2)(e)	Allegations that physical or sexual abuse of a child or children has occurred or is occurring while the child is being educated and cared for by the service	Approved Provider	Within 24 hours
Section 174(2)(c) Regulation 123(5) Regulation 175(2)(ca)	The centre-based service is educating and caring for extra child/ren due to an emergency	Approved Provider	Within 24 hours
Notification to parents			
Regulation 172	Policies and procedures: Parents must be notified before making a change to a policy or procedure required under regulation 168 or 169 that will significantly impact: - the provision or education and care at the service; or - the family's ability to utilise the service. Parents must be notified before making changes affecting fees or the way fees are collected.	Approved provider	At least 14 days prior unless this time period would pose a risk to the health to the safety, health or wellbeing of a child, in which case as soon as practicable after making the change.
Section 37(3)	Voluntary suspension of provider approval: approved provider must notify the parents of children enrolled at the services operated by the approved provider.	Approved provider	At least 14 days prior to application for suspension
Section 38(3)	Surrender of provider approval: approved provider must notify the parents of children enrolled at the services operated by the approved provider	Approved provider	At least 14 days before the surrender is intended to take effect

Reference	Type of Notification	Responsibility	Timeframe
Section 85	Voluntary suspension of service approval: approved provider must notify the parents of children enrolled at the service and any associated children's services	Approved provider	At least 14 days before making application for voluntarily suspension
Section 86	Surrender of service approval: approved provider must notify the parents of children enrolled at the service and any associated children's service	Approved provider	At least 14 days before surrender is intended to take effect
Section 69	Transfer of service approval: A parent of a child enrolled at a service is to be notified of the transfer of the service approval to the receiving approved provider	Receiving approved provider	At least 7 days before transfer, except in WA, which is at least 2 days before the transfer
Regulation 86	A parent of a child being educated and cared for by the service is to be notified if the child is involved in any incident, injury, trauma or illness while at the service	Approved provider	As soon as practicable, but no more than 24 hours
Regulation 88	If there is an occurrence of an infectious disease at a centre-based service, the approved provider must ensure that a parent or authorised emergency contact of each child is notified of the occurrence	Approved provider	As soon as practicable
Regulation 93	Written notice must be given to a parent or other family member if medication is administered in an emergency pursuant to verbal authorisation by: - a parent or person named in the enrolment record as authorised to consent to the administration of medicine; or - if these people cannot reasonably be contacted, a registered medical practitioner or emergency service	Approved provider	As soon as practicable
Regulation 94	If medication is administered in case of an anaphylaxis or asthma emergency, the approved provider or a nominated supervisor of the service must ensure that a parent and emergency services are notified.	Approved provider/nominated supervisor/educator	As soon as practicable

APPENDIX F

RESOURCE – *Family Assistance Law* prescribed notifications

Source: Australian Department of Education [website](#)

Family Assistance Law reference	Type of Notification	Who	Timeframe
Information about PMCs			
Minister's Rules s 55, Item 10	The name and contact details for new persons with management or control and persons responsible at the service. We must declare that the required background checks for these people are complete. We must show evidence of these checks if asked.	PMC	Within 7 days after the new person starts
Minister's Rules s 55, Item 14	When a person with management or control leaves their role, or their role changes and they no longer have management or control of the provider or day-to-day responsibility of a service	PMC and persons responsible	Within 7 days of the person ceasing to have management or control
Minister's Rules s 55, Item 11	Changes to the name or contact details of any persons with management or control or persons responsible at the service.	PMC	Within 7 days of becoming aware of the change
Minister's Rules s 55, Item 12	An adverse background check of a PMC	PMC	Within 7 days of receiving notice of the adverse check
Minister's Rules s 55, Item 13	If we become aware of an event or circumstance that indicates a person with management or control can no longer be considered fit and proper .	PMC	Within 7 days after the provider becomes aware of the circumstance
Minister's Rules s 55, Item 16	If a person with management or control gains, or is likely to gain, a conflict of interest.	PMC	Within 7 days after the provider becomes aware of the matter
Minister's Rules s 55, Item 20	a charge, serious conviction or guilty finding for a PMC	PMC	Within 24 hours of the provider becoming aware of:

Family Assistance Law reference	Type of Notification	Who	Timeframe
			- The charge of a serious offence, and - The conviction or guilty finding of a serious offence.
Information about education and care service			
Minister's Rules s 55, Items 7 and 8	Changes to the name of the provider or any of its services – must provide evidence of the name change	PMC	Within 14 days after the change
Admin Act s 196B	Purchasing a service (must apply for CCS approval for that new service)	PMC	As soon as possible before the date of purchase
Minister's Rules s 55, Item 2	Operating hours and days for each service	PMC and persons responsible	Within 14 days of receiving CCS approval, starting the service or changing operating hours
Minister's Rules s 55, Items 5 and 6	Changes to the physical or postal address of the provider and any services	PMC	At least 30 days before the change
Admin Act, s 204A	Any change to the identity of the providers legal entity due to: business restructure, sale, or transfer of ownership	PMC	At least 42 days before the intended restructure, sale or transfer
N/a	Bank account changes	PMC	As soon as reasonably possible
Minister's Rules s 55, Item 9	Any changes to provider and service contact details, including email address, website address, telephone number or fax number.	PMC AND PERSONS RESPONSIBLE	Within 7 days of the provider becoming aware of the change
Minister's Rules s 55, Item 1	Our current fees - must report the fee before any reductions or discounts are applied	PMC AND PERSONS	Within 14 days of:

Family Assistance Law reference	Type of Notification	Who	Timeframe
		RESPONSIBLE	- Receiving CCS approval (or opening the service if that occurs at a later date) - Changing our fees - Twice a year – after the end of the financial year and calendar year, including reporting no change in fees
Admin Act s 204A	If we are permanently closing a service	Two PMCs must sign the necessary form, unless only one PMC is listed	At least 42 days before the intended closure date (if selling) or within 24 hours of a sudden or unexpected closure
Minister's Rules s 55, Item 19	Sudden or unexpected temporary closure of a service. If we plan to temporarily cease operating, for example due to planned building renovations, we can request a voluntary suspension of CCS approval .	PMC	Within 24 hours of the closure
Minister's Rules s 55, Item 18	About the following financial administration events: • entering administration • receivership • liquidation • bankruptcy.	PMC and personal responsible	Within 24 hours of the financial administration event
Information about staff, volunteers and students			
Minister's Rules s 55, Item 17	Any changes to the status of a working with children check of any person in the provider or service who must have this check – including when a working	PMC	Within 24 hours after becoming aware of the change of status

Family Assistance Law reference	Type of Notification	Who	Timeframe
	with children check is renewed, extended, suspended, revoked, lapsed or expired		
Minister's Rules s 55, Item 15	If an educator obtains a childcare qualification from a Registered Training Organisation owned or controlled by a person with management or control, and it appears that the educator has not obtained the qualification solely on their own merit	PMC	Within 7 days after the provider becomes aware of the matter
Minister's Rules s 55, Item 20	A charge, serious conviction or guilty finding for an educator	PMC	Within 24 hours of the provider becoming aware of: - The charge of a serious offence, and - The conviction or guilty finding of a serious offence.
Information about children			
Admin Act s 200A	Initial enrolment of a child (need to submit an enrolment notice)	PMC and persons responsible	Within 7 days after the end of the week in which we make care arrangements with the family
Admin Act, s 204B	Weekly session reports must be submitted for all children at our service	PMC and persons responsible	Within 14 days after the end of the week in which the session of care was provided
Admin Act s 204B	When a child is absent from a booked session of care (absences)	PMC	Within 14 days after the end of the week in which the session of care was provided
Minister's Rules s 55, Item 21	Any changes to a child's formal foster care or long-term protection order arrangements (if we get Additional Child Care Subsidy child wellbeing for a child at risk of serious abuse or neglect)	PMC	Within 7 days of becoming aware of the change

Family Assistance Law reference	Type of Notification	Who	Timeframe
Admin Act s 200D	Changes to a child's enrolment in the following in the following circumstances: a complying written arrangement is varied so the enrolment notice is no longer correct; information in the enrolment notice otherwise becomes incorrect; information becomes available that should have been included in the enrolment notice or would have changed the enrolment notice; or a child ceases to be enrolled	PMC AND PERSONS RESPONSIBLE	Within 7 days of the event occurring
Minister's Rules s 55, Item 3	The number of anticipated vacancies for each service for each day of the following week	PMC AND PERSONS RESPONSIBLE	By 8 pm AEST/AEDT each Friday

30 - Health, Hygiene and Safe Food Policy

NATIONAL QUALITY STANDARD

QA2	2.1.1	Wellbeing and comfort - Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's need for sleep, rest and relaxation.
	2.1.2	Health practices and procedures - Effective illness and injury management and hygiene practices are promoted and implemented.
	2.1.3	Healthy eating and physical activity are promoted and appropriate for each child
	2.2.1	Supervision - At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
QA3	3.1.2	Upkeep – Premises, furniture and equipment are safe, clean and well maintained

NATIONAL LAW

Section	167	Offence relating to protection of children from harm and hazards

NATIONAL REGULATIONS

Regs	77	Health, hygiene and safe food practices
	78	Food and beverages
	79	Service providing food and beverages
	80	Weekly menu
	88	Infectious diseases
	103	Premises, furniture and equipment to be safe, clean and in good repair
	106	Laundry and hygiene facilities
	109	Toilet and hygiene facilities
	110	Ventilation and natural light
	112	Nappy change facilities
	168(2)(a)(i)	Education and care service must have policies and procedures in relation to health and safety, including matters relating to nutrition, food and beverages, dietary requirements
	170	Policies and procedures to be followed
	171	Policies and procedures to be kept available
	172	Notification of change to policies or procedures

Early Years Learning Framework

LO3	Actively support children to learn hygiene practices.
	Promote continuity of children's personal health and hygiene by sharing ownership of routines and schedules with children, families and the community.
	Discuss health and safety issues with children and involve them in developing guidelines to keep the environment safe for all.
	~~Model and reinforce health, nutrition and personal hygiene practices with children.~~
	Engage children in experiences, conversations and routines that promote healthy lifestyles and good nutrition
	Discuss health and safety issues with children and involve them in developing guidelines to keep the environment safe for all

AIM

Our service aims to promote and protect the health, safety and wellbeing of all of children, educators, other staff, volunteers, students and families using procedures and policies to maintain high standards of health, safety, hygiene and to provide safe food to children. We also aim to reduce the risk of infectious diseases and illnesses spreading and following appropriate (OHS) the relevant laws and regulations and standards (see also *Infectious Diseases Policy*). A holistic and consistent approach to health, hygiene and safe food across the service will help us to effectively meet this aim.

SCOPE

The Health, Hygiene and Safe Food Policy and Procedures applies to the approved provider, the nominated supervisor, educators, all other staff, volunteers, students and families.

Other related policies

1. Additional Needs Policy
2. Enrolment Policy
3. Food, Nutrition and Beverage Policy
4. Immunisation and Disease Prevention Policy
5. Infectious Diseases Policy
6. Incident, Injury, Trauma, Illness Policy
7. Medical Conditions Policy
8. Physical Activity Promotion Policy
9. Record Keeping and Retention Policy
10. Relationships with Children Policy
11. Staffing Arrangements Policy

DEFINITIONS

“Category one business” - businesses engaging in high-risk food handling activities are identified as category one businesses. Under Food Standards Code, these businesses must implement three food safety management tools (food safety supervisor, food handler training and evidence), to strengthen their management of hazards known to contribute to foodborne illness. Education and care services that process and serve meals would be considered a category one business. Source: Food Australia and New Zealand Standard 3.2.2A

“Category two business” - food businesses retailing unpackaged potentially hazardous food are identified as category two businesses. These businesses must implement two food safety management tools (food safety supervisor, food handler training) named in the Standard, to strengthen their management of hazards known to contribute to foodborne illness. Source: Food Standards Australia and New Zealand Standard 3.2.2A

“Food Safety Supervisor” - means a person who: (a) holds a food safety supervisor certificate that has been issued within the immediately preceding period of 5 years; and (b) has the

authority and ability to manage and give direction on the safe handling of food. Source: Food Standards Australia and New Zealand Standard 3.2.2A

“Food safety supervisor certificate” - means certification as a food safety supervisor by: (a) a registered training organisation; or (b) an organisation recognised by the relevant authority under the application Act. Source: Food Standards Australia and New Zealand Standard 3.2.2A

“Food safety training course” - means training in food safety that includes training in each of the following: (a) safe handling of food; and (b) food contamination; and (c) cleaning and sanitising of food premises and equipment; and (d) personal hygiene. Source: Food Standards Australia and New Zealand Standard 3.2.2A

“Handling of food” - includes the making, manufacturing, producing, collecting, extracting, processing, storing, transporting, delivering, preparing, treating, preserving, packing, cooking, thawing, serving or displaying of food. Source: Food Standards Australia and New Zealand Standards

“Health” – the state of being free from illness or injury. Source: Oxford Dictionary

“Hygiene” – conditions or practices conducive to maintaining health and preventing disease, especially through cleanliness. Source: Oxford Dictionary

“Potentially hazardous food” - means food that has to be kept at certain temperatures to: (a) minimise the growth of any pathogenic microorganisms that may be present in the food; or (b) prevent the formation of toxins in the food. Source: Food Standards Australia and New Zealand Standards

“Process” - in relation to food, means activity conducted to prepare food for sale and includes chopping, cooking, drying, fermenting, heating, thawing and washing, or a combination of these activities. Source: Food Standards Australia and New Zealand Standards

“Ready-to-eat food” - means food that is ordinarily consumed in the same state as that in which it is sold, but does not include: (a) nuts in the shell; or (b) whole, raw fruits; or (c) vegetables that are intended for hulling, peeling or washing by the consumer.

“Serve” - means the act of setting out or presenting food to or for a person to eat that food and includes the following activities: (a) portioning food from a bulk tray or container into single serves and placing it on plates; or (b) presenting food in a bain-marie or other bulk food display unit for self-service; or (c) delivery of plated food.

IMPLEMENTATION

Our service is committed to implementing adequate health and hygiene practices and safe practices for handling, preparing and storing food handling. This policy and procedures are in place to ensure that we provide a healthy and safe environment for the children at our service. Specifically:

- Our staff, students and volunteers have the training, skills and knowledge to maintain hygienic practices and follow strict procedures, including for:
 - Dummies/pacifiers and bottles

- Beds/cots and bedding equipment
- Spaces, furniture, equipment – including toys and books
- Toileting, nappy changing and cleaning of equipment
- Handwashing
- Spills such as blood, faeces, vomit, urine
- Dental care and accidents
- Our service complies with NSW’s legal and regulatory requirements for food safety and the Australia New Zealand Food Safety Standards Code. We have:
 - Implemented a food safety program [see section below ‘Food Safety Laws’ and delete if not applicable]
 - Strict procedures for food safety to ensure that all people at our service do not contaminate food; have unnecessary contact with ready-to-eat food; do not spit, smoke, or use tobacco in food preparation/serving areas. Our procedures cover handwashing and food handling hygiene; cleaning and maintenance of food handling areas and equipment; and the preparation, storage, temperature control, and transport of food and drinks, including for food and drinks provided by children’s families.
 - An appointed certified food safety supervisor who has the authority and ability to oversee and instruct staff on safe food handling [for Category 1 and 2 businesses - see section below ‘Food Safety Laws’ and delete if not applicable]
 - Trained, skilled and knowledgeable food handlers [for Category 1 and 2 businesses - see section below ‘Food Safety Laws’ and delete if not applicable]
 - Systems to maintain records about our compliance with the relevant Food Safety Standards [for Category 1 businesses - see section below ‘Food Safety Laws’ and delete if not applicable]
 - A culture that encourages food safety
 - Procedures to maintain clean, pest free and well-maintained areas and equipment for food storage, preparation, and service
- Our educators work with children and families to promote health and safety issues, encourage good hygiene practices, including hand washing, coughing, dental hygiene and ear care, food safety. Children are grouped in a way that allows educators to maintain a hygienic environment
- We have defined the responsibilities of everyone who has a role in ensuring the health, hygiene and safe food at the service.

FOOD SAFETY LAWS

In NSW, children’s services that handle food are governed by laws and regulations, including:

- [Food Act 2003 \(NSW\)](#)
- [Food Regulation 2015](#)
- [Australia New Zealand Food Standards Code](#)
- [Education and Care Services National Law and Regulations](#).

You will need to check with the [NSW Food Authority \(food.contact@dpi.nsw.gov.au | 1300 552 406\)](mailto:food.contact@dpi.nsw.gov.au) which food laws, regulations and standards apply to your service as these vary depending on the type of food your service handles and your business type.

The following sections will apply to many children's services, but they are general. You should omit sections that are not applicable, and you may need to add sections on the advice of the NSW Food Authority.

Food Standards Australia New Zealand Standards Code

The Food Standards Code applies to the whole of Australia. It sets the standards for food businesses in regard to food safety and handling. The standards are enforced by local/state/territory agencies. Our service complies with the relevant Standards:

- **Standard 3.2.2 – Food safety practices and general requirements**
Our operations, policies and procedures adhere to the specific requirements of this Standard for receiving, storing, and processing food. They also meet the Standard's requirements relating to the skills and knowledge of food handlers and food safety supervisors, the health and hygiene of food handlers, and the cleaning, sanitising and maintenance of food handling areas and equipment.
- **Standard 3.2.2A - Food safety management system** (commencing 8 December 2023)
Our service meets this Standard, which requires businesses that handle unpackaged, potentially hazardous food that is ready to eat to implement 'food safety management tools', as described below.
 - 1) **Training for food handlers** [category 1 and 2 businesses]
Anyone who handles unpackaged potentially hazardous food that is used in the preparation of ready-to-eat food to be served to children or adults at our service must have completed a food safety training course; or have adequate skills and knowledge in food safety and hygiene to do that activity correctly and keep food safe (e.g. they have extensive relevant experience in the food industry, have completed in-house education or a food safety induction course with another employer etc).

Food safety training courses those staff/students/volunteers undertake will cover, at a minimum, each of the following topics: a) safe handling of food; and b) food contamination; and c) cleaning and sanitising of food premises and equipment; and d) personal hygiene.

Our service follows best practice and schedules regular refresher training as required for all food handlers. Training is conducted as part of the induction process for new roles and when there are significant changes to the laws and regulations. Our service uses the online [I'm Alert](#) and [DoFoodSafely](#) free and recognised food safety programs to train our food handlers.

We also keep a record of all the food safety training our staff have undertaken so we can track when refresher training is due and to provide evidence to the regulatory authorities that we are complying with the Food Safety Standards.

2) Appointing certified food safety supervisor/s [category 1 and 2 businesses]

Our service has one/two appointed certified food safety supervisor/s.

The role of the food safety supervisor is to:

- oversee food handling and manage the day-to-day food handling operations at our service

- be available to advise, train and supervise any food handlers while they are handling unpackaged potentially hazardous food to be served (this means they work on-site most of the time and can be contacted by phone when they are not physically at the service). Note, for short absences (e.g. up to 30 days) we do not need to appoint another supervisor if the proper systems for food handling are in place (e.g. prior training of staff, instructions, checklists, written procedures/signage/posters)
- be responsible for ensuring that our service is handling food safely, and in accordance with the Food Safety Standards, so that food that is unsafe to eat is not served to children at our service.

The approved provider will ensure that appointed food safety supervisors have the authority and skills to manage and instruct others on the safe handling of food. The approved provider will also make sure that the food safety supervisor has obtained a Food Safety Supervisor certificate from a registered training organisation that is recognised by the NSW Food Authority. The certificate must show that the food safety supervisor has completed the required competency units for the course, and it must have been obtained within the past five years. The certificate is to be kept on the food safety supervisor's record - along with their written acceptance of their appointment to the role - and provided to authorised officers, if requested.

- 3) **Record keeping – substantiating food safety management** [category 1 businesses
We must maintain records that show our service is handling food safety, including safely receiving, storing, processing, displaying, and transporting potentially hazardous food, and for cleaning and sanitising. Records must be kept for at least 3 months.

Examples of records our service maintains include (but are not necessarily limited to – services should check with their regulator for exact requirements and record keeping templates):

- this policy, which outlines our food handling procedures
 - paper/electronic records such as cleaning and sanitising, storing, processing, receiving, transport, checklists, instructions that prove we are handling food according to the Standards
 - food receipt logs
 - photos or video footage of food preparation and service
 - data from thermometer checks of refrigerators/cool rooms showing food is being stored at the correct temperature
 - records that show potentially hazardous food being delivered by suppliers is received at the right temperature (at or below 5°C, or at or above 60°C)
- **Standard 3.2.3 – Food premises and equipment**
Our cleaning and maintenance procedures, as well as the design and construction of our premises and the equipment we use, ensure that our service continues to comply with this standard, which aims to minimise opportunities for food contamination.

- **Standard 3.3.1 – Food safety programs for food service to vulnerable persons**

This Standard requires food businesses that process food for service to vulnerable persons – including to children - to implement a documented and audited food safety program.

In NSW, food safety programs are not mandatory. However, services can implement a voluntary program. You should check with the [NSW Food Authority](#) to determine what should be included in any voluntary programs. Delete this section if you opt not to have a program at all.

- Our service has voluntarily implemented a voluntary food safety program. [insert a link and/or specific details about your food safety program here, if applicable]

INFORMATION SHARING, TRAINING AND MONITORING

All educators, families and children will engage in regular discussions about health, hygiene and food safety throughout our curriculum. We will work with each child to promote health and safety issues, encourage effective hygiene, food safety and dental care, and maintain a healthy environment that is safe for each child. Regular discussions between educators and children will be integrated throughout the program at appropriate intervals.

At orientation, parents will be provided with information about how to access our policies, including the *Health, Hygiene and Safe Food Policy and Procedures*. Families are required to supply information about their child's health care needs, including any allergies, on their child's Enrolment Form (see *Medical Conditions Policy* for more details). We will provide support and resources to families about managing specific health needs, including food allergies, anaphylaxis, and diabetes. If educators have a concern that relates to a child's health, hygiene or food safety, they will raise it with the child's parents.

Information on health, hygiene, safe food and dental care principles and practices will be displayed in the reception area and drawn to the attention of all parents on a regular basis. Our food handling areas display posters, checklists and instructions that communicate our safe food handling practices and procedures. Posters reminding children and adults at our service about proper handwashing practices are displayed in bathrooms and handwashing stations.

The nominated supervisor will include the *Health, Hygiene and Safe Food Policy and Procedures* in staff inductions and ensure staff, volunteers and students receive practical training in relation to the requirements, including how to identify and manage related risks. The nominated supervisor also implements an ongoing training program tailored to each staff member's needs and goals, which are identified through regular performance reviews. Training for food handlers and appointed food safety supervisors will be conducted in line with our obligations under the Australian New Zealand Food Safety Standard 3.2.2A [for Category 1 and 2 businesses - see section above 'Food Safety Laws' and delete if not applicable]

The approved provider, nominated supervisor and food safety supervisor [for Category 1 and 2 businesses - see section above 'Food Safety Laws' and delete if not applicable] will monitor staff to ensure they are following this policy and procedures. They will act quickly to fix any issues and will give staff any extra support or training they need to comply. Volunteers and students are also required to comply with all service policies and guidelines.

We will keep records of all training and risk assessments we conduct, which can be accessed by staff, students, volunteers and families. We also keep records that show our service is meeting the requirements of the Food Safety Standard 3.2.2 [for Category 1 businesses - see section above 'Food Safety Laws' and delete if not applicable]

In any instances where children display any signs of illness or injury, staff, students and volunteers will refer to the *Incident, Injury, Trauma and Illness Policy and Procedures* and/or *Infectious Diseases Policy*. ~~and Incident, Injury, Trauma and Illness Record.~~

To uphold the general health and safety of all children using the service, all educators and visitors will follow the *Tobacco, Drug and Alcohol Policy*.

ROLES AND RESPONSIBILITIES

All staff, volunteers, students and families must understand our *Health, Hygiene and Safe Food Policy* and their role and responsibilities in keeping children safe and well.

Also, see **Appendix M** – Example Job Description for Cooks

Responsibilities	Roles
Ensure our Service meets its obligations under the <i>Education and Care Services National Law and Regulations</i> , including to take every reasonable precaution to protect children from harm and hazards likely to cause injury and to ensure that children are adequately supervised at all times they are in our care.	Approved Provider Nominated Supervisor
Ensure our service meets its obligations under our state/territory food laws and the Australian New Zealand Food Safety Standards Code	Approved Provider Nominated Supervisor Food Safety Supervisor Food Handling Staff
Ensure that nominated supervisors and staff members, students and volunteers implement adequate health and hygiene practices and safe practices for preparing and storing food	Approved Provider
Ensure that our service has policies and procedures in place in relation to: health and safety, including matters relating to nutrition, food and beverages, dietary requirements, health, hygiene and food safety. These policies must address the specific areas set out in the <i>National Regulations</i> , relevant state/territory laws and the Food Standards - i.e., this <i>Health, Hygiene and Safe Food Policy and Procedures</i> needs to be in place.	Approved Provider
Take reasonable steps to ensure that nominated supervisors, staff and volunteers follow, and can easily access, the <i>Health, Hygiene and Safe Food Policy and Procedures</i> , including by: • Providing information, training and other resources and support • Providing this <i>Policy</i> at induction • Clearly defining and communicating roles and responsibilities for implementing this <i>Policy</i> • Communicating changes to routines and policies • Monitoring and auditing of staff practices and addressing non-compliance quickly • Regularly reviewing this <i>Policy</i> This <i>Policy</i> must also be available for inspection.	Approved Provider

Notify families at least 14 days before changing <i>Health, Hygiene and Safe Food Policy and Procedures</i> if the changes will: • Affect the fees the charged or the way they are collected; or • Significantly impact the service's education and care of children; or • Significantly impact the family's ability to utilise the service.	Approved Provider
Implement the <i>Health, Hygiene and Safe Food Policy and Procedures</i> and ensure that all staff members, students and volunteers have adequate health and hygiene practices and safe practices for handling, preparing and storing food	Nominated Supervisor (Ultimate responsibility) Food Safety Supervisor
Be aware of and follow the <i>Health, Hygiene and Safe Food Policy and Procedures</i> and maintain adequate health and hygiene practices and safe practices for handling, preparing and storing food	Educators and Other Staff, Volunteers, Students (including Kitchen workers) Families
Ensure our service's premises, furniture and equipment are safe, clean and in good repair.	Approved Provider (ultimate responsibility) Nominated Supervisor
Ensure that the indoor environment is hygienic and comfortable (not limited to being well ventilated and free from cigarette/tobacco smoke, with adequate natural light, and appropriately heated/cooled). Ensure that our service continues to have adequate and appropriate laundry and hygiene facilities for dealing with soiled clothing and linen, including storage facilities. Ensure that these facilities are maintained in a way that does not pose a risk to children. Ensure that our service continues to have adequate, developmentally and age-appropriate toilet, washing and drying facilities are provided for use by children being educated and cared for by the service, and that the location and design of the toilet, washing and drying facilities enable safe use and convenient access by the children. Ensure that our service continues to have adequate and appropriate hygienic facilities nappy changing, including at least one properly constructed nappy changing bench and hand cleaning facilities for adults in the immediate vicinity of the nappy change area [delete if not applicable]	Approved Provider
Ensure the appropriate Medical Management Plans, Risk Management Plans and Medical Communication Plans are in place and being followed by educators and other relevant staff, including kitchen staff and other food handlers. If a child at the service is diagnosed as at risk of anaphylaxis, ensure a notice is displayed in a prominent position (see <i>Medical Conditions Policy</i> for more detail)	Approved Provider (ultimate responsibility) Nominated Supervisor
Implement/follow our <i>Infectious Disease Policy</i> if there is an occurrence of an infectious disease at our service	Approved Provider Nominated Supervisor Other Staff, Students, Volunteers
Ensure that the policy and guidelines are appropriate in practice to our service, identify risks and hazards, and any potential improvements to make to the <i>Health, Hygiene and Safe Food Policy</i> . Report any issues to the appropriate staff member (either approved provider, nominated supervisor, or educators).	Approved Provider Nominated Supervisor Food Safety Supervisor Educators and Other Staff, Students, Volunteers

	Families
Ensure anyone who handles unpackaged potentially hazardous food that is used in the preparation of ready-to-eat food to be served to children or adults at our service has completed a food safety training course; or have adequate skills and knowledge in food safety and hygiene to do that activity correctly and keep food safe. Food safety training courses those staff/students/volunteer undertake must cover, at a minimum, each of the following topics: a) safe handling of food; and b) food contamination; and c) cleaning and sanitising of food premises and equipment; and d) personal hygiene. Ensure records are kept of all the food safety training staff have undertaken. [for Category 1 and 2 businesses - see section above 'Food Safety Laws' and delete if not applicable]	Approved Provider (ultimate responsibility) Nominated Supervisor
Appoint at least one certified food safety supervisor who is available to advise and supervise any food handlers while they are handling unpackaged potentially hazardous food to be served (this means they work on-site most of the time and can be contacted by phone when they are not physically at the service). Ensure that appointed food safety supervisors have the authority and skills to manage and instruct others on the safe handling of food. Ensure that the food safety supervisor has obtained a Food Safety Supervisor certificate from either a registered training organisation or an organisation recognised by the food regulator. Ensure that the certificate is to be kept on the food safety supervisor's record and provided to authorised officers, if requested.	Approved Supervisor (ultimate responsibility) Nominated Supervisor
Ensure our service is handling food safely by: • Overseeing food handling and manage the day-to-day food handling operations at our service • Being responsible for ensuring that our service is handling food safely, and in accordance with the Food Safety Standards, so that food that is unsafe to eat is not served to children at our service • Instructing food handlers, reviewing and updating food handling procedures, and inspecting and maintaining food handling operations, equipment and spaces. • Managing risks associated with food – eliminating or reducing hazards • Promoting a culture of food safety at the service • Maintain food safety training, skills and knowledge [for Category 1 and 2 businesses - see section above 'Food Safety Laws' and delete if not applicable]	Food Safety Supervisor
Maintain the necessary training, skills, knowledge to handle food safety	Food handling staff, students and volunteers
Practice safe food handling according to our <i>Health, Hygiene and Safe Food Policy</i> and follow any instructions about menu preparation, including if required in a child's medical management plan	Food Safety Supervisor Food handling staff, students and volunteers
Keep abreast of our service's practices for <i>Health, Hygiene and Safe Food</i> and provide our service with the written advice in the enrolment form regarding the child's dietary requirements. Communicate to educators any changes to the child's dietary requirements	Families

Maintain relevant records about our service's safe food handling practices, in line with the requirements for Category 1 businesses under the Australia New Zealand Food Standard 3.2.2A and with relevant state/territory laws. [for Category 1 businesses - see section above 'Food Safety Laws' and delete if not applicable]	Approved Provider (ultimate responsibility) Food Safety Supervisor Food Handlers

SOURCES

1. Education and Care Services National Regulations 2011
2. Early Years Learning Framework
3. National Quality Standard
4. Food Standards Australia New Zealand
5. Safe Food Australia, 2nd Edition. January 2001
6. NSW Health
7. Caring for Children- Food, Nutrition and Learning Experiences 2014
8. Australian Guide to Healthy Eating
9. Australian Dietary Guidelines 2013
10. Infant Feeding Guidelines 2012
11. Staying Healthy Preventing Infectious Diseases in ECEC services (5th Edition) NHMRC
12. Food Safety Standards for Australia 2001
13. Food Standards Australia and New Zealand Act 1991 including: Standard 3.2.2 – Food Safety Practices and General Requirements; Standard 3.2.2A – Food Safety Management Tools; Standard 3.2.3 – Food Premises and Equipment
14. Food Standards Australia New Zealand Regulations 1994
15. Food Act 2003
Food Regulation 2004
Work Health and Safety Act 2011
16. Work Health and Safety Regulations 2011
17. Dental Injury: Healthdirect Australia
18. Dental injuries – knocked out, chipped or cracked teeth: BetterHealth VIC
19. Use and care of dummies (pacifiers) SESI Health Service NSW
20. Sterilising bottles, teats and dummies Qld Health
21. Bottle feeding with formula: Better Health Vic Govt
22. Bottle Feeding (cleaning and sterilising bottles and equipment): HealthDirect Australia.

POLICY INFORMATION

Approval date	1 January 2026
Effective date	1 January 2026
Review date	1 January 2027
Approved by	Dr Jay Mukhraiya

Appendix A

Hand Washing Procedure and Respiratory Etiquette

Our service will provide the appropriate height basins for children to wash their hands in as well as basins height appropriate for adults. Liquid soap will be provided by all individuals to wash their hands and we will ensure any allergies to soap are identified using the Enrolment Form and catered for appropriately. Along with this, the service will provide either/and/or individual towels, paper towel or an automatic dryer for people to dry their hands. We discourage the ongoing use of antibacterial soap.

All individuals should wash their hands:

- Upon arrival to reduce the introduction of germs.
- Before handling food.
- After handling food.
- After handling raw meat, raw poultry or raw eggs.
- After cleaning up accidents in the kitchen.
- After handling rubbish and cleaning chemicals.
- After outside activities.
- After doing any dirty tasks such as cleaning or changing nappies.
- After removing gloves.
- After going to the toilet.
- Before and after nappy change procedures.
- After giving first aid.
- Before and after giving each child medication. If giving medication to more than one child between each child.
- Before going home to prevent taking germs home.
- After contact with bodily fluids (e.g. after coughing or sneezing).
- After any episodes of vomiting or diarrhoea.
- Alcohol based hand rubs (60-80% alcohol) can be used if hands are not visibly dirty where running water and soap is not available (such as on excursions) or if hand washing will prevent an educator from maintaining adequate supervision of the children

Below are instructions on how to effectively wash hands. All individuals are to follow this procedure and it should be displayed above every sink.

- Wash hands using running water and soap.
- Rub hands vigorously.
- Wash hands all over ensuring that the back of the hands, wrists, between fingers and under the fingernails are cleaned.
- Rinse hands thoroughly.
- Turn off the tap using a clean piece of paper towel.
- Dry hands thoroughly with clean towel/paper towel or an automatic dryer.
- This should take about as long as singing "Happy Birthday" twice.

Respiratory Etiquette

- Children and adults are encouraged to sneeze or cough into their inner elbow or a tissue

- Used tissues should be disposed of immediately into a pedal bin and hands should be washed and dried
- Children should be taught to blow their own nose if they are developmentally ready. Children and educators should wash and dry hands after blowing noses. Alcohol based hand sanitiser can be used as alternative.

Appendix B

Cleaning procedure for surfaces, rooms, toys and books

Surfaces and rooms

- Surfaces will be cleaned with detergent after each activity and all surfaces that have frequent contact (e.g. doorknobs, taps, tables) will be cleaned thoroughly daily
- Other surfaces will be washed once a week and when visibly dirty
- All floors will be in the babies and toddlers' rooms will be washed each day
- Areas contaminated with potentially infectious material (such as blood, vomit, body fluids from an unwell person) will be disinfected after washing (see Spills Procedure at Appendix x)
- Table surfaces and highchairs will be cleaned and disinfected before and after meals
- Bathrooms – taps, handles, toilets, and knobs - to be cleaned daily and immediately following spills or when visibly dirty

Toys and books

- Mouthed toys/object will be washed daily using warm water and soap, and let to dry in the sun
- Toys will be rotated to allow for washing
- Individual toy bags will be used for babies
- Books will be cleaned by wiping with moist cloth and drying
- Toy storage areas will be cleaned weekly
- If a toy or book was being used by an unwell child, it should be removed from the room immediately and set aside for washing at the end of the day.

Carpets, rugs, mats and curtains

- Carpets and mats will be steam cleaned at least every 6 months and vacuumed daily
- Curtains should be cleaned if they are visibly dirty and washed every 6 months

Kitchen/food handling areas

- See maintenance and cleaning of food handling areas procedure (Appendix L)

Appendix C

Cleaning procedure for cots, beds and bedding

Each child will have their own bed linen which will be supplied and washed by the family weekly and OR each child will have their own bed linen provided by the service. When used by one child it must be washed before it is used by another child.

To ensure sleeping environments are hygienic, educators staff will:

- Clean cots, beds/stretchers and mattress covers with detergent and warm water:
 - every day or at end of week if used by same child and
 - if visibly dirty during the day
- Make sure each child has their own bed linen
- Wash linen and mattress covers, or return them home, on child's last day for the week.
- If poo/urine/vomit etc gets on the cot/stretcher/mattress/linen
 1. wash hands and put on gloves
 2. clean the child
 3. remove gloves
 4. dress the child
 5. wash child's hands
 6. educators wash hands
 7. put on gloves
 8. remove most of the soiling in the cot/bed with paper towels
 9. place paper towels in garbage bin
 10. put linen in a plastic-lined, lidded laundry bin. Throw liner out after linen is washed and place new liner in bin
 11. clean cot or mattress thoroughly with detergent and water
 12. use disinfectant after detergent if surface is or could be contaminated with infectious material.
 13. air dry if possible
 14. remove gloves and wash hands
 15. put clean linen in cot

Appendix D

Spills procedure

Educators and staff will use a spill kit to immediately clean up spills of blood, urine, vomit and faeces.

Spill kits will contain:

- disposable gloves
- paper towel
- disposable cloths or sponge
- detergent
- disposable scraper and pan to scoop
- bleach solutions which will be prepared to manufacturer's instructions daily. Any bleach solution which is not used after 24 hours will be discarded.

Blood

To clean up a spot of blood educators and staff will:

- 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, seal and put in the rubbish bin
- remove gloves and put them in the rubbish bin
- wash surface with detergent and warm water
- disinfect the surface after cleaning it with detergent and warm water if the spill is known or suspected to be infectious
- wash hands with soap and water

To clean up a small blood spill educators and staff will:

- 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, seal and put 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 and place the cloth in the rubbish bin
- wipe the area with diluted bleach and allow to dry
- wash hands with soap and water

To clean up a large blood spill educator will:

- wear gloves
- cover the area with an absorbent agent (e.g. 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 and put in the rubbish bin
- remove gloves and put them in the rubbish bin
- mop the area with warm water and detergent and wash the mop after use
- wipe the area with diluted bleach and allow to dry

- wash hands with soap and water

Faeces, vomit and urine

To clean up faeces, vomit and urine, educators and staff will:

- wear gloves
- place paper towel over the spill and allow the spill to soak in
- carefully remove the paper towel and any solid matter, place in a plastic bag, seal and put in the rubbish bin
- clean the surface with warm water and detergent, and allow to dry
- disinfect the surface after cleaning it with detergent and warm water if the spill is known or suspected to be infectious (e.g. diarrhoea or vomit from a child with gastroenteritis)
- wash hands thoroughly with soap and warm running water.

Nasal discharge

When cleaning children's noses, educators and staff will:

- wash hands after every nose wipe or use an alcohol base hand sanitiser to clean hands. If wearing gloves, educators and staff will do this after removing gloves
- dispose of dirty tissues immediately in a hands-free/pedal bin

Appendix E

Sterilisation procedure for dummies/pacifiers and bottles

Procedure for the sterilisation of dummies/pacifiers and sterilisation of bottles

Where a baby does not have a clean spare dummy educators will sterilise a dirty dummy before use by simmering it in boiling water for at least 5 minutes. Dummies will not be sterilised using a microwave. Educators will ensure the dummy is cool before use. The dummy will be air-dried and stored in a sealed container if it is not being used immediately. Educators will advise parents to discard the dummy if the baby has an infection. For children over 12 months old dummies can be cleaned by washing with warm, soapy water and rinsing well.

Sterilisation of Bottles

Educators will sterilise all bottle-feeding equipment for babies up to 12 months old. The bottles, teats etc. will be washed in warm, soapy water using a clean bottlebrush to thoroughly remove all traces of milk. The bottles will be rinsed and then sterilised by one of the following methods (boiling is the preferred option recommended by the Vic Govt Better Health).

Boiling: Educators will

- Place all equipment in a large pot and cover with tap water (make sure your water meets the Australian Drinking Water Guidelines if you are not using town water).
- Make sure there are no air bubbles trapped inside the bottles.
- Put the saucepan lid on and bring to the boil.
- Allow five minutes of rapid boiling.
- Turn off heat and allow to cool.
- Make sure they wash their hands thoroughly with soap and water before handling the equipment.
- Store the sterilised equipment in a clean container in the fridge and re-boil after 24 hours if it has not been used before then.

Sterilising chemicals : Educators will carefully follow the manufacturer's instructions to ensure correct strength and:

- Mix the chemicals with water in a big plastic or glass bowl
- Place all equipment in the solution ensuring all surfaces are covered– for example, by squirting solution through teats and getting rid of any air bubbles.
- Soak the equipment for at least one hour and change the solution every 24 hours.
- Scrub the container with warm soapy water and rinse thoroughly before refilling with new solution.
- Remove the equipment and shake off excess solution, but do not rinse.
- Use only glass or plastic, as metal will rust when left in the solution.

Microwave steam sterilisers Educators will:

- Read the instructions carefully.
- Check the microwave power needed to sterilise the equipment properly because not all microwave ovens are the same.
- Do not use metal inside these sterilisers.

Steam steriliser appliances

Educators will use a steam steriliser appliance to the manufacturer's directions and:

- Place the equipment in the steriliser and add the recommended amount of water.
- Put the lid on and steam the equipment for the recommended period of time.
- Keep the lid on until the bottles are needed.

Appendix F

Hygienic Nappy Change Procedure

The procedure for nappy changing will be displayed in the nappy change area. The service accepts enrolments of children who have not yet been toilet trained.

Toileting occurs at any time of the day and is specific to individual needs. Educators will communicate with parents to develop consistency with their child's toileting habits. Educators must be aware of and consider any special requirements related to culture, religion or privacy needs. Children who are in nappies will have this detail recorded in the register kept by the staff. This is located <insert area> for parents to check.

Nappy changing and toileting will only be carried out by educators following the nappy changing procedure. At times it may be necessary for a student to carry out the nappy change procedure as part of practical education requirements, and a trained educator must always be present to monitor this situation and ensure the procedure is being followed adequately. If a parent is present and helping their child (toileting in the bathroom), it is required that an educator accompany any other children needing to use the bathroom at the same time.

Additionally, the service will follow hygienic nappy change practices at all times using the following procedure -

- Nappy changing will be done only in the nappy change area which will be properly stocked with paper towels or towels, plastic bags, fresh nappies, clean clothes, rubbish bin with sealed lid lined with plastic. Always prepare change area first: put on gloves, place paper towel, wipes and bag to dispose of nappy.
- Nappy changes occur frequently and as needed throughout the day. At all times one hand must be kept on the child to prevent them falling from the change table.
- Assist the child up to the nappy change table.
- Remove the dirty nappy: remove excess faeces with paper towel and place in toilet. Flush toilet. Clean and dry the child's bottom using wipes, wiping from front to back. Remove paper towel from the change table.
- Seal the soiled nappy, paper towel and wipes into plastic bag (use two if soiled) and place into lined pedal bin. Place any soiled clothing into a bag and seal for washing. Remove gloves before touching any clean clothing or the clean nappy. Remove gloves by peeling them back from your wrists, turning them inside out as you go. Place gloves in bin.
- Dress the child and wash and dry the child's hands, take the child away from change area. Wash your hands.
- Clean the nappy change surface after each use. Put on clean gloves and clean surface with neutral detergent and warm water. Wipe dry with paper towel. Dispose of gloves and paper towel in bin. Wash your hands. Disinfect after the last nappy change in a series of nappy changes.
- After each nappy change the child's and educator's hands will be washed and the change table cleaned.
- At the end of each day the nappy change area will be disinfected.
- The service only uses disposable nappies.
- The laundry area includes a <washing machine> <trough> with hot and cold-water supply for the laundering of soiled cloths, linen and nappies. OR -

- The laundering of soiled cloths, linen and nappies is laundered away from the service; soiled laundry is hygienically stored in a sealed container, until such a time as it is removed from the premises. Items returned to a child's home for laundering will have soiling removed and will be stored securely and not placed in the child's bag in contact with personal items.

Appendix G

Hygienic Toileting Procedure

The procedure for toileting will be displayed in the toileting area. The service accepts enrolments of children who have not yet been toilet trained. Toileting occurs at any time of the day and is specific to individual needs. Educators will communicate with parents/guardians to develop consistency with their child's toileting habits. Educators must be aware of and consider any special requirements related to culture, religion or privacy needs.

At times it may be necessary for a student to assist children in the area of toileting as part of practical education requirements, and a trained educator must always be present to monitor this situation and ensure the procedure is being followed adequately. If a parent is present and helping their child (toileting in the bathroom), it is required that an educator accompany any other children needing to use the bathroom at the same time.

Additionally, the service will follow hygienic toileting practices at all times using the following procedure -

- Educators will at all times encourage the child to be independent in their toileting habits and provide assistance as and when needed.
- It is better to use the toilet when toilet training for effective hygiene and infection control factors.
- The service will ensure that toilets and hand washing facilities are easily accessible to children.
- Children will be encouraged to flush toilets and wash hands after use.

Disposable gloves should be used for any of these stages in the toileting procedure:

- Help child to remove clothing if needed.
- Help child onto toilet if needed.
- Help the child to wipe themselves, encouraging them to wipe front to back.
- Encourage the child to flush the toilet themselves.
- Encourage the child to wash and dry hands on single sheet of paper towel, and then to leave the bathroom.

If the child has soiled or wet their clothing:

- Remove any wet/soiled clothing and seal in a bag for washing. It must be double-bagged.
- Clean and dry the child.
- Remove your gloves and wash hands, do not touch the child's clean clothing.
- Put on new gloves and dress the child, wash and dry the child's hands. Have them leave the bathroom.
- Clean any spills following procedure for cleaning spills of body fluids.
- Remove and dispose of gloves, wash and dry your hands.
- The laundry area includes a <washing machine> <trough> with hot and cold-water supply for the laundering of soiled cloths, linen and nappies. OR -
- The laundering of soiled cloths, linen and nappies is laundered away from the service; soiled laundry is hygienically stored in a sealed container, until such a time as it is removed from the premises. Items returned to a child's home for laundering will have soiling removed and will be stored securely and not placed in the child's bag in contact with personal items.

Appendix H

Dental hygiene and care and dental accidents procedure

Dental Hygiene and Care

- The service will arrange for dental health professionals to attend the service to discuss good dental health practices and guidelines with educators, children and family members.
- Educators should actively seek to be positive role models for children and families in attendance at the service.
- Educators form positive relationships with family members and children to discuss and encourage good dental health practices and ensure the continuity of care of each child. Information should be made available to family members and educators in their home language.
- The service integrates educative information and guidelines on good dental health practices into the daily routine. This should include information on tooth brushing, tooth friend snacks and drinks and going to the dentist and/or dental health professionals.
- The service will actively encourage good dental health practices including eating and drinking habits, tooth brushing and going to the dentist and/or dental health professionals.
- Children will be encouraged to drink water to quench their thirst and remain hydrated.
- Children will be encouraged to rinse their mouths with water to remove food debris after every meal or snack. Educators will supervise such practices. For babies, their gums should be cleaned gently with a damp cloth to remove plaque and milk.
- Family members should be informed without undue delay any incident or suspected injury or issue with their child's dental health which may include teeth and gums, gum swelling, infection in the mouth, or problems, pain or discomfort the child has with chewing, eating or swallowing food or drink.
- Educators will be aware of dental first aid and receive appropriate professional development opportunities where appropriate.

Dental Accidents

If a dental accident occurs at the service, it will be managed as an emergency and injury forms will be completed.

For baby teeth:

- Do not try and replace the tooth in child's mouth
- If unsure whether the tooth is an adult or baby tooth, store tooth in milk, sterile saline or child's saliva as outlined below (enough to cover the whole tooth.)
- Seek dental advice as soon as possible (i.e. immediately) and ensure staff or the parent takes the tooth/tooth fragment to the dentist with the child.

For permanent teeth:

- If tooth is dirty, gently rinse the tooth/tooth fragments in clean milk, or if unavailable, sterile saline or child/adult's saliva (e.g. get them to spit into cup) for a few seconds to remove excess dirt and blood. Do not rinse with water.
- Handle the tooth by its crown (the white enamel top part of the tooth), not its root and be careful not to rub off the endothelial fragments on the root of the tooth as these are needed for the tooth to take if replaced by the dentist.

- If child/adult can be relied on not to swallow their tooth, replace tooth back into the socket. (Ensure the tooth is replaced the correct way round, in its original position, using the other teeth next to it as a guide). Hold the tooth in place by gently biting on a clean handkerchief or gauze pad.
- If unable to reinsert the tooth, get the child/adult to hold the tooth inside the mouth next to the cheek or place the tooth in clean milk, sterile saline, or wrap in plastic wrap with some of the person's saliva if these unavailable. Do not store in water. Do not transport the tooth in a tissue or cloth as this will dry the tooth out.
- Seek dental advice as soon as possible and ensure you or the family takes the child to the dentist with the tooth/tooth fragments within 30 minutes, as the root endothelial layer begins to deteriorate after 30 minutes.
- If the tooth has been in contact with dirt or soil, advise the family that tetanus prophylaxis may be required and advise them to consult with both their dentist and doctor.

Appendix I

Food Preparation and Food Hygiene Procedure

Our service will follow appropriate food preparation hygiene techniques to meet the requirements of the *Food Standards Australia New Zealand Code*, such as including:

- Wash hands before and after food preparation.
- Cleaning food preparation area before, during and after use.
- Use a clean and sanitised chopping board and knife.
- Use colour-coded chopping boards to prevent cross contamination of raw food.
- Ensuring that individuals preparing food know, follow and adhere to the appropriate hygiene procedures. This includes:
 - Washing their hands according to our service's procedure
 - Avoiding unnecessary contact with ready-to-eat foods (e.g. salads, cooked meats)
 - Keeping their personal hygiene at a high level. For example, tying their hair back or keeping it under a net
 - Not wearing jewellery (wedding band excluded)
 - Covering cuts with a blue or other highly visible coloured band-aid and gloves
 - Keeping fingernails trimmed and clean and always wearing gloves if they are wearing nail polish, nail decorations or artificial nails or have long fingernails
 - Not changing nappies before preparing food
 - Storing personal belongings away before handling food
 - Wearing clean cloths and apron over clothes.
 - Removing apron when leaving the kitchen or food preparation area.
 - Not eating over unprotected food.
 - Not sneezing, blowing or coughing unprotected food.
 - Not spitting in food handling areas.
 - Not smoking or using tobacco or similar in food handling areas.
 - Not preparing food with an infectious illness or skin, eye, ear or nose infection (see 'Health of Food Handlers' below for more information)
- Avoiding the contamination of one work area to another by using colour-coded wash cloths and having specific cleaning implements (for example gloves and scourers) for a specific area.
- Avoiding the contamination of one work area to another by using the colour-coded wash cloths system and restricting the movement of contaminated items (such as gloves and cleaning implements) from one area to another.
- Clean children's dining tables with soap and water and dry before serving food.
- Ensuring food is always served in a hygienic way using tongs and gloves.
- Clean children's dining tables with soap and water and dry after meal times.
- Each child will be provided with their own clean drinking and eating utensils at each mealtime. These utensils will be washed after each use. Educators will actively encourage and monitor children so they do not to use drinking or eating utensils which have been used by another child or dropped on the floor.
- Providing families with current and relevant information about food preparation and hygiene.
- Showing and discussing with children the need for food hygiene in both planned and spontaneous experiences.

- Ensure kitchen, sink, walls, cupboards are thoroughly clean at all times.
- Clean fridge weekly.
- Clean oven monthly.
- Clean cupboard interiors bi-monthly or more frequently if necessary.
- Cover all food with cling wrap or foil when needed.
- Ensure all foods are stored in the correct manner.

Health of food handlers

Our service has a legal responsibility to ensure that food handlers who are suffering from or are a carrier of a food borne disease do not engage in any food handling activities.

If a food handler has any of the following symptoms, they must immediately inform the food safety supervisor (or nominated supervisor); seek medical attention and not return to food handling duties until they have been symptom free for 48 hours:

- diarrhea
- vomiting
- sore throat with fever
- fever
- jaundice

If a food handler has been diagnosed with any of the following diseases, they must not touch food or food contact surfaces and they cannot return to food handling duties until they have a medical certificate clearing them:

- Hepatitis A
- Norovirus
- Typhoid fever
- Shigellosis
- Staphylococcal or Streptococcal disease

Appendix J

Food Safety-and Temperature Control-Procedures

We will, to the best of our ability, educate and promote safe food handling and hygiene in the children and families by:

- Provide food safety information from Safe Food Australia and our state/territory's regulator
- Encouraging parents ~~to the best of our ability~~ to continue our healthy eating message in their homes. This information will be provided upon enrolment and as new information becomes available.
- Encouraging educators to present themselves as role models. This means maintaining good personal nutrition and eating with the children at meal times.
- Providing nutrition and food safety training opportunities for all educators including an awareness of other cultures food habits.

Temperature Control

The bacteria that commonly cause food poisoning grow rapidly between 5°C and 60°C, this is commonly referred to as the "temperature danger zone". The time potentially hazardous food can be safely held is known as the 2-hour/4-hour rule:

0-2 hours – Eat it, use it or keep it at or below 5 °C, or at or above 60 °C.

2-4 hours – Eat it or use it

More than 4 hours – Throw it away

Cooking temperature – Potentially hazardous foods such as meat, poultry, eggs, seafood, cooked rice and pasta, must be cooked to an internal temperature above 75 °C. Once these foods have been cooked this internal temperature, they can be reheated once to a temperature above 60 °C.

- Use a thermometer to make sure fridge is below 5°C. Don't overload refrigerators, as this reduces cooling efficiency.
- Fridges and freezers need to be cleaned regularly and fridge door seals checked to be in good repair.
- The operating temperature of the fridge and freezer need to be checked regularly and a record kept of this.

Perishable food

- All perishable food for children brought from home will be immediately placed in the refrigerator provided in the service. Children's food will be removed from insulated containers before placing in the refrigerator.
- Don't leave perishable foods in the temperature danger zone for longer than 2 hours.
- Keep cold food in a fridge/freezer, below 5°C until you are ready to cook or serve, e.g. if you are serving salads keep them in the fridge until ready to serve.
- Keep hot food in an oven or on a stove, above 60°C until you are ready to serve
- Only take refrigerated ingredients such as milk, cheese, eggs out of the fridge as you need them, so they stay cool. Return them to the fridge as soon as you have finished using them.

Cooking potentially hazardous foods

- Test internal food temperature with a probe thermometer and document the temperature reached. Clean thermometers after use. Use the following as a guide to know that food is cooked thoroughly:
 - Minced meat dishes must be cooked all the way through until steaming hot in the centre with no pink.
 - Meat cuts surfaces must be fully cooked, but the centre may remain slightly pink (e.g. Steak, lamb chops)
 - Chicken must be cooked all the way through until steaming hot in the centre with no pink in the centre. Juices in the thickest part (leg/thigh) should run clear
 - Cook eggs until white is firm and yolk begins to thicken. Cook egg dishes all the way through until they are firm or set in the middle
 - Fish must be cooked all the way through until the flakes separate easily with a fork
 - Liquid dishes must be boiled or simmer until bubbling rapidly and steaming (e.g. soups, stews)

Storing and reheating leftovers

- Refrigerate leftovers as soon as possible. Throw away any leftovers that have been out of the fridge for more than 2 hours
- Store food once it has sufficiently cooled down (e.g. 20-30 minutes). Foods cool quicker in smaller, shallow containers. Cool liquid foods more quickly by stirring occasionally to release the steam.
- Keep food covered during cooling to protect it from contamination. If a food becomes contaminated, throw it away.
- Leave space around food containers that are cooling in the fridge – do not stack and do not overcrowd
- Only store the cooked and cooled food in the fridge for 48 hours. Freeze within 48 hours of cooking.
- If reheating leftovers:
 - Preheat equipment such as ovens/grills
 - Reheat to steaming hot (temperature must reach over 60 oC)
 - Stir or turn food during reheating to make sure it heats evenly
 - Follow reheating instructions from the manufacturer or supplier
 - Do not add raw food or mix in new batches of food into already reheated food
 - Allow to cool for a short period before serving to children.
 - Only reheat once
 - Note, re-heating food is not always recommended.

Thawing/defrosting food

- Frozen food must be thawed thoroughly before cooking. Check that food for ice crystals in the centre of the thickest part of the food using a skewer or finger.
- Never defrost foods on the bench top.
- Use thawed food quickly and thaw once only. Throw away unused thawed food.
- Thawing in fridge (recommended):
 - Plan ahead to allow enough time to thaw food at a safe temperature (e.g. overnight for small portions but 1-2 days for whole chicken)
 - Thaw on a tray or covered container on the bottom shelf of the fridge

- Thawing under running water:
 - Thaw food in a container with a lid under running water at 21 oC or below
 - Do not leave for more than 4 hours
 - If food is still frozen after 4 hours, continue to thaw in the fridge
 - If water temperature goes above 21 oC, throw the food away
- Thawing in the microwave:
 - Thaw on a plate/bowl and use the defrost or a low setting
 - Turn food occasionally so it thaws evenly
 - If the thawed food is not used within 30 minutes, throw it away

Purees

- Keep cooked pureed food separately from raw foods
- Make sure blenders/processors are clean before using – pull blender apart and clean, sanitise and dry each part individually after every use
- Try to puree foods just before serving and freeze/throw away any leftover pureed food
- Reheat puree that has been frozen to a minimum core temperature of 75 °C.
- Use cut fruit and vegetables in the day they are prepared and serve immediately after preparing if possible. If not serving within 2 hours, cover and store in the fridge until ready to serve (that day).

Fruit and vegetables

- Wash fruit, vegetables and salad ingredients thoroughly in clean, drinking-quality water just before preparing and serving.
- Peel, trim or remove the skin or outer leaves, if applicable, Removed bruised or damaged bits. Be especially careful when preparing rough skin fruit (such as strawberries or rock melon – these have been linked to foodborne illnesses) and make sure to thoroughly wash the skin of these fruits.

Raw egg products

- Eggs can contain salmonella and there is a risk of illness when they are eaten raw or lightly-cooked
- Check eggs are fresh and have not past their used by dates, are clean, free from dirt/feathers and have no visible cracks
- Check eggs have been stamped with the producer's unique identifier
- Store eggs in the fridge
- Wash your hands before and after handling eggs
- Don't used cracked or dirty eggs
- Cook thoroughly
- If making batters with eggs such as pikelets and pancakes, make sure the batter is cooked all the way through
- Don't let children lick bowls or mixing spoons
- Our service does not serve foods that contain raw/lightly cooked eggs and only uses commercially prepared mayonnaise and other sauces that contain egg products

Honey

- Do not serve honey to children who are under one in any form, even cooked, as they may acquire infant botulism

- Honey is safe for children who are over one year old

Food Allergens

- Follow our *Medical Conditions Policy*, which provides details on managing food allergies. Always follow medical management plans in place.
- Inspect food labels for the presence of allergens and request allergen information from supplier if food is unlabelled
- Use separate utensils and areas for storage, preparation and service of allergen-free food
- Separate allergen and allergen free food and store in sealed containers
- Make sure that utensils, equipment and work benches are cleaned and sanitised before preparing allergen free food

Breast milk, infant formula and other milk [delete this section if not applicable to your service]

- Follow our procedure for sterilising bottles and equipment if our service is preparing formula
- Parents who supply breast milk/prepared formula in bottles should:
 - Only use clean and sterilised bottles
 - [select whichever is applicable] Cool bottles of breast milk/premade formula in their fridge at home before transporting to the service, clearly label the bottles with the date the bottle was made up and transport breast milk / premade formula it to the service in a cooler bag AND/OR
 - Supply the measured quantity of cooled, boiled water and the measured quantity of powdered formula in a separate container AND/OR
 - Supply empty, clean and sterilised bottles with instructions for our service to make up the formula
 - clearly label bottles and containers with the child's name
- Service is to:
 - Place prepared bottles and/or containers of formula powder in the fridge immediately upon receiving them in our dedicated milk fridge
 - Store breast milk in the fridge for 48 hours only and at room temperature for 4 hours only
 - Store prepared formula for 24 hours and at room temperature for 2 hours only
 - Store bottles in the back of the fridge and not in the door
 - When preparing formula, our staff will:
 - Wash and dry their hands thoroughly
 - Make sure all equipment has been cleaned and sterilised
 - Use a dedicated formula preparation area
 - Prepare formula bottles individually, and as close to feeding time as possible
 - Follow the manufacturer's instructions and measure out the formula using the scoop that comes with the tin
 - Only use cooled boiled water – not tap water
 - Reseal the tin of formula and store in the fridge
 - Thaw partially frozen breast milk under running cold water
 - Warm bottles by standing upright in warm water for no longer than 15 minutes, occasionally shaking or swirling the liquid so it warms evenly (recommended) or follow

microwave instructions below for other milk or formula (never breast milk) [delete red sentence if your service does not use microwaves to heat]

- Test the temperature of the milk before serving
- Throw away left over milk/formula immediately
- Return bottles and teats to parents for cleaning, if applicable

Microwave instructions

We recognise that microwaves are an efficient and safe way to heat infant formula and cow's milk. We will not heat breast milk in the microwave as it may destroy some of the breast milk's properties.

For infant formula or cow's milk the service will always:

- Use microwave safe bottles.
- Heat a minimum of 120mls of formula/cow's milk in the bottle to ensure it does not overheat.
- Only heat formula/cow's milk that has been adequately refrigerated.
- Stand the bottle up straight.
- Always take off the teat/bottle top and leave outside the microwave.
- Not use microwave ovens with wattage over 700W (or if ovens with a higher wattage are used, heat for less than the following times and take extra care when checking temperature)
- For a 120ml size bottle – use high setting and heat for less than 30 seconds.
- For a 240ml size bottle – use high setting and heat for less than 45 seconds.
- Follow specific manufacturer instructions provided with the microwave.
- Minimise the risk of uneven heating by adequately rotating and shaking the bottle directly after microwaving. After the teat/bottle top is 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 to ensure contents are at a safe temperature.

Bottle Warmers

Our service will use bottle warmers that have a thermostat control to heat Infant Formula/Cow's Milk/Breast Milk.

- The service will use the bottle warmer as per the manufacturer's instructions.
- Educators will ensure that bottle warmers are inaccessible to children at all times.
- Bottles will be warmed for less than 10 minutes.

Cooking with Children

We sometimes include cooking experiences in our service's programming for the children. When these experiences are carried out, educators that are supervising will be vigilant to ensure food preparation remains a hygienic and safe experience. The relevant points from the above food preparation procedure will be followed during the children's cooking experiences. Examples of the types of activities children will participate in during cooking experiences include:

- Helping choose what to cook.
- Measuring and weighing ingredients.
- Stirring or mixing ingredients.
- Washing salad, vegetables or fruit.
- Setting the tables.

To ensure food safety:

- Follow all our usual procedures for food safety
- Ensure children wash and dry hands before and after cooking
- Don't let children lick bowls or utensils (e.g. when making cakes, muffins, pikelets etc)
- Make sure food with eggs has been cooked all the way through to the middle before children taste them
- Only take refrigerated ingredients such as milk, cheese, eggs out of the fridge as you need them, so they stay cool. Return them to the fridge as soon as you have finished using them

Taking food on excursion

If we are providing food for children to eat on an excursion, we will:

- Not take perishable foods if they won't be eaten within four hours
- Preferably choose food that doesn't need to be kept cold (e.g. sandwiches with vegemite or jam, crackers, muffins, UHT milk, whole fruit)
- Chill any perishable food thoroughly before an excursion
- Pack chilled food in an esky or cooler bags with ice bricks/frozen drinks
- Pack hot foods in an insulated container (e.g. foam box/thermos)
- Keep raw foods separate from cooked or ready-to-eat foods
- Wash and dry hands before handling food. Pack hand sanitiser if you know hand washing facilities aren't available.
- Keep transport time to a minimum and keep to the rules about the 'temperature danger zone' – try to serve and eat food within two hours of being prepared
- Don't open insulated bags/containers until you are just about to serve the food

Birthday Cakes

To prevent germs spreading when a child blows out birthday candles, birthday cakes must be:

- separate cupcakes for all children including one with candles for the birthday child or
- a separate cupcake with candles for the birthday child and a large cake that can be cut and shared

Play Dough

To reduce the risk of spreading infections, educators will:

- make a new batch of play dough each day or make a new batch each week and take out enough play dough for each day
- store the remaining play dough in an airtight container away from children
- ensure children and educators wash their hands before and after using play dough

Purchasing food

- Food must be purchased from reputable and trusted suppliers/shops only

- Only purchase food that is in good condition (e.g. packaged food must be clean, intact and undamaged, fresh produce is clean, fresh and undamaged, cold food must be at 5 °C or below, hot food at 60 °C or above, frozen food must be hard frozen)
- Check food has not expired

Appendix K

Food Storage Procedure

In order to implement safe food storage practices to the highest possible standard, staff will access, and amend their practices to, the latest known information. This information will be passed onto families.

Staff will then implement these standards in the service by inspecting food items when first brought into the service to ensure they are in good order - for example, not in damaged packing, within their used by date period and at a correct temperature. ~~Educators~~ Staff will then see that they are appropriately stored as per the following:

- All foods (dry, cold and frozen) will be used by the FIFO rule (first in, first out). This will allow a rotation of food to make sure older stock is used first.
- Store dry foods in sealed, air-tight containers.
- Store according to the manufacturer's instructions.
- Store food – including play dough ingredients - on shelving off the floor, separately from chemicals.
- Any food removed from its original container must be stored in a container that is labelled with the product's name, the used by date ~~of the food written on it~~, ingredients ~~must also be listed with the~~ and the date it was opened.
- Ensure the food storage area is well cleaned, ventilated, dry, pest free and not in direct sunlight.
- Prevent pests by cleaning spills as quickly as possible and removing garbage/waste frequently.
- If pest activity is observed, notify the nominated supervisor who will contact the pest controller.
- Throw away any food that has been exposed to chemicals, or that is old, damaged, unlabelled or past its expiry date.

For cold storage, the following applies:

- All foods are wrapped, covered, dated (used by date and date it entered the service) and labelled
- Foods are stored at the correct temperature depending on the product. Cold foods need to be stored at less than 5 degrees (C) and frozen foods at minus 18 degrees (C).
- Store foods on shelves.
- Store raw and cooked foods separately from other food. NEVER store raw foods on top of cooked foods or fruit and vegetable as juices may drip down and contaminate.
- Store food once it has sufficiently cooled down. Foods cool quicker in smaller, shallow containers.
- Leave space around food containers that are cooling in the fridge – do not stack and do not overcrowd
- Only store the cooked and cooled food in the fridge for 48 hours. Freeze within 48 hours of cooking.
- Fridges and freezers need to be cleaned regularly.
- The operating temperature of the fridge and freezer need to be checked regularly and a record kept of this.
- Avoid overloading fridges and freezers
- Remove food from insulated lunch bags in fridges to allow cool air to circulate

Appendix L

Maintenance and Cleaning of Food Handling Areas

Maintenance

- Check for issues daily and report to the nominated supervisor who must arrange for any repairs to be undertaken as soon as possible. Document all maintenance
- Conduct a 12-monthly internal audit and maintenance checklist
- Benches, chopping boards, knives, utensils, bowls, plates, containers, pots, blenders, tins, trays, saucepans, frying pans etc must be designed, constructed and maintained in a way that minimises contaminated food
- Fridges, freezers, stoves, ovens, grills, mixers, grinders etc must be kept clean and in good working order. Any service reports must be maintained
- Equipment should only be used according to its instructions
- Throw away any chipped, broken or cracked eating or drinking utensils and repair/replace any equipment or utensils that are damaged or have loose parts
- Repair any damage to food handling areas such as damp/chipped plaster, broken tiles, holes in cupboards, walls, windows
- Clean extractor fans and filters regularly

Daily cleaning

- Clean surfaces and equipment throughout food handling
- Wipe up spills immediately
- Wash surfaces/equipment thoroughly with hot water and detergent between tasks
- Wash equipment and utensils with hot water and detergent until clean. Rinse with clean water. Air dry or dry with a clean tea towel
- Dishwasher should be used on hottest cycle and cleaned regularly
- Wipe clean and sanitise bench tops
- Sweep and mop floors with a detergent solution. Air dry
- Bins must be kept clean and stored in a way that does not attract pests or cause bad odours
- Clean and sanitise used aprons, tea towels and reusable cloths
- Keep separate handwashing area clean
- All cleaning chemicals must be suitable to be used with food and only used following the manufacturer's instructions. Keep stored out of reach of children and away from food
- Use paper towels if possible. Use to dry hands and wipe up spills. Dispose of immediately
- Dishcloths must be replaced or sanitised daily. If they have come into contact with raw meat, they must be sanitised with hot water or chemicals or thrown away.
- Do not use tea towels that are intended to be used for drying dishes for mopping up spills or drying hands
- Clean and sanitise oven mitts regularly
- At the end of the day:
 - Clean and sanitise the kitchen, eating area, all food contact surfaces and food handling equipment, where appropriate
 - Use a checklist to record and to make sure nothing is overlooked

Appendix M

Job Description for Cooks

AIMS OF THE POSITION

- Provide and prepare a variety of well-balanced nutritional meals.
- Ensure a high standard of cleanliness of the kitchen and equipment.
- To be an active team member of the service.

DUTIES OF THE POSITION

- Plan a weekly menu.
- Provide a diet for the children which has reduced sugar, no added salt, low fat, high fibre, and is free from artificial colours and preservatives.
- Ensure any special diets are adequately catered for e.g., vegetarian, diabetic, dairy intolerance etc. An alternative must be prepared.
- Make a shopping list from weekly menu.
- Rotate stock each week.
- To prepare fresh fruit and vegetables that are not already prepared.
- To follow the menu.
- Prepare lunch and afternoon tea for both rooms. To deliver to both rooms.
- To prepare afternoon tea for After School Care.
- Wash and wipe dishes.
- Assist with social functions e.g., Easter, Christmas, Eid al-Adha, etc.
- Reduce wastage of food.
- Ensure kitchen, sink, walls, cupboards are thoroughly clean at all times.
- Clean fridge weekly.
- Clean oven monthly.
- Clean cupboard interiors bi-monthly or more frequently if necessary.
- Cover all food with cling wrap or foil when needed.
- Ensure all foods are stored in the correct manner.

Personal

- Maintain personal hygiene in the food preparation.
- Wear disposable gloves or use tongs when handling food.
- Attend all staff meetings as an active staff person.
- To interact positively with children, staff and visitors.
- Sign attendance book daily.
- WORK AT ALL TIMES TOWARDS THE SERVICE PHILOSOPHY AND ABIDE BY THE POLICIES OF THE SERVICE.

I undertake to fulfil the specification of this job description, abide by the policies of this service and to follow the instructions of the Nominated Supervisor and Owner/Operator.

Full Name _____

Signed _____

Date _____

Food Handling Area Cleaning Checklist

Daily Cleaning checklist	Monday	Tuesday	Wednesday	Thursday	Friday
Clean surfaces and equipment throughout food handling					
Wipe up spills immediately					
Wash surfaces/equipment thoroughly with hot water and detergent between tasks					
Wash equipment and utensils with hot water and detergent until clean. Rinse with clean water. Air dry or dry with a clean tea towel					
Wipe clean and sanitise bench tops					
Sweep and mop floors with a detergent solution. Air dry					
Bins must be kept clean and stored in a way that does not attract pests or cause bad odours					
Clean and sanitise used aprons, tea towels and reusable cloths					
Keep separate handwashing area clean					

All cleaning chemicals must be suitable to be used with food and only used following the manufacturer's instructions. Keep stored out of reach of children and away from food					
Use paper towels if possible. Use to dry hands and wipe up spills. Dispose of immediately					
Dishcloths must be replaced or sanitised daily. If they have come into contact with raw meat, they must be sanitised with hot water or chemicals or thrown away.					
Do not use tea towels that are intended to be used for drying dishes for mopping up spills or drying hands					
At the end of the day: Clean and sanitise the kitchen, eating area, all food contact surfaces and food handling equipment, where appropriate Use a checklist to record and to make sure nothing is overlooked					

31 - Immunisation Policy

PURPOSE AND BACKGROUND

- (163) To set out guidelines and requirements for the immunisation for children and staff at our service, in line with NSW health laws and regulations, 'No Jab No Pay' legislation, 'No Jab No Play' rules, and the *Education and Care Services National Regulations*
- (164) We aim to protect children, families, staff and the broader community by promoting immunisation as an effective way to prevent the spread of vaccine-preventable diseases

SCOPE

- (165) This policy applies to:
- 'Staff': the approved provider, paid workers, volunteers, work placement students, and third parties who carry out child-related work at our service (e.g., contractors, subcontractors, self-employed persons, employees of a labour hire company)
 - Children who are in our care, their parents, families and care providers
 - Visitors to our service who carry out child-related work, including allied health support workers

DEFINITIONS

- (166) The following definitions apply to this policy and related procedures:
- 'Australian Immunisation Register' (AIR) is the national register that records immunisations given to people of all ages in Australia
 - 'Exclusion period' is the time during which a child or staff member must not attend the service
 - 'Immunisation' is the process of inducing immunity to a specific germ by giving a vaccine or antiserum, or gaining antibodies by having the disease
 - 'Infectious diseases' are illnesses caused by the spread of microorganisms (germs) – bacteria, virus, fungi and parasites – to humans to other humans, animals or the environment, including food and water
 - 'Notifiable disease' is a disease that must be reported to our local public health unit
 - 'Outbreak' means a sudden increase in the number of cases of a disease in a specific region or area. The definition of 'sudden increase' depends on the disease and how many cases normally occur in a population. For some rare diseases, an outbreak can be a single case

- ‘Parents’ includes guardians and persons who have parental responsibilities for the child under a decision or order of court
- ‘Staff’ refers to paid employees, volunteers, students, and third parties who are covered in the scope of this policy
- ‘Vaccination’ is the administration of a vaccine. If vaccination is successful, it results in immunity. Note, to be fully immunised a person needs to be up to date with their age-appropriate scheduled vaccines

POLICY STATEMENT

Preventing the spread of infectious diseases through immunisation

- (167) We recognise and promote the important role that vaccines play in preventing the spread of diseases and protecting staff and children against serious illnesses
- (168) We encourage all staff and children to be vaccinated according to the recommendations in the Australian Immunisation Handbook and the [National Immunisation Program Schedule](#) (a series of immunisations given at specific times from birth to adulthood. See also the [NSW Schedule](#))
- (169) We display the NSW immunisation information (attached) at our service so staff and families are reminded to keep up to date with vaccinations

Immunisation for children at our service

Children’s immunisation is mandatory – ‘No Jab No Play’

- (170) To enrol in childcare in NSW, children must either be:
- Fully immunised for their age
 - On a catch-up schedule, or
 - Have a medical reason not to be immunised
- (171) Conscientious objection to vaccination is not an exemption
- (172) Homeopathic treatment for immunisation is not recognised

Proof of immunisation status – immunisation history statements

- (173) To enrol their child, parents must provide us an immunisation certificate for their child. We can accept one of the following documents:
- A current Australian Immunisation Register (AIR) ‘Immunisation History Statement’ with the words ‘up to date’ or ‘catch up schedule until (date)’ or ‘medical contraindication’ or ‘natural immunity’

- If a child is on a catch-up schedule, we can accept a copy of an AIR 'Immunisation History Form' that has been completed and signed by a medical practitioner
- (174) If a child has a medical reason not to be vaccinated, we can accept a copy of an AIR 'Immunisation Medical Immunisation Exemption Form' that has been completed and signed by a medical practitioner
- (175) We cannot accept any other form of evidence and cannot enrol a child without a valid certificate, unless they qualify for an extension (see temporary extensions)
- (176) We cannot accept overseas records as proof of immunisation because vaccination schedules vary across countries
- (177) Overseas immunisations can be transcribed by a GP/nurse to the AIR. Updates will then show on Immunisation History Statements
- (178) AIR immunisation statements and forms are available through [Medicare \(Services Australia\)](#)

Temporary extensions

- (179) Temporary extensions of 12 weeks after enrolment are available for children who:
- Are subject to a guardianship order under section 79A of the *Children and Young Persons (Care and Protection) Act 1998*
 - Have been placed in out-of-home care
 - Are being cared for by an adult who is not the child's parent due to exceptional circumstances such as illness or incapacity
 - Have been evacuated following a state of emergency (e.g., a declared natural disaster)
 - Are Aboriginal or Torres Strait Islander

Parents must update their children's immunisation history

- (180) The immunisation certificate we have for a child must reflect their current immunisation status (*National Regulations s 177(2)*)
- (181) If a child has received a vaccine while they are enrolled at our service, the parent must provide us with an updated immunisation certificate
- (182) We send out regular requests to parents to provide up to date an immunisation certificates,

Record keeping requirements for children's immunisation history

- (183) By law, we must keep a child's immunisation certificate or record of exemption on their enrolment record (*National Regulations* ss 162(f), (h)(i)(ii))
- (184) In line with the *NSW Public Health Act 2010* (s 87), we also maintain an immunisation register through SmartCentral that records the immunisation status and immunisation certificates of all enrolled children
- (185) Our public health unit may use the information in the register to manage outbreaks of vaccine preventable diseases
- (186) The register and immunisation statements/forms are stored securely for 3 years from the dates on which each enrolled child stops attending our service. We make the register and forms available for inspection by public health unit officers during outbreaks
- (187) If a child transfers to another early childhood education service, on request, we will give their immunisation documentation to their parent/s or the new service
- (188) Only authorised staff and officers with the relevant authority can access the register
- (189) We keep the records according to our record keeping and privacy and confidentiality policies

No Jab No Pay – Child Care Subsidy and immunisation

- (190) The 'Child Care Subsidy' helps cover childcare fees. To be eligible for it, a child must be immunised, unless they are medically exempted
- (191) To meet the immunisation requirements for the Child Care Subsidy, children need to:
- Meet the Australian Department of Health and Aged Care's [age-appropriate early childhood vaccination schedule](#); or
 - Be on an approved catch-up schedule in line with the current [Australian Immunisation Handbook](#); or
 - have an approved [medical exemption](#) recorded on the [Australian Immunisation Register \(AIR\)](#). Vaccination objection is not a valid exemption
- (192) More information is available at [Services Australia](#)

Immunisation for educators and other staff

- (193) Although vaccinations are not compulsory, educators and all other staff are strongly encouraged to keep up to date with their vaccinations
- (194) People who work in children's education and care have an increased risk of some infectious diseases that can be prevented by immunisation

(195) We encourage staff to be immunised according to the Australian Immunisation Handbook recommendations:

- Whooping cough (pertussis) – this is especially important for staff who are caring for children under 6 months. Staff who were vaccinated in childhood should get a booster vaccination
- Measles, mumps and rubella – important for staff who were born during or since 1966 who do not have immunisation records of 2 doses of the MMR vaccine or who do not have evidence of immunity to measles, mumps or rubella (a blood test can check immunity)
- Chickenpox (varicella) – important for staff who have not had chickenpox (a blood test can check immunity)
- Hepatitis A - important because children can be infectious even without symptoms
- COVID -19 – important for all staff to be up to date with boosters
- Flu (influenza) – annual flu vaccination to reduce the risk of serious complications from flu in young children
- Hepatitis B – important for staff caring if they care for children with developmental disabilities
- Japanese encephalitis – important for those at high risk and in some areas of Australia

Immunisation for pregnant women and immunocompromised children and staff

- (196) Pregnant women and immunocompromised children and staff should be vaccinated according to their doctor's recommendations
- (197) Pregnant and immunocompromised staff should get advice about their individual risks if they continue to work at our service
- (198) Our Dealing with Infectious Diseases Policy covers the potential complications of some infectious diseases for pregnant women or their unborn child, and the steps we take to protect pregnant and immunocompromised staff and visitors
- (199) Staff and families can also refer to the *Staying Healthy Guidelines* for more information about vaccinations for pregnant women and immunocompromised children and their families in childcare.

Exclusion of non-immunised children and staff

- (200) Staff must follow our excluding children and staff procedure (in our [Dealing with Infectious Diseases Policy](#)) if a child or staff member needs to be excluded due to an infectious disease
- (201) When a child or staff member has an infectious disease, they may need to be excluded from our service, regardless of whether they are immunised or not
- (202) When a child or staff member who is not immunised, or not fully immunised, is a contact of someone who has a vaccine preventable infectious disease, they may need to be excluded from our service
- (203) Non-immunised or not fully immunised children and staff may also be excluded during infectious disease outbreaks
- (204) Only a limited number of vaccine preventable diseases require non-immunised contacts to be excluded, and we consult with our local health unit about excluding the non-immunised contacts
- (205) Fees are still payable during exclusion periods

PRINCIPLES

- (206) The safety and wellbeing of children in our care is our number one priority, and we promote immunisation as an effective way to reduce the risk of infectious diseases at our service
- (207) Our policies and procedures are based on the latest guidelines and recommendations from government health authorities, and we comply with all relevant legislation, regulations and standards
- (208) We communicate with staff, families, children and government authorities to manage and mitigate risks for infectious diseases, ensuring that everyone is informed and contributing to a safe environment
- (209) We have an open and supportive environment, and communicate with each other about vaccinations in a diplomatic and respectful way
- (210) We protect children and staff by obtaining, maintaining and storing accurate health records
- (211) We regularly review and update our policies and procedures to make sure they still reflect current best practices and address emerging health risks.

POLICY COMMUNICATION, TRAINING AND MONITORING

- (212) This policy and related documents can be found in Office and on all our digital devices.

- (213) The approved provider and nominated supervisor provide information, training and other resources and support regarding the Immunisation Policy and related documents
- (214) All staff (including volunteers and students) are formally inducted. They are given access to, review, understand and formally acknowledge this Immunisation Policy and related documents
- (215) The approved provider runs a professional development program for each staff member, which covers this policy
- (216) Roles and responsibilities are clearly defined in this policy and in individual position descriptions. They are communicated during staff inductions and in ongoing training
- (217) At enrolment, families are given access to > our Immunisation Policy and related documents
- (218) Families are notified in line with our obligations under the *National Regulations* when changes are made to our policies and procedures

LEGISLATION (OVERVIEW)

Education and Care Services National Law and Regulations

Law	Description
s 167	Offence relating to protection of children from harm and hazards
s 172	Offence to fail to display prescribed information
S 174	Offence to fail to notify certain information to Regulatory Authority
Regulations	
s 88	Infectious diseases
s 162	Health information to be kept in enrolment record
s 168	Education and care services must have policies and procedures
s 170	Policies and procedures to be followed
s 171	Policies and procedures to be kept available
s 172	Notification of change to policies or procedures
s 177	Prescribed enrolment and other documents to be kept by approved provider
ss 181 ,183 - 184	Confidentiality and storage of records

Other applicable laws and regulations

Act/ Regulation	Description
<i>Work Health and Safety Act 2011</i>	Describes the primary duty of care to people in the workplace
<i>Privacy Act 1988</i>	Principal act protecting the handling of personal information
<i>Public Health Act 2010 (NSW)</i> <i>Public Health Regulation 2012 (NSW)</i>	Laws and regulations covering infectious disease management, including exclusion periods and notifiable diseases
<i>A New Tax System (Family Assistance) Act 1999</i>	Covers the Child Care Subsidy, including No Jab No Pay

National Quality Standard

Standard / Element	Concept	Description
2.1	Health	Each child's health and physical activity is supported and promoted
2.2	Safety	Each child is protected
4.2	Professionalism	Management, educators and staff are collaborative, respectful and ethical
4.2.2	Professional standards	Professional standards guide practice, interactions and relationships
6.1	Supportive relationships with families	Respectful relationships with families are developed and maintained and families are supported in their parenting role
6.1.3	Families are supported	Current information is available to families about the service and relevant community services and resources to support parenting and family wellbeing
7.1	Governance	Governance supports the operation of a quality service
7.1.2	Management systems	Systems are in place to manage risk and enable the effective management and operation of a quality service
7.1.3	Roles and responsibilities	Roles and responsibilities are clearly defined, and understood, and support effective decision-making and operation of the service

Early Years Learning Framework (EYLF) V2.0

EYLF Outcome	Key component
3: CHILDREN HAVE A STRONG SENSE OF WELLBEING	- Children become strong in their social, emotional and mental wellbeing - Children become strong in their physical learning and wellbeing - Children are aware of and develop strategies to support their own mental and physical health and personal safety

National Principles for Safe Organisations

Most relevant principle

Child safety and wellbeing is embedded in organisational leadership, governance and culture

RELATED DOCUMENTS

Key Policies	Dealing with Infectious Diseases Policy Child Safe Environment Policy Educator and Management Policy Staffing Arrangement Policy Work Health and Safety Policy Privacy and Confidentiality Policy Enrolment Policy Medical Conditions Policy
Procedures	Roles and Responsibilities – Immunisation (attached) Dealing with Infectious Diseases Procedures (in Dealing with Infectious Diseases Policy) Medical management plans (in Medical Conditions Policy)
Resources	Immunisation information for display (attached)

SOURCES

Education and Care Services National Law and Regulations | National Quality Standard | NHMRC's Staying Healthy - Preventing Infectious Diseases in Early Childhood Education and Care Services 6th edition | NSW Health Immunisation Enrolment Toolkit for ECECs 2023 | Work Health and Safety Act 2011 | Work Health and Safety Regulation 2011 | Public Health Act 2010 | Public Health Regulation 2012 | National Immunisation Program Schedule | No Jab No Pay policy guidelines - Services Australia.

Quick reference: immunisation for children | immunisation for staff | no jab no pay | no jab no play | immunisation schedule | excluding non-immunised children and staff | Australian Immunisation Handbook

POLICY INFORMATION

Approval date	1 January 2026
Effective date	1 January 2026
Review date	Reviewed annually and when there are changes that may affect this policy or related procedures
Approved by	Dr Jay Mukhraiya >

APPENDIX A

ROLES AND RESPONSIBILITIES - Immunisation

Approved provider responsibilities (not limited to)

Ensure our service meets its obligations under the *Education and Care Services National Law and Regulations*, including to: keep children's immunisation status on their enrolment record (and certificate for immunisation or exemption where required); and take reasonable steps to ensure enrolment documents are accurate

Ensure that our service's policies procedures for immunisation are appropriate in practice, up-to-date, best practice, and comply with all relevant legislation, standards and guidelines

Take reasonable steps to ensure our Immunisation Policy and related procedures are followed (e.g. through clear and accessible communication, and systemised inductions, training and monitoring of all staff – including volunteers, students)

Ensure that our service is meeting the immunisation requirements for enrolling children in NSW (including No Jab No Play rules)

Ensure we follow public health unit's advice about reporting and excluding non-immunised children and staff when required

Promote immunisation to staff and families

Ensure we store records health records confidentially and securely according to our policies and legal obligations

Regularly review this Immunisation Policy and related procedures in consultation with children, families, communities and staff

Notify families at least 14 days before changing this Immunisation Policy if the changes will: affect the fees charged or the way they are collected; or significantly impact the service's education and care of children; or significantly impact the family's ability to utilise the service

Nominated supervisor / persons in day-to-day charge responsibilities (not limited to)

Ensure our service meets its obligations under the *Education and Care Services National Law and Regulations*. Support the approved provider to keep children's immunisation status on their enrolment record (and certificate for immunisation or exemption where required); and take reasonable steps to ensure enrolment documents are accurate

Support the approved provider to ensure that our service's policies and procedures for immunisation are appropriate in practice, up-to-date, best practice, and comply with all relevant legislation, standards and guidelines

Implement this Immunisation Policy and related procedures

Take reasonable steps to ensure our Immunisation Policy and related procedures are followed (e.g. through clear and accessible communication, and systemised inductions, training and monitoring of all staff – including volunteers, students)

Follow NSW (including No Jab No Play rules) immunisation requirements for enrolling children and communicate these to families and staff

Regularly promote the importance of staying up-to-date with vaccinations to staff and families (e.g., via social media, in newsletters, at staff meetings, displaying posters)

Liaise with our local public health unit and exclude non-immunised children and staff - if required. Communicate to staff and families about exclusion periods for vaccine preventable infectious diseases

Ensure that pregnant and immunocompromised staff are given information about immunisation. Advise them to get medical advice about the risks of working in childcare

Ensure we store health records confidentially and securely according to our policies and legal obligations

Contribute to policies and procedure reviews and risk assessments and plans in consultation with children, families, communities and staff. Support the approved provider to notify families of reviews and changes according to legislation and our policies and procedures

Educator / other staff responsibilities (not limited to)

Follow this Immunisation Policy and related procedures, including exclusion recommendations and periods for children and staff who are non-immunised

Discuss any specific needs you have related to managing infectious diseases and vaccinations with the nominated supervisor or approved provider, especially if you are pregnant, immunocompromised, or have other health considerations

Stay up to date with your vaccines to protect yourself, children and other staff members

Contribute to policy and procedure reviews and risk assessments and plans, and participate in training and professional development opportunities on health and infection control

Raise any concerns you have about our Immunisation Policy in a respectful and safe manner

Communicate with families about our Immunisation Policy in a respectful and professional way

Families responsibilities (not limited to)

Provide us with an accurate record of your child's immunisation status at enrolment and keep the record up to date with any subsequent vaccinations

Comply with the immunisation requirements set out in this policy

Raise any questions or concerns you have about our Immunisation Policy in a respectful and safe way

APPENDIX B

RESOURCE – Immunisation information for display

<https://www.health.nsw.gov.au/immunisation/app/Pages/childhood-immunisation-schedule.aspx>

Where to get vaccinated

- **GPs**
- **Aboriginal Medical Services**
- **some local councils**
- **some community health centres.**

Contact your local Public Health Unit on 1300 066 055 about what services are available in your area.

32 - Incident, Injury, Trauma and Illness Policy

PURPOSE AND BACKGROUND

- (219) To set out how we prevent and effectively respond to any incidents, injuries, trauma or illnesses of children in our care
- (220) This policy is a requirement under the *Education and Care Services National Regulations*. The approved provider must ensure that policies and procedures are in place for dealing with incidents, injury, trauma and illness involving children (s 168(2)(b))
- (221) This policy helps us to comply with our child safety and work health and safety obligations

SCOPE

- (222) This policy applies to:
- ‘Staff’: the approved provider, nominated supervisor, paid workers, volunteers, work placement students, and third parties who carry out related work at our service (e.g., contractors, subcontractors, self-employed persons, employees of a labour hire company)
 - Children in our care, their parents, families and care providers
 - Visitors to our service who carry out related work, including allied health support workers
- (223) It applies to all physical, digital and online environments of our service (including off-site and outside of operating hours)
- (224) This policy covers incidents, injuries, trauma and illnesses involving children only - not staff, parents or visitors. Our Workplace Health and Safety Policy covers adults at our service

DEFINITIONS

- (225) The following definitions apply to this policy and related procedures:
- ‘Emergency’ means an incident, situation or event where there is an imminent or severe risk to the health, safety or well-being of a person at the service (e.g., a critical medical issue, flood, fire or a situation that requires the service premises to be locked down or other type of emergency response)
 - ‘Emergency contact’ is a person who has been nominated by the child’s parent or legal guardian to be notified in case of an emergency
 - ‘Emergency services’ - includes ambulance, fire brigade, police and emergency

services

- 'Harm' includes injuries and illnesses caused by a single exposure or event, or multiple or long-term exposure. Includes physical and psychological harm (and the various forms of child abuse, exploitation and neglect)
- 'Hazard' is anything that can cause harm
- 'Injury' means any physical damage to the body caused by violence or an incident
- 'Medical attention' includes a visit to a registered medical practitioner or attendance at a hospital
- 'Medical emergency' means an injury or illness that is acute and poses an immediate risk to a person's life or long-term health (e.g., a seizure, acute asthma attack, an anaphylactic response, choking or aspiration, major injuries, broken bones or lacerations, poisoning, chest pain or pressure, sustained or significant knock, serious head injury, loss of consciousness, sudden severe pain, uncontrolled bleeding, hyperventilation, fainting, difficulty breathing, coughing or vomiting blood, uncontrolled bleeding)
- 'Parents' includes guardians and persons who have parental responsibilities for the child under a decision or order of court
- 'Serious incident' is defined in the *National Regulations* (s 12) and includes:
 - the death of a child at the service, or following an incident occurring at the service
 - any incident involving serious injury or trauma to a child at the service which a reasonable person would consider required urgent medical attention or where the child attended or ought to have attended a hospital
 - any incident involving serious illness of a child at the service, where the child attended or ought to have attended a hospital
 - any emergency for which emergency services attended
 - any circumstance where a child:
 1. appears to be missing from the service or cannot be accounted for
 2. appears to have been taken or removed from the service premises in a manner that contravenes the National Regulations
 3. is mistakenly locked in or out of the service premises or any part of the premises
- 'Staff', unless otherwise indicated, refers to approved provider, nominated supervisor, paid employees, volunteers, students, and third parties who are covered in the scope of this policy.

POLICY STATEMENT

Critical information

- (226) Staff must identify, assess and immediately respond to any incidents, injuries, trauma or illnesses involving children
- (227) If a child is in immediate danger, staff must call 000 and implement relevant emergency procedures (e.g., first aid, emergency management or evacuation)
- (228) Staff must remove or control any immediate hazards, and any other protective measures for themselves and other children
- (229) Staff must inform the nominated supervisor as soon as is practicable

A safe environment for children

- (230) Our physical, digital and online environments must promote safety while minimising the opportunity for children to be harmed (Child Safe Standards/National Principles for Child Safe Organisations)
- (231) The approved provider and nominated supervisor must take every reasonable precaution to protect children from harm and from any hazard likely to cause injury (*National Law* s 167), and ensure that all children are being adequately supervised at all times (*National Law* s 165)
- (232) We must have plans to effectively manage illness, injury, incidents and emergencies. These plans must be developed in consultation with relevant authorities, be promoted, practiced and implemented (National Quality Standards 2.1.2 and 2.2.2)
- (233) We must discharge our duty of care to children at our service in line with work health and safety laws and best practice guidelines
- (234) We must ensure our premises and all equipment and furniture we use are safe, clean and good repair (*National Regulations* s 103) and that fencing, laundry, toilet and hygiene facilities meet all safety requirements so as not to pose a risk to children (*National Regulations* ss 104, 106, 107, 109)
- (235) We will ensure that staff have the training, resources, knowledge and practical experience (e.g., through rehearsals, drills, hands-on training exercises) to prevent and effectively respond to any incidents, injuries, trauma or illnesses of children in our care, including for first aid, infection control and emergency procedures
- (236) We must maintain trained first aid staff, suitably equipped and accessible first aid kits, emergency contact systems, and required emergency signage as set out in our [First Aid Policy](#), in line with the *National Regulations* and work health and safety laws

Risk assessments

- (237) We must conduct, and keep a record of, regular risk assessments, audits and routine safety checks to identify and control the hazards/risks to children, in line with our obligations under the National Quality Framework and other relevant laws - including for work health and safety and child safety/protection
- (238) If a serious incident occurs, or a pattern of minor incidents occur (e.g., repeated trips or bumps), the approved provider will promptly investigate the cause, review relevant risk assessments and implement appropriate control measures
- (239) We will conduct additional risk assessments as soon as practicable if we become aware of any circumstances that may affect the safety, health or wellbeing of children
- (240) The approved provider must ensure that staff can access and use risk assessments
- (241) We have specific legal obligations for some risk assessments at our service (e.g., for excursions, transport, sleep and rest, evacuations, first aid etc). These are set out in the relevant policy for those areas (see - related documents)

Authorisations, and enrolment, health and medication records

- (242) The approved provider must ensure that an enrolment record is kept for each child with all the required information (*National Regulations* ss 92, 160, 161, 162) for staff to use to prevent and respond effectively to incidents, injuries, trauma and illness
- (243) The record must include contact details for the child's parents, authorised nominees, emergency contacts; details of any parenting orders in place; written authorisations for medical treatment; health and dietary information; any medical and risk management plans in place; and medication records if we administer medication
- (244) For details on authorisations, enrolment records, and medication records refer to our Authorisations Policy, Enrolment Policy and Administration of Medication Policy

Standard actions for incident notifications and records

- (245) If there is an incident, injury, trauma or illness involving a child while they are in our care, we must:
 - Notify the child's parent as soon as practicable (and within 24 hours) (*National Regulations* s 86)
 - If the child is injured or ill, ask the parent or authorised nominee to collect the child as soon as possible and within 1 hour. If the child is seriously ill or injured, call an ambulance and arrange to meet the parent at the hospital

- Complete an incident, injury, trauma and illness record as soon as practicable (and within 24 hours) (*National Regulations s 87*)
- Make a record in our incident, injury, trauma and illness register
- Notify the regulatory authority (*National Law s 174*) via the [NQA IT System](#) as soon as practicable and within the set timeframe, if any of the following occurs:
 - a ‘serious incident’ at the service (within 24 hours)
 - the service receives a complaint alleging that:
 - a serious incident has occurred while a child is being educated or cared for by the service (within 24 hours), or
 - that the National Law or National Regulations have been contravened (within 24 hours)
 - an incident or allegations of physical and/or sexual abuse has occurred or is occurring at the service (within 24 hours)
 - any circumstances at the service that pose a risk to the health, safety or wellbeing of a child (within 7 days)
 - an incident that requires the provider to close, or reduce the number of children attending, the service for a period (within 24 hours)
 - if an additional child, or children, attend the service in an emergency (within 24 hours)
- Make other required notifications, where applicable, including to the police, child protection authorities, work health and safety regulator, and our insurance provider
- Keep records on the child’s enrolment record and store securely for the required time

(246) Where serious incident may need to be investigated by police or work health and safety authority, staff must follow their instructions. We may need to leave the area where the incident has occurred undisturbed and preserve all relevant evidence (including any CCTV footage)

Incident, injury, trauma and illness record

- (247) The approved provider must ensure that an incident, injury, trauma and illness record is kept for any incidents, injuries, illness or traumas involving a child while they are in our care (*National Regulations s 87*)
- (248) The record must include details of the incident, injury, illness or trauma including:

- The name and age of the child
 - The circumstances leading to the incident, injury, or trauma - or the relevant circumstances surrounding the child becoming ill and any apparent symptoms
 - The time and date of the incident, injury or trauma occurred, or the apparent onset of the illness
 - Any medication administered or first aid provided
 - Any medical personnel contacted
 - The name of the person who we notified or attempted to notify of the situation (e.g., parent or emergency contact name), and the time and date of the notifications or attempted notifications
 - The name and signature of the person completing the record, and the time and date the entry was made
- (249) The incident, injury, trauma and illness record must be completed as soon as practicable and within 24 hours (*National Regulations* s 87(4))
- (250) Our incident, injury, trauma and illness record form is located in the Office /Staff Roo
- (251) Staff will also make a record in our incident, injury, trauma and illness register, which is located the staff room./office

Storage of records

- (252) Records of an incident, illness, injury or trauma involving a child - whether it occurred while the child was in our care or as a result of an incident that happened during that time - must be kept until the child turns 25 years (*National Regulations* s 183), or 45 years or longer if it relates to child abuse
- (253) Records that relate to the death of a child while in our care - or that may have occurred as a result of an incident while they were in our care - until the end of 7 years after the death (*National Regulations* s 183)
- (254) Medication records must be kept until the end of 3 years after the child's last attendance (*National Regulations* ss 92, 183)
- (255) Personal information about a child must be stored securely and according to our [Privacy and Confidentiality Policy](#)

Relevant procedures

- (256) The following procedures support staff to respond effectively to incidents, injuries, trauma and illness, and must be followed as applicable:

PROCEDURE / PLAN	CORRESPONDING POLICY
ADMINISTRATION OF MEDICATION PROCEDURE	Administration of Medication Policy
CHILD REMOVED WITHOUT AUTHORISATION PROCEDURE	Incident, Injury, Trauma and Illness Policy
DEATH OF A CHILD IN OUR CARE PROCEDURE	Incident, Injury, Trauma and Illness Policy
EMERGENCY MANAGEMENT AND EVACUATIONS PROCEDURES	Emergency Management and Evacuation Policy
EMERGENCY MANAGEMENT PLAN	Emergency Management and Evacuation Policy
FIRST AID PROCEDURE	First Aid Policy
HELPING CHILDREN THROUGH DIFFICULT TIMES (FOR PSYCHOLOGICAL TRAUMA) PROCEDURE	Positive Relationships for Children Policy
INFECTION CONTROL PROCEDURES AND EXCLUSION PERIODS	Dealing with Infectious Diseases Policy Health, Hygiene and Cleaning Policy
LOCKDOWN PROCEDURE	Emergency Management and Evacuation Policy, Lock Down Policy
MANAGING AN UNWELL CHILD PROCEDURE	Incident, Injury, Trauma and Illness Policy
MANAGING MEDICAL CONDITIONS, INCLUDING ASTHMA, ALLERGIES, ANAPHYLAXIS, DIABETES PROCEDURES	Medical Conditions Policy
MEDICAL EMERGENCIES PROCEDURE	Incident, Injury, Trauma and Illness Policy
MEDICAL MANAGEMENT, MEDICAL RISK MANAGEMENT AND COMMUNICATION PLANS IN PLACE FOR INDIVIDUAL CHILD	Medical Conditions Policy
MISSING CHILD PROCEDURE	Incident, Injury, Trauma and Illness Policy
OTHER RELEVANT PROCEDURES	Governance and Management Policy, see Appendix B - Management system cross reference table

Illness

(257) Staff will not take a child into our care if they know or reasonably believe that the child:

- Has an infectious disease and needs to be excluded
- Is unwell and unable to participate in our program of activities or requires unplanned additional attention
- Has had a fever (temperature >38°C) and/or has been vomiting in the past 24 hours
- Has had diarrhoea in the past 24-48 hours, depending on the cause (refer to exclusion table in our [Dealing with Infectious Diseases Policy](#) for further guidance)

- Has been administered medication in the past **24 hours** to treat the symptoms of what might be an infectious disease (e.g., Panadol to treat a fever)
- (258) If a child becomes unwell while they are in our care, staff must:
- Follow our managing an unwell child procedure and any other relevant procedure
 - Follow the standard actions for incident notifications and records
- (259) If an infant under 3 months old or an immunocompromised child of any age becomes unwell or develops a fever (temperature >38°C) while they are in our care, staff will notify the parent or emergency contact as a matter of urgency and treat the matter as a potential medical emergency (the infant or child will need to go to the nearest hospital emergency department as soon as possible)
- (260) Serious illnesses that occur while the child is in our care for which the child attended, or should reasonably have attended, a hospital (e.g., severe asthma attack, seizure, anaphylaxis attack) are considered a ‘serious incident’ (*National Regulations s 12*)

Injuries and traumas

- (261) If a child suffers an injury or trauma while they are in our care, staff must:
- Follow our first aid procedure and any other relevant procedure
 - Follow the standard actions for incident notifications and records, and ask parents to collect the child if needed
- (262) Staff must continue to observe and monitor the child, even if the injury at first appears minor
- (263) Serious injuries or traumas that require urgent medical attention from a registered medical practitioner or for which the child goes (or should go) to hospital for treatment, are considered a ‘serious incident’ (*National Regulations s 12*)

Death of a child

- (264) In the tragic event that a child dies while in our care, staff must:
- Commence CPR and call 000 immediately
 - Follow our death of a child in our care procedure and other relevant procedures
 - Follow the standard actions for incident notifications and records, including notifying all the relevant authorities
- (265) Although staff must notify the parents urgently, they should allow medical staff to deliver the news of the child’s death

- (266) The approved provider will ensure that all children, families and staff receive ongoing support and have access to mental health resources and services
- (267) The death of a child while they are in our care is considered a 'serious incident' (*National Regulations* s 12)

Managing emergencies

- (268) If an emergency occurs at our service (e.g., fire, flood, lockdown, bushfire, bomb threat), staff must:
- Follow our emergency management and evacuation plans and procedures, and other relevant procedures
 - Follow the standard actions for incident notifications and records
- (269) Any emergency for which emergency services attended is considered a 'serious incident' (*National Regulations* s 12)

Medical emergencies

- (270) If a child experiences a medical emergency while in our care, staff must:
- Call 000 if necessary
 - Follow our first aid procedure, medical emergency procedure, and any other relevant procedure
 - Follow the standard actions for incident notifications and records
- (271) If a child in our care experiences an anaphylaxis or asthma emergency, staff are permitted by law to administer appropriate medication to the child without prior parental authorisation
- (272) In this situation, the approved provider or nominated supervisor must ensure that the parent of the child and emergency services are notified as soon as practicable (*National Regulations* s 94)
- (273) If any child requires urgent medical attention from a registered medical practitioner, attends (or should attend) hospital, or emergency services attend our service, it is considered a 'serious incident' (*National Regulations* s 12)

Missing or unaccounted for children

- (274) Staff must follow our active supervision practices to prevent children from going missing
- (275) If a child is missing or unaccounted, staff must:
- Follow our missing child procedure and any other relevant procedure

- Call 000 if the child is not found within 5 minutes of searching
- Follow the standard actions for incident notifications and records

(276) Any circumstance where a child appears to be missing or cannot be accounted is considered a ‘serious incident’ (*National Regulations* s 12)

Unauthorised removal of a child from our care

(277) Staff must follow relevant policies and procedures (including Authorisations Policy, Family Law Policy and Delivery and Collection of Children Policy) to prevent a child being removed by an unauthorised person

(278) If a child is removed or someone attempts to remove them without authorisation, staff must:

- Follow our child removed without authorisation procedure and any other relevant procedure
- Follow the standard actions for incident notifications and records

(279) Any circumstance where a child appears to have been taken or removed from our service in a manner that contravenes the *National Regulations* is considered a ‘serious incident’

Child mistakenly locked in or out

(280) Staff must follow our active supervision practices, checklists and lock up procedures to prevent a child from being mistakenly locked in or out of our premises or any part of our premises (e.g., sheds, storerooms, cupboards, on buses)

(281) If a child is mistakenly locked in or out, staff must:

- Follow our child mistakenly locked in or out procedure and any other relevant procedure
- Follow the standard actions for incident notifications and records

(282) Any circumstance where a child is mistakenly locked in or out of our premises or any part of our premises is considered a ‘serious incident’

Physical abuse or sexual abuse of a child

(283) Staff must follow our child safe and child protection policies and procedures, and active supervision practices, to prevent a child from being physically or sexually abused while they are in our care

(284) If there is an incident, concern or an allegation of physical or sexual abuse, staff must:

- Follow our [child protection procedures](#), which cover how to respond, report and support

(285) We must notify the regulatory authority the [NQA IT System](#) within 24 hours of:

- Any incident where the approved provider reasonably believes that physical or sexual abuse has occurred or is occurring while the child is in our care, and
- Any allegation that a child has or is being physically or sexually abused while in our care

Circumstances that pose a risk to the health, safety or wellbeing of a child

(286) Staff must follow relevant policies and procedures to ensure they identify, report and respond to any risks to a child, including near misses

(287) We must notify the regulatory authority via the [NQA IT System](#) within 7 days of any circumstance that poses a risk to the health, safety or wellbeing of a child or children while they are in our care

(288) Government guidelines offer the following examples of circumstances that pose a risk:

- Where service premises are in such a state of disrepair or neglect that it would pose a risk to children if they were attending the service
- Where service premises have been damaged by flood or other natural disaster such that the health, safety or wellbeing of children is at risk

Incidents that require us to close or reduce numbers of children attending

(289) If we need to close, or reduce the number of children attending our service, we must notify the regulatory authority via the [NQA IT System](#) within 24 hours (e.g., due to a localised issue or emergency specific to our service, bushfire, cyclone, public health emergency)

(290) We do not need to notify the regulatory authority if the closure or reduced attendance is due to a lack of staff

Additional children attending in an emergency or exceptional situation

(291) If an additional child or children attend our service during an emergency or because of another exceptional reason, we must notify the regulatory authority via the [NQA IT System](#) within 24 hours

- (292) We may only care the additional child or children for up to 2 days and we must be reasonably satisfied that doing so will not affect the health, safety or wellbeing of all the children in our care
- (293) Examples of an emergency include when the child is in need of protection under a child protection order, or the parent needs urgent health care that prevents them from caring for the child

PRINCIPLES

- (294) The safety and wellbeing of children in our care is our number one priority, so we take every reasonable measure to prevent incidents, injuries, trauma, the spread of infectious diseases and avoidable illnesses
- (295) We maintain high levels of supervision and ratios are met at all times
- (296) Families are informed about any incidents, injuries, traumas or illnesses involving their child as soon as possible and staff keep accurate records
- (297) Our policies, procedures and plans regularly reviewed to ensure they continue to be based on the latest guidelines and recommendations from health and safety authorities, and that our practices comply with the relevant laws, regulations and standards
- (298) We communicate with staff, families, children and government authorities to manage and mitigate risks, ensuring that everyone is informed and contributing to a safe environment
- (299) Staff are trained and resourced to be able to deal with incidents, injuries, trauma and illnesses, including emergency situations
- (300) Children are helped to take increasing responsibility for their health and physical wellbeing. Infection control awareness, protective practices and assessing risks are included in our education programming and planning
- (301) We regularly review and update our policies and procedures to make sure they still reflect current best practices and address emerging health risks

POLICY COMMUNICATION, TRAINING AND MONITORING

- (302) This policy and related documents can be found in Office and on all our digital devices.
- (303) The approved provider and nominated supervisor provide information, training and other resources and support regarding the Incident, Injury, Trauma and Illness Policy and related documents
- (304) All staff (including volunteers and students) are formally inducted. They are given access to review, understand and formally acknowledge this Incident, Injury, Trauma and Illness Policy and related documents

- (305) The nominated supervisor runs a professional development program for each staff member, which covers this policy
- (306) Roles and responsibilities are clearly defined in this policy and in individual position descriptions. They are communicated during staff inductions and in ongoing training
- (307) The approved provider and nominated supervisor monitor and audit staff practices and address non-compliance. Breaches of this policy are taken seriously and may result in disciplinary action against a staff member
- (308) At enrolment, families are given access to our Incident, Injury, Trauma and Illness Policy and related documents
- (309) Families are notified in line with our obligations under the *National Regulations* when changes are made to our policies and procedures

LEGISLATION (OVERVIEW)

Education and Care Services National Law and Regulations

Law	Description
s 165	Offence to inadequately supervise children
s 167	Offence relating to protection of children from harm and hazards
s 174	Offence to fail to notify certain information to Regulatory Authority
Regulations	
ss 85 - 89	Incidents, injury, trauma and illness
ss 90 - 91	Medical conditions policy
ss 92 - 96	Administration of medication
ss 97 - 98	Emergencies and communication
ss 99 - 102	Collection of children from premises and excursions
ss 103 - 110	Physical environment – Centre-based services and family day care services
ss 111 – 115	Physical environment - Additional requirements for centre-based services
s 123	Educator to child ratios – centre-based services
s 136	First aid qualifications
s 160	Child enrolment records to be kept by approved provider and family day care educator
s 161	Authorisations to be kept in enrolment record
s 162	Health information to be kept in enrolment record
s 168	Education and care services must have policies and procedures

s 170	Policies and procedures to be followed
s 171	Policies and procedures to be kept available
s 172	Notification of change to policies or procedures
s 175	Prescribed information to be notified to Regulatory Authority
s 176	Time to notify certain information to the Regulatory Authority
s 177	Prescribed enrolment and other documents to be kept by the approved provider
ss 181 ,183 - 184	Confidentiality and storage of records

Other applicable laws and regulations

Name	Description
<i>Work health and safety legislation</i>	Describes the primary duty of care to people in the workplace
<i>Privacy Act 1988</i>	Principal act governing the handling of personal information
<i>Child safety and child protection legislation</i>	Covers child safe standards/principles, reporting obligations, preventing harm or risk of harm to children
<i>Family law legislation</i>	Covers court orders, parental orders

National Quality Standard

Standard / Element	Concept	Description
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented
2.2	Safety	Each child is protected
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazards
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented
2.2.3	Child Protection	Management, educators and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect
3.1	Design	The design of the facilities is appropriate for the operation of a service
3.1.2	Upkeep	Premises, furniture and equipment are safe, clean and well maintained
7.1.2	Management systems	Systems are in place to manage risk and enable the effective management and operation of a quality service that is child safe

Early Years Learning Framework (EYLF) V2.0

Outcome	Key component
3: CHILDREN HAVE A STRONG SENSE OF WELLBEING	• Children become strong in their social, emotional and mental wellbeing • Children become strong in their physical learning and wellbeing • Children are aware of and develop strategies to support their own mental and physical health and personal safety

National Principles for Child Safe Organisations

Most relevant principles

Families and communities are informed and involved in promoting child safety and wellbeing

Processes to respond to complaints and concerns are child focused

Staff and volunteers are equipped with the knowledge, skills and awareness to keep children and young people safe through ongoing education and training

Physical and online environments promote safety and wellbeing while minimising the opportunity for children and young people to be harmed

RELATED DOCUMENTS

Key Policies	Child Safe Environment Policy Child Protection Policy Child Safe Risk Management Plan First Aid Policy Cleaning, Health and Hygiene Policy Physical Environment Policy Work Health and Safety Policy Enrolment Policy Food Safety Policy Medical Conditions Policy Governance and Management Policy Dealing with Infectious Diseases Policy Staffing Arrangements Policy Excursions Policy Transport Policy First Aid Policy Safe Arrival of Children Policy Sleep and Rest Policy Emergency Management and Evacuations Policy Immunisation Policy Administration of Medication Policy Authorisations Policy
Procedures	Roles and Responsibilities – Incident, Injury, Trauma and Illness (attached) Standard actions for incident notifications and records (attached) Medical Emergencies Procedure (attached) Managing an Unwell Child Policy (attached) Missing Child Procedure (attached) Death of a Child in our Care Procedure (attached) Child Removed Without Authorisation Procedure (attached) see other relevant procedures table in policy statement section above
Resources	Incident, Injury, Trauma and Illness record template (attached) Quick Guide to the Incident, Injury, Trauma and Illness Policy (attached)

SOURCES

Education and Care Services National Law and Regulations | National Quality Standard | Staying Healthy 6th edition NHMRC | Work Health and Safety laws | Public health laws | Child Safety laws and principles | St John Ambulance and Australian Red Cross resources | ACECQA Information Sheets including, minimising the risk of children being mistakenly locked in or out of service premises, managing and responding to injury, trauma and illness incidents, | Red Nose Australia | Kidsafe Australia | ACECQA Incident, Injury, Trauma and Illness Policy and Procedure Guidelines |

Quick reference: illness in children | incidents | injuries | trauma | serious incidents | public health regulations | head injuries | NQA IT System notifications | duty of care | risk management | first aid | incident, injury, trauma and illness record | record keeping | privacy and confidentiality | emergency response | non-serious incidents | building incident | medical emergencies | ambulance procedure | authorisations | hazard | harm | medication | child protection reporting | death of a child | serious injuries | broken bones | missing child | anaphylaxis | asthma attack | seizure | unauthorised removal of a child | managing unwell children

POLICY INFORMATION

Approval date	1 January 2026
Effective date	1 January 2026
Review date	1 January 2027
Approved by	Dr Jay Mukhraya

APPENDIX A

ROLES AND RESPONSIBILITIES – Incident, injury, trauma and illness

Approved provider responsibilities (not limited to)

Ensure our service meets its obligations under the *Education and Care Services National Law and Regulations*, including to take every reasonable precaution to protect children from harm and hazards likely to cause injury and to ensure that children are adequately supervised at all times they are in our care

Ensure that our service's governance, management, operations, policies, plans, (including risk management/action plans), systems, practices and procedures for incidents, injuries, trauma and illness are appropriate in practice, up-to-date, best practice, and comply with all relevant legislation, standards and guidelines

Ensure this Incident, Injury, Trauma and Illness Policy and related procedures are in place and available for inspection

Take reasonable steps to ensure our Incident, Injury, Trauma and Illness Policy and related procedures are followed (e.g. through clear and accessible communication, and systemised inductions, training and monitoring of all staff – including volunteers, students)

Ensure that our premises, furniture and equipment are safe, clean and well-maintained, and that staff are following our procedures for cleaning, health and hygiene

Investigate the cause of any incident, injury, trauma and illness and act to remove the cause if appropriate

Ensure risk assessments are conducted to identify and assess any risks to the safety, health or well-being of children, in accordance with regulations and our policies and procedures. Risk assessments must specify how the risks will be managed and minimised. They must be communicated to staff, recorded and available for inspection

Ensure a record of an incident, injury, trauma or illness is made, including the prescribed information, as soon as possible, and within 24 hours

Ensure that a parent of the child is notified as soon as is practicable, but no later than 24 hours after the incident, injury, trauma or illness

Ensure that we notify the regulatory authority and other relevant authorities as required, within the prescribed period of time

Ensure an enrolment record for each child is kept in accordance with regulations, including all the prescribed information including an authorisation by a parent or person named in the record for

our service to seek medical treatment for the child from a registered medical practitioner, hospital or ambulance service and, if required, transportation by an ambulance service

Ensure all incident, injury, trauma and illness records are confidentially stored until the child is 25 years old. Records relating to child abuse should be stored for at least 45 years

Regularly review this Incident, Injury, Trauma and Illness Policy and related procedures in consultation with children, families, communities and staff

Notify families at least 14 days before changing this Incident, Injury, Trauma and Illness Policy if the changes will: affect the fees charged or the way they are collected; or significantly impact the service's education and care of children; or significantly impact the family's ability to utilise the service

Nominated supervisor / persons in day-to-day charge responsibilities (not limited to)

Ensure our service meets its obligations under the *Education and Care Services National Law and Regulations*, including to take every reasonable precaution to protect children from harm and hazards likely to cause injury and to ensure that children are adequately supervised at all times they are in our care

Support the approved provider to ensure that our service's management, operations, policies, plans, (including risk management/action plans), systems, practices and procedures for incidents, injuries, trauma and illness are appropriate in practice, up-to-date, best practice, and comply with all relevant legislation, standards and guidelines

Implement this Incident, Injury, Trauma and Illness Policy and related procedures

Take reasonable steps to ensure our Incident, Injury, Trauma and Illness Policy and related procedures are followed (e.g. through clear and accessible communication, and systemised inductions, training and monitoring of all staff – including volunteers, students)

Support the approved provider to ensure that our premises, furniture and equipment are safe, clean and well-maintained, and that staff are following our procedures for cleaning, health and hygiene

Support the approved provider to investigate the cause of any incident, injury, trauma and illness and act to remove the cause it appropriate

Support the approved provider to ensure risk assessments are conducted to identify and assess any risks to the safety, health or well-being of children, in accordance with regulations and our policies and procedures. Risk assessments must specify how the risks will be managed and minimised. They must be communicated to staff, recorded and available for inspection

Support the approved provider to ensure a record of an incident, injury, trauma or illness is made, including the prescribed information, as soon as possible, and within 24 hours

Ensure that a parent of the child is notified as soon as is practicable, but no later than 24 hours after the incident, injury, trauma or illness

Notify the approved provider of any serious incidents as a matter of urgency. Support the approved provider to ensure that we notify the regulatory authority and other relevant authorities as required, within the prescribed period of time

Support the approved provider to ensure an enrolment record for each child is kept in accordance with regulations, including all the prescribed information including an authorisation by a parent or person named in the record for our service to seek medical treatment for the child from a registered medical practitioner, hospital or ambulance service and, if required, transportation by an ambulance service

Send out regular reminders to families to keep their child's medical and emergency contact details up-to-date

Support the approved provider to ensure all incident, injury, trauma and illness records are confidentially stored until the child is 25 years old. Records relating to child abuse should be stored for at least 45 years

Contribute to policies and procedure reviews and risk assessments and plans in consultation with children, families, communities and staff. Support the approved provider to notify families of reviews and changes according to legislation and our policies and procedures

Educator / other staff responsibilities (not limited to)

Follow this [Incident, Injury, Trauma and Illness Policy](#) and related procedures, including for cleaning and hygiene, safety checks, first aid, administration of medication, managing sick children, exclusion recommendations and periods, and emergency responses

If there is an incident, injury, trauma or illness involving a child:

- Follow the relevant procedure (e.g., first aid, managing an unwell child, child protection)
 - Notify the child's parent/authorised emergency contact and the nominated supervisor immediately
 - Complete an incident, injury, trauma and illness record as soon as practicable (and within 24 hours)
 - Where relevant (e.g., a child is injured or ill, but does not need urgent medical attention), ask parent/authorised emergency contact to collect their child as soon as possible and within 1 hour.
-

Notify the nominated supervisor or approved provider as a matter of urgency of any serious incidents, including incidents or allegations of physical or sexual abuse of a child

Be aware of and use the risk assessment to eliminate/minimise risks and ensure the safety, health or well-being of children. Report any concerns or new/changed risks to the nominated supervisor (via your room leader / supervisor as appropriate)

Keep your training, skills and knowledge for child safety and wellbeing (including, where relevant, first aid, medication administration, child protection, food safety, safe sleep, emergency and evacuation procedures) up to date

Contribute to policy and procedure reviews and risk assessments and plans

Families responsibilities (not limited to)

If your child is unwell, notify our service and do not bring your child in until they are well. Follow our rules about exclusion and keep your child away for the minimum period of exclusion

Collect your child – or have an authorised emergency contact collect your child - as soon as possible and within 1 hour if they become ill or injured while at our service

Notify our service if medication has been administered to your child in the past **48 hours** to treat symptoms of a suspected or diagnosed infectious disease; and of the cause of the symptoms, if known. This should be communicated the first time the child attends the service after the medication has been administered

Provide authorisations in your child's enrolment form for our service to seek medical treatment for the child from a registered medical practitioner, hospital or ambulance service and, if required, transportation by an ambulance service

Provide our service with the following written advice in the enrolment form:

- Any specific health care needs of the child, including any medical conditions and allergies and any medical management plans that need to be followed
 - Up-to-date emergency contact list
-

Notify our service:

- Of any infectious disease or illness that has been identified while the child has been absent from the service that may impact the health and well-being of other children or adults at the service
 - If there has been a change in the condition of the child's health or of recent accidents or incidents that may impact the child's care
 - Of any changes to medical management plans
 - Of changes to emergency contact list
 - When the child is ill and will be absent from the service
-

Be contactable and collect the child as soon as possible from the service when notified of an incident, illness, trauma or injury to the child

APPENDIX B

PROCEDURE – Standard actions for incident notifications and records

When to use this procedure

- When an incident, injury, trauma or illness involving a child while they are in our care or those that occur as a result of a circumstances arising while the child is in our care
- The approved provider is ultimately responsible for ensuring all required notifications are made and the required records are kept
- This procedure may be carried out by educators, other staff, nominated supervisor or the approved provider, depending on the nature of the incident, injury, trauma or illness
- Serious incidents must always be managed by the approved provider in consultation with the nominated supervisor and relevant staff

Critical information

- Identify, assess and immediately respond to any incidents, injuries, trauma or illnesses involving children
- If a child is in immediate danger, call 000 and implement relevant emergency procedures (e.g., first aid, emergency management or evacuation, child protection emergency)
- Remove or control any immediate hazards, and take any other protective measures for yourself and others (if safe to do so)
- Inform the nominated supervisor as soon as is practicable

Notifications and records of incident, injury, trauma or illness involving a child

- Notify the child's parent as soon as practicable (and within 24 hours)
- If the child is injured or ill, ask the parent or an authorised nominee to collect the child as soon as possible and within 1 hour. If the child is seriously ill or injured, call an ambulance and arrange to parent at the hospital.
- Complete an incident, injury, trauma and illness record as soon as practicable (and within 24 hours)
- Notify the regulatory authority via the [NQA IT System](#) as soon as practicable as follows:
 - Within 24 hours of a 'serious incident' occurring (or, if our service only becomes aware that the incident was serious afterwards, notify the regulatory authority within 24 hours of becoming aware that the incident was serious)
 - Within 24 hours of any complaints alleging that a serious incident has occurred or is occurring while a child was or is at the service

- Within 24 hours of any complaints that the *National Law or Regulations* have been breached
- Within 24 hours of any incident, complaint or allegation that physical or sexual abuse of a child has occurred or is occurring while the child is at the service
- Within 24 hours of any incidents that require the service to close or reduce attendance
- Within 24 hours of any children being educated and cared for in an emergency, including where there is a child protection order or the parent needs urgent health care. Note:
 - Emergency care can be no longer than two consecutive days of operation
 - The approved provider or nominated supervisor will consider the safety, health and wellbeing of all children at the service before accepting the additional child/children, and will advise the regulatory authority about the emergency
- Within 7 days of any circumstances arising at the service that pose a risk to the health, safety and wellbeing of a child
- Make other required notifications, where applicable, including to the police, child protection authorities, work health and safety regulator, and our insurance provider
- Record in the incident, injury, trauma and illness register
- Keep records on the child's enrolment record and store securely until the child is 25 years old, or 45 years (or longer) if it relates to child abuse
- Where a serious incident may need to be investigated by police or work health and safety authority, follow their instructions. We may need to leave the area where the incident has occurred undisturbed and preserve all relevant evidence (including any CCTV footage)

APPENDIX C

PROCEDURE – Medical emergencies

When to use this procedure

- If a child is experiencing a serious medical condition or emergency that requires an urgent response
- May include: unexpected seizures, anaphylaxis, asthma attacks, severe allergic reactions, breathing difficulties, loss of consciousness, head injuries, suspected spinal injuries, severe bleeding, choking, suspected heart attack, fevers in infants under 3 months, fevers in children who are immunocompromised, diabetic hypos or hypers

1. Identify and respond immediately

1. Stay calm and assess the situation
2. If the child is in immediate danger or a life-threatening condition, call 000 and follow emergency instructions
3. Provide immediate first aid as appropriate, following your training, our first aid procedure and any relevant medical management plans in place for the child
4. Use prescribed or general use emergency medication if necessary (e.g., EpiPens, Ventolin)
5. Ensure other children and adults are safe – remove them or hazards from the area if necessary and safe to do so

2. Call emergency services (000)

- Stay calm and call 000 from a safe place
- When your call is answered you will be asked if you need Police, Fire or Ambulance
- If requested by the operator, state the town and location
- Your call will be directed to the service you asked for
- When connected to the emergency service, stay on the line, speak clearly and answer the questions
- Don't hang up until the operator tells you to do so
- Provide clear location information
 - You will be asked where you are
 - Try to provide street number, street name, nearest cross street and the area
 - In rural areas give the full address and distances from landmarks and roads as well as the property name
 - If calling from a mobile or satellite phone, the operator may ask you for other location information

- If you make a call while travelling, state the direction you are travelling and the last motorway exit or town you passed
- Follow instructions from the operator
- 6. The operator may ask you to wait at a pre-arranged meeting point to assist emergency services to locate the incident
- 7. Staff with a speech or hearing impairment can use the 106 text based service
- 8. If you can't speak English you can call 000 from a fixed line and ask for 'Police', 'Fire', or 'Ambulance'. Once connected you need to stay on the line and a translator will be organised
- 3. Continue to monitor and support the child
 - Monitor condition, breathing, consciousness and comfort
 - Do not leave the child alone
 - Provide reassurance to the child and/or other children who are present
- 4. Notify the nominated supervisor or responsible person immediately
- 5. Call the parents urgently. Tell them to meet the child at the hospital and where the hospital is located
- 6. If possible, a staff member who knows the child should accompany the child in the ambulance
- 7. Take any medical management plans and enrolment details to the hospital
- 8. Complete an incident, injury, trauma and illness record as soon as practicable (and within 24 hours). Retain the record until the child is aged 25
- 9. Record in the incident, injury, trauma and illness register
- 10. Complete a medication record if we administer medication to the child
- 11. Notify the regulatory authority via the [NQA IT System](#), if required – note: if the child requires emergency medical attention or is taken to hospital, we must notify within 24 hours
- 12. Notify our work health and safety authority and insurance agency, if required
- 13. Offer counselling to children, families and staff if necessary, and implement practices for support for trauma or stress
- 14. Review the situation and relevant documents, including relevant risk assessments, QIP/SAT, policies and procedures and individual medical risk management plans, communication plans
- 15. Restock and audit first aid kits, and emergency equipment and medication

APPENDIX D

PROCEDURE – Managing an unwell child

When to use this procedure

- When a child comes to the service with symptoms of an infectious disease or other illness
- When a child develops symptoms of an infectious disease or an illness while they are in our care

Staff should follow our first aid procedure if a child is injured

Identifying illness

1. Watch for symptoms of infectious diseases or other illnesses in children, and notice behaviour changes that might indicate illness. Common indicators include:
 - Temperature over 38°C
 - Coughing
 - Runny or stuffy nose
 - Nausea, vomiting or diarrhea
 - Tired or less active
 - Eating or drinking less than normal
 - Unexplained crying or fussiness
 - New or unexplained skin rashes
 - Sore throat, often accompanied by swollen glands
 - Complaints of pain in areas like the stomach, ears, or head

Respond to medical emergencies

1. Call an ambulance (000) immediately and administer first aid according to our procedures if a child has any of the following serious symptoms:
 - **Breathing difficulty:** the child may breathe rapidly or noisily, or they may look pale or bluish around the mouth. They might struggle with each breath, showing signs like muscles drawing in between the ribs or at the neck
 - **Drowsiness or unresponsiveness:** the child is unusually sleepy, difficult to wake, less alert, or showing reduced eye contact or interest in surroundings
 - **Poor circulation:** The child looks pale, and their hands and feet may feel cold or appear blue
 - **An unexpected convulsion** or a convulsion that lasts for longer than 5 minutes
 - **Any other major concerns** for the child's health or safety

2. Consider calling an ambulance (000) and administer first aid according to our procedures if any of the following concerning symptoms are severe, get rapidly worse and/or if multiple symptoms develop:
 - **Lethargy and decreased activity** - the child prefers to lie down or be held, showing little interest in activities they usually enjoy
 - **Fever** - a temperature above 38.0°C usually signals an infection. Infants under 3 months or a child who is immunocompromised should see a doctor urgently if they have a temperature over 38.0°C. Accurate temperature measurement is crucial – see (see [Taking your child's temperature](#))
 - **Poor feeding** - the child eats and drinks significantly less than normal
 - **Poor urine output** - less frequent toileting or fewer wet nappies than usual
 - **Pain** - look for facial expressions or irritability in non-verbal children
 - **Stiff neck, irritability, or light sensitivity** - these could indicate meningitis
 - **New red or purple rash** - rapidly developing rashes may be serious. Monitor the child to see whether the rash develops rapidly or is combined with other concerning symptoms

Isolate, treat and monitor the child

1. If a child shows signs of illness, separate them from other children until they can be collected and taken home
2. Comfort and supervise the child. Offer them water
3. Provide a disposable sick bag to the child if they feel nauseous or are actively vomiting
4. Track symptoms and watch for worsening, serious or concerning symptoms
5. If required, follow our medical emergency procedure, administer first aid according to our procedures and/or call an ambulance (000)

If a child appears to have a fever:

1. Measure the temperature accurately to confirm the fever (over 38°C). Use the appropriate thermometer for the child's age and follow the manufacturer's instructions
2. Keep them hydrated by offering water, clear fluids, or oral rehydration solutions
3. Dress them lightly in breathable clothes to help regulate body temperature. Do not use warm, thick or heavy blankets
4. Administer paracetamol only if needed AND according to our [Administration of Medication Policy](#) AND only if parent/s have given written authorisation.
5. Monitor their behaviour – check they are comfortable. Not all fevers need immediate treatment but the child should see a doctor if they have other concerning symptoms

(e.g., a stiff neck or light is hurting their eyes, they are vomiting and refusing to drink, have a rash, are more sleepy than usual, have problems breathing or have pain that doesn't get better with pain relief medication)

6. Bathe their face in lukewarm water, if the child is distressed
7. **IMPORTANT:** If an infant under 3 months old or a child of any age who is immunocompromised develops a fever (temperature $>38^{\circ}\text{C}$), notify the parent as a matter of urgency and follow our medical emergency procedures, where required. Fevers in babies this young is serious

If the child has a febrile seizure:

1. Place the child on a soft surface, lying on their side or back
2. Try to watch exactly what happens, so that you can describe it to the doctor and parents later. It can be useful if you are able to record a video of the seizure to show the doctor
3. Time how long the seizure lasts, if possible
4. Do not restrain the child
5. Do not put anything in the child's mouth, including your fingers. The child will not choke or swallow their tongue
6. Do not put a child who is having a seizure in the bath to lower their temperature
7. Call an ambulance immediately if the seizure is unexpected (i.e., it is the child's first seizure), the seizure lasts for more than five minutes, the child does not wake up when the seizure stops or the child looks very sick when the seizure stops
8. Otherwise, contact the parent/emergency contact to arrange for the child to be collected and taken to the GP/hospital as soon as possible

Call parent/emergency contact

1. Call the child's parent/s. If they are unavailable, call the child's emergency contact
2. Ask for the child to be collected by an authorised nominee as quickly as possible **and** within one hour.
3. Discuss the child's symptoms and any actions we have taken in response to the illness
4. Describe the severity of the symptoms, the timing of the symptoms, and information about the child's behaviour. This information helps the parent/authorised nominee know whether to take the child to a doctor (note - babies under 3 months with a fever should see a doctor urgently and fevers can indicate serious illnesses in older children). Give fact sheets, if appropriate
5. Remind the parent/authorised nominee that the person picking up the child must have ID if they are not known to us
6. Use a translation service if required.

Practice good hygiene if you suspect the child has an infectious disease

1. If the child is coughing or sneezing, remind them to cough into their inner elbow or a tissue

2. Wear a mask and gloves, if appropriate
3. Dispose of any used tissues, sick bags, nappies or paper liners in the designated, lined bin to prevent contamination
4. Wash your hands thoroughly after contact with the child or surfaces that may be infected, following our hand hygiene procedure
5. Sanitise items that the child has used according to our hygiene procedures, e.g.,:
 - Beds, cots, bedding, towels, clothing
 - Furniture, equipment
 - Toys, books
 - Dishes, bottles, utensils
6. Clean up any body fluid spills - urine, faeces, mucus, saliva, vomit, blood and breastmilk – according to our body fluids spills procedure (in our [Health, Hygiene and Cleaning Policy](#))
7. Make sure rooms are well ventilated to prevent spread of airborne infectious diseases

Exclude the child from the service (if illness caused by an infectious disease)

1. Follow our exclusion of children and staff procedure (in [Dealing with Infectious Diseases Policy](#))
2. Exclude the child from the service for the recommended/required period of time

Notify other families and other authorities, where applicable

1. If the child has an infectious disease, we may need to notify the department of health in some instances. Follow our infectious disease notification procedure (in our [Dealing with Infectious Diseases Policy](#)).
2. Notify the regulatory authority via the [NQA IT System](#), if required – note: if the child has a serious illnesses that occurs while they are in our care for which the child attended, or should reasonably have attended, a hospital, we must notify within 24 hours.

Create records and store them securely and confidentially

1. Complete an incident, injury, trauma and illness record as soon as practicable and within 24 hours. Keep the record on the child's enrolment and confidentially store until the child is 25 years old (or 45 years or longer if the record relates to abuse)
2. Make medication record, if we administer medication to the child. Retain this record for 3 years after the child's last day at the service
3. Record in the incident, injury, trauma and illness register
4. Keep all other relevant records of notifiable diseases and notifiable incidents, including which staff member made the report and to whom the report was made

APPENDIX E

PROCEDURE – Missing child

When to use this procedure

- If a child seems to be or is missing or unaccounted for while they are in our care, including during excursions, travel or transport

1. Confirm the child is missing and ensure safety of other children
 - Check that all other children are accounted for and adequately supervised
 - Confirm the number of children in attendance
 - Check the sign-out register to ensure the child has not already been collected
 - Confirm the name of the child who is missing
2. Report the above information to the nominated supervisor or responsible person urgently
3. The nominated supervisor or responsible person must call the parent immediately and urgently alert all staff to the situation
4. If it is safe to do so, staff who are not supervising other children must:
 - Close and lock all exit doors and gates
 - Conduct a coordinated and thorough search of the service inside and outside, including in cupboards and storerooms, and in the areas beyond our premises (e.g., on the streets, nearby parks, neighbouring buildings, buses, vehicles)
 - Search immediate area if off-site (e.g., on an excursion, buses, cars)
5. If the child has not been found during the first check of our premises or the immediate area or within 5 minutes (whichever occurs first), staff must contact 000 and follow instructions
6. Complete an incident, injury, trauma and illness record as soon as practicable and within 24 hours. Keep the record on the child's enrolment and confidentially store until the child is 25 years old
7. Record in the incident, injury, trauma and illness register
8. Notify our work health and safety authority and insurance agency, if required
9. Offer counselling to children, families and staff if necessary, and implement practices for support for trauma or stress
10. Review the situation and relevant documents, including relevant risk assessments, QIP/SAT, policies and procedures

APPENDIX F

PROCEDURE – Death of a child while in our care

When to use this procedure

- In the tragic event that a child dies while they are in our care or dies as a result of an incident that occurred in our care

If child died following an event at the service start this procedure at step 5

1. Implement medical emergency procedure, including:
 - Attend to the child and attempt CPR if appropriate
 - Call ambulance immediately on 000 and follow instructions
 - Request police attendance – this is a requirement when a death occurs
 - Do not move the child unless directed by emergency services or to protect other children from harm
 - Immediately remove other children from the area, and keep children calm and adequately supervised
 - Travel in ambulance with the child
 - Wait with the child until their parents arrive
 - Allow medical professionals to deliver news about the child's condition to the parents
2. Notify the nominated supervisor, responsible person or approved provider immediately so they can coordinate the response
3. A senior staff member must notify the child's parents urgently and arrange to meet at the hospital
4. Do not leave voicemails or messages with the child's parents/emergency contacts unless directed to do so by emergency services
5. Cordon off the site where the death occurred (or where the incident that led to the death occurred) and leave it undisturbed pending investigations by the police and work health and safety inspectors. Do not clean the area and preserve all potential evidence, including footage (e.g., CCTV, digital devices)
6. Make required notifications and follow instructions:
 - The police immediately about child's death
 - The regulatory authority within 24 hours of death (or advice of death) via the [IT System](#) – the death of a child is a 'serious incident'

- Work health and safety regulator as soon as possible after the death (or advice of death) - the death of a person is a “notifiable incident” under the work, health and safety legislation
 - Child protection authorities, depending on the circumstances
 - Insurance agency
7. Complete an incident, injury, trauma and illness record as soon as practicable and within 24 hours
 8. Keep the record and all other relevant documents (including notes, instructions and confirmations of notifications) on the child’s enrolment and confidentially store for 7 years after the child’s death
 9. Record in the incident, injury, trauma and illness register
 10. Cooperate fully with investigations by police, regulatory authorities and any other official inquiries
 11. Communicate with children and their families in a respectful and factual manner, upholding the dignity and rights of the child and their family
 12. Offer immediate and ongoing support to staff, children and families, and monitor their wellbeing
 13. Offer counselling to children, families and staff, and implement practices for supporting for trauma or grief
 14. Do not post information about the child’s death on social media or disclose any unauthorised information as this could prejudice investigations
 15. Conduct a thorough internal review of the situation and update relevant documents, including relevant risk assessments, QIP/SAT, policies and procedures

APPENDIX G

PROCEDURE – Child removed without authorisation

When to use this procedure

- If an unauthorised person removes, or tries to remove, a child from our care

‘Unauthorised person’ means someone who is not permitted to remove a child from our care. Children may only leave the service premises:

- If they are given into the care of a parent, an authorised nominee named in the child’s enrolment record, or a person authorised by the parent or authorised nominee
- In accordance with the written authorisation of the child’s parent or authorised nominee
- If they are taken on an excursion or on transportation provided or arranged by the service, with written authorisation from the parent or authorised nominee
- If they are given into the care of a person or taken outside the premises because the child requires medical, hospital or ambulance care or treatment, or because of another emergency

NOTE: ‘parent’ includes a guardian of the child; and a person who has parental responsibility for the child under a decision or order of a court. For the purposes of this procedure, ‘parent’ does not include a parent who is prohibited from having contact with the child.

1. Prevent the removal of the child if possible
 - Stay calm and try to keep others around you calm
 - Do not release the child if the person is not authorised on the child’s enrolment record, or if you can’t verify their identity
 - Tell the person that you are not allowed to release the child by law and that you need to consult with the approved provider or nominated supervisor
 - If it is safe to do so, move the child to a secure location with another staff member
2. Call 000 immediately if the child is taken or anyone is in danger
3. If the situation is critical (e.g., siege, hostage situation, very aggressive behaviour, threat of violence) implement our lock down procedure
4. Explain the situation to emergency services and request immediate police attendance
5. Follow police instructions
6. Notify the nominated supervisor or approved provider immediately so they can coordinate the response
7. Notify the child’s parent urgently

8. Ensure the safety of other children and staff. Reassure children and keep them secure and supervised
9. Preserve any potential evidence for police investigations
10. (e.g., CCTV footage, record descriptions of the person, licence plate, cordon off the site if appropriate)
11. Make required notifications and follow instructions:
 - The police – notify the police even if the person did not successfully remove the child as the attempt may be a criminal offence
 - The regulatory authority within 24 hours via the [NQA IT System](#) – removing or attempting to remove a child without authorisation is a ‘serious incident’
 - Child protection authorities, depending on the circumstances
 - Complete an incident, injury, trauma and illness record as soon as practicable and within 24 hours
12. Keep the record and all other relevant documents (including notes, instructions and confirmations of notifications) on the child’s enrolment and confidentially store until the child is 25 years old
13. Record in the incident, injury, trauma and illness register
14. Cooperate fully with investigations by police, regulatory authorities and any other official inquiries
15. Where appropriate, communicate with children and their families about the situation in a respectful and factual manner, upholding the dignity and rights of the child and their family
16. Conduct a thorough internal review of the situation and update relevant documents, including relevant risk assessments, QIP/SAT, policies and procedures

APPENDIX H

RESOURCE – Incident, injury, trauma and illness record

NOTE: This is downloaded from ACECQA web page. It has an online interactive [PDF template](https://www.acecqa.gov.au/sites/default/files/2021-03/Incident_injury_trauma_and_ilness_record_interactive_final.pdf) that may be to used instead of this template]

[https://www.acecqa.gov.au/sites/default/files/2021-](https://www.acecqa.gov.au/sites/default/files/2021-03/Incident_injury_trauma_and_ilness_record_interactive_final.pdf)

[03/Incident_injury_trauma_and_ilness_record_interactive_final.pdf](https://www.acecqa.gov.au/sites/default/files/2021-03/Incident_injury_trauma_and_ilness_record_interactive_final.pdf)

Incident, injury, trauma and illness record

Details of person completing this record

Name		
Position/role		
Service name		
	Date record was made	Time record was made
		[] am [] pm
Signature		

Child details

Child's full name			
	Date of birth	Age	Gender
			[] Female [] Male

Incident/injury/trauma/illness details

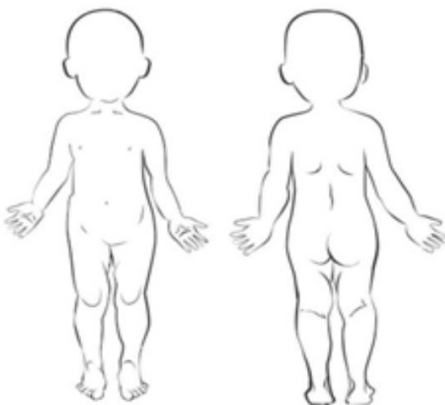
Incident/injury/trauma/illness	Date	Time
		[] am [] pm
Location of service		
Location of incident/injury/trauma/illness		
Name of person who witnessed the incident/injury/trauma/illness		
	Witness signature	Date
Details of incident/injury/trauma/illness		

Circumstances leading to the incident/ injury/trauma/illness, including any apparent symptoms

Circumstances if child appeared to be **missing** or otherwise unaccounted for (incl. duration, who found child, etc.)

Circumstances if child appeared to have been **taken or removed** from service or was **locked in/out** of service (incl. who took the child, duration)

Nature of injury/trauma/illness:

 <i>Indicate the part of the body affected on this diagram</i>	☐ Abrasion / scrape ☐ Allergic reaction (not anaphylaxis) ☐ Amputation ☐ Anaphylaxis ☐ Asthma / respiratory ☐ Bite wound ☐ Bruise ☐ Broken bone / fracture / dislocation ☐ Burn / sunburn ☐ Choking ☐ Concussion ☐ Crush / jam ☐ Cut / open wound ☐ Drowning (non-fatal) ☐ Electric shock ☐ Eye injury	☐ Infectious disease (incl. gastrointestinal) ☐ High temperature ☐ Ingestion / inhalation / insertion ☐ Internal injury / infection ☐ Poisoning ☐ Rash ☐ Respiratory ☐ Seizure / unconscious/ convulsion ☐ Sprain / swelling ☐ Stabbing / piercing ☐ Tooth ☐ Venomous bite / sting ☐ Other (please specify)

Action Taken

Details of action taken (including first aid, administration of medication, etc.)

Did emergency services attend?	Time emergency services contacted	Time emergency services arrived
☐ Yes ☐ No	[] am [] pm	[] am [] pm

Was medical attention sought from a registered practitioner / hospital? ☐ Yes ☐ No

If yes to either of the above, provide details

Have any steps been taken to prevent or minimise this type of incident in the future? If yes, provide details.

Notifications (including attempted notifications)

Parent/guardian/carer

Date

Time

[] am [] pm

Director/educator/
coordinator

Date

Time

[] am [] pm

Other agency
(if applicable)

Date

Time

[] am [] pm

Regulatory authority
(if applicable)

Date

Time

[] am [] pm

Parental acknowledgement:

I,

.....

(name of parent/guardian/carer)

have been notified of my child's [] incident [] injury [] trauma [] illness.
(Please select either incident/injury/trauma/illness)

Signature

Date

Additional notes:

APPENDIX H

RESOURCE – Incident, injury, trauma and illness policy – quick guide

THE FOLLOWING SUMMARY VERSION OF THE INCIDENT, INJURY, TRAUMA AND ILLNESS POLICY IS OPTIONAL TO DISPLAY OR USE AS A HANDOUT FOR STAFF AND FAMILIES.

Immediate response

- Act immediately if a child experiences an incident, injury, trauma, or illness while in our care
- Call **000** and follow our emergency procedures (e.g. first aid, evacuation) if a child is in danger
- Remove or control hazards to protect everyone's safety
- Inform the nominated supervisor as soon as possible
- Follow policies and procedures

Keeping children safe

- Provide safe physical, digital and online environments to prevent harm
- Take all reasonable precautions to protect children and actively supervise them at all times
- Maintain premises, furniture, and equipment so they are safe, clean, and in good repair
- Ensure staff are trained, resourced, and experienced in responding to emergencies and providing first aid
- Carry out regular safety checks, audits, and risk assessments, and review them after incidents or new hazards are identified

Records and notifications

- Notify the child's parent as soon as possible (and within 24 hours) if an incident, injury, trauma, or illness happens
- Complete an Incident, Injury, Trauma and Illness Record within 24 hours
- Notify the regulatory authority within the required timeframes for serious incidents, allegations of abuse, or other risks
- Make any other legally required notifications (e.g. police, child protection, WHS regulator, insurer)
- Store all records securely for the required retention period

Serious incidents reported within 24 hours

- Death of a child
- Urgent medical attention or hospital attendance for injuries, traumas or illness
- Missing or unaccounted for child
- Unauthorised removal of a child
- Child mistakenly locked in or out of the premises
- Allegations of physical or sexual abuse
- Emergencies requiring emergency services

Questions? Speak to the nominated supervisor or approved provider. Our full Incident, Injury, Trauma and Illness Policy is available in Office and on our digital devices.

33 - Lock Up Policy

NQS

QA2	2.2.1	Supervision - At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
	2.2.2	Incident and emergency management - Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.

NATIONAL REGULATIONS

12	Meaning of serious incident
85	Incident, injury, trauma and illness policies and procedures
168(2)(f)	Education and care service must have policies and procedures providing a child safe environment

AIM

We aim to minimise the potential for any incidents to occur at our service as we close up each day by adhering to the following “lock-up” procedures. This will ensure the safety and wellbeing of all children at the service.

RELATED POLICIES

1. Delivery and Collection of Children Policy
2. Incident, Injury, Trauma and Illness Policy

Who is affected by this policy?

1. Children
2. Families
3. Educators
4. Management

IMPLEMENTATION

At the end of our service operations each day, the Responsible Person present at the Service will:

- check all beds and cots to ensure no child is asleep in the bed or cot. Educators will place mattresses sideways in a cot after a child has finished sleeping.
- check the premises outdoors and indoors to ensure that no child remains on the premises after the service closes.
- review the children’s attendance records to ensure all children who were signed in that day have been signed out.

If a child has not been signed out the Responsible Person will:

- if possible, ask educators if the child was collected.

- immediately conduct a search of the premises, indoors and outdoors to locate the unaccounted-for child if educators are unsure whether the child has been collected.
 - contact the child's parents if the child is not located to see if the child was collected without being signed out.
 - contact the police if the child is missing.
 - immediately document a missing child incident using the Incident, Injury, Trauma and Illness Record template published by the national authority ACECQA at www.acecqa.gov.au
 - notify the regulatory authority within 24 hours of the serious incident involving missing child through the online NQA ITS
- Turn off lights and air-conditioning.
 - Shut blinds.
 - Ensure taps and any outdoor sprinklers, hoses etc. are turned off.
 - Turn on alarm.
 - Lock premises.

SOURCES

1. Education and Care Services National Law and Regulations
2. National Quality Standard

POLICY INFORMATION

Approval date	1 January 2026
Effective date	1 January 2026
Review date	The policy will be reviewed annually
Approved by	Dr Jay Mukhraiya >

34 - Lockdown Policy

NQS

QA2	2.2.2	Incident and emergency management - Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.

NATIONAL REGULATIONS

Reg	168(2)(e)	Policies and procedures in relation to emergency and evacuation
	97	Emergency and evacuation procedures
	98	Telephone or other communication equipment

AIM

The Lockdown Policy aims to ensure the safety of all children, educators, families and other visitors to the service in the event of a threat. Also, the service aims to minimise the risk of harm or the exposure to danger to anyone on the premises through the implementation of this procedure.

RELATED POLICIES

1. Death of a Child Policy
2. Bushfire Policy
3. Child Protection Policy
4. Emergency Management and Evacuation Policy
5. Incident, Injury, Trauma and Illness Policy

IMPLEMENTATION

Examples of such critical incidents are:

- Death of a child at the service or on an excursion.
- Children/educators being taken hostage.
- A siege of service property.
- A disaster in the local community.
- Unusual amounts of media attention.
- Aggressive trespassers.

Initial Notification

If an event takes place that requires a "Lock Down", the following should occur:

- The educator who witnesses the event or issue must try to raise an alarm with the most senior person in charge.
- 000 must be called immediately if the event or issue requires the police, ambulance or fire service to respond.
- The most senior person in charge will determine the need for a "Lock Down" and raise the appropriate alarm.

Alarm Procedure

- The service bell will sound every 5 seconds for a one-minute period.
- The most senior person in charge will sound the bell and make the following announcement.

- **“This is a LOCK DOWN”**
- **“This is not a fire drill”.**
- **“Everyone is to stay in the room, remain seated and to keep calm and quiet.”**

Movement of Children and Educators

- All persons will remain in their rooms.
- If possible, educators will make efforts to seal and lock classroom doors and windows.
- Children should remain under the desks or down low and out of sight during the lockdown period.
- If children are outside, educators should get them inside as quickly as possible even if they are not from their room.

Educators Responsibilities:

- Person in charge to contact Emergency Services and follow their instructions.
- Educators not involved in the lockdown or without children to supervise are to go to the front of the service to liaise with Emergency Services if it is safe to do so.
- Educators must check the sign-in sheet and check all signed-in children are present. Any absences must be reported to the Nominated Supervisor as soon as it is safe.
- Educators are to close and lock all doors and windows, turn the lights off and ensure children are kept below the window level.
- All educators, children and anyone else present will remain in the locked room until the “All Clear Signal” is given by the person in charge.

All Clear Signal

The All-Clear Signal is as follows:

- The most senior person in charge will sound the service’s bell (if applicable) or blow a whistle for 5 seconds.
- The most senior person in charge will then say, “The Lock Down has now ended. Everyone follows me and the educators in an orderly manner”.

SOURCES

1. National Quality Standard
2. Education and Care Services National Regulations

POLICY INFORMATION

Approval date	1 January 2026
Effective date	1 January 2026
Review date	The policy will be reviewed annually
Approved by	Dr Jay Mukhraiya

35 - Medical Conditions Policy

NATIONAL QUALITY STANDARDS

Element	2.1.1	Health - Each child's health and physical activity is supported and promoted.
	2.1.2	Health practices and procedures - Effective illness and injury management and hygiene practices are promoted and implemented.
	2.2.1	Supervision - At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
	4.1.1	Organisation of educators - The organisation of educators across the service supports children's learning and development
	6.2.2	Access and participation - Effective partnerships support children's access, inclusion and participation in the program
	7.1.2	Management systems - Systems are in place to manage risk and enable the effective management and operation of a quality service.
	7.1.3	Role and responsibilities - Roles and responsibilities are clearly defined, and understood, and support effective decision-making and operation of the service.
	7.2.3	Development of professionals - Educators, co-ordinators and staff members' performance is regularly evaluated and individual plans are in place to support learning and development.

NATIONAL LAW

Section	167	Offence relating to protection of children from harm and hazards

NATIONAL REGULATIONS

Regs	77	Health, hygiene and safe food practices
	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
	88	Infectious diseases
	89	First aid kits
	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
	136	First aid qualifications
	161	Authorisations to be kept in enrolment record
	162(c) and (d)	Health information to be kept in enrolment record (c) details of any: (i) Specific healthcare needs of the child, including any medical conditions; and (ii) Allergies, including whether the child has been diagnosed as at risk of anaphylaxis (d) any medical management plan, anaphylaxis medical management plan or risk minimisation plan to be followed

	168(2)(d)	Education and Care Services must have policies and procedures dealing with medical conditions in children, including the matters set out in regulation 90
	170	Policies and procedures to be followed
	171	Policies and procedures to be kept available
	172	Notification of change to policies and procedures
	173(2)(f)	Prescribed information to be displayed child diagnosed at risk of anaphylaxis

EARLY YEARS LEARNING FRAMEWORK

LO3	Children are happy, healthy, safe and connected to others.
	Educators promote continuity of children's personal health and hygiene by sharing ownership of routines and schedules with children, families and the community
	Educators discuss health and safety issues with children and involve them in developing guidelines to keep the environment safe for all

AIM

The service and all educators can effectively respond to and manage medical conditions - including asthma, diabetes and anaphylaxis - to ensure the safety and wellbeing of children, staff, volunteers, students and families.

INTERSECTION WITH OTHER POLICIES

1. Additional Needs Policy
2. Acceptance and Refusal of Authorisations Policy
3. Administration of Medication Policy
4. Child Safe Policy
5. Death of a Child Policy
6. Emergency Service Contact Policy
7. Emergency Management and Evacuation Policy
8. Enrolment Policy
9. Food Nutrition and Beverage Policy
10. Health, Hygiene and Safe Food Policy
11. HIV AIDS Policy
12. Immunisation and Disease Prevention Policy
13. Incident, Injury, Trauma and Illness Policy
14. Infectious Diseases Policy
15. Privacy and Confidentiality Policy
16. Record Keeping and Retention Policy
17. Staffing Arrangements Policy

DEFINITIONS

"Approved anaphylaxis management training" - anaphylaxis management training approved by ACECQA and published on the list of approved first aid qualifications and training on the ACECQA website. Source: National Regulations (Regulation 136)

“Approved emergency asthma management training” - emergency asthma management training approved by ACECQA and published on the list of approved first aid qualifications and training on the ACECQA website. Source: National Regulations (Regulation 136)

“Approved first aid qualification” - a qualification that includes training in the matters set out below, that relates to and is appropriate to children and has been approved by ACECQA and published on the list of approved first aid qualifications and training on the ACECQA website. Source: National Regulations (Regulation 136)

“Authorised nominee” - a person who has been given permission by a parent or family member to collect the child from the service. Source: National Law (Section 170)

“Communication Plan” - a plan that forms part of the policy and outlines how the service will communicate with families and staff in relation to the policy. The communication plan also describes how families and staff will be informed about risk minimisation and emergency procedures to be followed when a child diagnosed as at risk of any medical conditions such as anaphylaxis is enrolled at the service. Source: *ACECQA Policy Guidelines – Dealing with Medical Conditions in Children*

“Emergency” - an incident, situation or event where there is an imminent or severe risk to the health, safety or well-being of a person at the service (e.g., a flood, fire or a situation that requires the service premises to be locked down or other type of emergency response). Source: ACECQA Guide to the NQF

“Emergency Services” - includes ambulance, fire brigade, police and state emergency services. Source: ACECQA Policy Guidelines: Emergency and Evacuation

“First aid” - the immediate treatment or care given to a person suffering from an injury or illness until more advanced care is provided or the person recovers. First aid training should be delivered by approved first aid providers, and a list is published on the ACECQA website. Source: SafeWork Australia + National Regulations (Regulation 136)

“Injury” - any physical damage to the body caused by violence or an incident. Source: ACECQA Policy Guidelines: Incident, Injury, Trauma and Illness

“Medication” - medicine within the meaning of the *Therapeutic Goods Act 1989* of the Commonwealth. Medicine includes prescription, over-the-counter and complementary medicines. All therapeutic goods in Australia are listed on the Australian Register of Therapeutic Goods, available on the Therapeutic Goods Administration website. Source: National Regulations (Definitions)

“Medical attention” - includes a visit to a registered medical practitioner or attendance at a hospital. Source: ACECQA Policy Guidelines: Incident, Injury, Trauma and Illness

“Medical condition” - this may be described as a condition that has been diagnosed by a registered medical practitioner. Source: ACECQA Guide to the NQF

“Medical emergency” - An injury or illness that is acute and poses an immediate risk to a person’s life or long-term health. ACECQA Policy Guidelines: Incident, Injury, Trauma and Illness

“Medical management plan (MMP)” - a document that has been written and signed by a doctor. MMP includes the child’s name and photograph. It also describes symptoms, causes, clear

instructions on action and treatment for the child's specific medical condition. Source: National Regulations (Regulation 90)

“Minor incident” - an incident that results in an injury that is small and does not require medical attention. Source: ACECQA Policy Guidelines: Incident, Injury, Trauma and Illness

“Notifiable incident” - under education and care services laws: any incidents that seriously compromise the safety, health or wellbeing of children. Source: National Law (section 174) + National Regulations (Regulation 86)

“Parent” - in relation to the child, includes: a guardian of the child; and a person who has parental responsibility for the child under a decision or order of a court. For regulation 99, ‘parent’ does not include a parent who is prohibited from having contact with the child. Source: National Law (Definitions)

“Risk” - Exposure to the chance of injury or loss; a hazard or dangerous chance. Source: ACECQA Policy Guidelines: Emergency and Evacuation

“Risk minimisation plan” - a document prepared by service staff for a child, in consultation with the child's parents, setting out means of managing and minimising risks relating the child's specific health care need, allergy or other relevant medical condition. Source: ACECQA Guide to the NQF

IMPLEMENTATION

Children benefit from periods of sleep and rest to help them grow and prepare them for meaningful learning experiences. Sleep and rest periods are included in all children's daily routine consistent with their developmental needs, including a short period of rest each day for older children.

We are required under the *Education and Care Services National Regulations* to take reasonable steps to ensure children's sleep and rest needs are met, having regard to each child's age, developmental stages and individual needs. Our policies and procedures must address specific matters that are set out in the *Regulations*, and we must also conduct regular risk assessments that consider a range of specific risks to children who are sleeping and resting at our service.

We have strict measures and processes in place to ensure children are safe and their needs for sleep and rest are met. Specifically, we:

- Conduct thorough risk assessments in line with the requirements set out in the *National Regulations*
- Follow best practice sleep, rest and health guidelines - namely the current Red Nose guidelines, the recognised national authority in this area, as well as guidance from ACECQA and regulatory authorities
- Work closely with families and consider their cultural practices. We will accommodate any requests from families about their child's sleeping practices where these are not inconsistent with the safe sleeping practices discussed in the policy
- Implement clear procedures for supervision and monitoring
- Have defined roles and responsibilities for staff, students and volunteers

- Train staff, students and volunteers on our policies and procedures, both at induction and at regular intervals
- Have appropriate sleep and rest spaces, equipment and environments
- Communicate our rest and sleep policies and procedures to families
- Keep accurate records
- Monitor and audit compliance and strive for continual improvements to our practices.

RISK ASSESSMENTS

We must conduct a risk assessment for the purposes of our sleeping and rest policies and procedures at least once every 12 months and soon as practicable after becoming aware of any circumstances that may affect the safety, health or well-being of children during sleep or rest. A record of each risk assessment conducted must be kept, in line with our regulatory obligations.

We will ensure that children are protected from any risks identified in the risk assessments our service conducts, and newly identified risks are communicated to the approved provider as soon as practicable.

Our service uses the Sleep and Rest Risk Assessment Template developed by ACECQA when we conduct our risk assessments.

Risk assessment areas to consider

The risk assessment must identify and assess risks associated with rest or sleep at our service, and specify how the risks will be minimised and managed. It must consider:

- The number, ages and developmental stages of the children in our care
- The sleep and rest needs of children in our care including:
 - Health care needs
 - Cultural preferences
 - Sleep and rest needs of individual children
 - Requests from families about their child's sleep and rest
- Staffing arrangements and how children can be adequately supervised and monitored during sleep and rest (e.g., ratios, specific skills needed, roles and responsibilities defined, method and frequency of checks)
- The level of knowledge and training of the staff who are supervising the children during these periods
- The location of the sleep and rest areas including the arrangement of cots and beds within the sleep and rest areas
- Safety and suitability of any cots, beds and bedding equipment, having regard to the ages and developmental stages of the children who are use the cots, beds and bedding equipment (e.g., babies who climb out of a cot; if children might roll out of bed and fall from a height; recommended weight limits; children becoming trapped between a mattress and a wall; bedding trapping children; weighted sleep products impairing a child's breathing etc)
- Any potential hazards in the sleep/rest areas and on a child during sleep/rest periods (e.g., unsecured furniture, curtains, hanging blind cords, electrical cords or equipment,

access of child to other parts of the space as they wake, and access of other people to the sleeping/rest space etc)

- The physical safety and suitability of sleep and rest environments at our service, including temperature, lighting and ventilation.

Our current Risk Assessment is attached at **Appendix B** [add your service's Risk Assessment to this policy]. It details how our service protects children from the risks we have identified.

The location and arrangement of our rest/sleep areas – and details on how this meets the needs of children at our service - is at **Appendix C** [add your service's location and arrangements to this policy].

Updating risk assessments and communicating change

If circumstances that may affect the routine sleep and rest arrangements change, the approved provider has the ultimate responsibility to:

- Update the risk assessment and the *Sleep, Rest, Relaxation and Clothing Policy and Procedure* as soon as is practicable (if necessary)
- Ensure any new risks and proposals for mitigating them are communicated to, and made in consultation with, staff and families (and in line with regulations for notifying families about changes)

Educators and other staff are responsible for informing the approved provider and/or nominated supervisor of any changes or new risks they identify. Families should also communicate any changes that may impact our policy and procedures for sleep, rest, relaxation and clothing.

SLEEP AND REST PROCEDURE

The nominated supervisor will implement, and educators, students and volunteers will always follow, the *Sleep and Rest Procedure* at **Appendix A** to eliminate or minimise any risks associated with children sleeping and resting and to ensure compliance with safe sleep best practice, and relevant laws and regulations.

This sleep and rest procedure represents best practice and has been developed using the Red Nose's recommendations for safe sleep and guidance material from ACECQA and regulatory authorities.

Staff must always follow our procedure with the only exception based on written authorisation from a child's doctor.

CULTURAL AND INDIVIDUAL SLEEP AND REST PRACTICES

We follow best practice sleep, rest and health guidelines and work with every family to discover their unique approach to sleep and rest.

Around the world and in Australia, people practice different settling methods (e.g., praying, cuddles, singing, patting, rocking, feeding), have different sleeping arrangements (e.g., bed-

sharing, mats on the floor, hammocks, slings, outdoors) and use different sleeping equipment (e.g. swaddling, binding legs/arms, amber beads, sleeping jewellery, soft toys).

We want families to feel respected and heard when they discuss their sleeping and rest preferences for their child. The nominated supervisor will provide an opportunity at orientation/enrolment for families to discuss their child's sleep and rest arrangements.

At the same time, families should understand that our service has an obligation to implement safe sleep and rest practices, and to provide children with opportunities to sleep and rest when appropriate and according to their individual needs, developmental stages and age. Therefore, the nominated supervisor and educators will make the final decision about a child's sleep and rest at while they are in our care. For example, in instances where a family has requested their child not have naps, educators will discuss expected sleep patterns with the family, based on advice from recognised authorities, and adjust a child's sleep time at the service. However, if the resting child falls asleep without assistance, educators may allow the child to sleep for a period of time they believe is in the best interests of the child.

CHILDREN'S CLOTHING

To ensure children's comfort and safety at the service, they must wear clothing that is suitable for the weather, lets them explore and play freely, and minimises the risk of injury. Some clothing items and jewellery can strangle or choke young children. Educators may remove jewellery and teething necklaces if children wear them to the service.

Educators and volunteers will encourage parents to dress their children in clothes that:

- Are loose and cool in summer and warm enough for cold weather, including outdoor play in winter
- Protect them from the sun during outdoor play
- Do not restrict them or compromise their safety when playing, sleeping or resting, for example:
 - No hoods, cords, ties, ribbons or crocheted jackets that can pull tight around the neck
 - No hats with cords or strings that may get caught on equipment and furniture
 - Footwear that is stable and supportive - no thongs, clogs or backless shoes which can cause children to trip
 - Clothing that allows easy access for toileting - elasticised trousers and track pants rather than buttons, zips, and belts
- Can get dirty when children play - children should not come in their best clothes
- Are clearly labelled with the child's name

To ensure children's comfort educators and volunteers will:

- Ensure children are appropriately dressed for the weather, play experiences, and rest and sleep
- Provide clean spare clothing to children if needed
- Encourage children to use aprons for messy play and art experiences to protect their clothing
- Will respect the privacy needs of each child when dressing and undressing

Amber Teething Necklaces and Bracelets

Based on Australian Government product safety warnings, we do not allow children to wear amber teething necklaces or bracelets at our service. This is to minimise the risk they may choke on the beads if the necklaces or bracelets break apart.

INFORMATION SHARING, TRAINING AND MONITORING

The nominated supervisor will include the *Sleep, Rest, Relaxation and Clothing Policy and Procedure* in staff inductions and ensure all relevant staff receive regular practical training and other resources in relation to the requirements, including how to identify and manage risks. The nominated supervisor also implements an ongoing training program tailored to each staff member's needs and goals, which are identified through regular performance reviews.

The nominated supervisor will conduct regular 'spot checks' on children's rest and sleep spaces, furniture and equipment, and will monitor staff to ensure they are following our policies and procedures for children's sleep and rest. The nominated supervisor will act quickly to fix any issues and will give staff any extra support or training they need to comply. Volunteers and students are also required to comply with all service policies and procedures.

At orientation, parents will be provided with the *Sleep, Rest, Relaxation and Clothing Policy and Procedure* and asked to describe their child's current sleeping needs and preferences. Information about safe sleeping practices is discussed during enrolment and displayed or available in the parent information area.

Staff and family can access the risk assessments we conduct at any time.

ROLES AND RESPONSIBILITIES

All staff, volunteers, students and families must understand our *Sleep, Rest, Relaxation and Clothing Policy and Procedure* and their role and responsibilities in keeping children safe and cared for.

Responsibilities	Role
Ensure our service meets its obligations under the <i>Education and Care Services National Law and Regulations</i> , including to take every reasonable precaution to protect children from harm and hazards likely to cause injury and to ensure that children are adequately supervised at all times they are in our care.	Approved Provider Nominated Supervisor
Take reasonable steps to ensure that the needs for sleep and rests of children in our service are met, having regard to ages, development stages and individual needs of the children.	Approved Provider Nominated Supervisor
Ensure that our service has policies and procedures in place for children's sleep and rest that address specific areas set out in the <i>National Regulations</i> - i.e., this <i>Sleep, Rest, Relaxation and Clothing Policy and Procedure</i> needs to be in place.	Approved Provider
Take reasonable steps to ensure that nominated supervisors, staff and volunteers follow, and can easily access, the <i>Sleep, Rest, Relaxation and Clothing Policy</i> , including by: • Providing information, training and other resources and support • Providing this <i>Policy</i> at induction	Approved Provider

- Clearly defining and communicating roles and responsibilities for implementing this <i>Policy</i> - Communicating changes to routines and policies - Monitoring and auditing of staff practices (including through spot checks) and addressing non-compliance quickly - Regularly reviewing this <i>Policy</i> The <i>Policy</i> must also be available for inspection.	
Notify families at least 14 days before changing <i>Sleep, Rest, Relaxation and Clothing Policy and Procedure</i> if the changes will: - Affect the fees the charged or the way they are collected; or - Significantly impact the service's education and care of children; or - Significantly impact the family's ability to utilise the service.	Approved Provider
Implement the <i>Sleep, Rest, Relaxation and Clothing Policy</i> .	Nominated Supervisor
Ensure that educators and volunteers understand, follow and are aware of their legal obligations to implement, the <i>Sleep, Rest, Relaxation and Clothing Policy</i> .	Nominated Supervisor
Be aware of legal obligations, and understand and follow the <i>Sleep, Rest, Relaxation and Clothing Policy</i> .	Educators Volunteers
- Ensure risk assessments are conducted to identify and mitigate any risks that sleeping and resting pose to the safety of children in our care, in accordance with regulations and having regard to all the areas covered in Risk Assessment section of this <i>Policy</i>. - Ensure a risk assessment is conducted at least once every 12 months and as soon as practicable after becoming aware of any circumstance that may affect the safety, health or wellbeing of children during sleep and rest, and update our policies and procedures accordingly. - Ensure staff are aware of and can access/use the risk assessment to manage risks and ensure the safety of children. - Keep a record of all risk assessments conducted.	Approved Provider (ultimate responsibility) Nominated Supervisor
Ensure that procedures are appropriate in practice to our service, identify risks and hazards, and any potential improvements to make to the <i>Sleep, Rest, Relaxation and Clothing Policy</i> . Report any issues to the appropriate staff member (either approved provider, nominated supervisor or educators).	Approved Provider Nominated Supervisor Educators and Families
- Ensure our service's premises, furniture and equipment are safe, clean and in good repair. - Ensure all equipment and furniture meets relevant Australian Standards and other product safety standards and guidelines, and remain up-to-date on product recall notices (see productsafety.gov.au). - Ensure cots, beds, bedding and bedding equipment being used for sleep and rest are safe, appropriate and sufficient for the ages and developmental stages of the children who are using them.	Approved Provider (ultimate responsibility) Nominated Supervisor
Ensure that there are no bassinets on the premises at any time during which children are being educated and cared for by our service.	Approved Provider Nominated Supervisor
Ensure that the indoor environment is hygienic and comfortable (not limited to being well ventilated and free from cigarette/tobacco smoke, with adequate natural light, and appropriately heated/cooled). Ensure that our service continues to have adequate and appropriate laundry and hygiene facilities for dealing with soiled clothing and linen, including storage facilities.	Approved Provider
Ensure that the layout/design of the premises allows for supervision and is appropriate for children's rest and sleep.	Approved Provider
Ensure that children are adequately supervised during rest and sleep, and that systems are in place for regular and documented physical bed-side checks of children.	Approved Provider Nominated Supervisor
Ensure sleep and rest periods are documented and communicated to families	Approved Provider

	Nominated Supervisor
• Provide the service with a written alternative resting practice in writing and authorised by a medical practitioner as part of the child's Medical Management Plan if a child has a medical condition which prevents educators from following this <i>Sleep, Rest, Relaxation and Clothing Policy and Procedure</i> (e.g., the child cannot sleep on their back) • Update educators on their child's sleeping routines and patterns when these change, and let educators know when their child has not slept well during the night.	Families

SOURCES

1. Education and Care Services National Law and Regulations
2. Early Years Learning Framework
3. Work Health and Safety Act 2011
4. Work Health and Safety Regulations 2011
5. Standards Australia: AS/NZS 2172:2003, Cots for household use—Safety requirements
6. Standards Australia AS/NZS 2195:1999, Folding cots—Safety requirements
Red Nose rednose.org.au
7. NHMRC: Staying Healthy Preventing infectious diseases in early childhood education and care services
8. NQF e-bulletin Qld 9.5.16
9. Product Safety Australia e.g., 'Folding cots'
10. ACECQA Safe sleep and rest practices Information Sheet
11. ACECQA Sleep and Rest for Children Policy Guidelines
12. NSW Department of Education: Sleep and rest for children – Policy/Procedure guidelines for ECEC

POLICY INFORMATION

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Approved by Dr Jay Mukhraiya

Appendix A

Sleep and Rest Procedure

[If your service identifies any other necessary procedures through its risk assessment/s, add them to this Appendix].

The nominated supervisor will implement, and educators will always follow, the *Sleep and Rest Procedure* to eliminate or minimise any risks associated with children sleeping and resting and to ensure compliance with safe sleep best practice, and relevant laws and regulations.

This sleep and rest procedure represents best practice and has been developed using the Red Nose's recommendations for safe sleep and guidance material from ACECQA and regulatory authorities.

Staff, volunteers and students must always follow our procedure with the only exception based on written authorisation from a child's doctor.

1) Active supervision and monitoring

Educators must:

- Always be actively supervising and be able to see and hear sleeping and resting children
- Not be distracted by other duties
- Ensure children's faces are never covered when they sleep or rest
- Conduct regular physical checks of all sleeping or resting children paying particular attention to the sleeping position, breathing patterns, skin and lips colour, body temperature, head position, airway and the head and face. Checks will be more frequent if there are increased risk factors, e.g., medical conditions, illness or sleep issues
- Use a timer to conduct 10-minute checks of babies and toddlers: physically check babies and toddlers in the cot room from the side of the cot or toddler bed every 10 minutes and sleep record completed at this time. Physical checks do not include looking through a window or using CCTV, audio or heart monitors.

The nominated supervisor must ensure:

- Sleep spaces are light enough to allow supervision and for educators to properly conduct their physical checks
- Rostering enables adequate supervision of sleeping and resting children
- Ratios are maintained at all times children are sleeping and resting
- Educators are properly supervising sleeping and resting children
- Educators are conducting physical checks of babies and children every 10-minutes with the use of a timer and in accordance with our procedures
- That older children are being physically checked regularly and more frequently, and in accordance with our procedures, if they are at a heightened risk (e.g., due to a medical condition or illness, or sleep issues).

2) Babies and toddlers safe sleep practices

Positioning

- Place babies and toddlers on back
- Re-position babies onto back when they roll onto their front or side if they cannot repeatedly roll from back to front to back (occurs around 5-6 months of age). Babies who can roll back and forth may be left to find their own sleeping position
- Place babies and toddlers so their feet are close to the bottom end of the cot

Wrapping young babies

- Can wrap babies until they start to roll (usually at about 3-4 months). Do not use wraps after baby starts to roll.
- Keep babies' arms free from wrapping once their startle reflex disappears (usually at about 3 months)
- Do not wrap above the baby's shoulder and make sure their face is uncovered
- Only use light fabrics such as muslin or light cotton sheets or wraps
- May use a safe infant sleeping bag instead of a wrap
- Never use bunny rugs or blankets
- Wraps should be firm but not tight, and should allow for the baby's chest and hips to expand
- Loose wraps are dangerous
- Do not overdress babies under their wraps (e.g., nappy and singlet in hotter weather)
- Never use swaddles that restrain the baby's arms with Velcro or zips.

3) Bedding, clothing and sleep equipment

- Use light bedding and tuck in tightly
- Do not use electric blankets, hot water bottles and wheat bags
- Do not use soft toys or comforters for babies
- Do not use bumpers, infant positioners, inclined sleepers, or additional padding, mattresses, pillows and other soft items (such as quilts, doonas, toys, lamb's wool) for children under 2 years old
- Do not give bottles (for safety and dental hygiene reasons)
- Remove bibs
- Can use dummies if the family desires but do not use chain attachments. Do not replace dummies if they fall out while child sleeping. Dummies should be phased out around age 1 following discussion with families
- Ensure children's clothing is appropriate during rest and sleep times, without loose items that could become tangles and restrict breathing (such as bibs, scarves, hats, jewellery)

4) Furniture and equipment

The nominated supervisor will regularly inspect all furniture and equipment, including cots, bedding and bedding equipment, to ensure it is clean, in good repair and continues to meet relevant Australian Standards and other product safety standards and guidelines.

Bassinets

Bassinets are banned from education and care services in Australia. They are not allowed on our premises at any time, including when children are being delivered or collected.

Cots, beds and mattresses

- All cots must be safe and meet the current and mandatory Australian and New Zealand Standard for cots (AS/NZS 2172) and portable/folding cots (AS/NZS 2195) and carry a label to say so
- Mattresses must be firm and comply with the current and voluntary Australian and New Zealand Standard for mattresses (**AS/NZS 8811 1:2013**). If a mattress is not labelled as compliant, it can be tested for compliance by using 12 CDs or DVDs and two full one litre containers with square bottoms as follows:
 - Measure 40mm from bottom of one container and mark with a line parallel to the bottom all the way around the container
 - Wrap discs in gladwrap
 - Place marked container on its side on top of discs with line at edge of discs
 - Place other container on top, also on its side, so it balances
 - If overhanging edge of container touches, mattress it is too soft
 - Mattresses will not be checked by hand
- Cots and beds must be assembled according to manufacturers' instructions, and instructions for use should be easily accessible for staff
- Cots and beds must be regularly checked for damage to safety latches and moving parts
- Mattresses must fit snugly in the cot and be in good condition, clean, and flat
- Mattresses must not be tilted or elevated
- Plastic packaging must be removed from new mattresses
- Waterproof mattress protectors must be strong, not torn and a tight fit
- Portable/folding cots (portacots) are not intended for permanent use. The approved provider and nominated supervisor will ensure portable cots, if used, are only used temporarily (no more than few days) for children up to 15kg. Educators will ensure locking mechanisms are secure, only use mattresses supplied with the cots, and never add additional padding or a mattress under or over the mattress
- Children must never be left to sleep in a bassinet (these are banned), hammock, pram or stroller
- Move toddlers from the cot to the bed if they are likely to succeed when attempting to climb out of cot (usually at about 2-3½ years old)
- Provide enough cots and beds for all the children who require sleep or rest throughout the day

Cot and mattress fit specifications	
Distance between cot slats	At least 50mm
Gap between mattress and side of cot	No more than 20mm gap. Mattress must fit the cot base.
Distance between the top of the mattress base and the top edge of the lowest cot side or end	Cots in the lowest base position, at least: • 600 mm when access is closed • 250 mm when access is open Cots in the upper base position, at least: • 400 mm when access is closed • 250 mm when access is open

Hygiene

To ensure sleeping environments are hygienic, educators will:

- Clean beds, linen and mattress covers with detergent and water every day or at end of week if used by same child
- Clean beds, linen and mattress covers when they look dirty
- Make sure each child has their own bed linen
- Implement the *Cleaning Procedure Cots and Stretchers* to clean soiled cots, beds, mattresses and bed linen.

Cleaning Procedure Cots and Stretchers

- Wash cots and stretchers at the end of every day with detergent and warm water, and during the day if visibly dirty
- Wash sheets and mattress covers, or return them home, on child's last day for the week.
- If poo/urine/vomit etc gets on the cot/stretcher/mattress/linen
 16. wash hands and put on gloves
 17. clean the child
 18. remove gloves
 19. dress the child
 20. wash child's hands
 21. educators wash hands
 22. put on gloves
 23. remove most of the soiling in the cot/bed with paper towels
 24. place paper towels in garbage bin
 25. put linen in a plastic-lined, lidded laundry bin. Throw liner out after linen is washed and place new liner in bin
 26. clean cot or mattress thoroughly with detergent and water
 27. use disinfectant after detergent if surface is or could be contaminated with infectious material.
 28. air dry if possible
 29. remove gloves and wash hands
 30. put clean linen in cot

5) Sleep and rest environment and spaces

Environments and spaces for rest and sleep are regularly checked by the nominated supervisor and educators so they continue to be appropriate, safe, comfortable and in line with best practice guidelines.

Temperature

- Monitor temperature of sleep and rest spaces ensure they are comfortable - not too hot or cold

Air quality

- Spaces should be well ventilated with either fresh air from open windows if this is safe or using mechanical ventilation if needed
- Environment must be cigarette and tobacco smoke free

Spaces

- Are free of hazards, including that:
 - Hanging cords or strings from blinds, curtains, mobiles or electrical devices are away from cots and beds/stretchers
 - Heaters and electrical appliances are not near cots or beds/stretchers
 - There is no furniture in the sleep or rest area that a child could pull over or collapse onto themselves. Large furniture (such as bookshelves, cabinets etc) must be secured to the wall
- Have adequate natural light and light enough to enable proper supervision of children
- Are arranged to allow for the supervision of children
- There is enough space between sleeping and resting children. Educators should be able to move freely between the furniture so that they can check and support children without touching other cots or beds. There should be enough space between beds and cots so that children cannot physically disturb other resting or sleeping children
- Provide comfortable spaces for children to engage in quiet activities if they're not sleeping or resting
- Are quiet and restful
- Provide calm, relaxing music
- Any area that is permanently set aside for the use or storage of cots or beds is excluded from calculations of unencumbered indoor space.
- Are arranged appropriately with consideration to the ages, developmental stages and individual needs of the children (see Appendix C) – and in accordance with protecting against any risks identified in our Risk Assessment at Appendix B

Outdoor sleeping and rest

To promote learning and wellbeing, educators may occasionally encourage children to sleep or rest outdoors in suitable weather conditions, e.g., not too hot or raining. Educators will ensure:

- Beds are placed in clean and shaded areas i.e. not in wet dirt or mud
- Bed linen is washed at the end of the day if it is dirtied outside
- Beds are cleaned before being stored inside after rest time
- Children are supervised at all times
- The quality of children's sleep and rest time is not affected by being outdoors

6) Relationships with families and supporting meeting children's individual needs sleep and rest

Educators must:

- Consider the age, developmental stage and individual needs of the child, and develop rest and sleep routines that match in collaboration with each child's family
- Accommodate each child's and family's preferences, for rest, sleep and clothing, including cultural and religious preferences, to the extent they are consistent with this policy
- If families' sleep preferences requests cannot be accommodated, be sensitive and explain why not
- Respond to children's cues for sleep (such as yawning, rubbing eyes, irritability, crying, seeking comfort)

- Allow the child to sleep or rest for a reasonable period if a child is displaying signs of tiredness, even if this falls outside of the routine rest or sleep time
- Provide children who do not require sleep or rest with quiet, meaningful activities
- Make rest and sleep practices positive experiences for children
- Acknowledge and respond to children's emotions/distress about sleep and rest. Comfort children when required. Educators try to avoid rocking children to sleep so they don't expect this at home
- Be aware that younger children will settle well when they are securely attached to educators
- Encourage children to communicate their needs for sleep and rest and make appropriate decisions about these needs
- Support children who need rest and relaxation outside the designated rest time
- Communicate daily with families about their child's sleep and rest routines
- Record the time children sleep and rest and provide this information to families
- Promote, and educate families about safe sleep practices.

Families:

- Must provide the service with a written alternative resting practice in writing and authorised by a medical practitioner as part of the child's Medical Management Plan if a child has a medical condition which prevents educators from following this *Sleep, Rest, Relaxation and Clothing Policy and Procedure* (e.g., the child cannot sleep on their back)
- Should update educators on their child's sleeping routines and patterns when these change, and let educators know when their child has not slept well during the night
- Should work with educators to ensure their child is sleeping and resting safely and according to the child's individual needs.

Appendix B

Rest and Sleep Risk Assessment

[insert current risk assessment –See ACECQA’s [Sleep and Rest Risk Assessment Template](#). The risk assessment must identify and assess risks associated with rest or sleep at your service, and specify how the risks will be minimised and managed - **see Risk Assessment Section in this Policy for guidance.**

To ensure the safety of children during sleep and rest, from 1 October 2023, the approved provider must conduct a sleep and rest risk assessment at least once every 12 months, and as soon as practicable after becoming aware of any circumstance that may affect the safety, health and wellbeing of children during sleep and rest. The approved provider must make any necessary updates to the sleep and rest policies and procedures as soon as practicable after conducting the sleep and rest risk assessment and keep a record of each sleep and rest risk assessment conducted.

The sleep and rest risk assessment must be conducted for each education and care service. Completing risk assessment and management plans is an ongoing part of good operational practice to ensure the health, safety and wellbeing of children. One way to support this is by using a system of hazard identification and risk management. This can help identify, assess and manage the risk of harm before an incident occurs.

This sleep and rest risk assessment template is designed to assist approved providers and services in conducting sleep and rest risk assessments. This template is a starting point and should be adapted to meet the individual needs of your service. It is a requirement for services to complete a sleep and rest risk assessment at least once every 12 months, and as soon as practicable after becoming aware of any circumstance that may affect the safety, health and wellbeing of children during sleep and rest. This document is intended to be an evolving and regularly updated document, to be amended as circumstances change and new hazards arise. Once completed, it is also important to schedule regular reviews of this document to make sure hazards in your service are

RISK ASSESSMENT TEMPLATE

Risk assessment		Elimination/control measures			Who?	When?
Activity	Hazard identified	Risk assessment (use matrix)				
		Make selection				
		Make selection				
		Make selection				
		Make selection				
		Make selection				
		Make selection				
		Make selection				
		Make selection				
		Make selection				

Plan and review	
Plan prepared by Full name Signature Role/position Date	
Prepared in consultation with Full name Signature Role/position	
Communicated to all relevant staff Yes No	Comment (if needed)

Plan and review	
Risks identified from this risk assessment have been addressed within policy and procedure (regulation 84C) as well as other matters required under regulation 84C, including: - the number, ages and development stages of children being educated and cared for, including at each education and care service and FDC residence or approved FDC venue of the service - the sleep and rest needs of children at the service (including specific health care needs, cultural preferences, sleep and rest needs of individual children and requests from families about a child's sleep and rest) including at each education and care service and FDC residence or approved FDC venue of the service - the suitability of staffing arrangements required to adequately supervise and monitor children during sleep and rest periods - the level of knowledge and training of the staff supervising children during sleep and rest periods - the location of the sleep and rest areas, including the arrangement of cots and beds within the sleep and rest areas, including at each education and care service and FDC residence or approved FDC venue of the service - the safety and suitability of any cots, beds and bedding equipment and having regard to the ages and developmental stages of the children who will use them - any potential hazards in sleep and rest areas or on a child during sleep and rest periods - the physical safety and suitability of sleep and rest environments, including temperature, lighting and ventilation at each education and care service and FDC residence or approved FDC venue of the service - for FDC services, that provide overnight care to a child, any risks that the overnight care provided at the family day care residence or approved venue may pose to the safety, health or wellbeing of the child.	Yes No Comment if needed
Next sleep and rest risk assessment to be conducted before	

*AND as soon as practicable after becoming aware of any circumstance that may affect the safety, health and wellbeing of children during sleep and rest

Appendix C

Location and Arrangement of Sleep and Rest Areas

[Insert the location and arrangement of sleep and rest areas at your service and how this meets the sleep and rest needs of children being educated and cared for by your service]

36 - Mental Health and Wellbeing Policy

PURPOSE AND BACKGROUND

- (310) To set out how we promote and support the mental health and wellbeing of children and their families, staff and visitors at our service
- (311) This policy aligns with the National Quality Standard related to children's health and safety and is based on guidelines from recognised authorities

SCOPE

- (312) This policy applies to:
- 'Staff': the approved provider, paid workers, volunteers, work placement students, and third parties who carry out child-related work at our service (e.g., contractors, subcontractors, self-employed persons, employees of a labour hire company)
 - Children who are in our care, their parents, families and care providers
 - Visitors to our service who carry out child-related work, including allied health support workers

DEFINITIONS

- (313) The following definitions apply to this policy and related procedures:
- 'Mental health and wellbeing' refer to a person's psychological, social and emotional wellbeing. Mental health and wellbeing are related to thoughts, feelings and behaviour, and are viewed within the context of children's development, family, environment, care setting and culture. People have different beliefs and understanding of mental health based on their culture, education and life experiences
 - 'Mental illness' is a medical condition that impacts upon a person's thoughts, feelings or behaviour (e.g., anxiety, depression)
 - 'Neurodevelopmental disorder' is a condition in which there is a difference in the way the brain develops, which can also affect thoughts, feelings or behaviour (e.g., ADHD, autism spectrum disorders)
 - 'Parents' includes guardians and persons who have parental responsibilities for the child under a decision or order of court
 - 'Staff' refers to paid employees, volunteers, students, and third parties who are covered in the scope of this policy

POLICY STATEMENT

A mentally healthy community at our service

Support for staff's professional practice

- (314) Educators are trained in, and participate in professional development activities related to, children's mental health and wellbeing, including how to support children and family members who have mental illness or neurodevelopmental disorders
- (315) Professional development opportunities for staff may include:
- Attending seminars, workshops or conferences about children's mental health and wellbeing
 - Participating in relevant training or programs
 - Reading and reflecting on newsletters, magazines and other relevant material
 - Mentorships with other staff members
 - Opportunities to discuss mental health and wellbeing in staff meetings
- (316) We maintain connections with external professional and support services to provide advice, referrals and collaborate on tailored support plans for children and families
- (317) Staff are encouraged to care for themselves and to be mindful that their own mental health and wellbeing can affect their ability to care for and educate children
- (318) Staff who feel stressed or overwhelmed at work should speak to their supervisor/room leader and/or the nominated supervisor to get additional support

Social connections and belonging

- (319) Staff are aware that social connection and a sense of belonging play a critical role in shaping children's emotional wellbeing, resilience and overall development
- (320) Staff follow relevant service policies and practices to guide their interactions with children and actions to support children's positive relationships with each other
- (321) Staff model positive relationships and effective communication. They treat each other, families, visitors and children with care and respect
- (322) We encourage social connections in our educational program and in our day-to-day routines

An inclusive and diverse environment

- (323) Educators understand that when children have a sense of self and belonging, they have greater self-esteem, resilience, meaning and purpose

- (324) Educators learn about each child's unique characteristics and circumstances formally at enrolment, and informally throughout the year by asking questions, and interacting with and observing the child
- (325) Educators learn about cultural safety for children from Aboriginal and Torres Strait Islander backgrounds. We acknowledge and teach their histories, cultures, languages, traditions, religions and spiritual beliefs
- (326) The diverse backgrounds, languages and identities of children and their family, staff and communities are reflected in our environment and activities

Family partnerships

- (327) We provide families with general information regarding mental health and wellbeing from reliable sources through our usual channels (e.g., on social media, in our newsletter, in the brochures and posters we display)
- (328) Parents and educators regularly share information with each other (formally and informally) about the child's development, including their strengths and abilities, and their psychological, social and emotional development and needs
- (329) We can also provide specific advice and referrals for children and families who need support from our network of external support agencies, child health/development specialists, and mental health groups and professional associations
- (330) If a child is being assessed or supported by a health professional or service (and their parent asks us to), we will collaborate on and implement any management or support plans that are needed

Social and emotional learning for mental health

- (331) Educators help children feel secure, meet their needs, and teach them the skills they need to regulate their emotions and behaviour
- (332) Educators are attuned to children's feelings and learn how each child expresses what they need or want in their own unique way. They acknowledge children's emotions, and respond with genuine warmth, empathy and understanding
- (333) Children are offered consistent support during challenging situations. Educators use positive communication, reinforcement and reassurance
- (334) Educators must follow our Positive Relationships with Children Policy and Procedures, which cover our principles and practices for social and emotional learning for children in our care.

A holistic approach to mental health and wellbeing

Promoting healthy eating and drinking to stay hydrated

- (335) Staff are aware of the connection between nutrition and mental health and wellbeing
- (336) Staff follow our Nutrition and Dietary Requirements Policy, which sets out how we promote healthy eating and ensure children are offered food and drinks that are appropriate to their needs

Encouraging physical activity

- (337) Staff are aware that physical activity is a major contributor to mental health and wellbeing
- (338) Staff follow our Physical Activity Policy, which sets out how children are given regular opportunities throughout the day to participate in both structured and unstructured physical activities

Being in nature

- (339) We promote being in nature due to its ability to reduce stress, improve mood, enhance focus and calm, provide connection and meaning, enhance cognitive function, increase vitamin D production, and improve physical fitness and health
- (340) Children have regular opportunities for playing outside among natural features such as lawn, trees, plants, pot-plants, animals and birds, water features, boulders, rocks.
- (341) Children have time to freely investigate the natural environment during regular unstructured outdoor time
- (342) Our program includes nature-based activities to connect children to the natural environment (e.g., gardening/growing plants, collecting leaves and flowers, observing birds and insects, nature walks, scavenger hunts, nature-based excursions and incursions). We also use natural materials in play and learning, such as stones, leaves, sticks and shells
- (343) We use the natural environment for relaxation and sensory exploration (e.g., sitting under trees, listening to birds, touching different textures, watching leaves being blown about)

Sleep and rest

- (344) Educators understand children need enough quality rest and sleep so they can manage their emotions, and reduce irritability, frustration and dysregulation
- (345) Educators follow our Sleep and Rest Policy to ensure that children's individual sleep and rest needs are met, and they can engage in learning and play.

Early support for children's mental health and wellbeing

- (346) We maintain open and supportive communication with families about their needs and their child's needs, or the potential impact of a family situation (e.g., physical or mental illness, family separation, violence or financial disadvantage)
- (347) Educators observe and document the development and wellbeing of children. They are trained to identify if a child is showing possible early signs of mental health difficulties or developmental disorders (e.g., changes in behaviour, developmental differences, or concerning emotional or behavioural difficulties)
- (348) Educators refer any concerns they have to their room leader and/or nominated supervisor, who will help determine whether a child or family may need information or extra support (either from within the service or from external support services). Educators communicate any concerns they have about a child to their parents in a respectful, empathetic and caring way
- (349) Staff keep information about children's mental health and wellbeing, behaviour or family situation confidential. They only discuss it with the people who need to know – that is, those who are directly involved in the child's care
- (350) If a child has been diagnosed with a mental illness or neurodevelopmental disorder, educators respond to their individual needs and develop, implement and maintain management plans and support strategies where required

Supporting children after traumatic events, including natural disasters or community trauma

- (351) Staff are resourced and trained to support children who have experienced trauma, including natural disasters or collective trauma
- (352) When a child experiences a traumatic event (e.g., the death of a loved one, illness or accidents, violence, natural disaster, war, crime etc), educators respond sensitively to the individual preferences and needs of the child
- (353) Educators support children by following our procedure for helping children through difficult times (in our [Positive Relationships for Children Policy](#))

PRINCIPLES

- (354) Everyone at our service – leaders, educators, children and their families and the community – is involved in creating a positive culture and environment
- (355) We have a respectful, safe, predictable, calm and welcoming environment
- (356) We work collaboratively with families, professionals and support services to understand and support children's individual needs

- (357) We recognise that staff wellbeing is critical to a mentally healthy environment for the children in our care
- (358) We promote a holistic approach to mental health and wellbeing
- (359) We are committed to helping children to develop emotional regulation, resilience, self-esteem and social connection
- (360) We value and celebrate diversity and our practices are inclusive. We want everyone at our service to feel valued and a sense of belonging

LEGISLATION (OVERVIEW)

National Quality Standard

Standard / Element	Concept	Description
2.1	Health	Each child's health and physical activity is supported and promoted
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's need for sleep, rest and relaxation
2.1.3	Healthy lifestyle	Healthy eating and physical activity are promoted and appropriate for each child
5.1	Relationships between educators and children	Respectful and equitable relationships are maintained with each child
5.1.1	Positive educator to child interactions	Responsive and meaningful interactions build trusting relationships which engage and support each child to feel secure, confident and included
5.2	Relationships between children	Each child is supported to build and maintain sensitive and responsive relationships
5.2.1	Collaborative learning	Children are supported to collaborate, learn from and help each other
5.2.2	Self-regulation	Each child is supported to regulate their own behaviour, respond appropriately to the behaviour of others and communicate effectively to resolve conflicts
6.1	Supportive relationships with families	Respectful relationships with families are developed and maintained and families are supported in their parenting role
6.1.3	Families are supported	Current information is available to families about the service and relevant community services and resources to support parenting and family wellbeing
6.2	Collaborative partnerships	Collaborative partnerships enhance children's inclusion, learning and wellbeing
7.2	Leadership	Effective leadership builds and promotes a positive organisational culture and professional learning community

Years Learning Framework (EYLF) V2.0

EYLF Outcome	Key component

1: CHILDREN HAVE A STRONG SENSE OF IDENTITY	• Children feel safe, secure and supported • Children develop their emerging autonomy, inter-dependence, resilience and agency • Children develop knowledgeable, confident self-identities and a positive sense of self-worth • Children learn to interact in relation to others with care, empathy and respect
2: CHILDREN ARE CONNECTED WITH AND CONTRIBUTE TO THEIR WORLD	• Children develop a sense of connectedness to groups and communities and an understanding of their reciprocal rights and responsibilities as active and informed citizens • Children respond to diversity with respect
3: CHILDREN HAVE A STRONG SENSE OF WELLBEING	• Children become strong in their social, emotional and mental wellbeing • Children become strong in their physical learning and wellbeing • Children are aware of and develop strategies to support their own mental and physical health and personal safety

National Principles for Safe Organisations

Most relevant principles

Child safety and wellbeing is embedded in organisational leadership, governance and culture

Families and communities are informed and involved in promoting child safety and wellbeing

Equity is upheld and diverse needs respected in policy and practice

People working with children and young people are suitable and supported to reflect child safety and wellbeing values in practice

RELATED DOCUMENTS

Key Policies	Child Safe Environment Policy Positive Relationships with Children Policy Physical Environment Policy Work Health and Safety Policy Enrolment Policy Nutrition and Dietary Requirements Policy Physical Activity Policy Additional Needs Policy Education Curriculum Policy Parental Interaction and Involvement Policy Medical Conditions Policy
Resources	Connections Decision Making Tree , Fact Sheets and Child Wellbeing Plan template BeYou – Beyond Blue Learning Program Head to Health – Supporting Children in early learning following a disaster or community trauma Raising Children - Mental health resources for professionals SEED Program Early Childhood Educator Wellbeing Project NSW Education – Mental Health and Wellbeing webinars Smiling Mind – mindfulness and meditation programs

SOURCES

National Quality Standard | Connections – A resource for early childhood educators about children's wellbeing – Hunter Institute of Mental Health 2014 – Australian Government Department of Education | Be You – Educators Handbook: Early Learning Services – Beyond Blue | Raising Children - Mental health resources for professionals | Early Childhood Educator Wellbeing Project NSW Education – Mental Health and Wellbeing webinars .

Quick reference: mental and emotional wellbeing | social and emotional learning | healthy routines | sharing information with families | monitoring and assessing health and wellbeing | leisure and relaxation | social connections | being in nature | culture and social identity | belonging | mental illness | neurodevelopmental disorder | staff wellbeing | stress | inclusive | diversity | trauma

POLICY INFORMATION

Approval date	1 January 2026
Effective date	1 January 2026
Review date	Reviewed annually and when there are changes that may affect this policy or related procedures
Approved by	Dr Jay Mukhraiya >

37 - National Quality Framework Policy

AIM

Our service participates in the National Quality Framework (NQF). The service aims are to provide the highest quality education and care available across all areas.

RELATED POLICIES

1. Enrolment Policy
2. Educators Orientation Policy.

WHO IS AFFECTED BY THIS POLICY?

1. Educators
2. Families
3. Child
4. Management
5. Visitors

IMPLEMENTATION

Our Service participates in and values the National Quality Framework (NQF), including the National Quality Standard (NQS), the Early Years Learning Framework (EYLF) and the National Regulations – an Australian Government initiative linked to the funding of the Child Care Subsidy for parents. This is conducted through the Australian Children’s Education and Care Quality Authority (ACECQA) and the state licensing department through scheduled site assessment visits and where appropriate, spontaneous visits.

The NQS provides standards of quality practices for care provided in our Service as well as guidance and support from the Service’s self-evaluation through our Quality Improvement Plan (QIP). The system also allows educators to continually improve practices by identifying the quality aspects of care the Service is already providing and assisting the Service in developing goals for further improvement through our QIP. The Service is required to review the QIP at least annually and submit the most recent QIP to the regulatory authority on request.

The Service will ensure that all educators and management are informed about current practices and requirements in the NQF process by attending appropriate in-service/training, accessing any other publications and information about the accreditation process that may be of benefit – including those published by ACECQA.

Educators will involve parents, families and management in each stage to seek their input and views into practices and care in our Service – this includes having parent input into policy reviews, parent meetings and providing updates in newsletters about the Service’s current stage in the process.

The seven Standards under the NQS are –

1. Educational program and practice
2. Children’s health and safety

3. Physical environment
4. Staffing arrangements
5. Relationships with children
6. Collaborative partnerships with families and communities
7. Governance and Leadership

The Rating System

The NQS is accompanied by a national quality rating and assessment process that promotes transparency and accountability and assists parents to make informed choices about the quality of education and care at a service. Our service will display the rating received for each quality area and the overall rating.

The Ratings are as follows –

- Excellent
- Exceeding National Quality Standard
- Meeting National Quality Standard
- Working towards National Quality Standard
- Significant improvement required.

We will access regular updates on the ACECQA website – www.acecqa.gov.au

SOURCES

1. National Quality Standard
2. Early Years Learning Framework
3. Education and Care Services National Regulations 2011

POLICY INFORMATION

Approval date	1 January 2026
Effective date	1 January 2026
Review date	Reviewed annually and when there are changes that may affect this policy or related procedures
Approved by	Dr Jay Mukhraiya >

38 - Nutrition and Dietary Requirements Policy

PURPOSE AND BACKGROUND

- (361) To set out how we ensure children are offered food and drinks that are appropriate to their needs while they are in our care
- (362) This policy is a requirement under the *Education and Care Services National Regulations*. The approved provider must ensure that policies and procedures are in place for health and safety matters in relation to nutrition, food and beverages, and dietary requirements (s 168)
- (363) This policy helps us to comply with the specific obligations regarding food and beverages we have under the *National Regulations* (ss 77-80) and the National Quality Standard

SCOPE

- (364) This policy applies to:
- ‘Staff’: the approved provider, paid workers, volunteers, work placement students, and third parties (e.g., contractors, subcontractors, self-employed persons, employees of a labour hire company) at our service who carry out work that is relevant to this policy
 - Children in our care, their parents, families and care providers
- (365) Food safety is covered in our [Food Safety Policy and Procedures](#)

DEFINITIONS

- (366) The following definitions apply to this policy and related procedures:
- ‘Dietary requirements’ specific food and beverage needs based on each child’s growth, development, cultural, religious and health needs
 - ‘Food safety’ means practices for food handling that ensure food is safe and suitable to consume. Food safety is covered extensively in our [Food Safety Policy and Procedures](#)
 - ‘Medical management plans’, ‘risk management plans’, and ‘communication plans’ are required for children who have a specific health care need, allergy or relevant medical condition – see our [Medical Conditions Policy](#).

POLICY STATEMENT

Meeting children’s individual dietary requirements

- (367) The approved provider and nominated supervisor must ensure that educators offer children food and beverages that are appropriate to their needs at regular times throughout the day (*National Regulations s 78*)

- (368) Our weekly menu caters to children's individual dietary requirements. We have routine meal and snack times, and provide fresh and safe drinking water. Children are allowed to eat outside of our routine times if required.
- (369) Staff must follow our [Nutrition and Dietary Requirements Procedure](#) to ensure all children's nutrition and dietary requirements are identified and catered to

Identifying children's dietary requirements

- (370) At the time of a child's enrolment, we must collect information about their daily dietary needs, including their:
- Growth and developmental needs
 - Cultural or religious food practices
 - Health and medical needs, including dietary restrictions, allergies and risk of anaphylaxis
- (371) Up-to-date health information must be recorded in children's enrolment record (*National Regulations* s 162); and, where relevant, in a child's medical management plan, risk-minimisation plan and communication plan (*National Regulations* s 90)
- (372) We must consult with families about their child's dietary needs during our routine check-ins, and send reminders to parents to update us in writing if there are any changes
- (373) Room leaders and the nominated supervisor must ensure that educators and other relevant staff members are aware of each child's current dietary requirements. This will be achieved through regular formal and informal communication (e.g., written instruction, at induction and orientation, during staff/room briefings etc)
- (374) If there are concerns about a child's food intake, educators and the parents should discuss the matter in an open and respectful manner
- (375) Educators provide families with information about their child's food and beverage intake while in our care through KindyHub App.

Weekly menu

Menu design

- (376) The approved provider and nominated supervisor ensure that our weekly menu provides adequate portions of nutritious food and beverages, and is chosen with regard to the dietary requirements of each child, taking into account their growth and development needs, and any specific cultural, religious or health requirements (*National Regulations* s 79)
- (377) We provide breakfast, morning tea, lunch, afternoon tea, and food and drinks outside of the regular routine mealtimes as required
- (378) We follow guidelines from recognised nutrition authorities, including the [Australian Dietary Guidelines](#) and the NSW Government's Munch & Move initiative
- (379) Our weekly menu must offer:

- A range of nutritious food for children to grow and develop, including fresh fruit and vegetables, whole grains and cereals, meat/meat alternatives, fish and poultry, and dairy/dairy alternatives
 - A variety of tastes, colours, textures and flavours
 - Textures (e.g., purees, chopped, whole) and quantities to suit the ages and developmental needs of children
 - Appropriate alternatives for children who have allergies, intolerances, or religious and cultural requirements
 - Culturally diverse ingredients and meal styles
- (380) We must limit food that is nutritionally poor, highly processed, or which is high in saturated fats, salt and sugar. Such food should not on our regular menu, but can be sometimes offered for special occasions
- (381) We do not serve sugary drinks, confectionery or deep-fried food to children
- (382) We do not serve nuts or peanuts to children as these are not staple foods
- (383) We must engage with families to integrate cultural foods, dietary practices and traditions into the menu where we can
- (384) We celebrate diversity with food in our weekly menu, and during special cultural and religious events
- (385) We must regularly review our menu to ensure it continues to meet the recognised guidelines

Displaying the weekly menu

- (386) The approved provider and nominated supervisor must ensure our weekly menu is displayed in a prominent position at the main entrance (*National Regulations s 80*)
- (387) The menu must accurately describe the food and beverages we are providing each day (*National Regulations s 80*). If there are last-minute changes to the menu, families will be informed

Access to safe drinking water

- (388) The approved provider and nominated supervisor must ensure that children have access to safe drinking water at all times (*National Regulations s 78*)
- (389) Educators must make fresh water available where children play, eat and rest and remind children to drink water throughout the day
- (390) Educators must keep water bottles belonging to children with a food allergy in a separate location from the other children's water bottle to reduce the chance of other children drinking from them

Food safety and medical requirements

- (391) If a child has a food-related medical condition or health need (e.g., allergy, diabetes, food intolerance etc), staff must follow our Medical Conditions Policy, which sets out how to implement medical management, risk management, and communication plans (*National Regulations s 90*)

- (392) If applicable, we must display a notice stating that a child who is at risk of anaphylaxis is enrolled at the service (*National Regulations* s 173(f)(ii)). The notice must be in a prominent position that is clearly visible from the main entrance, but must not identify the child
- (393) The approved provider and nominated supervisor must ensure that all staff (including volunteers) follow our Food Safety Policy and Health, Hygiene and Cleaning Policy to maintain proper health, hygiene and food safety practices (*National Regulations* s 77)
- (394) We follow the best practice 'allergy aware' approach rather than banning allergenic foods (e.g., we are 'nut aware' rather than 'nut free'). This means we must implement risk management measures instead of outright bans (as detailed in our Food Safety Policy and Medical Conditions Policy)
- (395) All bottles, drinks and lunchboxes from home must be labelled with the child's name
- (396) Celebration food provided by families must be in original packaging and include a list of ingredients and the use-by date. We offer food alternatives for any children who at risk.
- (397) We must follow government guidelines to prevent choking hazards, including not serving or modifying (e.g., grating, finely slicing, cooking until soft, mashing) food that poses a choking risk to children under 5 years
- (398) Educators must incorporate oral/dental hygiene education in daily routines to promote good dental health among children and staff
- (399) We must provide fridges for storing expressed milk and infant's formula. Educators must prepare bottles and feed babies according to our safe bottle-feeding procedure in our Food Safety Policy
- (400) We follow the National Health and Medical Research Council's *Infant Feeding Guidelines* for introducing solids and transitioning babies to a toddler diet from 12 months

Positive mealtimes

- (401) Educators must supervise children during mealtimes to ensure children's safety and wellbeing (see our serving food safely procedure in our Food Safety Policy)
- (402) Mealtimes should be used as a time to promote children's agency – children should be encouraged to make their own food choices, serve themselves where possible and be involved in mealtime set up and clean up
- (403) Children are encouraged to eat independently (with consideration given to the child's age or developmental stage)
- (404) Appropriate utensils and serving ware are provided for each child based on their developmental stage.
- (405) Furniture and equipment must be child-centred and suitable for the different ages and stages of our children
- (406) The eating area/s must be set up to encourage social interaction and a sense of belonging among the children. Educators should also interact with children and each other during mealtimes
- (407) Mealtimes should be relaxed, pleasant, and structured to meet most children's needs

- (408) Food must never be used as a punishment, reward or bribe
- (409) Educators must respect children's food choices and appetites, and never force children to eat or drink. Second helpings should be offered
- (410) Educators model and reinforce healthy and hygienic eating habits during mealtimes

Educational programming

- (411) Educators must plan and conduct lessons and activities that teach children about the benefits of healthy eating, oral/dental health and the different types of nutritious food
- (412) Food and mealtimes should be used as an opportunity for children to learn about their identity, relationships, their community, literacy, numeracy, science, and the world
- (413) We must regularly share with families information from recognised nutrition authorities about healthy eating and oral health
- (414) Food-related activities must be incorporated into our program to reinforce children's connection to food. These may include gardening, eating outside, and cooking

PRINCIPLES

- (415) We meet each child's dietary needs, and promote / provide nutritious and appropriate food and beverages for good health, development, and well-being
- (416) We have an inclusive environment that meets children's cultural, religious, and health-based dietary requirements
- (417) We have an allergy-aware approach and implement strict food safety measures to ensure children are not at risk while they are in our care
- (418) We communicate respectfully and partner with families to encourage children's healthy eating. We consult with families regularly so we can cater to each child's dietary needs
- (419) Staff are given the skills and knowledge to promote and model healthy eating. Healthy eating and oral health are included in our educational programming and planning
- (420) We regularly review our policies and procedures so we can be sure we are implementing the current best practice for children's nutrition, dietary requirements and food safety
- (421) We help children to take increasing responsibility for their own health and physical wellbeing, and we see mealtimes as an opportunity to encourage their sense of agency and social belonging

POLICY COMMUNICATION, TRAINING AND MONITORING

- (422) This policy and related documents can be found in the foyer.
- (423) The approved provider and nominated supervisor provide information, training and other resources and support regarding the Nutrition and Dietary Requirements Policy and related documents
- (424) All staff (including volunteers and students) are formally inducted. They are given access to review, understand and formally acknowledge Nutrition and Dietary Requirements Policy and related documents

- (425) The approved provider/nominated supervisor runs a professional development program for each staff member, which covers this policy
- (426) Roles and responsibilities are clearly defined in this policy and in individual position descriptions. They are communicated during staff inductions and in ongoing training
- (427) The approved provider and nominated supervisor monitor and audit staff practices and address non-compliance. Breaches to this policy are taken seriously and may result in disciplinary action against a staff member
- (428) At enrolment, families are given access to Nutrition and Dietary Requirements Policy and related documents
- (429) Families are notified in line with our obligations under the *National Regulations* when changes are made to our policies and procedures

LEGISLATION (OVERVIEW)

Education and Care Services National Law and Regulations

Law	Description
s 167	Offence relating to protection of children from harm and hazards
Regulations	
s 73	Educational program
s 77	Health, safety and safe food practices
s 78	Food and beverages
s 79	Service providing food and beverages
ss 90 - 91	Medical conditions policy
s 162	Health information to be kept in enrolment record
s 168	Education and care services must have policies and procedures
s 170	Policies and procedures to be followed
s 171	Policies and procedures to be kept available
s 172	Notification of change to policies or procedures
s 173	Prescribed information to be displayed
ss 181 ,183 - 184	Confidentiality and storage of records

Other applicable laws and regulations

Act / Regulation / Standard	Description
<i>Work Health and Safety Act 2011</i>	Describes the primary duty of care to people in the workplace
<i>Australia New Zealand Food Standards Code</i>	Covers food safety requirements
<i>Privacy Act 1988</i>	Principal act protecting the handling of personal information
<i>Food Act 2003 (NSW)</i> <i>Food Regulation 2015 (NSW)</i>	Covers the safe handling of food, including the Australian Food Safety Code

National Quality Standard

Standard / Element	Concept	Description
2.1	Health	Each child's health and physical activity is supported and promoted
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented
2.1.3	Healthy lifestyle	Healthy eating and physical activity are promoted and appropriate for each child
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazards
5.1.1	Positive educator to child interactions	Responsive and meaningful interactions build trusting relationships which engage and support each child to feel secure, confident and included
5.2	Relationships between children	Each child is supported to build and maintain sensitive and responsive relationships
6.1	Supportive relationships with families	Respectful relationships with families are developed and maintained and families are supported in their parenting role
6.1.2	Parent views are respected	The expertise, culture, values and beliefs of families are respected and families share in decision-making about their child's learning and wellbeing
6.1.3	Families are supported	Current information is available to families about the service and relevant community services and resources to support parenting and family wellbeing
7.1.2	Management systems	Systems are in place to manage risk and enable the effective management and operation of a quality service
7.1.3	Roles and responsibilities	Roles and responsibilities are clearly defined, and understood, and support effective decision-making and operation of the service

Early Years Learning Framework (EYLF) V2.0

EYLF Outcome	Key component
3: CHILDREN HAVE A STRONG SENSE OF WELLBEING	- Children become strong in their social, emotional and mental wellbeing - Children become strong in their physical learning and wellbeing - Children are aware of and develop strategies to support their own mental and physical health and personal safety

National Principles for Safe Organisations

Most relevant principles
Child safety and wellbeing is embedded in organisational leadership, governance and culture
Children and young people are informed about their rights, participate in decisions affecting them and are taken seriously
Equity is upheld and diverse needs respected in policy and practice
Policies and procedures document how the organisation is safe for children and young people.

RELATED DOCUMENTS

Key Policies	Food Safety Policy Child Safe Environment Policy Health, Hygiene and Cleaning Policy Incident, Injury, Trauma and Illness Policy Physical Environment Policy Enrolment Policy Medical Conditions Policy Enrolment Policy Additional Needs Policy
Procedures	Roles and Responsibilities – Nutrition and Dietary Requirements (attached) Food Safety Procedures (in Food Safety Policy) Medical management plans (in Medical Conditions Policy) Incident, Injury, Trauma and Illness Procedures (in Incident, Injury, Trauma and Illness Policy)

SOURCES

Education and Care Services National Law and Regulations | National Quality Standard | Australian Dietary Guidelines | Eat for Health – Australian Guide to Healthy Eating | Get Up & Grow – Healthy eating and physical activity for early childhood | NHMRC's Infant Feeding Guidelines: information for health workers 2012 (current) | State/territory food legislation | Australian Breastfeeding Association | Best Practice Guidelines for Anaphylaxis Prevention and Management in Children's Education and Care Services V2.1, 2023 | Munch & Move

Quick reference: nutrition | dietary requirements | weekly menu | medical conditions | allergies | food intolerances | cultural food practices | religious dietary restrictions | risk minimisation | menu display | safe drinking water | health and hygiene | food preparation | dietary management | healthy eating | child development | individual needs | family consultation | food safety standards | special dietary needs | allergy aware |

POLICY INFORMATION

Approval date	1 January 2026
Effective date	1 January 2026
Review date	Reviewed annually and when there are changes that may affect this policy or related procedures
Approved by	Dr Jay Mukhraya .

APPENDIX A

ROLES AND RESPONSIBILITIES – Nutrition and Dietary Requirements

Approved provider responsibilities (not limited to)

Ensure our service meets its obligations under the *Education and Care Services National Law and Regulations*, including to:

- Ensure that children have access to safe drinking water at all times
- Ensure that children are offered food and beverages on a regular basis throughout the day
- Display a notice about any anaphylaxis risks at the main entrance
- Ensure that the food and beverages we serve to children are nutritious and adequate in quantity and chosen having regard to the dietary requirements of each child, taking into account their growth and developmental needs, and any specific cultural, religious or health requirements
- Display our weekly menu in a prominent position at the entrance and ensure that it accurately describes the food and beverages we are providing each day.

Ensure that our service's management, operations, policies, plans, (including risk management/action plans), systems, practices and procedures for nutrition, and dietary and medical requirements are appropriate in practice, up-to-date, best practice, and comply with all relevant legislation, standards and guidelines

Ensure this Nutrition and Dietary Requirements Policy and related procedures are in place and available for inspection

Take reasonable steps to ensure our Nutrition and Dietary Requirements Policy and related procedures are followed (e.g. through clear and accessible communication, and systemised inductions, training and monitoring of all staff – including volunteers, students)

Regularly review this Nutrition and Dietary Requirements Policy and related procedures in consultation with children, families, communities and staff

Notify families at least 14 days before changing this Nutrition and Dietary Requirements Policy if the changes will: affect the fees charged or the way they are collected; or significantly impact the service's education and care of children; or significantly impact the family's ability to utilise the service

Nominated supervisor / persons in day-to-day charge responsibilities (not limited to)

Ensure our service meets its obligations under the *Education and Care Services National Law and Regulations*, including to:

- Ensure that children have access to safe drinking water at all times
 - Ensure that children are offered food and beverages on a regular basis throughout the day
 - Display a notice about any anaphylaxis risks at the main entrance
 - Ensure that the food and beverages we serve to children are nutritious and adequate in quantity and chosen having regard to the dietary requirements of each child, taking into
-

account their growth and developmental needs, and any specific cultural, religious or health requirements

- Display our weekly menu in a prominent position and ensure that it accurately describes the food and beverages we are providing each day

Support the approved provider to ensure that our service's management, operations, policies, plans, (including risk management/action plans), systems, practices and procedures for nutrition, and dietary and medical requirements are appropriate in practice, up-to-date, best practice, and comply with all relevant legislation, standards and guidelines

Implement this Nutrition and Dietary Requirements Policy and related procedures

Take reasonable steps to ensure our Nutrition and Dietary Requirements Policy and related procedures are followed (e.g. through clear and accessible communication, and systemised inductions, training and monitoring of all staff – including volunteers, students)

Record children's dietary requirements at enrolment and keep the record updated with any new information or changes. Communicate any requirements to educators and other relevant staff members. Implement any medical management plans, risk management plans and communication plans as required

Enforce our 'allergy aware' approach according to this policy and procedure

Contribute to policies and procedure reviews and risk assessments and plans in consultation with children, families, communities and staff. Support the approved provider to notify families of reviews and changes according to legislation and our policies and procedures

Educator / other staff responsibilities (not limited to)

Follow this Nutrition and Dietary Requirements Policy and related procedures (including for food safety and managing children's medical conditions)

Undertake any relevant professional development to enhance your skills and knowledge in nutrition, food safety, and dietary and medical requirements

Model and teach children about healthy eating and oral health. Plan and conduct relevant activities in our educational program (e.g., cooking, gardening, discussions about food choices)

Make mealtimes a positive experience for children. Supervise and interact with children while they are eating, and encourage children's independence and autonomy by allowing them to make their own decisions about food

Make records of children's food and beverage intake and communicate it to their parents

Be aware of each child's dietary needs or medical requirements, including risk of anaphylaxis. Room leaders must communicate this information regularly to educators/food handling staff and volunteers (e.g., through written records, and in team and staff meetings)

Maintain open and respectful communication with parents about their child's nutrition, and any cultural, religious or health requirements. Report any concerns you have about a child's food and beverage intake to their parents and the nominated supervisor. Provide families with information and resources about healthy eating and oral health

Follow our 'allergy aware' approach, according to this policy

APPENDIX B

NUTRITION AND DIETARY REQUIREMENTS PROCEDURE

INTRODUCTION

- These procedures apply to our [Nutrition and Dietary Requirements Policy](#)
- See also our [Medical Conditions Policy](#), [Food Safety Policy](#) and [Health, Hygiene and Cleaning](#) for related procedures
- ‘Parents’ includes guardians and persons who have parental responsibilities for the child under a decision or order of court
- ‘Staff’ includes volunteers, students and third parties defined in the scope of the [Nutrition and Dietary Requirements Policy](#)

PROCEDURE

When to use this procedure

- When you are collecting, communicating and managing children’s dietary and health needs, including allergies
- When you are designing and implementing our weekly menu
- During mealtimes and snacks
- For food-related educational planning and programming

1. Identify and communicate the nutrition and dietary needs of each child

- Collect information about each child at enrolment, including:
 - Food allergies, intolerances or medical conditions (e.g., diabetes, coeliac disease, anaphylaxis)
 - Cultural and religious food practices (e.g., vegetarian, halal, fasting periods)
 - Individual food and drink preferences
 - Any food or drinks the child must avoid
- Record the child’s dietary information in the child’s enrolment record and the dietary information list
- Display the dietary information list in the room, staff room and kitchen spaces
- If a child has a medical dietary requirement, the nominated supervisor must ensure that their management plans (medical management, risk minimisation, communication) are kept up-to-date, and communicated and available to staff, in line with our Medical Conditions Policy
- If applicable, the nominated supervisor must put up a notice to alert everyone at the service that child who has been diagnosed as at risk of anaphylaxis is enrolled at the service:
 - Put the notice up in a prominent spot, visible at the entrance
 - Do not identify the child/ren in the notice
- Ask families to review and update the dietary information at least once a year and immediately in writing if their child’s needs change

- The nominated supervisor and room leaders must update the records and tell the other staff about the changes

2. Plan and display our weekly menu

- Develop the weekly menu based on our policies, recognised nutritional guidelines, the growth and development needs of the children, dietary requirements and food allergies, and the cultural and religious food preferences of families
- Display the weekly menu in a prominent spot at the main entrance (this is a legal requirement). It must accurately state all the meals and snacks that will be provided each day
- Prepare and serve meals as per the approved menu. If there is a last-minute change the nominated supervisor or another staff member must put a note on our menu board as soon as possible or tell families electronically
- If you are handling food, you must follow our Food Safety Policy
- Regularly review the menu to make sure it is still nutritionally balanced. Ask for feedback from staff, children and families and adjust the menu according to the season

3. Make sure children have access to safe drinking water

- Place water dispensers, bubblers or water bottles in areas where children play, eat and rest
- Routinely check that water containers are filled, clean and sanitised, especially after meals and snacks
- Remind children to drink water throughout the day, especially on hot days or after physical activity
- Keep water bottles belonging to children with a food allergy in a separate location from the other children's water bottle (e.g., in an open shelf with the child's backpack) to reduce the chance of other children drinking from them.

4. Implement our 'allergy aware' approach to manage and prevent anaphylaxis

- We do not ban nuts or other allergen foods as doing so can give staff and families a false sense of security
- Follow the safety measures and regulations (detailed in our Food Safety Policy and Medical Conditions Policy) so that children are not put at risk. These include:
 - Knowing which children are at risk of anaphylaxis
 - Knowing what allergies need to be managed in our service
 - Having medical management plans, risk management and communication plans in place (for on-site and off-site activities)
 - Taking precautions when storing, handling and serving food and drinks to prevent cross-contamination with allergens – including training in food handling for staff, volunteers and students

- Having staff on-site or on excursions who have completed anaphylaxis training and know how to administer adrenaline injector devices
- Informing families and visitors about how we manage allergies, especially for any activities that involve food
- Teaching children about allergies and the importance of washing their hands before and after eating, and not sharing food and drinks with each other
- Not serving nuts or peanuts to children as these are not staple foods.
- If a child has a reaction to a food while they are in our care, follow medical management plans, your first aid training and our first aid procedure

5. Manage other food-related risks

- Sit with children during mealtimes and actively supervise them
- Be aware of choking hazards:
 - Do not serve high-risk foods like whole grapes, popcorn, and hard lollies to children under 5 years
 - Modify food textures where required (e.g., grating, finely slicing, cooking, or mashing firm foods)
- Respond to any choking incidents according to your first aid training and our procedures
- If you are handling food, follow our Food Safety Policy and Procedures and Health, Hygiene and Cleaning Policy and Procedures to keep food free from contamination
- Ensure children and staff practice hand hygiene before and after eating
- Check that all bottles, drinks and lunchboxes from home are labelled with the child's name. Check labels before serving to children to prevent mix-ups
- Check that all celebration food, such as birthday cakes, is in its original packaging and includes a list of ingredients and the use-by date. Offer food alternatives for any children who at risk.

6. Make mealtimes a positive experience

- Create a calm, unhurried, relaxed environment for the children:
 - Arrange the tables and seating to encourage social interactions
 - Sit, eat and talk with the children
 - Encourage children to eat at their own pace and not to rush
 - Be positive about the healthy foods the children are eating
 - Model healthy and hygienic eating habits and good table manners during the meal
- Let children choose what and how much to eat:
 - Don't ever force a child to eat or drink if they don't want and offer second helpings
 - If a child refuses food, educators should not pressure them but may encourage tasting

- Never use food as punishment, reward or bribe
- Encourage children's autonomy and independence:
 - Make sure that tables, chairs, utensils and serving ware are developmentally appropriate for each child
 - Encourage children to help set the table, serve their own food and drinks (where appropriate), find their own place to sit and process communal and individual food waste
 - Encourage children to eat independently to develop their autonomy, and their fine motor, language and social skills

7. Promote healthy eating and oral gum health

- Have discussions with children about food and nutrition during your daily routines – talk about where food comes from, different cultures, and making good food and drink choices to keep your teeth and body healthy
- Plan and conduct lessons about food and nutrition and oral health
- Include food-related activities in our program (e.g., gardening, cooking, alfresco dining or picnics, excursions to community gardens, farms, markets)
- Use food to develop children's skills and knowledge of the world. For example, counting fruit, reading recipes, weighing ingredients, baking, gardening, and exposure to diverse cultural foods are great ways to indirectly to teach children literacy, numeracy, chemistry, biology, geography, and social sciences)
- Share information with families through newsletters, posters, email, social media etc
- Encourage families to share their cultural food traditions and recipes with us, and share your own
- Encourage children to drink water throughout the day to support dental health. Teach them to rinse their mouth with water to remove food debris (under an adult's supervision)
- Emphasise the importance of brushing your teeth and gums, eating a wide variety of healthy foods, limiting sugary drinks and food, and having regular check-ups with a dentist

39 - Orientation for Children Policy

NQF

QA6	6.1.1	Engagement with the service - Families are supported from enrolment to be involved in the service and contribute to service decisions.
	6.2.1	Transitions - Continuity of learning and transitions for each child are supported by sharing relevant information and clarifying responsibilities.

NATIONAL REGULATIONS

Regs	177	Prescribed enrolment and other documents to be kept by approved provider

AIM

To provide children and families with an orientation procedure that allows the family to transition to their child being in care, transition to a new room within the service or transition to school.

RELATED POLICIES

1. Enrolment Policy
2. Family Law and Access Policy
3. Parental Interaction and Involvement in the Service Policy
4. Physical Environment (Workplace Safety, Learning and Administration) Policy
5. Relationships with Children Policy
6. Staffing Arrangements Policy
7. Unenrolled Children Policy.

IMPLEMENTATION

We believe orientation is an important process where educators are able to get important information about the new child's needs and those of the family. This process helps to make the transition from home to care as smooth as possible with the aim to maintain continuity between home and the service, which helps the child adjust to the new setting.

The Nominated Supervisor will arrange for the new child to attend the service (together with parents/s) to visit and meet the educators and familiarise with the environment. The children may participate in the activities if they so desire. A number of young children prefer to just watch, rather than do. Positive interactions at this time (between parents, educators and the child) are important for the children to build positive attitudes to the service environment. Educators are aware that some children respond to new experiences faster than others and will adapt to the situation.

At this time, the daily timetable and program will be discussed, as well as routines and any special requirements for the child that may need to be accommodated. Parent/s will also be encouraged to send any special comfort items (teddy etc.) to help the child in the initial settling in period. Parents will also be invited to ring and check on their child at any time if there are any concerns.

Part of this orientation visit is also to explain/collect the required documentation for the child (enrolment form, birth certificate, immunisation record and Medicare number etc.). Staff will also

explain methods of fee payment and communication (newsletters, pockets, communication box etc.), what the child will need, the importance of labelling personal items and also show the parent library where they can access the service's policies and other resources.

Educators will also discuss how best to tailor the child's settling in period – with some parents choosing to gradually build up to a full day so the child is reassured that the parents will return to collect them. Educators will encourage parents to say goodbye when dropping off – and reassured that if the child remains distressed over a period of time, that educators will contact them. Parents are able to stay as long as needed to reassure their child, but sometimes it's easier for the educator to settle the child if the parents come earlier on collection to spend time with their child – rather than do this at drop off time.

Parents will be kept informed about how their child is settling in on collection and are welcome to discuss any aspects with the Nominated Supervisor at a convenient time.

Information on the service's child orientation policy will be available in different languages when required.

Transition

The service aims to arrange for room transitions when a vacancy occurs or at the beginning of a new year. As each room has different challenges and expectations, children will only be transitioned when they are ready in all aspects of their development. The opportunity to transition between groups / rooms at the service is based on many factors other than just age. When the child becomes of the age to attend school, the service will work with the parents and the school to prepare the child for school entry.

Transition from one room to another

Change is harder for some children than others; however, by making this transition as smooth as possible for children and families, we are helping build the child's success. Separation can evoke children's deep feelings which can trigger restlessness, frustration etc.

Implementation

So as to minimise any distress that the transfer may cause.

- Think about the transition ahead of time. Lay the groundwork for a new teacher to get to know their child by sharing information and insights you have gained.
- Talk to families about how their child handles change and the strategies they use to help their child cope with change.
- Plan to have the child and family visit the new group more than once if possible.
- Invite the new teacher to visit the child in their room numerous times.
- Talk about change, starting from 2 weeks before the transition.
- Don't talk about the transition in terms of concern or sorrow.
- Talk about their new teacher every day in general conversation.
- Celebrate the child's last day in the room with a special snack or by signing a special song you have made together.
- Be sure to say goodbye.

Transition to school

When a child first attends school, there is a great change for that child and for their family. We believe that the child's parents are the most important link in this transition.

- The better the transition between home and school, the better the education: that's the message of recent research.
- The Service will always talk about starting school in a positive manner that will reinforce a healthy attitude toward the transition.
- If possible, information on local schools will be made available to parents.
- Toward the end of each year an excursion is arranged to visit the local school so as to familiarise the children with the school environment.
- Parents with children who are of eligible age to commence school in the following year will be given a school readiness report in October.
- Information regarding school readiness is issued in October.
- Children will be encouraged to bring a school lunch for a week in December to help prepare for school. Parents will be provided with information regarding appropriate nutrition and lunches for school.

SOURCES

1. Education and Care Services National Regulations
2. National Quality Standard

POLICY INFORMATION

Approval date	1 January 2026
Effective date	1 January 2026
Review date	Reviewed annually and when there are changes that may affect this policy or related procedures
Approved by	Dr Jay Mukhraiya >

40 - Photography and Video Policy

PURPOSE AND BACKGROUND

- (430) To set out guidelines for the safe and appropriate use of photography and video
- (431) It aims to protect the safety, privacy, and rights of all children, families and staff members
- (432) This policy helps us to comply with the *Education and Care Services National Regulations*, which requires our service to have policies and procedures in place for providing a child safe environment, including matters relating to the safe use of online environments
- (433) It complies with the *Privacy Act 1988 (Cth)*, and aligns with the National Model Code for Taking Images or Videos of Children while Providing Early Childhood Education and Care (National Model Code), the ECEC Code of Ethics, and the NSW Child Safe Standards

SCOPE

- (434) This policy applies to:
- The approved provider, paid workers, volunteers and work placement students, **referred to as ‘staff’ throughout this policy**
 - Third parties who carry out child-related work at our service, including contractors, subcontractors, self-employed persons, employees of a labour hire company, **referred to as ‘staff’ throughout this policy**
 - Children who are in our care, their parents, families and care providers
 - Visitors to our service who carry out child-related work, including allied health support workers, professional photographers
- (435) It covers all activities carried out at or by our service that involve photographing or videoing children, including at special events, excursions, travel and transport.

DEFINITIONS

- (436) The following definitions apply to this policy and related procedures:
- **‘Photo/Photograph/Video’** means any visual recording of children, either still or moving
 - **‘Audio’** means a sound recording of children, including voices and other sounds made by children
 - **‘Consent’** refers to the voluntary and informed agreement to allow something to happen or someone else to do something
 - **‘Service-issued devices’** are devices provided by our service for professional use, including phones, tablets, cameras, and computers
 - **‘Personal devices’** are privately owned devices (such as smartphones, tablets, laptops, voice recorders, cameras, and smartwatches) capable of accessing the internet or capturing images, audio and videos
 - **‘Parents’** includes guardians and persons who have parental responsibilities for the child under a decision or order of court

- ‘Staff’ refers to paid workers, volunteers, students, and third parties who are covered in the scope of this policy. Note: ‘staff’, ‘employees’ and ‘workers’ etc may have their own, different definitions in legislation covered in this policy.

POLICY STATEMENT

Child safe environment

- (437) Our practices align with the National Model Code, which sets out how to implement child safe practices for electronic device use in education and care services
- (438) When we are photographing or videoing children, our number one priority is the safety, dignity, and rights of the child. We avoid any action that might cause harm or discomfort
- (439) We always get the informed consent of parents before we photograph or video their child. We involve children in giving their consent when appropriate, and respect their right to decline
- (440) We support staff to ensure their use of photography/video is purposeful, supports quality educational practice, and does not interfere with active supervision or child-educator engagement
- (441) We support staff to maintain a culture of child safety, and encourage them to speak up if they see personal or service-issued devices being used inappropriately
- (442) We store photographs and videos of children on secure platforms and take steps to ensure access to them is restricted

Consent

Parental consent

- (443) We discuss this policy with parents at the time of their child’s enrolment
- (444) We get written consent from parents to take, use and share photographs or videos of their child
- (445) Our consent form is specific. We state why the photos or videos are being taken, how they will be used, stored, and shared, and who is authorised to take them
- (446) Parents may choose not to consent to their child being photographed or videoed in any circumstances, or they may choose to give consent for a limited number of situations
- (447) We notify parents in advance of any school photographers, researchers and students on practicum placements who intend to take photographs/videos of their children, and give parents the opportunity to withdraw their consent
- (448) We only engage professional photographers who agree to follow this [Photography and Video Policy](#)

Not giving/withdrawing consent

- (449) Parents may withdraw consent at any time by notifying the nominated supervisor in writing
- (450) We maintain a list of children whose parents have withheld consent or given limited consent. Staff are responsible for checking the list and, where applicable:
 - Not photographing or videoing these children, and ensuring they are removed from any group photos/videos situations; or

- Only using and sharing photographs/videos of these children according to their parents' consent

Purpose and use

Education, development, communication and promotional use

- (451) Photographs and videos of a child are only taken and used with parental consent and if they are directly relevant to a child's involvement in our service's activities, including to:
- Document and support children's learning and development
 - Engage families by sharing children's progress and daily activities
 - Communicate events/activities and share relevant information with families and communities
 - Promote/market the service
 - Support educational research and professional development.
- (452) Photographs and videos are only used for the purposes we set out in our consent form. Any additional use requires further written consent from parents
- (453) Note, our service may need to take photos, videos or audio recordings of a child for their safety or wellbeing, e.g., to document injuries or if we are instructed to do so by the police/child protection authority. If the relevant authority allows, the child's parents have the right to access them.

Accessing and sharing photographs and videos

- (454) Only staff who have a clear need to do so as part of their job, and who are authorised by the approved provider/nominated supervisor, can access, use or share the photos/videos we take of children at our service
- (455) Photos and videos must only be shared in line with the conditions set out in our consent form. They must not be accessed or shared beyond their intended purpose or context
- (456) We will only share a child's photos or videos publicly - e.g. on social media, on our website, in newsletters, by email, brochures, on digital learning apps – if we have written parental consent
- (457) We will only use children's photos to market or publicise our service, or to support any research projects or study placements, if we have written parental consent
- (458) Staff must also comply with our Social Media Policy if they are posting photographs or videos on social media platforms
- (459) Photographs/videos used publicly will refer to the child by their first name and surname initial unless parents have authorised the use of the child's full name
- (460) Staff must never download photographs or videos of a child at our service to a personal device or take steps that would allow them to access this type of content from their own personal device
- (461) Note, in some situations, such as where a child is at risk of harm, we may be legally obliged to share photos or videos with the police or another authority.

The use of devices

- (462) Staff (including students and volunteers) **must only use service-issued devices to take photographs, videos or audio recordings of children in our care**

- (463) Staff (including students and volunteers) **must not use personal devices (such as cameras, smartphones, tablets, and smartwatches) to take photographs, videos or record audio of children in our care**
- (464) Staff must not use devices to take photos or videos if doing so jeopardising their capacity to supervise, interact or engage with children
- (465) Service-issued devices are stored securely when they are not in use. Staff are not allowed to take them home
- (466) The nominated supervisor is responsible for overseeing the day-to-day use of service-issued devices, and ensuring that photographs and recordings of children are securely managed and stored, including checking authorisations for use remain up-to-date
- (467) Personal electronic devices must be stored securely and not be in the possession of any person at our service while they are providing education and care to children and working directly with children, except in certain limited situations and with the written approval of the approved provider (see [Technology and Device Use](#))
- (468) If a personal device is used in an emergency, any images or videos must be transferred as soon as practicable to a service-issued device or platform, and the content must be deleted from the personal device
- (469) Staff must report any accidental or necessary use of a personal device for photography or recording to the nominated supervisor immediately
- (470) Taking an unauthorised photograph or video with a personal device of a child in our care is considered a serious breach of this policy and may result in disciplinary action.

Inappropriate photography and videos

- (471) Any photographs or videos with inappropriate content is strictly prohibited
- (472) Inappropriate content includes any depictions of a child that be considered exploitative, intrusive, or harmful – for example, where a child is undressed, in distress, in a state of dysregulation or depicted in a manner that could be considered sexualised or exploitative
- (473) Any staff member who captures or shares inappropriate content will be reported to the relevant authority, following our [Child Protection Policy](#)
- (474) Photography and videos are not permitted of children engaged in private activities or in areas we designate as ‘no photography’ zones, including bathrooms, nappy change rooms, change rooms and areas where there is not a clear line of sight by other staff members
- (475) Staff must make sure that children are clothed and positioned appropriately before they take their photo or video
- (476) Images and videos must be used in a way that is dignified and respectful, and not in a way that is discriminatory, stereotyping or biased

Guidelines for parents and families

- (477) Parents and families can take photos and videos of their child at our service, but should not take photos or videos of anyone else’s child unless they have the consent of the child’s parents
- (478) Parents and families should not share any photos or videos that include identifiable characteristics of other children, staff, visitors or families without getting the relevant

- consent first. This includes sharing images on social media, websites, or any other platform
- (479) For special events that are open to families and the community (e.g., concerts), the nominated supervisor may ask parents before the event whether object to their child being included in other families' photos or videos
- (480) Note, our service does not take responsibility for the sharing or use of photos or videos that are taken by people other than staff members and other service-authorised photographers

Privacy and security

Storage and access

- (481) Digital photos and videos of children are stored on secure platforms and/or digital devices that are encrypted and password protected
- (482) Printed, hard copy photos of children are stored securely, away from public access
- (483) Access to stored photos and videos is limited to authorised staff members only
- (484) We have strong privacy settings on our social media platforms and only share photos with families and service followers.
- (485) We regularly update our systems to ensure they remain secure and protected from unauthorised access
- (486) Staff are not allowed to transfer photographs and recordings to personal devices or unauthorised platforms
- (487) Any sharing of photographs and recordings outside our service is done securely and only with written authorisation from the child's parents
- (488) Staff are trained to follow our privacy and security protocols
- (489) The approved provider is responsible for the oversight and control of who has access to photos and videos at our service (see our [Technology and Device Use](#) for information on how technology use is monitored and managed).

Retention and destruction

- (490) Photos and videos are only kept for as long as necessary to fulfil their intended purpose, unless we need to keep them longer for legal or regulatory reasons
- (491) We may keep photos and videos that have historical value indefinitely
- (492) Photos or videos that relate to a child protection matter will be managed according to our [Child Protection Policy](#)
- (493) When they are no longer needed, photos and videos are securely deleted or destroyed to ensure they cannot be accessed or recovered (e.g., digital photos and videos are either overwritten by data wiping software or we physically destroy storage devices; physical photos are shredded)
- (494) We will agree to requests to delete/destroy images and videos where it is appropriate and lawful to do so.

Breaches and complaints

- (495) Anyone can raise concerns or complaints regarding the handling of photographs, videos, or devices, according to our [Complaint Handling Policy](#)
- (496) Staff must follow our [Child Protection Policy and Procedures](#) if they have concerns for a child's safety or well-being

- (497) Any breaches of this policy, including the improper use of devices, or unauthorised use of photos or videos, are treated seriously
- (498) Depending on the nature of the breach, staff members may be subject to disciplinary action, referred to the police/child protection authority, and/or have their employment terminated

PRINCIPLES

- (499) All practices related to photography/video are conducted with children's safety, wellbeing, privacy and dignity as our number one priority
- (500) We only capture, use, share and store photos/videos according to their intended purpose and with the written consent of parents
- (501) We store photos/videos securely and have systems that prevent them from being accessed or shared improperly, or without authorisation. We only retain photos/videos for as long as is necessary and we destroy/delete them securely
- (502) We comply with all relevant legislation, regulations and standards at all times
- (503) We act in line with our *Statement of Commitment to Child Safety and Wellbeing*, Child Safe Code of Conduct, National Model Code and the ECEC Code of Ethics
- (504) We treat all individuals in photographs/videos with dignity and respect, and recognise that there are cultural differences and sensitivities related to photography
- (505) We give staff the training, resources and support that they need to implement this policy

POLICY COMMUNICATION, TRAINING AND MONITORING

- (506) This policy and related documents can be found in the Foyer near the entrance.
- (507) The approved provider and nominated supervisor provide information, training and other resources and support regarding the Photography and Video Policy and related documents
- (508) All staff (including volunteers and students) are formally inducted. They are given access to, review, understand and formally acknowledge this Photography and Video Policy and related documents
- (509) The approved provider runs a professional development program for each staff member, which covers this policy
- (510) Roles and responsibilities are clearly defined in this policy and in individual position descriptions. They are communicated during staff inductions and in ongoing training
- (511) The approved provider and nominated supervisor monitor and audit staff practices through spot checks, performance reviews, supervision sessions, and regular performance appraisals and address non-compliance. Breaches to this policy are taken seriously and may result in disciplinary action against a staff member
- (512) At enrolment, families are given access to our Photography and Video Policy and related documents
- (513) Families are notified in line with our obligations under the *National Regulations* when changes are made to our policies and procedures

ROLES AND RESPONSIBILITIES

Approved provider responsibilities (not limited to)

Ensure our service meets its obligations under the *Education and Care Services National Law* and *Regulations*, including to take every reasonable precaution to protect children from harm and hazards likely to cause injury and ensure that children in our care are adequately supervised at all times

Ensure that our service's governance, management, operations, policies, plans, (including risk management/action plans), systems, practices and procedures for photography and videos are appropriate in practice, best practice, align with the principles/standards for child safe organisations and comply with all relevant legislation

Ensure this Photography and Video Policy is in place and take reasonable steps to ensure that is followed (e.g. through clear and accessible communication, and systemised inductions, training and monitoring of all staff – including volunteers, students)

Ensure that staff's use of devices is being monitored and that unauthorised personal devices are not being used for photographing or videoing children

Ensure that parents are giving informed consent and that photos/videos are only being used by staff for their intended purpose

Ensure our systems are secure and kept-up-to date, and that photos/videos are stored in a way that protects them from misuse, interference and loss, and from unauthorised access, modification or disclosure. Take reasonable steps to destroy or de-identify photos/videos when we no longer need them for purpose they were collected

Ensure this policy and related documents are reviewed regularly, and notify families of reviews and changes according to legislation and our policies and procedures

Nominated supervisor / persons in day-to-day charge responsibilities (not limited to)

Ensure our service meets its obligations under the *Education and Care Services National Law* and *Regulations*, including to take every reasonable precaution to protect children from harm and hazards likely to cause injury and ensure that children in our care are adequately supervised at all times

Ensure that our service's governance, management, operations, policies, plans, (including risk management/action plans), systems, practices and procedures for photography and videos are appropriate in practice, best practice, align with the principles/standards for child safe organisations and comply with all relevant legislation

Implement this Photography and Video Policy and support the approved provider to ensure that is followed by staff and families (e.g. through clear and accessible communication, and systemised enrolments/orientations, inductions, training and monitoring of all staff – including volunteers, students)

Authorise staff device use and who can take, access and use photos and videos of children. Oversee the day-to-day monitoring of device use, ensuring that staff do not have unauthorised personal devices in their possession and that only service-issued devices are being used to photograph or video children

Ensure that parents are giving informed consent, including by discussing this policy at the time a child is enrolled. Ensure that all consent forms are completed, stored securely and regularly reviewed. Maintain a list of children whose parents have not provided consent or who have provided limited consent, and make sure that educators have access to this list

Notify parents in advance if any professional photographers, researchers, students or anyone else outside to our service will be taking and storing photos/videos

Ensure that photos/videos are only being taken, used and shared according to their purpose. Get additional written consent for anything that is not covered in the consent form

Support the approved provider to keep our IT systems secure and up-to-date. Store photos/videos in a way that protects them from misuse, interference and loss, and from unauthorised access, modification or disclosure. Take reasonable steps to destroy or de-identify photos/videos when we no longer need them

Support the approved provider to regularly review this policy and related documents, and to notify families of reviews and changes according to legislation and our policies and procedures

Educator / other staff responsibilities (not limited to)

Follow this [Photography and Video Policy](#) and other related policies and procedures

Only use service-issued devices (not personal devices) to take photographs or videos of children

Do not keep personal devices in your possession while caring for/educating children at our service

Ensure that children who do not have parental consent are excluded from any individual or group photos/videos

Only share photos/videos taken by our service (including online, on social media, on digital learning apps, or directly with families) if you have been authorised to do so by the nominated supervisor. Only share photos/videos according to the specific written consent we have been granted by children's parents. Always make sure you have consent from other staff members, families or visitors before sharing any photos/videos of them

Ensure that all photos/videos are appropriate and maintain the privacy and dignity of the children, staff members, families and visitors at our services

Report any breaches or concerns regarding photography/videos/devices to the nominated supervisor. Follow our [Child Protection Policy](#) if there are any concerns about harm or risk of harm to a child and report to the relevant authority in line with our procedures and obligations

Contribute to policy and procedure reviews, risk assessments and plans

Families responsibilities (not limited to)

Follow the relevant sections of our [Photography and Video Policy](#)

Complete our photography and video consent form at the time of your child's enrolment and keep it updated if anything changes

You need consent to take and use photos/videos of other people at the service, including children and families other than your own, staff members and visitors. If you don't have the consent of a child's parents, or the consent of an adult, only photograph/video your own child at our service

Refrain from sharing photos/videos (e.g., on social media) if they include identifiable characteristics of another child or adult at our service, unless you have the relevant consent

Notify our service in writing if you wish to withdraw consent for photographing/videoing your child

Raise any concerns or complaints regarding photography/videos/devices according to our Complaint Handling Policy and Procedure

LEGISLATION (OVERVIEW)

Education and Care Services National Law and Regulations

Law	Description
s 165	Offence to inadequately supervise children
s 167	Offence relating to protection of children from harm and hazards
Regulations	
s 73	Educational program
s 74	Documenting of child assessments or evaluations for delivery of educational program
s 168(2)(h)	Education and care services must have policies and procedures in relation to providing a child-safe environment
s 170	Policies and procedures to be followed
s 171	Policies and procedures to be kept available
s 177(1)(a)	Prescribed enrolment and other documents to be kept by approved provider
ss 181,183 - 184	Confidentiality and storage of records

Other applicable laws and regulations

Act/ Regulation	Description
<i>Australian Human Rights Commission Act 1986 (Cth)</i>	Provides guidance on how to uphold the principles in the <u>Convention on the Rights of the Child</u>
<i>Privacy Act 1988</i>	Principal act protecting the handling of personal information, including photos and videos

National Quality Standard

Standard	Concept	Description
1.3	Assessment and planning	Educators and co-ordinators take a planned and reflective approach to implementing the program for each child
1.3.1	Assessment and planning cycle	Each child's learning and development is assessed or evaluated as part of an ongoing cycle of observation, analysing learning, documentation, planning, implementation and reflection
1.3.3	Information for families	Families are informed about the program and their child's progress
2.2	Safety	Each child is protected
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazards

Standard	Concept	Description
2.2.3	Child Protection	Management, educators and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect
4.2	Professionalism	Management, educators and staff are collaborative, respectful and ethical
4.2.2	Professional standards	Professional standards guide practice, interactions and relationships
5.1	Relationships between educators and children	Respectful and equitable relationships are maintained with each child
5.1.2	Dignity and rights of the child	The dignity and rights of every child is maintained
6.1	Supportive relationships with families	Respectful relationships with families are developed and maintained and families are supported in their parenting role
6.1.2	Parent views are respected	The expertise, culture, values and beliefs of families are respected and families share in decision-making about their child's learning and wellbeing
7.1	Governance	Governance supports the operation of a quality service
7.1.2	Management systems	Systems are in place to manage risk and enable the effective management and operation of a quality service
7.1.3	Roles and responsibilities	Roles and responsibilities are clearly defined, and understood, and support effective decision-making and operation of the service

Early Years Learning Framework (EYLF) V2.0

EYLF Outcome	Key component
3: CHILDREN HAVE A STRONG SENSE OF WELLBEING	- Children become strong in their social, emotional and mental wellbeing - Children become strong in their physical learning and wellbeing - Children are aware of and develop strategies to support their own mental and physical health and personal safety

National Principles for Child Safe Organisations

Most relevant principles

Child safety and wellbeing is embedded in organisational leadership, governance and culture.

Children and young people are informed about their rights, participate in decisions affecting them and are taken seriously.

Families and communities are informed and involved in promoting child safety and wellbeing.

Physical and online environments promote safety and wellbeing while minimising the opportunity for children and young people to be harmed.

RELATED DOCUMENTS

Key Policies	Child Protection Policy Child Safe Code of Conduct Child Safe Risk Management Plan Complaint Handling Policy ECEC Code of Ethics Social Media Policy Technology and Device Use Policy Relationships with Children Policy Orientation for Children Policy Parental Interaction and Involvement Policy Governance Policy Privacy and Confidentiality Policy Enrolment Policy CCTV Policy
Procedures	Child Safe Environment Procedures (in Child Safe Environment Policy) Child Protection Procedures (in Child Protection Policy) Complaint Handling Procedures (in Complaint Handling Policy)

Tools	Photography and Video Consent Form template (attached at Appendix A) Active Supervision Guidelines (ACECQA) [Centre Support resources available on Karla Resources at centresupport.com.au]

POLICY INFORMATION

Approval date	1 January 2026
Effective date	1 January 2026
Review date	Reviewed annually and when there are changes that may affect this policy or related procedures
Approved by	Dr Jay Mukhraya >

41- Physical Activity Policy

PURPOSE AND BACKGROUND

- (514) To set out how we promote physical activity for good physical and mental health and wellbeing, and ensure children achieve the right balance of physical activity, inactivity and sleep
- (515) This policy helps us to comply with the *National Regulations* (s 168(2) (a)), which requires us to have policies and procedures related to children's health and safety. It aligns with the National Quality Standard Area 2.1 (Health), and is based on the Australian Government's 24-hour movement guidelines for children and young people

SCOPE

- (516) This policy applies to:
- 'Staff': the approved provider, paid workers, volunteers, work placement students, and third parties who carry out child-related work at our service (e.g., contractors, subcontractors, self-employed persons, employees of a labour hire company)
 - Children in our care, their parents, families and care providers

DEFINITIONS

- (517) The following definitions apply to this policy and related procedures:
- 'Physical activity' means any bodily movement that engages muscles and expends energy. It includes play, structured exercises and everyday activities
 - 'Parents' includes guardians and persons who have parental responsibilities for the child under a decision or order of court
 - 'Staff' refers to paid employees, volunteers, students, and third parties who are covered in the scope of this policy

POLICY STATEMENT

The right balance of physical activity and inactivity for children

- (518) Our daily program must include a mix of physical activity and inactivity to meet the needs of children in our care
- (519) Educators must give children opportunities for structured and unstructured active play throughout the day, and an environment in which children can move freely and explore
- (520) Educators must respond to the individual needs of each child. As children grow and develop, educators must support them to spend more time in active play, less time sitting, and in getting the right amount of sleep

- (521) Educators must give children time to rest and relax; however, they also must limit the amount of time that children spend sitting or lying down (excluding rest/sleep times) or using screens
- (522) Educators must follow our Physical Activity Procedure (attached), which is based on the Australian Government's 24-hour movement guidelines for children and young people.

Getting children involved

- (523) Educators must make physical activities a time for fun and exploration by offering creative, new and unfamiliar activities throughout the year, and participating enthusiastically in the activities with the children
- (524) We must encourage children to make decisions about what physical activities they would like to do and, where we can, incorporate their suggestions into our program
- (525) Children should be involved in setting up activities and equipment as much as possible
- (526) Our educational program covers how the human body works and how important physical activity is to maintaining health and wellbeing

Supporting development and skills

- (527) Our program must include activities that target both gross and fine motor skills, develop balance skills and spatial awareness, and encourage problem-solving
- (528) Children must be given individualised support to help them move through their developmental stages, and to try new or unfamiliar activities to build their independence, confidence and skills

Inclusion

- (529) Our physical activity program must cater to different age groups, abilities and developmental stages
- (530) We must promote a culture of inclusion in which all children are equally valued and encouraged to participate, regardless of their gender, background, identity or physical abilities
- (531) All children must be offered the chance to initiate and lead physical play activities, and educators should challenge stereotypes that might discourage participation in certain activities (e.g., because of gender or disabilities)
- (532) We must provide culturally and developmentally appropriate physical activities that reflect the children's diverse abilities, interests, identities and backgrounds
- (533) Our activities, spaces and equipment must be tailored and modified where necessary and reasonable to ensure that every child can participate meaningfully

Safety

- (534) We must conduct regular risk assessments of indoor and outdoor physical play areas and equipment, and ensure that equipment is safe, maintained and appropriate for all abilities, ages and developmental stages
- (535) Educators must teach children the boundaries and guidelines for safe play so they can explore and take appropriate risks within the limits
- (536) Children and staff must wear appropriate footwear and clothing during physical activities, and must also wear sun protection if they are outside

Family partnerships

- (537) We must maintain open communication with families and share information with each other about children's physical development, including their strengths, abilities, and emerging skills
- (538) Any information we provide to families about the benefits of physical activity must be from reliable sources
- (539) Where children and families need extra support, we can give specific advice and referrals from our network of external support agencies and child health/development specialists
- (540) We must work collaboratively with families and professionals to implement any management or support plans for children that are needed.

PRINCIPLES

- (541) Our physical activity program meets the individual needs of each child, taking into account their age and developmental stage
- (542) We implement the Australian Government's 24-hour movement guidelines for children and young people
- (543) We see physical activity as a time for children to develop, have fun and explore
- (544) Our program reflects and celebrates the diverse abilities, interests, cultures, identities, and backgrounds of our families, ensuring all children can participate meaningfully
- (545) Our practices, spaces and equipment are safe for children.

POLICY COMMUNICATION, TRAINING AND MONITORING

- (546) This policy and related documents can be found in the foyer.

- (547) The approved provider and nominated supervisor provide information, training and other resources and support regarding the Physical Activity Policy and related documents
- (548) All staff (including volunteers and students) are formally inducted. They are given access to, review, understand and formally acknowledge this Physical Activity Policy and related documents
- (549) The approved provider/nominated supervisor runs a professional development program for each staff member, which covers this policy
- (550) Roles and responsibilities are clearly defined in this policy and in individual position descriptions. They are communicated during staff inductions and in ongoing training
- (551) The approved provider and nominated supervisor monitor and audit staff practices and address non-compliance. Breaches of this policy are taken seriously and may result in disciplinary action against a staff member
- (552) At enrolment, families are given access to our Physical Activity Policy and related documents
- (553) Families are notified in line with our obligations under the *National Regulations* when changes are made to our policies and procedures.

LEGISLATION (OVERVIEW)

Education and Care Services National Law and Regulations

Regulations	
s 73	Educational program
s 77	Health, safety and safe food practices
s 84A-D	Sleep and rest
s 103	Premises, furniture and equipment to be safe, clean and in good repair
s 105	Furniture, materials and equipment
s 168	Education and care services must have policies and procedures
s 170	Policies and procedures to be followed
s 171	Policies and procedures to be kept available
s 172	Notification of change to policies or procedures

National Quality Standard

Standard / Element	Concept	Description
2.1	Health	Each child's health and physical activity is supported and promoted
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's need for sleep, rest and relaxation
2.1.3	Healthy lifestyle	Healthy eating and physical activity are promoted and appropriate for each child
3.1.1	Fit for purpose	Outdoor and indoor spaces, buildings, fixtures and fittings are suitable for their purpose, including supporting the access of every child
3.1.2	Upkeep	Premises, furniture and equipment are safe, clean and well maintained

Standard / Element	Concept	Description
3.2	Use	The service environment is inclusive, promotes competence and supports exploration and play-based learning
3.2.1	Inclusive environment	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 support play-based learning	Resources, materials and equipment allow for multiple uses, are sufficient in number, and enable every child to engage in play-based learning.
6.2.2	Access and participation	Effective partnerships support children's access, inclusion and participation in the program.

Early Years Learning Framework (EYLF) V2.0

Outcome	Key component
3: CHILDREN HAVE A STRONG SENSE OF WELLBEING	- Children become strong in their social, emotional and mental wellbeing - Children become strong in their physical learning and wellbeing - Children are aware of and develop strategies to support their own mental and physical health and personal safety.

National Principles for Safe Organisations

Most relevant principles

Equity is upheld and diverse needs respected in policy and practice

RELATED DOCUMENTS

Key Policies	Child Safe Environment Policy Additional Needs Policy Physical Environment Policy Education Curriculum and Learning Policy
Procedures	Physical Activity Procedures (attached)
Resources	Physical activity guidelines – Department of Health Playactive.org.au

SOURCES

Education and Care Services National Law and Regulations | National Quality Standard | Australian Government Department of Health and Aged Care's 24-hour movement guidelines – birth to 5 years + Get up and Grow – Healthy eating and physical activity for early childhood – resource | Play Active – Kids Research Institute Australia.

Quick reference: Quick reference: physical activity | exercise | energetic play | children's growth and development | fitness | wellbeing | health | preventing sedentary behaviour | staying active | sport | access and inclusion | safety

POLICY INFORMATION

Approval date	1 January 2026
Effective date	1 January 2026
Review date	Reviewed annually and when there are changes that may affect this policy or related procedures
Approved by	Dr Jay Mukhraiya .

APPENDIX A

ROLES AND RESPONSIBILITIES – PHYSICAL ACTIVITY

Approved provider responsibilities (not limited to)

Ensure our service meets its obligations under the *Education and Care Services National Law and Regulations*, including to take reasonable steps keep children safe from harm and hazards

Ensure that our service's governance, management, operations, policies, plans, (including risk management/action plans), systems, practices and procedures for physical activity are appropriate in practice, up-to-date, best practice, and comply with all relevant legislation, standards and guidelines

Ensure our policies and procedures related to children's health and safety are in place and available for inspection

Take reasonable steps to ensure our policies and procedures related to children's health and safety are followed (e.g. through clear and accessible communication, and systemised inductions, training and monitoring of all staff – including volunteers, students)

Ensure that risk assessments related to physical activity are carried out according to legislation and best practice guidelines

Make reasonable adjustments to our program and physical environment so that all children can participate meaningfully

Regularly review our policies and procedures related to children's health and safety in consultation with children, families, communities and staff

Notify families at least 14 days before changing policies and procedures related to children's health and safety (including this [Physical Activity Policy](#) and related procedures) if the changes will: affect the fees charged or the way they are collected; or significantly impact the service's education and care of children; or significantly impact the family's ability to utilise the service

Nominated supervisor / persons in day-to-day charge responsibilities (not limited to)

Ensure our service meets its obligations under the *Education and Care Services National Law and Regulations*, including to take reasonable steps keep children safe from harm and hazards

Support the approved provider to ensure that our service's governance, management, operations, policies, plans, (including risk management/action plans), systems, practices and procedures for physical activity are appropriate in practice, up-to-date, best practice, and comply with all relevant legislation, standards and guidelines

Support the approved provider to ensure our policies and procedures related to children's health and safety are in place and available for inspection

Take reasonable steps to ensure our policies and procedures related to children's health and safety are followed (e.g. through clear and accessible communication, and systemised inductions, training and monitoring of all staff – including volunteers, students)

Ensure that risk assessments related to physical activity are carried out according to legislation and best practice guidelines

Support the approved provider to make reasonable adjustments to our program and physical environment so that all children can participate meaningfully

Contribute to policies and procedure reviews and risk assessments and plans in consultation with children, families, communities and staff. Support the approved provider to notify families of reviews and changes according to legislation and our policies and procedures

Educator / other staff responsibilities (not limited to)

Follow this [Physical Activity Policy](#) and related procedures. Ensure that children are given a mix of physical activity, rest, relaxation and sleep

Ensure that all children in our care can participate meaningfully and safely in physical activities

Communicate regularly and respectfully with families about children's physical development and share information about the benefits of physical activities for children

Contribute to policy and procedure reviews, and to identifying and managing risks

APPENDIX B

PHYSICAL ACTIVITY PROCEDURE

INTRODUCTION

- These procedures apply to our [Physical Activity Policy](#)
- ‘Parents’ includes guardians and persons who have parental responsibilities for the child under a decision or order of court
- ‘Staff’ includes volunteers, students and third parties defined in the scope of the [Physical Activity Policy](#)

PROCEDURE

When to use this procedure

- During everyday interactions with children in our care
- When planning and running physical activities
- When setting up play environments to ensure they are suitable and safe
- When adapting physical activities for children of different ages, abilities and development stages
- When communicating to families and communities about our program of activities

8. Encourage children to be physically active at our service

- Plan and give children a mix of structured and unstructured active play each day
- Give children a range of activities that:
 - Target gross motor skills (e.g., running, hopping, climbing, dancing) and fine motor skills (e.g., catching, throwing)
 - Create opportunities for problem solving and critical thinking (e.g., obstacle courses that require children to navigate through or over objects, treasure hunts, hide and seek)
- Challenge spatial awareness, coordination and balance (e.g., target games, relay races, hokey pokey)
- Encourage children to be creative in their physical play (e.g., inventing games, choreographing dances, incorporating rhythm and storytelling)

9. Support children’s physical development and skills

- Actively participate in the activities and demonstrate the proper movement techniques to children
- Break down complex motor skills into simple steps

- Give children individualised support to use increasingly complex skills and time to practise and master them
- Encourage children to reflect on what their body is doing and feeling during activities to develop body awareness and confidence

10. Limit sedentary behaviour, but give children time to rest and relax

- Give children time to be inactive (i.e., sleep, rest and relaxation) throughout their time with us, but limit the amount of time they spend sitting or lying down (excluding sleep)
- Follow our [Technology and Device Use Policy](#) for screen time rules
- Incorporate quiet time and mood-regulating activities into daily routines (e.g., reading, storytelling, painting, singing, craft, being in nature, listening to relaxing music, board games, colouring in, play dough, puzzles)

11. Implement the Australian Government’s 24-hour movement requirements

INFANTS (0 TO 12 MONTHS)	Ensure that babies are physically active throughout the day when they are not sleeping or resting. When a baby is not yet mobile, give them: • Supervised interactive floor-based play as much as possible • At least 30 minutes of ‘tummy time’ over the course of the day, while the baby is awake, including moving their arms and legs • Opportunities to reach and grasp objects When a baby is mobile, encourage them to be physically active through crawling, pulling up to standing and cruising, and walking in some cases
PRESCHOOLERS (3 TO 5 YEARS)	Encourage preschoolers to be physically active as much as possible and for at least 3 hours a day, including 1 hour of energetic play, such as: • Running (e.g., playing tips or chasies, ball games, races outside) • Kicking, throwing and jumping (e.g., outside, obstacle courses, ball games, floor is lava etc) • Skipping • Dancing

	Space out energetic play throughout the day, and make physical activities a time for fun and exploration for preschoolers
CHILDREN AND YOUNG PEOPLE (5 TO 17 YEARS)	Physical activity Encourage children and young people to be physically active as much as possible, including at least 60 minutes each day of moderate to vigorous physical activity that makes the heart beat faster and strengthens bones and muscles, and several hours of light physical activities Moderate to vigorous activities may include, for example: • Running • Climbing • Swinging on monkey bars • Push-ups • Lifting weights • Yoga • Dancing • Sports such as soccer, netball, basketball etc Light physical activities may include walking around the playground areas, helping to clean up at the service, playing handball, playing outside etc Space out physical activity sessions, and make them a time for fun and exploration

12. Ensure that our program is inclusive and accessible

- Adapt activities to meet the needs of the children, catering to diverse abilities, interests and developmental stages
- The nominated supervisor and approved provider must make reasonable adjustments to our program and our environment if a child needs them
- Partner with families to provide culturally appropriate activities that reflect the diversity of children's abilities and backgrounds. Ensure that children can see themselves reflected in our program
- Encourage children to celebrate each other's unique abilities and strengths, and offer group activities that promote cooperation, inclusion and mutual respect
- Actively challenge any stereotypes about who should participate in what activities. For example, show the children examples of:
 - Girls and women playing traditionally 'male activities' (e.g, football, cricket)

- Boys and men playing traditionally ‘female activities’ (e.g., netball, dancing)
- Children and adults with disabilities engaged in various physical activities and sports
- People from diverse backgrounds and locations participating
- Provide a variety of activities that appeal to diverse interests, including team games, creative movement and cooperative games

13. Manage risk

- The approved provider and nominated supervisor must ensure that regular risk assessments of spaces, equipment and physical activities are conducted
- Educators and other staff must also assess risks and raise concerns with the room leader, person in day to day in charge, nominated supervisor or approved provider
- Show children how to perform the physical activity safely
- Teach children about any boundaries to keep them safe, while encouraging them to take risks within those boundaries
- Ensure you and the children are wearing appropriate clothing, footwear and sun protection (if outdoors) during physical activities

14. Involve families and communities

- Communicate about each child’s physical development with their parents according to our procedures for communication
- Consult with families about our program (e.g., informally in person, through surveys or suggestion boxes etc). Where possible, incorporate their views into our program
- Share information with families about the benefits of physical activities (e.g., put posters up, provide links and facts in our newsletters, emails or social media etc)
- In the case of a child who needs additional support to participate, work with the family and professionals to implement individual plans

42 - Policy and Procedure Review Policy

NQS

QA4	4.2.1	Professional collaboration - Management, educators and staff work with mutual respect and collaboratively, and challenge and learn from each other, recognising each other's strengths and skills.
	4.2.2	Professional standards - Professional standards guide practice, interactions and relationships.
QA7	7.1.2	Management systems - Systems are in place to manage risk and enable the effective management and operation of a quality service.
	7.2.1	Continuous improvement - There is an effective self-assessment and quality improvement process in place.

NATIONAL REGULATIONS

Regs	31	Condition on service approval - quality improvement plan
	55-56	Quality improvement plans
	168	Education and care service must have policies and procedures
	170	Policies and procedures to be followed
	171	Policies and procedures to be kept available
	172	Notification of change to policies or procedures affecting ability of family to utilise service

AIM

To ensure that our service maintains appropriate records in line with our regulatory requirements.

RELATED POLICIES

1. Additional Needs Policy
2. Administration of Authorised Medication Policy
3. Enrolment Policy
4. HIV AIDS Policy
5. Immunisation and Disease Prevention Policy
6. Infectious Diseases Policy
7. Medical Conditions Policy
8. Privacy and Confidentiality Policy
9. Staffing Arrangements Policy.

WHO IS AFFECTED BY THIS POLICY?

1. Children
2. Families
3. Educators

IMPLEMENTATION

Records to be Kept in Relation to Staff

The following records must be kept in relation to the service's Nominated Supervisors and other staff members:

- The full name, address and date of birth
- Evidence of any relevant qualifications held.
- If applicable, evidence that the person is actively working towards that qualification including:
 - Proof of enrolment
 - Documentary evidence that the person has commenced the course, is making satisfactory progress towards the completion of the course, is meeting the requirements of maintaining the enrolment.
 - if the person is working towards the completion of a Diploma level education and care qualification, proof that they hold an approved Certificate III level education and care qualification or has completed the units of study in an approved Certificate III level education and care qualification determined by ACECQA.
- Evidence of any completed approved training (including first aid training)
- If applicable, the identifying number and expiry date of a Working with Children Check (WWCC) and the date this was verified or for nominated supervisors the identifying number and expiry date of their current teacher registration.
- For Nominated Supervisors and Persons in Day-to-Day Charge, evidence the person has consented to the position and meets the minimum requirements to be placed in the position including, for example, a Compliance History Statements and a Prohibition Notice Declaration.

The following records must be kept in relation to the Educational Leader:

- The name of the educator who is designated at this role.

The following records must be kept in relation to Students and Volunteers:

- The full name, address and date of birth of each student or volunteer.
- The Approved Provider must also keep a record for each day on which the student or volunteer participates in the service, the date and hours of participation.
- If applicable, the identifying number and expiry date of a Working with Children Check and the date this was verified, or the identifying number and expiry date of their current teacher registration.

The following records must be kept in relation to the Responsible Person:

- The staff record must include the name of the responsible person at the centre-based service for each time that children are being educated and cared for by the service.

The following records will be kept in relation to educators working directly with children:

- The name of each educator.
- The hours that each educator works directly with children. Please note that a staff roster or time sheet is sufficient record of this.

The following records will be kept in relation to access to early childhood teacher/s:

- The approved provider of a centre-based service that provides education and care to fewer than 25 children preschool age or under must ensure that a record is kept of the following:
 - The period that an early childhood teacher is working with the service in accordance with the time frames set out in the Staffing Arrangements Policy.
 - The periods that the early childhood teacher is working directly with children and not working directly with children.
- The approved provider of a centre-based service that provides education and care to 25 or more children preschool age or under must ensure that a record is kept of the period that an early childhood teacher is in attendance at the service.

Records Relating to Enrolled Children

The following records will be kept in relation to enrolled children:

- Documentation relating to child assessments or evaluations for delivery of the education program, including:
 - Assessments of the child's developmental needs, interest's, experiences and participation in the education program.
 - Assessments of the child's progress against the outcomes of the educational program.
- **An Incident, Injury, Trauma and Illness Record** (within Incident, Injury, Trauma and Illness Policy), including:
 - **Details of any incident** in relation to a child or injury receive by a child or trauma to which a child has been subject while being educated and care for by the service. The following must be included:
 - The name and age of the child.
 - The circumstances leading to the incident, injury or trauma.
 - The time and date the incident occurred, the injury that was received or the child was subjected to the trauma.
 - **Details of any illness** which becomes apparent while the child is being educated and care for by the service. The following must be included:
 - The name and age of the child.
 - The relevant circumstances surrounding the child becoming ill and any apparent symptoms.
 - The time and date of the apparent onset of the illness.

- Details of the action taken by the service in relation to any incident, injury, trauma or illness which a child has suffered while being educated and cared for by the service. The following must be included:
 - Any medication administered or first aid provided.
 - Any medical personnel contacted.
 - Details of any person who witness the incident, injury or trauma.
 - The name of any person who the education and care service notified or attempted to notify of any incident, injury trauma or illness a child has suffered at the service and the time and date of the notification and notification attempts.
 - The name and signature of the person making an entry in the record and the time and date that the entry was made.
 - This record must be recorded as soon as is practicable, but not later than 24 hours after the incident, injury, trauma or onset of illness occurred.
- **A medication record** which includes the following:
 - The name of the child
 - The authorisation to administer medication (including self-administration is applicable) signed by a parent or a person named in the child's enrolment record as authorised to consent to administration of medication.
 - The name of the medication to be administered.
 - The time and date the medication was last administered.
 - The time and date or the circumstance under which the medication should be next administered.
 - The dosage of the medication to be administered.
 - The manner in which the medication is to be administered.
 - If the medication is administered to the child:
 - The dosage that was administered.
 - The manner in which the medication was administered.
 - The name and signature of the person who administered the medication.
 - If another individual is required to check the dosage, the name and signature of that person.
 - **A record of attendance for enrolled children**, including:
 - The full name of each child attending the service.
 - The date and time each child arrive and departs.
 - The signature of:
 - the person who delivers and collects the child when he or she arrives and departs or
 - the nominated supervisor or educator.

- For preschool programs provided by a school, services are not required to comply with this if the service keeps attendance records in accordance with the education or of Government education department policy.
- **Child enrolment records** which include the following:
 - The full name, date of birth and address of the child.
 - The name, address and contact details of:
 - Each known parent of the child
 - Any person who is to be notified of any emergency involving the child if any parent of the child cannot be immediately contacted.
 - Any person who is an authorised nominee
 - Any person who is authorised to consent to medical treatment of, or to authorise administration of medication to the child.
 - Any person who is authorised to authorise an educator to take the child outside the education and care service premises.
 - Any person who is authorised to authorise the Service to transport the child or arrange transportation of the child.
 - Details of any court orders, parenting orders or parenting plans provided to the approved provider relating to powers, duties, responsibilities or authorities of any person in relation to the child or access to the child.
 - Details of any other court orders provided to the approved provider relating to the child's residence or the child's contact with a parent or other person.
 - Gender of the child
 - Language used in the child's home.
 - Cultural background of the child and parents (if applicable)
 - Any special considerations for the child (e.g., cultural, religious, dietary requirements or additional needs)
 - Authorisations signed by a parent, or a person named in the enrolment record as authorised to consent to the medical treatment of the or nominated supervisor to seek:
 - Medical treatment for the child from a registered medical practitioner, hospital or ambulance service.
 - Transportation of the child by any ambulance service.
 - Authorisation to take the child on regular outings.
 - The name, address and telephone number or the child's registered medical practitioner or medical service.
 - The child's Medicare number if available.
 - Details of any specific healthcare needs of the child including any medication conditions or allergies including whether the child has been diagnosed as at risk of anaphylaxis, including details of any medical management plan.

- Details of any dietary restrictions for the child
- The immunisation status of the child
- A notation that states that a staff member or approved provider has sighted a child's health record.
- **A record of the services compliance with the law**, including:
 - Details of any amendments of the service approval made by the Regulatory Authority including:
 - The reason stated by the Regulatory Authority for the amendment.
 - The date on which the amendment took, or takes, effect.
 - The date (if any) that the amendment ceases to have effect.
 - Details of any suspension of the service (other than a voluntary suspension) including:
 - The reason stated by the Regulatory Authority for the suspension.
 - The date on which the suspension took, or takes, effect.
 - The date that the suspension ends.
 - Details of any compliance direction or compliance notice issued to the approved provider in respect of the service, including:
 - The reason stated by the Regulatory Authority for issuing the direction or notice.
 - The steps specified in the direction or notice.
 - The date by which the steps specified must be taken.
 - This information must not include any information that identifies any person other than the approved provider.
 - A record of any person in day-to-day charge of the education and care service.

The approved provider must ensure that the documents referred to above in relation to a child enrolled at the service are made available to a parent of the child on request. In line with this, if a parent's access to the kind of information referred to in this documentation is limited by an order of a court, the approved provider must refer to the court order in relation to the release of information concerning the child to that parent.

The record of compliance referred to above must be available for access on request by any person.

Child Care Subsidy Records which include:

- Complaints made about compliance with the Family Assistance Law
- Any notice made to a state/territory agency about a child at risk of abuse or neglect.
- Attendance record for each child at service (whether eligible for CCS and/or Additional CCS or not) including records of any absences.
- Evidence that any absences in excess of the 42 days allowed meet the required criteria.

- Copies of invoices and receipts for the payment of childcare fees
- Copies of all Statements of Entitlement issued and any Statements advising a change of entitlement.
- Complying Written Arrangements (CWAs) for each child (unless fees are not paid under this type of arrangement) which include names and contact details of provider and person responsible for paying fees, date arrangement starts, name and date of birth of child (or children), if care will be provided on a routine basis, and if so, details about the days on which sessions of care will usually be provided, and the usual start and end times for these sessions of care, whether care may be provided on a casual or flexible basis (in addition to, or instead of, a routine basis), details of fees to be charged e.g. via fee schedule or information available on website that the parties understand may vary from time to time
- All evidence to support background checks for specified personnel including persons with management or control of service and persons responsible for day-to-day operation of service (see Staffing Arrangements Policy)

Length of Time Records must be Kept.

Our service will keep records for the following periods:

- If the record relates to an incident, illness, injury or trauma suffered by a child while being educated and cared for by the service, until the child is aged 25 years.
- If the record relates to an incident, illness, injury or trauma suffered by a child that may have occurred following an incident while being educated and cared for by the service, until the child is aged 25 years.
- If the record relates to the death of a child while being educated and cared for by the service or that may have occurred as a result of an incident while being educated and cared for, until the end of 7 years after the death.
- If the case of any other prescribed record relating to a child enrolled at the education and care service. Until 3 years after the last date on which the child was educated and cared for by the service.
- In the case of immunisation records relating to an enrolled child, until 3 years from the date the child last attended the service.
- If the record relates to the Approved Provider, until the end of 3 years after the last date on which the approved provider operated the education and care service.
- If the record relates to the nominated supervisor or staff member of an education and care service, until the end of 3 years after the last date on which the nominated supervisor or staff member provided education and care on behalf of the service.
- If the record is a Working with Children Check , for seven years after the employee ceases working at the service.
- In the case of records required for Family Assistance Law/Child Care Subsidy purposes, 7 years.
- In the case of any other record, 3 years after the date on which the record was made.

Storage of Records

Records made by our service will be stored in a safe and secure location for the relevant time periods as set out above and only made accessible to relevant individuals.

This location is __Online and Cuddlez

Office_____

If a service is transferred under the law, documents relating to a child must not be transferred without the express consent of the child's parents.

Confidentiality and Storage of Records

The approved provider will ensure that information kept in a record is not divulged or communicated through direct or indirect means to another person other than:

- The extent necessary for the education and care or medical treatment of the child to whom the information relates.
- A parent of the child to whom the information relates, except in the case of information kept in a staff record.
- The Regulatory Authority or an authorised officer.
- As expressly authorised, permitted or required to be given by or under any Act or law.
- With the written consent of the person who provided the information.

SOURCES

1. Child Protection (Working with Children Act) 2012
2. Privacy Act 1988
3. Education and Care Services National Regulations 2011
4. National Quality Standard
5. NSW Office of the Children's Guardian
6. Public Health Regulation 2012

POLICY INFORMATION

Approval date	1 January 2026
Effective date	1 January 2026
Review date	Reviewed annually and when there are changes that may affect this policy or related procedures
Approved by	Dr Jay Mukhraiya >

43 - Physical Environment (Workplace Safety, Learning and Administration) Policy

NQS

QA2	2.2.1	Supervision - At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
QA3	3.1.1	Fit for purpose - Outdoor and indoor spaces, buildings, fixtures and fittings are suitable for their purpose, including supporting the access of every child.
	3.1.2	Upkeep - Premises, furniture and equipment are safe, clean and well maintained.
	3.2.1	Inclusive environment - 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 support play-based learning - Resources, materials and equipment allow for multiple uses, are sufficient in number, and enable every child to engage in play-based learning.
QA6	6.1.1	Engagement with the service - Families are supported from enrolment to be involved in the service and contribute to service decisions.
	6.1.3	Families are supported - Current information is available to families about the service and relevant community services and resources to support parenting and family wellbeing.
QA7	7.1.2	Management systems – Systems are in place to manage risk and enable the effective management and operation of a quality service.

NATIONAL REGULATIONS

Regs	82	Tobacco, drug and alcohol-free environment
	99	Children leaving the education and care service premises
	103	Premises, furniture and equipment to be safe, clean and in good repair
	104	Fencing and security
	105	Furniture, materials and equipment
	106	Laundry and hygiene facilities
	107	Space requirements—indoor
	108	Space requirements—outdoor space
	109	Toilet and hygiene facilities
	110	Ventilation and natural light
	111	Administrative space
	112	Nappy change facilities
	113	Outdoor space—natural environment
	114	Outdoor space—shade
	115	Premises designed to facilitate supervision
	156	Relationships in groups
	249	Declared approved services (other than declared approved family day care services)
	251	Declared out of scope services
	274	Swimming pools
	285	Space requirements
	286	School based children's services operating before 1 July 2008—saving
	287	Declared out of scope services—indoor space requirements

NATIONAL LAW

Section	165	Offence to inadequately supervise children
	167	Offence relating to protection of children from harm and hazards

EYLF

LO2	Children develop a sense of belonging to groups and communities and an understanding of the reciprocal rights and responsibilities necessary for active community participation
	Children become socially responsible and show respect for the environment
LO4	Children develop dispositions for learning such as curiosity, cooperation, confidence, creativity, commitment, enthusiasm, persistence, imagination and reflexivity
	Children develop a range of skills and processes such as problem solving, enquiry, experimentation, hypothesising, researching and investigating
	Children transfer and adapt what they have learned from one context to another
	Children resource their own learning through connecting with people, place, technologies and natural and processed materials

AIM

To provide a physical environment that is safe, appealing, constructive, well-maintained and welcoming to all individuals who use it.

RELATED POLICIES

1. Animal and Pet Policy
2. Chemical Spills
3. Excursion Policy
4. Governance Policy
5. Health, Hygiene and Safe Food Policy
6. Incident, Injury, Trauma and Illness Policy
7. Relationships with Children Policy
8. Sandpit Policy
9. Staffing Arrangements Policy
10. Tobacco, Drug and Alcohol Policy.

IMPLEMENTATION

The Approved Provider and Nominated Supervisor will provide a stimulating environment that continually engages children and fosters their learning and development while ensuring their safety and that of educators, families and visitors.

Resources and Equipment

The Approved Provider or Nominated Supervisor will:

- provide appropriately sized furniture and equipment in the indoor and outdoor settings for the age ranges at the service.
- provide sufficient furniture, resources, materials, toys and equipment for the number of children and ensure they are developmentally appropriate.
- check that all equipment, including resources, car seats, booster seats etc meets Australian Standards, is used in line with manufacturer's warnings and instructions e.g., suitability for outdoor use (if this is unclear, they will ask manufacturer's/installers to provide this information) and educators are trained in correct maintenance and assembly.
- ensure non-fixed play equipment in the grounds is less than one metre high and that educators can adequately supervise children at all times.

- place any outdoor climbing equipment, swings or slides on impact absorbing surfaces (soft fall materials)
- maintain an up-to-date inventory/registry of equipment.
- select resources and equipment that reflect the cultural diversity of our families, local community and nation, including the culture and diversity of Australia's Indigenous community.
- actively seek the views of parents and families about our resources and equipment
- advise educators and families about the purchase of new equipment and ensure a risk assessment is carried out.
- prepare an ongoing prioritised maintenance plan for the service at the beginning of each year, and implement the plan throughout the year, and organise maintenance systems (e.g., checklists, logs, building and equipment records).

Button Batteries

Button batteries can cause extremely serious or fatal internal burns if swallowed. These will only be present at the service where absolutely necessary i.e., required in devices like TV remote controls, digital thermometers or medical devices. The Nominated Supervisor will ensure all staff:

- keep button batteries or devices containing these up high out of children's reach.
- keep any personal items that may contain button batteries (e.g., car keys) away from children.
- ensure compartments containing button batteries are secured tightly with a screw or other suitable lock.
- immediately and safely discard any device where the battery compartment looks like it may easily break open (e.g., if dropped) in a location child cannot access.
- immediately apply sticky tape to both sides of flat batteries before safely discarding them (as this avoids 'pole to pole' contact and makes them less attractive to children)
- are familiar with the signs that a child may have swallowed a button battery and immediately call an ambulance i.e., choking, drooling, chest pain (grunting), coughing, noisy breathing, vomiting or food refusal, bleeding from the gut (black or red vomit or faeces), nose bleeds, fever, abdominal pain, spitting blood or blood-stained saliva.

Educators will:

- provide a list of equipment or resources which need maintenance to the Approved Provider or Nominated Supervisor every 6 months. The list will prioritise maintenance requirements.
- introduce children to new resources and equipment and teach them how to use and care for them appropriately.
- store equipment that should only be used under supervision in a secure place.
- allow children to use a trampoline only when they are directly supervised.
- regularly check equipment and resources to ensure it is clean and safe.
- ensure they comply with cleaning schedules for resources and equipment.

Facilities

The Approved Provider or Nominated Supervisor will:

- provide adequate, sufficient and accessible facilities for handwashing, toileting, eating and sleeping. Toileting and hand-washing facilities will be accessible from our indoor and outdoor environments.

- provide adequate, sufficient and hygienic facilities for nappy changing which are inaccessible to children if they are not directly supervised and providing at least 1 properly constructed nappy changing bench for children under 3 years of age.
- provide access to clean drinking water in our indoor and outdoor environments.
- providing secure and hygienic laundry facilities
- provide a separate indoor space for children under 2 years of age.
- ensure that the premises and grounds comply with building regulations (Local, State and Federal Government) and the Building Code of Australia in relation to fire, ventilation, lighting and safety glass.
- provide appropriate and hygienic areas for food preparation.
- complete a Building Safety Checklist of the premises and grounds every 6 months and ensure any work necessary meets Australian standards.
- implement management plans to ensure the safety of educators, children, families and visitors if the service undertakes major renovations.
- ensure there are at least 3.25 square metres of unencumbered indoor space for each child at the service (does not include passageways, bathrooms, food preparation areas, staff or administrative rooms, storage areas, kitchens unless primarily used by children as part of the program and any space not suitable for children) Space requirements may differ for services subject to savings provisions.
- ensure there are at least 7 square metres of unencumbered outdoor space for each child at the service (does not include areas like thoroughfares, car parks and storage sheds). Space requirements may differ for services subject to savings provisions.
Indoor and outdoor space requirements do not apply to children being educated and cared for in:
 - an emergency for no more than two consecutive days the Service operates, or
 - exceptional circumstances where all the children are siblings in the same family, or the child is in need of protection under a child protection order.
- locate babies, toddlers and where possible children who cannot walk on the ground floor or near the easiest exit to a safe place where service is in a multi-storey building.

Environment

The Approved Provider or Nominated Supervisor will:

- include natural elements like plants, trees, gardens, rock, mud and water.
- provide adequate shading.
- adequately fence the environment.
- incorporate natural and artificial lighting, appropriate ventilation, heating, cooling and fresh air.
- include elements that challenge children and encourage appropriate risk taking for the child's developmental level.
- incorporate specific requirements for special needs children as seamlessly as possible.
- incorporate sustainable practices which develop environmental responsibility.
- ensure elements in the environment encourage children to explore, solve problems, create, construct and engage in critical thinking.

Layout

The Approved Provider or Nominated Supervisor will:

- organise the environment so children, educators and visitors can move around without disrupting children's activities.
- create spaces which encourage collaborative learning through group interactions and one-on-one interactions.
- create areas where children can engage in quiet, restful or independent activities.
- establish the environment so children can be adequately supervised at all times.
- provide space for administrative functions, consultation with children's parents and private conversations.
- keep plans about the arrangement of the rooms and outdoor spaces to show how our service creates inviting learning spaces, and document how the arrangement, resources and equipment contribute to children's learning.
- keep a record of any changes made to the physical environment e.g., rearrangement of rooms, additions/changes to outdoor environment.

Activities

The Approved Provider or Nominated Supervisor and educators will:

- undertake regular risk assessments to ensure risk is minimised or eliminated at all times.
- provide adequate and ongoing training in risk management practices for new and existing educators, staff and volunteers.
- engage children in a wide variety of indoor and outdoor experiences.
- discuss safety issues with children (e.g., using toys or equipment) and involving children in rule setting to minimise or eliminate safety risks.
- cover unused power points with safety caps, securing all electrical cords and ensuring all double adaptors and power-boards are inaccessible to children.
- keep hot drinks out of children's rooms or other care areas and never place them within children's reach.
- provide families with the latest child-related safety information.

Children's Groupings

It is important that children have opportunities to interact with other children and educators in group situations. This contributes to their learning and development and helps children to develop respectful and positive relationships. When forming groups, the Nominated Supervisor and educators will consider whether the size and composition of the group is appropriate by considering whether children:

- are settled.
- develop secure relationships with educators and positive relationships with peers.

The Nominated Supervisor and educators will:

- base children's rooms and groupings on their age and/or development
- have open play time in the morning so all children can interact with children and educators from other rooms.

Safety Checks

To ensure the safety of all children and educators, the Nominated Supervisor will ensure the following safety checks are carried out:

- a daily inspection of the premises before children arrives (use the Indoor and Outdoor Daily Safety Checklists attached to the policy) to ensure the service is safe, secure and hygienic, and there are no dangerous objects on the premises or service grounds, for example sharps or poisonous flora and fauna, including a check of:
 - perimeters
 - fences
 - gates
 - paths
 - buildings
 - all rooms accessible to children
 - fixed equipment

Educators will wear gloves and use tongs to pick up any sharp objects (e.g., syringes) and place them in the 'sharp object box'. This box will be disposed of in line with local council recommendations. Any maintenance required will be immediately reported to the Approved Provider or Nominated Supervisor who will make the appropriate arrangements to have repairs carried out.

- regular inspections of trees in the service grounds for overhanging, dead or dangerous looking branches as well as for any infestations or nests.
- regular pest inspections by an accredited pest control company. Any recommendations made by the company will be implemented if they will not compromise the health and safety of children and adults.

The Nominated Supervisor will keep records of pest inspections and findings, and records to verify completion of safety checks.

Cleaning of Buildings, Premises, Furniture and Equipment

To ensure that cleaning is carried out regularly and thoroughly and the environment, resources and equipment are hygienic, the Nominated Supervisor will ensure educators and other staff:

- implement structured cleaning schedules (attached to the policy) to ensure that all cleaning is carried out regularly and thoroughly so that the service environment, resources and equipment are hygienic .
- use the least dangerous cleaning substance possible.
- use colour-coded sponges (e.g., pink for the kitchen, yellow for the bathroom) to eliminate cross-contamination of different areas.
- use different rubber gloves in each room which are then hung out to dry and air.
- wash and dry hands after cleaning before returning to the children.
- clean and dry-cleaning equipment between uses so germs can't multiply on the equipment.
- store cleaning equipment securely
- wash dress-up and play clothes once a week in hot water and detergent.
- clean the service at the end of each day and throughout the day as the need arises.
- clean up accidents and spills as quickly as possible.

Use of Detergents

Ordinary detergents will be used to help remove dirt from surfaces. Proper cleaning with detergent and warm water, followed by rinsing then drying and airing time kills most germs as they are unable to multiply in a clean environment.

Use of Disinfectants

Disinfectants are usually unnecessary as very few germs can survive exposure to fresh air and natural light. In an outbreak situation, public health units may specify the use of a particular disinfectant.

Essentially, there is no ideal disinfectant. Disinfectants cannot kill germs if the surface is not clean. For disinfectants to work effectively, there still needs to be thorough cleaning using a detergent beforehand. However, it is more important to make sure surfaces have been cleaned with detergent and warm water than to use a disinfectant. To kill germs, any disinfectant needs:

- to be of the right concentrate
- a clean surface to be able to get to the germ.
- enough time to kill the germs - at least 10 minutes.

Even when all of these conditions are met a disinfectant will not kill all the germs present.

Clothing

Educators will:

- wash their clothing daily.
- wear protective garments (e.g., aprons) to cover clothing that cannot be washed frequently.
- have a change of clothes available in case of accidents.

Toys

To avoid the spread of disease, the Approved Provider or Nominated Supervisor will:

- only buy washable toys
- discard non-washable toys that are for general use (non-washable toys may be used for one child only)

To avoid the spread of disease, educators will:

- wash toys at the end of each day, especially in younger children's rooms
- immediately remove a toy that has been sneezed on, mouthed, soiled or discarded after play by a child who has been unwell, so it can be washed at the end of the day.
- wash toys in warm water and detergent (many can be washed in a dishwasher but not at the same time as dishes) and rinse in clean water.
- use a toothbrush or other tool to clean difficult to reach areas e.g., corners.
- take care cleaning toys that cannot be immersed in water e.g., wooden toys, rattles, toys with paper and cardboard and books, and wipe with a damp cloth and detergent.
- thoroughly dry toys and books before returning to use. All, toys, including cloth toys and books can be dried by sunlight. Items like LEGO and construction blocks can also be left to drain on a clean tea-towel overnight.
- regularly clean ride-on vehicles and outdoor toys and protect from the weather to preserve their lifespan.

Play Dough

To reduce the risk of spreading infections, educators will:

- get children to wash their hands with soap and water before and after using play dough.
- store play dough in an airtight container in the refrigerator
- make a new batch of play dough each week.
- discard play dough at the end of each day if there is an outbreak of vomiting and/or diarrhoea.

Packing Toys Away

Educators will:

- pack small pieces in bags provided and replace bags which may be deteriorating.
- use elastic bands to contain similar items (like railway tracks)
- complete puzzles before packing away if possible.

Hazardous Substances

When **purchasing** dangerous chemicals, substances, medicines or equipment, the Approved Provider or Nominated Supervisor will:

- select and use the least hazardous substance or equipment.
- only select substances which have child resistant lids or caps.
- ensure dangerous substances/chemicals are supplied with a Safety Data Sheet (SDS) formerly called a Material Data Safety Sheet
- ensure educators adhere to the manufacturer's instructions for use, storage, and first aid recorded on the SDS.
- keep a register of all hazardous chemicals, substances and equipment used at the Service. Information recorded will include where they are stored, their use, any risks, and first aid instructions and the current SDS. The register will be readily accessible.

When **using** dangerous chemicals, substances, medicines or equipment, educators will:

- ensure the child resistant lids or caps are properly closed after use.
- adhere at all times to manufacturer's advice and instructions (e.g., follow advice for products which need to be stored in a refrigerated environment)
- wear appropriate personal protective clothing recommended on the manufacturer's instructions.

When **storing** dangerous chemicals, substances, medicines or equipment, educators will:

- store all dangerous substances in their original containers.
- keep all labels and/or use by dates intact at all times.
- dispose of (without using) any dangerous substance not stored in the original container, or with destroyed labels and/or unknown use by dates. Disposal will be safe and in line with local council guidelines. Containers will not be reused under any circumstances.
- lock all dangerous substances and equipment, including cleaning materials, detergents, toiletries poisons, dangerous tools and equipment with sharp and razor edges, in a place or facility which is labelled, secure and inaccessible to children.
- lock particularly dangerous and hazardous materials such as pesticides, herbicides, petroleum, kerosene, solvents and equipment which is operated by an engine or hazardous to children, in a locked facility external to the main building of the service and separate from children's play or

outdoor environments. The facility must have a bonded floor, be inaccessible to children and be clearly labelled as storing dangerous substances and/or equipment.

- store any dangerous substances that need to be refrigerated in a labelled, child resistant container, preferably in a separate compartment or in a part of the refrigerator inaccessible to children.
- wear appropriate personal protective clothing recommended on the manufacturer's instructions.

First Aid

The Approved Provider or Nominated Supervisor will:

- seek medical advice immediately if poisoning or potentially hazardous ingestion, inhalation, skin or eye exposure has occurred by calling the Poisons Information Line on 131126 or Ambulance service on 000.
- immediately ring the emergency services on 000 if there is any major emergency involving a hazardous chemical or equipment, a gas, fire or explosion hazard
- implement the first aid procedures in the Incident, Injury, Trauma and Illness Policy, and if required the emergency procedures in the Emergency Management and Evacuation Policy, if a child or any other person is injured by a chemical, substance or equipment .

Other requirements

The Approved Provider or Nominated Supervisor will:

- notify the appropriate Workplace Health and Safety Authority if there is any major emergency involving a hazardous chemical or equipment, a gas, fire or explosion hazard or a child or any other person is seriously injured by a chemical, substance or equipment (refer Work Health and Safety Policy).
- regularly implement the Poison Safety Checklist attached to this policy to ensure we protect the health and safety of all children and adults at the service.

Kitchens

The Approved Provider or Nominated Supervisor will ensure:

- children cannot gain access to any harmful substance, equipment or facility.
- a door, half-gate or other barrier prevents unsupervised entry by children into the kitchen.
- the preparation of children's bottles is both safe and hygienic at all times and separate from nappy change area.

Laundry

The laundry area includes a **washing machine** with hot & cold-water supply for the laundering of soiled clothes, linen and nappies.

Sun Protection

The Approved Provider, Nominated Supervisor, educators and staff understand that correct sun protection practices reduce a child's risk of developing skin cancer and eye damage later in life and ensure they obtain enough vitamin D from the sun to allow for healthy bone development

and maintenance. They will implement all sun protection measures numbered 1-10 to fully comply with Cancer Council's National SunSmart Early Childhood Program. Sun protection times are a forecast for the time-of-day UV levels will reach 3 or above. At these levels, sun protection is recommended for all skin types.

Note overheated surfaces (e.g., metal, concrete, stone, sand, rubber, plastic, soft fall mats and synthetic grass) can cause serious burns to young children when daily temperatures are high. The Nominated Supervisor will ensure educators regularly conduct temperature checks of outdoor facilities and equipment when temperatures are high to assess the risk of burns to children and are adequately trained in this process. The Nominated Supervisor may require educators keep records of the dates, times and temperatures tested. Note if educators cannot comfortably leave their hand on a surface for five seconds, children may suffer burns before they can react to the temperature. Educators will plan indoor activities if there is a significant risk to children of burns from overheated surfaces i.e., surface temperatures are very high and/or children wearing shoes still risk burns if they sit, kneel or lie down on surfaces.

Outdoor play is an important part of children's healthy learning, development and wellbeing. To ensure children's health and safety during outdoor play, the Approved Provider, Nominated Supervisor, educators and staff will:

- **use a combination of sun protection measures listed below whenever UV levels reach 3 and above.** In NSW, UV levels are high enough (UV 3 or above) to damage unprotected skin most months of the year. UV levels are particularly high during the summer months and highest in the middle of the day.
- access local sun protection times (when UV levels will reach 3 or above) and UV levels via the SunSmart widget which has been downloaded on the service website, the free SunSmart app, myUV.com.au or from the Bureau of Meteorology website www.bom.gov.au/uv.

Sun Protection Measures

1. Scheduling Outdoor Activities

Educators and staff will use UV levels and sun protection times when planning outdoor activities including excursions.

2. Shade

The service will provide and maintain adequate shade for outdoor play. Shade options can include a combination of portable, natural and built shade. The Approved Provider or Nominated Supervisor will conduct regular shade assessments to monitor existing shade structures and assist in planning for additional shade. Portable shade structures will be moved throughout the day where appropriate to take advantage of shade patterns.

Outdoor activities will be planned to occur in shaded areas. Play activities will be set up in the shade and moved throughout the day to take advantage of shade patterns. Children will be directed to use available areas of shade when outside.

3. Hats

Educators, staff and children are required to wear sun safe hats that protect their face, neck and ears. A sun safe hat is:

- legionnaire hat
- bucket hat with a deep crown and brim size of at least 5cm (adults 6cm)
- broad brimmed hat with a brim size of at least 6cm (adults 7.5cm).

Children without a sun safe hat will be asked to play in an area protected from the sun (e.g., under shade, veranda or indoors) or can be provided with a spare hat.

Please note: Baseball caps or visors are not sun safe because they do not provide enough sun protection.

4. Clothing

When outdoors, educators, staff and children will wear sun safe clothing that covers as much of the skin (especially the shoulders, back and stomach) as possible. This includes wearing:

- loose fitting shirts and dresses with sleeves and collars or covered neckline.
- knee-length or longer style skirts, shorts and trousers
- clothing that is made from cool, densely woven fabric.
- clothing with high UV protection factors (UPF), at least UPF15 but preferably UPF 50 .

Children who are not wearing sun safe clothing will be provided with spare sun safe clothing or will be asked to play in an area protected from the sun.

Please note: Midriff, crop or singlet tops are not sun safe because they do not provide enough sun protection.

Note children who are playing outside on days where surface temperatures are high must wear shoes to minimise the risk of burns.

Families will be encouraged to supply sunglasses that meet the Australian Standard 1067 (Sunglasses: Category 2, 3 or 4) for children to wear outdoors when UV levels are 3 or above. These sunglasses are close fitting, wrap-around sunglasses that cover as much of the eye area as possible.

5. Sunscreen

All educators, staff and children will apply SPF30 or higher broad-spectrum water-resistant sunscreen 20 minutes before going outdoors and reapply every 2 hours (or more often if sweating, washed or wiped off.) Educators will assist children to apply the sunscreen correctly if required. Sunscreen will be stored in a cool, dry place and the use-by-date monitored. Authorisation to apply sunscreen will be obtained from parents. Children and babies may not be able to play outside if we are not authorised to apply sunscreen.

6. Babies (under 12 months)

Educators will ensure babies are not exposed to direct sunlight and are kept in dense shade at all times. Educators will also ensure babies' skin is well protected. They will wear sun safe hats and clothing and may have small amounts of SPF30 or higher broad-spectrum water-resistant sunscreen suitable for babies applied to their exposed skin. The widespread use of sunscreen on

babies under 6 months old is not recommended. Babies clothing, hat and location in the shade will be checked regularly to ensure they continue to be well protected from UV.

Where children have allergies or sensitivity to the sunscreen, parents are asked to provide an alternative sunscreen, or the child is encouraged to play in the shade.

Cancer Council recommends usage tests before applying a new sunscreen.

7. Role Modelling

Educators and staff will act as role models and demonstrate sun safe behaviour by:

- wearing a sun protective hats, clothing and sunglasses outside
- applying SPF30+ or higher broad-spectrum water-resistant sunscreen
- using and promoting shade

8. Education and Information

Educators will regularly include learning about sun safety in the curriculum and review the resources available at Generation SunSmart www.generationsunsmart.com.au and SunSmart www.sunsmart.com.au Educators will provide children with opportunities to take leadership roles in managing sun protection. For example, children will be assigned duties regarding UV/sun protection time checks, hat reminders and management of sunscreen.

Positive messages about sun safety and sun protection measures will be included in communications with families e.g., through newsletters and our service website. Families will be encouraged to role model positive sun safe behaviour and use SunSmart measures when at the Service.

9. Policy Availability

The Sun Protection policy, updates and requirements (including hat, clothing and sunscreen) will be made available to educators and staff, families and visitors.

10. Review

The SunSmart Policy will be monitored and reviewed annually. The Nominated Supervisor will apply to join Cancer Council's National SunSmart Early Childhood Program and will participate in a SunSmart policy and program review every three years to maintain the SunSmart standards. See www.sunsmartnsw.com.au.

Roles	Responsibilities
Approved provider	• ensure that obligations under the Education and Care Services National Law and National Regulations are met. • take reasonable steps to ensure that the nominated supervisor, educators and staff follow the sun protection policy and procedures. • ensure adequate shading over areas for both active and passive outdoor play. • ensure access to an adequate supply of sunscreen for children, educators and staff. • ensure staff dress code/uniform includes sun protective clothing and hats.

	• ensure that copies of the policy and procedures are readily accessible and available to nominated supervisors, coordinators, educators, staff, volunteers and families. • ensure families are aware of and agree to support the service's sun protection policy and procedures
Nominated supervisor	• implement the sun protection policy and procedures as outlined in the document. • monitor the daily sun protection times for your location. • communicate these to educators, staff and children. • support the implementation of sun protection measures during the sun protection times. • promote sun safe practices with all children, families, educators and staff within the service
Educators	• implement the sun protection policy and procedures as documented. • monitor the daily sun protection times for your location and manage sun safe outdoor play and learning accordingly. • monitor, and where practical, adjust outdoor learning and play experiences to minimise direct and indirect UV exposure. • utilise and role-model sun safe practices. • communicate with families about SunSmart practices in general and specific expectations within the service (e.g., wearing protective clothing, sun protective hat styles).
Families	• be aware of, support and follow the service's sun protection policy and procedures. • ensure children are dressed in appropriate sun protective clothing

Extreme Heat

Extreme heat is usually defined as a period of abnormally and uncomfortably hot weather that could adversely affect people's health. Babies and young children are especially vulnerable to extreme heat. To protect the health of our children and educators/staff during periods of extreme heat educators will:

- Regularly offer children water to drink.
- Regularly ask children if they would like to cool their faces with wet washers or by splashing water on their faces in the bathroom sink.
- Regularly sponge the faces of babies using cool, wet washers
- Ensure children are dressed in cool clothing e.g., singlets, short sleeves.
- Keep children indoors in a cool, comfortable environment with air conditioning or fans.
- Organise water play activities inside.
- Use awnings or blinds to block the sun, particularly on sides of the service facing the sun.
- Cancel or postpone excursions and outdoor activities.
- Check the storage instructions for medications and take appropriate action e.g., move medication to fridge or request new medication supply if extreme temperature likely to damage medication.
- Listen for bushfire messages if in a bushfire risk area.
- Ensure children, including siblings of children at the service, are never left in parked cars.
- Make available the Victorian Government brochure 'How to Cope and Stay Safe in Extreme Heat' to families.

Our cook will include cold meals and snacks on the daily menu e.g., salads.
When the period of extreme heat has subsided educators will:

- Open the windows if there is a cool breeze.
- Allow children outside following our sun safety procedures.

If there is a complete loss of power during a heatwave, educators will implement service procedures for emergency power (see Emergency Management and Evacuation Policy) including the use of battery-operated fans to cool children. Families will be contacted to collect children if educators believe children's health is at risk from the heat.

Water Safety

The Approved Provider, Nominated Supervisor and educators understand the risks that water hazards pose and will undertake measures to ensure health and safety of all children in the service environment and during excursions.

A water hazard is anything that can hold enough water to cover a child's nose and mouth and includes:

- sinks, basins, fish tanks, fishbowls, baths
- swimming pools, portable pools, spas
- water courses, ponds, sandpits, clam shells
- water troughs, containers and buckets used for play, animal drinking containers.
- pooling water.

Educators will:

- complete a risk assessment before allowing children to engage in water-based activities at the service or on excursion and ensure all risks are minimised or eliminated where possible.
- ensure no child swims in any water without:
 - written permission from parents.
 - appropriate educator/child ratios in place and adequate supervision.
- closely supervise children at all times and never leave any child unattended near water. This includes:
 - constant monitoring of children within arm's length (1-2 metres)
 - careful and intentional positioning
 - scanning and moving around the environment
 - listening closely for sounds or the absence of noise
 - observing and anticipating children's behaviour
 - higher adult to child ratios if identified as requirement in risk assessment.
 - presence of first aid trained staff.
- ensure children with diarrhoea, upset stomachs, open sores or nasal infections do not swim or play in water.
- ensure all children wear appropriate swimmers in a pool, go to the toilet before entering the pool, and follow correct toileting hygiene practices while in the pool.
- remove all children immediately if a child passes a bowel motion in the pool, advise pool managers if at a public pool, disinfect and if practical empty a home pool or trough.

Services in New South Wales are not permitted to have pools unless they existed on the premises before 6 November 1996. To ensure a safe environment and prevent accidents and illnesses related to water-based activities at the service educators will:

- fill wading pools with less than 300 mm of water.
- remove any items or objects that could be used to climb into the fenced area of a pool, trough, or water storage unit e.g., chairs, bins, bikes, any overhanging trees.
- display a Cardiopulmonary Resuscitation guide prominently near any water.
- cover all water containers like ponds, spas, nappy buckets, bathtubs or ensure they are inaccessible to children.
- immediately empty all portable water hazards (e.g., buckets and water troughs) after every use and store in a way that prevents water collecting in them (e.g., upright/inverted).
- ensure children's play areas are safely fenced off from water hazards like rivers, dams, creeks, lakes, irrigation channels, wells.
- check grounds after rain or watering and empty water that has collected in holes or containers.
- ensure all pools and troughs in which children play are hygienically cleaned and disinfected in accordance with the instructions on the container. Educators will:
 - remove leaves and debris daily.
 - hose away surface dirt
 - scrub inside with disinfectant and rinse it away before refilling.

Severe Storms and Lightning

The effects of severe storms and lightning can be catastrophic. Severe thunderstorms, for example, can produce large hail, damaging wind, lightning and heavy rainfall, which can cause death, injury and damage to property. Sometimes lightning may occur when there isn't a thunderstorm. Lightning may be seen, for example, during an intense bushfire or heavy snowstorm. It's important to remember that blue skies and lack of rain do not reduce lightning risk. People do not need to be hit directly by lightning to suffer injury. Electrical current can move along the ground or jump sideways from other objects.

The Nominated Supervisor will include severe storms and lightning activity in their risk assessment of potential emergencies, and all employees will take the steps identified to minimise the risks children and adults are exposed to during these events.

The Nominated Supervisor and educators will monitor storm activity using radar on the Bureau of Meteorology website www.bom.gov.au or app or if this is not available listen to the local radio station for storm warnings and updates.

When a severe storm threatens the service the Nominated Supervisor and educators will:

- ensure all children stay inside the service until the storm passes, sheltering in the strongest part of the premises if necessary.
- secure or store any loose objects in the outdoor environment that could blow around in strong winds.
- shelter and secure any animals.

- secure all external doors and windows e.g., tape/board up windows and glass entrances.
- use sandbags if required.
- disconnect all electrical items, aerials and computer modems - cover and/or move away from windows.
- park service vehicles under shelter or cover with firmly tied tarpaulins/blankets.

While sheltering inside during a severe storm, the Nominated Supervisor and educators will ensure they and all children stay well clear of windows, doors and any skylights, close curtains/blinds and avoid using a fixed telephone unless absolutely necessary due to lightning danger. The Nominated Supervisor will continue to monitor storm activity and call emergency services if required.

It is unlikely children would be on an excursion or at a bush kindy site if severe weather or lightning is threatening as the Nominated Supervisor and educators would be monitoring weather conditions beforehand. However, if educators are caught outdoors with children as a severe storm approach, they will immediately seek shelter in the strongest most enclosed structure available if they are unable to return to the service before the storm reaches them. After a severe storm passes, the Nominated Supervisor and educators will inspect the outdoor environment for fallen power lines, broken furniture and equipment etc to ensure it is safe before letting children outside to play.

Lightning

Lightning can strike more than 10 kms from the edge of a thunderstorm which is the minimum safe distance from a storm. If there is lightning activity, the Nominated Supervisor and educators will use what's known as the Flash to Bang rule. This involves counting the seconds between the flash of lightning and the bang of thunder as the storm approaches. Sound travels around 1 km every 3 seconds, so a count of 30 seconds means the storm is around 10 kms away. If the count nears 30, the Nominated Supervisor will ensure educators cancel all outdoor activities and move children inside or to a safe shelter if this is not possible. If the count is less than 30 educators will take immediate and urgent action to move children inside/to a safe shelter.

Educators will also use the Flash to Bang rule if there is an unexpected lightning storm while children are on an excursion or at a bush kindy site. In this case educators will seek shelter with the children in safe areas if they do not have time to return to the service. These include substantial, enclosed buildings, and enclosed vehicles if people do not touch any metal parts. Where these shelters are not available educators and children will shelter in hollows or on low ground, including clumps of low bushes and trees the same height e.g., forest, ensuring they are not the tallest objects in the area. Educators will remove any metal objects on their or the children's heads or bodies.

Educators will avoid sheltering with children in or near insubstantial structures like picnic sheds and shade shelters, metal structures like fences, gates, poles, high/open ground, water and isolated or tall trees. They will not use umbrellas as this is unsafe when there is

lightning. Educators will immediately move to a new location with children if their hair stands on end or they hear 'buzzing' from nearby rocks, fences etc.

The Nominated Supervisor and educators will keep children inside or in a safe shelter for at least 30 minutes after the last thunderclap or lightning strike to ensure the storm is a safe distance away. They will continue to monitor the Bureau of Meteorology radar and observe outside conditions before letting children outside.

Visitors

To ensure we can meet Work Health and Safety requirements and ensure the safety of our children, individuals visiting our service must sign in when they arrive at the service and sign out when they leave.

Inspection and testing of electrical equipment.

Services must ensure that electrical equipment is regularly inspected and tested by a competent person if the electrical equipment is supplied with electricity through an electrical socket and used in conditions where it could be damaged, including exposure to moisture, heat, vibration, mechanical damage, corrosive chemicals or dust. A record of the testing, which may be a tag attached to the equipment tested, must be kept until the equipment is next tested or disposed of and must specify:

- the name of the tester
- the date and outcome of the testing
- the date on which the next testing must be carried out.

Fire Equipment

All fire equipment at our service will comply with relevant laws and regulations, council requirements and the Building Code, and be maintained in line with the Australian Standard AS 1851-2012 (see Attachment D).

Back Care and Manual Handling

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

Manual handling injuries can be the result of incorrect manual handling techniques, overuse, or from accidents. Injuries include back strains, and sprains in other parts of the body such as the neck, arm, shoulder and knee, bruising and lacerations.

Employers and managers have a legal duty to provide safe workplaces and implement safe workplace practices.

Principles of Preventing Manual Handling Injuries

1. Eliminate or reduce the amount of manual handling.
2. Reduce the amount of bending, forward reaching, and twisting, in all tasks.
3. Reduce worker fatigue.
4. Keep all equipment in good working order.
5. Keep the workplace environment safe.

The Nominated Supervisor will:

- provide annual training in manual handling and back care.
- display written, current information regarding manual handling in the staff room.
- ensure equipment and facilities are designed and maintained to reduce manual handling injuries.
- ensure work practices are consistent with safe manual handling guidelines.
- ensure educators and staff follow our safe manual handling procedures.
- identify, assess and control all risks associated with manual handling.
- clearly mark any equipment which requires more than one person to lift or move it.

To help prevent manual handling injuries educators and staff will:

- do warm-up exercises for three to five minutes before starting work, particularly during cold periods. Simple exercises to warm and stretch all the major muscle groups help prevent injury. Regular exercise such as walking, tennis, or aerobics will help condition muscles, but anyone with neck, back or muscular problems should see a doctor before exercising.
- kneel rather than bend down e.g., to help a child put their shoes on
- sit rather than bend e.g., to comfort a child, educators will sit on the floor and encourage the child to sit on their lap.
- sit in an appropriately sized chair (or on the floor) so their upper legs are horizontal to hips and feet flat on the floor.
- sit in an appropriately sized chair and table to complete writing tasks (e.g., programming)
- carry children with one arm under the child's buttocks and the other arm supporting the child's back, with the child facing them as close as possible to their body.
- not carry a child on their hip because this can strain the back, and only carry children when necessary.
- lift safely and avoid twisting, especially with awkward loads.
- lift a child out of a cot by leaning against the cot and raising the child as close as possible to their body. Educators and staff will not stretch over and lift.
- help larger children to climb up steps/ladder provided to change table.
- use a step ladder to reach above shoulder level.
- avoid extended reaching forward e.g., leaning into low equipment boxes.
- share the load if the equipment is heavy, long or awkward.
- ask for help and organise a team lift when sliding, pulling or pushing equipment that is not easy to move e.g., trestles or gym mats.
- rearrange surroundings to meet the needs of both children and adults where possible.
- use equipment and furniture that can be moved around as safely and easily as possible.
- store seldom-used objects up high between the shoulder-to-raised arm height.
- avoid storing objects between a person's knuckles and the floor.
- use mechanical aids like ladders and trolleys where possible to avoid lifting and stretching.
- Reduce accidents by implementing good housekeeping practices including ensuring:
 - the floors and other walking surfaces are uncluttered, even and non-slippery.
 - the environment is tidy.
 - there is adequate space to work.
 - equipment is maintained regularly.
 - lighting is adequate.

How to Lift Safely

1. Place your feet in astride position.

2. Keep your breastbone as elevated as possible.
3. Bend your knees.
4. Brace your stomach muscles.
5. Hold the object close to your centre of gravity i.e., around your navel.
6. Move your feet not your spine.
7. Prepare to move in a forward-facing direction.
8. Ask for help when it is not possible to lift on your own.

Avoid Twisting when Lifting.

To avoid injuries, result from twisting educators and staff will:

- move equipment when children are not around.
- rearrange storage so that it is easier and safer to replace and remove items.
- lift only within the limits of their strength.
- use beds and equipment that are easy to move.
- ensure they can see where they are going when carrying equipment or children.
- be especially careful when lifting a child with special needs.

Organising a Team Lift

Educators and staff will:

1. Ask a colleague who is willing and able to help, and ideally is fairly well matched with them in size and strength.
2. Agree on a plan of action to achieve a coordinated lift.
3. Appoint one person as team leader to 'call' the lift.

How to Assess the Correct Storage and Shelving Height

Correct storage and shelving height are important to prevent slips, falls and strains. When standing with feet together and hands by sides:

- the best height range for handling loads is around waist level.
- the acceptable height for lifting is any point between a person's knuckle and shoulder.

SOURCES

1. ACECQA Policy and Procedure Guidelines
2. SA Policy and Procedure Guidelines
3. Education and Care Services National Law and Regulations
4. Early Years Learning Framework
5. Dangerous Substances (National Code of Practice for the Labelling of Workplace Substances) Code of Practice Approval 2006
6. National Quality Standard
7. Work Health and Safety Act 2011
8. Work Health and Safety Regulation 2017
9. Staying Healthy –Preventing infectious diseases in early childhood education and care services 2012
10. Work Safe Victoria: Children's services – occupational health and safety compliance kit.
11. Swimming Pools Act 1992
12. Building Code of Australia

13. Australian Standards 1851-2005 “Maintenance of Fire Protection Systems and Equipment”
14. Cancer Council NSW Sample Sun Protection Policy
15. Royal Life Saving Society Home Pool Safety Checklist
16. Royal Life Saving Society Wading Pools Checklist
17. Australian Standard 1926.1 Swimming Pool Safety
18. Kidsafe nsw: Playground surfacing
19. Heat health plan for Victoria
20. Vic Govt Better Health: How to cope and stay safe in extreme heat
21. Cancer Council NSW and the National SunSmart Early Childhood Program
22. Bureau of Meteorology ‘Preparation and safety during thunderstorms’ Australian Government www.bom.gov.au
23. Get Ready Guide Qld Govt
24. Lightning Safety Recommendations NSW Sport and Recreation Outdoor Activities (based on Recommendations for lightning protection in sport, Makdessi and Brukner, Medical Journal of Australia 2002)
25. Education Standards Board SA ‘Heat and bushfires: What to do?’
26. NQF e-bulletin QLD 12.11.19
27. QLD Health: “Button batteries – why they’re dangerous and what you can do to keep your kids safe”.

POLICY INFORMATION

Approval date	1 January 2026
Effective date	1 January 2026
Review date	Reviewed annually and when there are changes that may affect this policy or related procedures
Approved by	Dr Jay Mukhraya >

Attachment A

Environmental Checklists

The following can be used as a guideline to produce Checklists for the service's individual needs.

Checklist: Outdoor

1. **Building maintenance** – regularly maintain and check for hazards, check building is in a safe, clean and hygienic condition. Keep records of any damages and subsequent repairs.
2. **Doors** – have finger jam protectors.
3. **Dust mites, pet allergens** – regular dusting and vacuuming.
4. **Fence** – outdoor play areas securely on all sides of from roads, water hazards, and driveways. Maintain fences at correct height. Install childproof self-locking devices on gates.
5. **Garbage** – safely and promptly disposed of. Use lidded secure bins that prevent child access and maintain in a clean and safe condition. Encourage recycling.
6. **Garden** and renovation debris - removed. Regularly trim branches and bushes.
7. **Garages and sheds** - kept locked.
8. **Heating, cooling, ventilation, lighting** – comfortable, safe, maintained, guarded and are kept out of reach of children.
9. **Hygienic**, regularly cleaned and maintained conditions protect against vermin, bacteria, mildew, lead, asbestos and other dust allergens.
10. **Non-slip** floors, stairs, steps, grounds and nonporous indoor floors for easy cleaning.
11. **Pesticides** - dangerous chemicals should not be used to remove vermin.
12. **Renovations** – reduce dangers e.g., lead, asbestos, holes and excavations.
13. **Safety glass** is installed according to the Australian Standards on all glass doors and windows accessible to children, and safety decals on both sliding doors and plate glass doors at child and adult eye level.
14. **Security** - minimise unauthorised access with appropriate fencing and locks.
15. **Spills** – clean away as they occur.
16. **Under Service access** (including buildings on stilts and footings) – lock or block access.
17. **Window fly screens** securely fitted, maintained and permanent.

Checklist – Indoor

1. **Access for children and adults with disability** - ensure safe access into, within and out of the Service, security, toilet and washing facilities, and check for hazards for wheelchairs and people with impaired sight, hearing or mobility.
2. **Barriers** - age appropriate, child proof, self-locking barriers to balconies, stairways, kitchen, bathroom, laundry, garage, other levels in the Service, front and back garden.
3. **Children at risk** – maintain extra security and supervision of children at special risk.

4. **Choking hazards** - e.g., small toy parts, beads, nuts, blind and curtain cords, plastic bags, sandwich bags and balloons are removed.
5. **Decorations and children's artwork** – aren't near ceiling fans, air conditioners or heaters. Avoid use of tacks, pins, and staples.
6. **Emergency evacuation** –evacuation plan and emergency contact numbers displayed, families informed, and evacuation procedures rehearsed.
7. **Fire** – fire blanket, extinguisher, fire exits, smoke detectors, electrical safety switch.
8. **First aid kit** with approved contents is maintained and accessible. Ensure First Aid certificates are current for relevant educators.
9. **Guard and make inaccessible to children:** heaters, coolers, fireplaces, stoves, microwaves, power points, and office equipment.
10. **Hazardous indoor and outdoor plants** - identify, remove or make inaccessible to children.
11. **Heaters** – ensure that children cannot come in contact with hot surfaces and ensure heaters are away from children's cots. It is preferable to use heating where combustion products are ducted outside. If gas heating is used ensure there is adequate ventilation while the heater is operating.
12. **Hot water** - ensure the hot water supply is regulated to keep it below the temperature at which a child can be scalded (Any new hot water installations in early childhood services are required to ensure water delivered from the tap does not exceed 45° C).
13. **Machinery, tools and equipment** – ensure all engine operated or other hazardous equipment, tool or machinery are stored securely and are inaccessible to children.
14. **Noise** – reduce excessive exposure.
15. **Non-slip, non-porous** floors, stairs.
16. **Pets and animals** – inform families of pets kept on premises and plans to obtain new pets. Ensure pets are vaccinated, wormed, don't have fleas, are clean and healthy. Keep pet accessories such as pet food, litter boxes, pet toys away from children. Exclude dogs from children's play areas. Keep children-pet interactions minimal and supervise interaction times.
17. **Safe play rules and adequate play spaces:** discourage running indoors and safe furniture layout to avoid collisions.
18. **Safety glass used and installed** according to Australian Standards, and Australian Building Codes on all glass doors and windows accessible to children, **safety decals** on sliding doors and plate glass doors at child and adult eye level.
19. **Security** – ensure all entry doors are locked at all times and place bells on doors.
20. **Smoke free environment** in all areas.
21. **Educators' personal items** – ensure personal items such as bags, sharp instruments, toiletries and medicines are kept secure and are inaccessible to children.
22. **Stairways**, ramps, corridors, hallway, external balcony are enclosed to prevent a child falling.
23. **Store in locked cabinet** any unsafe items, e.g., chemicals, medicines, razors, knives and electrical equipment.

- 24. Supervision and visibility of children** – ensure children are visible and supervised at all times. High risk areas are children in high**chairs**, playpens and play areas, on change tables, and in nappy change and toilet areas. Have at least two educators on premises at all times with vision of each other and the children, including when changing nappies or washing children.
- 25. Toys** – meet safety standards, age appropriate, maintained, and non-toxic.

Attachment B

Poison Safety Checklist

Week beginning: _____

Checklist	Yes	No	Action required
Have all chemical products been checked to determine if they need to be stored in a lockable cupboard?			
Have all chemical products been checked to determine if they require disposal (out of date or no longer required)?			
Are all chemicals labelled correctly?			
Are food and chemicals stored separately?			
Are all chemicals stored securely?			
Are Safety Data Forms available for all chemicals in the Service and placed with the chemical?			
SDS Register available?			
SDS Register Current?			
Are containers for soiled nappies securely covered and the contents inaccessible to children?			
Are low toxicity products used whenever possible?			
If any handbags contain medication, are they stored safely?			
Is the Poisons Information Centre number available at every phone? (13 11 26)			
Is there any paint flaking of the walls that may contain lead?			
Have all poisonous plants been removed from the Service's premises?			
Have families been provided with information on poison safety?			
Have chemical storage areas been labelled with chemicals stored here signs?			
Medication is stored in locked containers/cupboard?			

Educators Name: _____

Educators Signature: _____

Attachment C

Cleaning Schedule

	Wash DAILY plus when visibly soiled.	Wash WEEKLY plus When visibly soiled.
Bathrooms - wash tap handles, toilet seats, toilet handles and doorknobs. Check the bathroom during the day and clean if visibly dirty.	✓	
Toys and objects put in the mouth	✓	
Surfaces the children have frequent contact with e.g., bench tops, taps, cots and tables.	✓	
Beds, stretchers, linen and mattress covers (if each child does not use the same mattress cover every day)	✓	
Doorknobs	✓	
Floors.	✓	
Low shelves		✓
Other surfaces not often touched by children		✓

Attachment D

Fire Equipment and Maintenance

Key	
Inspection Procedure of Fire Safety Installations (F.S.I)	1. Inspect for obvious visual faults. 2. Inspect for faults and witness test of F.S.I by a competent person 3. Inspect for faults where possible and accept logbook details of F.S.I 4. Check Building file for details of any extra requirements.
Required Record of Keeping Fire Safety Installations (F.S.I)	L = logbook required R = record of maintenance required T = Metal tag on F.S.I or service details/service label (Y) = Weekly test may be omitted refer AS 1851-2005

External agencies will be employed to assist the service with this maintenance if no currently employed staff or educators are qualified to complete the maintenance checks.

Special Fire Service	Inspection Procedures for FSI	Required Record Keeping for FSI	Maintenance Schedule							Annual Survey of Installation	Maintenance Standard or Building Preference
			1 Wk	1 Mth	3 Mth	6 Mth	12 Mth	3 Yr	5 yr		
Fire Mains	1					Y	Y	Y			1851-Section 2 & 4
Fire Hydrants (including internal & external hydrants, boosters connection/s and water storage tanks	2	L-T				Y	Y		Y	Y	1851- Section 4
Fire Pump sets	2	L-T	(Y)	Y		Y	Y		Y	Y	1852 – Section 3
Fire Hose Reels	2	R-T				Y	Y			Y	1851- Section 14
Fire Extinguishers (Portable)	2	R-T				Y	Y		Y	Y	1851- Section 15
Fire Blankets	2	R-T				Y					1851-Section 16

44. - Positive Relationships for Children Policy

PURPOSE AND BACKGROUND

- (554) To set out how we ensure positive relationships between educators and children, and among children themselves
- (555) This policy is a requirement under the *Education and Care Services National Regulations*. The approved provider must ensure that policies and procedures are in place for interactions with children (s 168), and take reasonable steps to ensure that children are educated and cared for in a way that meets specific requirements for interactions with children (s 155) and relationships in groups (s 156)
- (556) This policy aligns with the National Quality Standard Quality Area 5: Relationships with Children

SCOPE

- (557) This policy applies to:
- Educators and educational leaders, including permanent and temporary staff, third parties (e.g., contractors, labour hire workers), volunteers and work placement students who are carrying out the role of educator or educational leader
 - The approved provider and the nominated supervisor/persons in day-to-day charge
 - Children in our care, their parents, families and care providers

DEFINITIONS

- (558) The following definitions apply to this policy and related procedures:
- ‘Parents’ includes guardians and persons who have parental responsibilities for the child under a decision or order of court
 - ‘Staff’ refers to paid employees, volunteers, students, and third parties who are covered in the scope of this policy

POLICY STATEMENT

Relationships between educators and children

- (559) Educators must demonstrate respectful and equitable relationships with all children (National Quality Standard 5.1)
- (560) Educators must encourage children to express themselves and their opinions (*National Regulations* s 155)

- (561) Children must be offered experiences that help them to develop self-reliance and self-esteem (*National Regulations* s 155)
- (562) Educators must develop strong, reciprocal relationships with the children in their care, treating each child as an individual and with regard to their individual family and cultural values, age, and physical and intellectual development and abilities (*National Regulations* s 155)
- (563) Educators must give children positive guidance and encouragement toward acceptable behaviour (*National Regulations* s 155)
- (564) Educators must follow our procedures for positive interactions between educators and children with children (attached)

Positive interactions between educators and children

- (565) Educators must demonstrate consistent, responsive and meaningful relationships with children to build their trust and a sense of security (National Quality Standard Element 5.1.1)
- (566) All children must be treated fairly and with respect, regardless of their age, social or cultural or linguistic backgrounds, abilities, disabilities, gender, sexual identity, or family circumstances
- (567) Each child's contribution and presence must be acknowledged, and educators must provide an environment in which all children sense they belong and are accepted
- (568) Educators must model fairness and respect in their interactions with other adults at our service
- (569) Educators must support children's emotional needs and respond to children in a warm, empathetic and caring manner

Maintaining the dignity and rights of every child

- (570) Our service must uphold the dignity and rights of every child in our care (National Quality Standard Element 5.1.2), consistent with our *Statement of Commitment to Child Safety and Wellbeing* and the Convention on the Rights of the Child
- (571) Educators must always act in the best interests of children, including by empowering them to know and exercise their rights, valuing their views on matters that affect them, ensuring their safety and wellbeing, and creating an environment that allows them to learn and thrive and which values diversity, equity and inclusion
- (572) Educators must follow our policies and procedures to protect children from harm or risk of harm (e.g., Child Safe Environment Policy, Child Protection Policy, Child Safe Code of Conduct), including for mandatory reporting, or notifications to the regulatory authority

- (573) We have zero tolerance for bullying, harassment, punitive discipline or discriminatory behaviour. Staff are made aware that it is an offence to use inappropriate discipline, including any form of corporal punishment or any discipline that is unreasonable in the circumstances (*National Law s 166*)
- (574) If there are instances of bullying, discrimination or exclusion amongst children, educators must ensure that the behaviour is managed and that all children are safe
- (575) Educators must protect children's rights to privacy and freedom of thought

Relationships between children

- (576) Educators must support each child to have sensitive and responsive relationships (National Quality Standard 5.2)
- (577) The approved provider must ensure that staff can, and do, promote respectful and positive relationships between children themselves and with staff members (including students and volunteers) (*National Regulations s 156*)
- (578) The approved provider must ensure that the size and composition of the groups in which children are placed is conducive to forming positive relationships with each other and with staff members (*National Regulations s 156*). Where possible and appropriate, children will be placed in smaller group sizes to allow educators to teach and respond to children more effectively, and for children to form closer bonds with others
- (579) Educators must follow our procedures for supporting relationships between children (attached), which cover group interactions, self-regulation and positive behaviour guidance, helping children through difficult times, and how to manage bullying and biting in children

Collaborative learning

- (580) Educators must support children to collaborate, learn from and help each other (National Quality Standard Element 5.2.1)
- (581) Children are supported to cooperate and be respectful through our inclusive, well-planned, developmentally appropriate educational program and during our daily routines and interactions

Supporting behaviour regulation and communication

- (582) Educators must support each child to regulate their own behaviour, respond appropriately to the behaviour of others and communicate effectively to resolve conflicts (National Quality Standard Element 5.2.2)
- (583) We must ensure that children develop their emotional regulation and social skills in a safe, respectful and nurturing way

- (584) Educators must guide children to regulate their emotions and behaviour:
- With clear and positive communication, reinforcement, and consistent routines
 - Using their understanding of each child's family, background and culture
 - By supporting children to understand their own feelings and the feelings of others, and to reflect on the impact of their actions on themselves and those around them
 - With an understanding of child development and learning
 - With a focus on the children's strengths
 - In the context of mutually respectful relationships between children and adults
- (585) We must partner with families (and specialists and/or support agencies in some cases) to support each child's emotional and social learning, and if we need to develop specific behaviour guidance strategies for a child who is not responding to our routine strategies
- (586) Families should inform their child's educator about any relevant circumstances in their lives that might affect the child's behaviour at our service
- (587) If there is a difference of opinion about how to guide a child's behaviour, staff and families should work together to come to an agreement that is in the best interests of the child
- (588) The approved provider and nominated supervisor must ensure that educators have the resources and training to respond appropriately to children who are displaying challenging behaviour, including by organising any extra assistance that is needed (e.g., through government programs, external agencies and professionals)
- (589) Educators must never apply corporal punishment or unreasonable discipline to a child, including the practice of 'time out' if it involves isolating the child

Behaviour guidance plans

- (590) If a child needs more support to regulate their behaviour, we may need to implement an individual behaviour guidance plan for them
- (591) All plans must be developed in consultation with families and, if appropriate, with professional assistance or support agencies
- (592) Parental consent is always required where a referral for intervention is requested by educators
- (593) If there is dispute or concerns about a child's behaviour guidance plan that cannot be resolved within the service, the approved provider or nominated supervisor will consult with the regulatory authority

Quality relationships are embedded across our operations

- (594) Educators must act according to our statement of philosophy in their interactions with children:
- “All children are successful, competent, and capable learners who are active and informed members of their communities with knowledge of Sustainable development and Aboriginal Torres Islander perspective”.***
- (595) The National Principles for Child Safe Organisations are embedded in our leadership, governance and culture. Staff must uphold our *Commitment Statement to Child Safety and Wellbeing*, and always act in accordance with our Child Safe Environment Policy and Child Safe Code of Conduct
- (596) Our educational program and practice are aligned with the vision, principles and practices of *the National Approved Learning Framework*, which puts children’s relationships with others as central to their learning
- (597) We only recruit educators who can demonstrate a deep understanding and commitment to creating and maintaining trusting, respectful and equitable relationships with children
- (598) The approved provider ensures educators are supported, resourced and trained to build and maintain positive relationships with and among children
- (599) We recognise that maintaining a consistent team ensures children feel secure and can build trusting relationships with educators. To retain and attract educators, we promote a positive workplace culture, offer professional growth opportunities, recognise and reward contributions, have strong leadership, and support work-life balance
- (600) We maintain our child-to-educator ratio at all times

Our practice is informed by critical reflection

- (601) Our education program takes into account the individual needs and development of each child, including their strengths, experiences and interests
- (602) Educators must regularly evaluate and adjust their teaching methods, interactions with children and the overall program and environment, including by:
- Observing, assessing and documenting individual children’s behaviour, interactions and responses to activities
 - Analysing their practices and interactions
 - Gathering feedback from other educators, children and families
 - Keeping abreast of the latest theoretical perspectives to inform their practice

- (603) The nominated supervisor and room leaders must ensure that educators are given time on the floor and in team meetings for reflection and programming and time in team meetings to discuss:
- The social justice and equity implications of their approaches to their relationships with children and support for children's relationships with each other
 - The personal, professional and organisational values that support children to have sensitive and responsive relationships

Our practice is shaped by meaningful engagement with families and communities

- (604) Educators must contribute to our service having a culturally safe environment where everyone can feel safe to express themselves and their culture, and everyone is invited to challenge stereotypes and biases
- (605) Educators must work in partnership with families so that children's values, cultures, traditions and languages are respected and incorporated into our daily activities, programming and physical environment
- (606) Educators must respect families' input on guiding their child's behaviour, learning and wellbeing, and have open discussions about how to align these with our own practices, philosophy and standards
- (607) We consult with, and value the input from, families about how we can improve our practice and interactions with children
- (608) Educators must follow our procedures for communicating with families and documenting and sharing information about children's learning, development, interactions, behaviour and relationships

PRINCIPLES

- (609) We provide a safe, nurturing, relaxed and happy environment for children at our service
- (610) We help children to develop a strong and positive sense of identity. We respond to their individual needs, as well as their family and cultural values
- (611) We are committed to helping children to develop effective ways to communicate with others, and to supporting them to express themselves and their ideas confidently
- (612) Educators create and maintain respectful and equitable relationships with each child, and have responsive and meaningful interactions that build children's trust, confidence and security

- (613) Educators use positive behavioural guidance that focusses on each child's strengths, and is based on knowledge of child development and a foundation of mutual respect
- (614) We uphold at all times the dignity and rights of every child
- (615) Educators have the resources and support they need to maintain positive relationships with children. They are reflective about their practice and our service's programming
- (616) We work in partnership with families and communities in the best interests of children
- (617) We regularly review and update our policies and procedures to make sure they still reflect current recognised best practice. We are committed to continuous improvement.

POLICY COMMUNICATION, TRAINING AND MONITORING

- (618) This policy and related documents can be found <insert location>
- (619) The approved provider and nominated supervisor provide information, training and other resources and support to staff regarding the Positive Relationships for Children Policy and related documents
- (620) All staff (including volunteers and students) are formally inducted. If relevant to their job, they are <given copies of/access to>, review, understand and formally acknowledge this Positive Relationships for Children Policy and related documents
- (621) Roles and responsibilities are clearly defined in this policy and in individual position descriptions. They are communicated during staff inductions and in ongoing training
- (622) The approved provider and nominated supervisor monitor and audit staff practices and address non-compliance. Breaches of this policy are taken seriously and may result in disciplinary action against a staff member
- (623) At enrolment, families are <given copies of/given access to> our Positive Relationships for Children Policy and related documents, and we continue to provide resources and support to them throughout their involvement at our service
- (624) Families are notified in line with our obligations under the *National Regulations* when changes are made to our policies and procedures.

LEGISLATION (OVERVIEW)

Education and Care Services National Law and Regulations

Law	Description
s 165	Offence to inadequately supervise children
s 166	Offence to use inappropriate discipline

s 167	Offence relating to protection of children from harm and hazards
s 168	Offence related to required programs
s 169	Offence relating to staffing arrangements
Regulations	
s 73	Educational program
s 123	Educator to child ratios
s 155	Interactions with children
s 156	Relationships in groups
s 170	Policies and procedures to be followed
s 171	Policies and procedures to be kept available
s 172	Notification of change to policies or procedures

National Quality Standard

Standard / Element	Concept	Description
5.1	Relationships between educators and children	Respectful and equitable relationships are maintained with each child
5.1.1	Positive educator to child interactions	Responsive and meaningful interactions build trusting relationships which engage and support each child to feel secure, confident and included
5.1.2	Dignity and rights of the child	The dignity and rights of every child is maintained
5.2	Relationships between children	Each child is supported to build and maintain sensitive and responsive relationships
5.2.1	Collaborative learning	Children are supported to collaborate, learn from and help each other
5.2.2	Self-regulation	Each child is supported to regulate their own behaviour, respond appropriately to the behaviour of others and communicate effectively to resolve conflicts

Early Years Learning Framework (EYLF) V2.0

Outcome	Key component
1: CHILDREN HAVE A STRONG SENSE OF IDENTITY	- Children feel safe, secure and supported - Children develop their emerging autonomy, inter-dependence, resilience and agency - Children develop knowledgeable, confident self-identities and a positive sense of self-worth - Children learn to interact in relation to others with care, empathy and respect
2: CHILDREN ARE CONNECTED WITH AND CONTRIBUTE TO THEIR WORLD	- Children develop a sense of connectedness to groups and communities and an understanding of their reciprocal rights and responsibilities as active and informed citizens - Children respond to diversity with respect - Children become aware of fairness

3: CHILDREN HAVE A STRONG SENSE OF WELLBEING

- Children become strong in their social, emotional and mental wellbeing
- Children are aware of and develop strategies to support their own mental and physical health and personal safety

National Principles for Safe Organisations

Most relevant principles

Child safety and wellbeing is embedded in organisational leadership, governance and culture

Children and young people are informed about their rights, participate in decisions affecting them and are taken seriously

Families and communities are informed and involved in promoting child safety and wellbeing

Equity is upheld and diverse needs respected in policy and practice

People working with children and young people are suitable and supported to reflect child safety and wellbeing values in practice

Policies and procedures document how the organisation is safe for children and young people

RELATED DOCUMENTS

Key Policies	Child Safe Environment Policy Child Protection Policy Child Safe Code of Conduct Inclusion Policy Enrolment Policy Orientation for Children Policy Educator and Management Policy Staffing Arrangements Policy Education Curriculum and Learning Policy Families and Communities Partnerships Policy <Mental Health and Wellbeing Policy>
Procedures	Roles and Responsibilities – Positive Relationships for Children (attached) Positive Relationships for Children Procedures (attached) Child Safe Environment Procedures (in Child Safe Environment Policy) Child Protection Procedures (in Child Protection Policy)
Resources	<u>United Nations Convention on the Rights of the Child</u>

SOURCES

Education and Care Services National Law and Regulations | National Quality Standard | ACECQA's Guide to the NQF | State/territory regulatory authorities' guidance on Standard QA5 | National Principles for Child Safe Organisations | National Approved Learning Frameworks | UN Convention on the Rights of the Child | Be You (Beyond Blue) | Raising Children Network | Circle of Security | Bullying. No Way! | NAPCAN resources | Australian Childhood Foundation | Blue Knot Foundation | StartingBlocks – Challenging Behaviour – Biting.

Quick reference: positive relationships | child centred care | equity and inclusion | respectful interactions | dignity and rights of the child | belonging | connectedness | wellbeing | positive behaviour guidance | self-regulation | behaviour guidance plans | group relationships | collaborative learning | biting | bullying | helping children with trauma

POLICY INFORMATION

Approval date 1 January 2026

Effective date 1 January 2026

Review date Reviewed annually and when there are changes that may affect this policy or related procedures

Approved by Dr Jay Mukhraiya >

APPENDIX A

ROLES AND RESPONSIBILITIES – Positive Relationships for Children

Approved provider responsibilities (not limited to)

Ensure our service meets its obligations under the *Education and Care Services National Law and Regulations*, including to take reasonable steps keep children safe from harm and hazards, and to ensure that children are educated and cared for in a way that:

- Encourages them to express themselves and their opinions
- Allows them to undertake experiences that develop self-reliance and self esteem
- Maintains at all times their dignity and rights
- Gives them positive guidance and encouragement toward acceptable behaviour
- Has regard to their individual family and cultural values, age, and physical and intellectual development and abilities
- Gives them opportunities to develop respectful and positive relationships with each other and with staff members (including students and volunteers), with regard to the size and composition of the groups in which children are placed

Ensure that our service's governance, management, operations, policies, plans, (including risk management/action plans), systems, practices and procedures for relationships with children and between children are appropriate in practice, up-to-date, best practice, and comply with all relevant legislation, standards and guidelines

Ensure this Positive Relationships for Children Policy and related procedures are in place and available for inspection

Take reasonable steps to ensure our Positive Relationships for Children Policy and related policies and procedures are followed (e.g. through clear and accessible communication, and systemised inductions, training and monitoring of all staff – including volunteers, students)

Ensure that our service always meets the minimum educator and staff requirements, including for qualifications and educator to child ratios

Ensure that no child is subjected to any form of corporal punishment or any discipline that is unreasonable or inappropriate in the circumstances. Always act on any concerns of harm or risk of harm to a child in line with child protection laws and our policies and procedures

Regularly review this Positive Relationships for Children Policy and related procedures in consultation with children, families, communities and staff

Notify families at least 14 days before changing this Positive Relationships for Children Policy if the changes will: affect the fees charged or the way they are collected; or significantly impact the service's education and care of children; or significantly impact the family's ability to utilise the service

Nominated supervisor / persons in day-to-day charge responsibilities (not limited to)

Ensure our service meets its obligations under the *Education and Care Services National Law and Regulations*, and support the approved provider to ensure that children are educated and cared for in a way that:

- Encourages them to express themselves and their opinions
- Allows them to undertake experiences that develop self-reliance and self esteem
- Maintains at all times their dignity and rights
- Gives them positive guidance and encouragement toward acceptable behaviour
- Has regard to their individual family and cultural values, age, and physical and intellectual development and abilities
- Gives them opportunities to develop respectful and positive relationships with each other and with staff members (including students and volunteers), with regard to the size and composition of the groups in which children are placed

Support the approved provider to ensure that our service's governance, management, operations, policies, plans, (including risk management/action plans), systems, practices and procedures for relationships with children and between children are appropriate in practice, up-to-date, best practice, and comply with all relevant legislation, standards and guidelines

Implement this Positive Relationships for Children Policy and related procedures

Take reasonable steps to ensure our Positive Relationships for Children Policy and related policies and procedures are followed (e.g. through clear and accessible communication, and systemised inductions, training and monitoring of all staff – including volunteers, students)

Ensure that our service always meets the minimum educator and staff requirements, including for qualifications and educator to child ratios

Ensure that no child is subjected to any form of corporal punishment or any discipline that is unreasonable or inappropriate in the circumstances. Always act on any concerns of harm or risk of harm to a child in line with child protection laws and our policies and procedures

Contribute to policies and procedure reviews and risk assessments and plans in consultation with children, families, communities and staff. Support the approved provider to notify families of reviews and changes according to legislation and our policies and procedures

Educator / other staff responsibilities (not limited to)

Follow this Positive Relationships for Children Policy and related procedures

Ensure that no child is subjected to any form of corporal punishment or any discipline that is unreasonable or inappropriate in the circumstances. Always act on any concerns of harm or risk of harm to a child in line with child protection laws and our policies and procedures

Implement our educational program and practices, regularly engage in critical reflection, and undertake any professional development you need

Provide children with positive behaviour guidance and emotional support according to your training and our procedures. Implement any behaviour guidance plans in place in collaboration with families and (if required) professionals

Communicate regularly and respectfully with families about children's behaviour, development, wellbeing and needs. Put children's best interests at the forefront if there are differences in opinion on the approach to behavioural guidance

Discuss any concerns you have related to interactions with or between children with your room leader, the nominated supervisor or the approved provider (e.g., if you need advice, resources or support etc)

Contribute to policy and procedure reviews, and to identifying and managing risks

Families responsibilities (not limited to)

Inform your child's educator about any relevant circumstances in their lives that might affect the child's behaviour at our service (e.g., moving house, new siblings, family relationship issues)

Collaborate with staff (and, where necessary, other professionals or specialists) if your child is having difficulty in self-regulating or maintaining positive relationships with other children or staff members. This may include consulting with staff to develop a behavioural guidance plan for your child. Put your child's best interests at the forefront if there are differences in opinion about how to guide their behaviour

Model respectful and equitable interactions with children and staff while at our service

APPENDIX B

Positive Relationships for Children Procedures

Introduction

- These procedures apply to our [Positive Relationships for Children Policy](#)
- ‘Parents’ includes guardians and persons who have parental responsibilities for the child under a decision or order of court
- ‘Staff’ includes volunteers, students and third parties defined in the scope of the [Positive Relationships for Children Policy](#)
- ‘Corporal punishment and unreasonable discipline’ are considered serious breaches of the law. ACECQA gives the following examples:

Inappropriate discipline	Inappropriate practice
Hitting, slapping, or pinching	Negative labelling of a child or family
Isolating or locking children away (including if used during ‘Time out’)	Criticising a child’s actions or behaviour
Yelling at a child	Discouraging a child from taking part in activities
Humiliating or belittling a child	Blaming or shaming
Physically dragging a child	Making fun of, laughing at or about a child, or using sarcastic or cruel humour
Force feeding or depriving a child of food or drink (including saying to a child ‘if you don’t eat your vegetables you can’t have dessert’)	Excessive use of negative language (e.g., saying ‘no’, ‘stop that!’, ‘don’t....’, or ‘you never...’)
Unreasonably restraining a child	
Excluding children from events	
Consistently moving children to the office or to other space away from the play areas	
Moving children to another room as punishment (including if used during ‘Time out’)	
Verbally or physically threatening a child	

Attachments

- Appendix C – [Positive Interactions Between Educators and Children Procedure](#)
- Appendix D – [Positive Group Interactions Procedure](#)
- Appendix E – [Self Regulation and Positive Behaviour Guidance for Children Procedure](#)
- Appendix F – [Helping Children Through Difficult Times Procedure](#)
- Appendix G – [Dealing with Bullying Procedure](#)
- Appendix H – [Dealing with Biting Procedure](#)

APPENDIX C

PROCEDURE – POSITIVE INTERACTIONS BETWEEN EDUCATORS AND CHILDREN

When to use this procedure

- During everyday interactions with children in our care

15. Maintain respectful and equitable relationships with each child:

- Do not show favouritism, bias or preference for any child, or make negative comparisons between children
- Address all children by their names and treat them as individuals
- Speak to children in a way that is positive, encouraging and respectful
- Do not criticise children or speak to them in harsh tones
- Treat all children as important and listen to their ideas, thoughts and feelings. Make them feel heard and valued
- Participate respectfully in children's play, and use children's cues and signals to guide their engagement

16. Maintain responsive and meaningful interactions with children:

- Consistently observe children's non-verbal cues and respond to their physical or emotional needs in ways that make them feel safe and supported
- Talk to parents about their children to gain insight into them and their homelife
- Have regular and sustained conversations with children about their interests, emotions, thoughts and experiences
- Have relaxed and unhurried mealtimes where you sit and talk with children
- Create a sense of belonging by acknowledging and valuing each child's contribution and presence
- Demonstrate that you know each child well and have developed a unique, reciprocal relationship with them. Tailor your communication and interactions to the individual child
- Help children feel secure through consistent behaviour, communication and routines

- Encourage children who have separation anxiety when they are away from their families to use a favourite toy or comfort item

17. Use effective communication:

- Use age-appropriate language and short, clear sentences
- Adapt your communication style according to the child's needs, preferences and developmental level. Use non-verbal communication where appropriate (e.g., sign language, visual aids, body language, facial expressions)
- Avoid overly complex instructions or abstract concepts that may confuse children
- Give children your full attention, make eye contact and show interest in their thoughts and feelings
- Repeat or paraphrase what children have said or conveyed to show you understand and encourage further conversation
- Use a warm and encouraging tone of voice
- Smile, nod and maintain a relaxed posture to show you are approachable and present
- Demonstrate respectful and polite communication (e.g., saying 'please' and 'thank you', not interrupting others or speaking harshly)
- Use positive phrasing to guide behaviour (e.g., 'Let's walk outside' rather than 'Don't run')
- Give explanations for rules or boundaries so children understand why they are in place
- Be patient and give children enough time to process and respond
- Maintain consistent language and expectations in interactions so children have a feeling of security and predictability
- Find out from families about any non-verbal forms of communication by their children to convey messages such as hunger, needing the toilet, tiredness or emotions

18. Maintain the dignity and rights of every child:

- Treat children as individuals. Address them by their names and respect their personal preferences and unique ways of doing things
- Do not allow any child to be bullied or harassed

- Treat children with kindness. Never humiliate, degrade or belittle children, or use punishment or discriminatory behaviour or language
- Be aware that it is an offence to use inappropriate discipline, including any form of corporal punishment or any discipline that is unreasonable in the circumstances
- Treat all children equally, regardless of their race, gender, disability, language, religion or other status
- Ensure our environment and activities reflect the diverse cultures, identities, abilities and family structures of our children and staff
- Adapt spaces, activities and routines to accommodate individual needs, so that everyone feels valued and can participate
- Support children to make choices and develop a sense of autonomy appropriate to their age and developmental stages
- Seek children's consent. Ask permission before helping children with personal care or involving them in activities
- Involve children in making decisions, particularly about matters that affect them. Show children that their opinion matters, and incorporate their ideas where you can
- Encourage children to express their views without fear of judgement
- Contribute to making our environment and activities reflect the diverse cultures, identities, abilities and family structures of our children and staff. Help to adapt spaces and routines to accommodate each child's individual needs, so that everyone feels valued and can participate. Partner with families to understand their values, cultural practices and expectations regarding their child's dignity and rights
- Protect children's privacy and handle their personal information (including their image) securely and confidentially
- Always abide by our strict rules for respecting children's privacy and physical boundaries set out in our [Child Safe Code of Conduct](#)
- Always act if a child is being harmed or is at risk of harm, in line with our [Child Protection Policy](#)

19. Encourage children to express themselves and their opinions:

- Create and maintain trusting and respectful relationships with each child, so that they feel secure in expressing themselves and their thoughts

- Tell children that their opinions are welcome and acknowledge their contributions. Where you can, let them have some influence over their activities, play areas, group routines, mealtimes etc
- Respond sensitively to children's verbal and non-verbal communication about their needs and preferences
- Have meaningful, two-sided conversations with children about their interests, and ask open ended questions (e.g., 'What do you think about...' or 'How would you do it differently?'). Give them enough time to process and respond to your questions
- Talk to children throughout the day about what is happening around them, and what they are learning and thinking about
- Set up resources to facilitate their expression, including through art and creativity, storytelling, role play and technology
- Run small group activities where children can listen to each other's opinions
- Encourage children to take risks in expressing themselves, and reassure them that we learn when we make mistakes
- When children speak to you, show them that you are listening (see effective communication)
- Be aware that there are cultural norms and preferences for self-expression. Learn about children's cultural and family backgrounds and each child's unique way of communicating
- Observe and document children's thoughts and opinions to understand their developing interests, preferences and developmental needs. Use this information to tailor our activities and your interactions with each child

20. Help children to develop self-reliance:

- Give children chances to make decisions about their environment, what they want to do or their daily routines
- Support them to develop 'life skills' such as putting on shoes, packing their bags, tidying up, managing personal care routines
- Break down new skills into manageable steps. Gradually reduce the amount of assistance you give the child as they develop and become confident
- Model and scaffold learning. Show children how to perform a task and invite them to try it themselves. Offer guidance but do not take over – show children they can accomplish the task themselves

- Get children involved in self-directed imaginative play and creative projects
- Celebrate risk-taking (while providing safe boundaries) and normalise mistakes
- Help children to identify personal goals and encourage them to self-evaluate (e.g., ask them ‘What do you like best?’ or ‘What would you do differently next time?’)
- Encourage children to develop problem-solving skills and to engage in critical thinking
- Provide ‘open-ended’ resources and activities (e.g., building blocks, arts and crafts, STEM, storytelling, treasure hunts, music) that encourage problem-solving, critical thinking, exploration and experimentation
- Ask children questions that prompt them to think about different possibilities and ideas (e.g., ‘How could we do this in another way?’, ‘What do you think would happen if...?’)
- Resist the urge to intervene immediately when children face challenges. Instead, give them time to think and try their own ways to work it out

21. Help children to build their self-esteem:

- Offer experiences that challenge children but don’t overwhelm them
- When a child reaches a new milestone, acknowledge their progress to build their confidence and motivation. Use positive and affirming language and feedback that emphasises the child’s effort and progress
- Build their social skills through group activities and leadership opportunities
- Reflect and document their achievements (e.g., showcase their creations or achievements, share their work with their family, keep a portfolio of their work that shows their progress and successes)
- Reinforce and acknowledge the child’s perspective. Tell and show them that what they think and feel is valid
- Celebrate their unique identities and cultural backgrounds (see next step)

22. Promote a sense of belonging for all children:

- Learn about each child’s unique characteristics and circumstances at enrolment and continue to learn throughout their time at the service. Interact with the child and their family, ask them questions. Observe the child while they are playing, learning and developing to deepen your understanding of them. Apply this

knowledge to your interactions with the child and to adjust our activities and spaces to help them feel accepted and part of our group

- Learn about cultural safety for children from Aboriginal and Torres Strait Islander backgrounds. Acknowledge and teach their histories, cultures, languages, traditions, religions and spiritual beliefs
- Check that the diverse backgrounds, family arrangements, languages and identities of children and their families, staff and communities are reflected in our environment and activities. For example:
 - Books, stories and music from different cultures
 - Use art and creative projects to explore themes of identity, heritage and belonging
 - Partner with families and the community to mark cultural festivals and days of awareness
 - Share your own cultural experiences and family traditions
 - Posters that represent a range of identities, traditions, cultures, abilities, and family structures
 - Ensure our weekly food menu celebrates and caters to the culturally diverse diets and traditions of the children in our care and the wider Australian community.
- Make adjustments to our program and spaces so that children who have disabilities are properly involved (see [Additional Needs Policy](#))
- If there are instances of exclusion or discrimination between children:
 - Support the child who has been discriminated against or excluded
 - Address the issue with the child/ren who is responsible. Focus on teaching the child/ren about inclusion, empathy and kindness. Reinforce to them that discriminatory or exclusionary behaviour is never allowed
 - Follow our procedures for positive group interactions and behaviour guidance (and, if the behaviour is or becomes bullying, our procedure for bullying)
 - Communicate with the child's parents to discuss what has happened, and work with them to understand any cultural or personal factors that are contributing to the child's behaviour
 - Provide support and resources about inclusion for families to reinforce it to their child at home

APPENDIX D

PROCEDURE – POSITIVE GROUP INTERACTIONS

When to use this procedure

- During everyday group interactions with children in our care
- When facilitating play and group activities
- When children struggle to take turns, share or cooperate with each other
- When setting up collaborative activities and spaces
- When supporting children's social skills – making or keeping friends, communicating with each other
- When helping children to mediate conflicts or challenges with each other

1. Help children to have sensitive and responsive relationships with each other and staff:

- Support children to initiate and sustain friendships with each other (e.g., through buddy arrangements, small group activities, cooperative play, reading stories about friendships, teaching children how to introduce themselves and ask other children to play, teaching children about reciprocity, helping children join in a game, teaching children communication and conflict resolution skills, encouraging children to help each other and share etc)
- Encourage friendships between children of various ages, genders, cultures and capabilities
- Make sure to help all children to participate in play and group activities. Give extra support to children who find it harder to interact with others
- Teach children to identify and respect each other's feelings. This will help to develop their empathy, kindness and patience
- Use intentional learning strategies to build children's emotional and social skills. For example:
 - Movement and object play - for understanding and solving problems, taking turns, sharing
 - Imaginative and role play - for emotional resilience, creativity, problem-solving and empathy
 - Social play and collaboration - for sharing, cooperation, negotiation, conflict resolution, reciprocity, taking turns
 - Celebrations, ritual play and storytelling - for a sense of belonging 'my world, myself and where I fit in'

- Creative play - for learning new behaviour and expressing thoughts and feelings

2. Support children to collaborate, learn from and help each other:

- Set up activities that require children to work together, share and solve problems (e.g., social and imaginary play, group research, building projects, group games)
- Run structured activities to help children connect with each other (e.g., circle time, show and tell, group storytelling)
- Create shared areas for collaboration where children can work with each other and with educators
- Pair children of varying ages, abilities and experiences to work with each other
- Make the environment inclusive so all children can contribute and participate
- Observe children while they are playing and learning together. Guide them through any conflicts or challenges that arise in ways that suit their age and development
- Acknowledge children who are cooperative and helpful
- Give children a good amount of time for uninterrupted play and self-directed projects
- Plan events and activities that bring families and communities together

3. Help children to respond appropriately to others and resolve conflicts:

- Encourage children to use polite and positive language when they are expressing their needs or feelings
- Teach children to identify and label their emotions and the emotions of others
- Use role-play or stories to demonstrate skilful social interactions
- Help children to think about things from the other person's point of view. Guide them in understanding and respecting others' emotions and reactions, and how their own actions can affect the way that others feel or behave
- Teach children about active listening and how it is important to make eye contact, nod and respond to what others say
- Teach children about inclusion and exclusion, fairness and bias, Help them to recognise when play is unkind, unfair or not inclusive
- Acknowledge and praise when children respond to others with kindness, cooperation or constructively

- Encourage children to use words to explain their feelings and the problem rather than reacting physically
- Teach children the steps involved in solving a conflict (e.g., identifying the problem, coming up with some solutions, choosing a mutually agreeable solution)
- Intervene sensitively when children have difficulty resolving a disagreement, and help give them strategies for calming down (e.g., deep breaths, taking a break, moving their body etc)
- Praise and acknowledge when children resolve their conflicts independently or with minimal intervention
- Suggest ways children can make amends with another if necessary
- Use your knowledge of children's individual personalities and friendships to help them manage their behaviour and develop empathy for others
- Use information from families about their children's social skills and relationship preferences to engage children in experiences that support their social development

APPENDIX E

PROCEDURE – SELF-REGULATION AND POSITIVE BEHAVIOUR GUIDANCE FOR CHILDREN

When to use this procedure

- During everyday interactions with children in our care
- When a child is dysregulated
- When a child is exhibiting challenging or inappropriate behaviour, including physical aggression
- When you need to develop a behaviour guidance plan for a child

1. Model and teach emotional regulation strategies when a child is dysregulated:

- Depending on the child's age, strategies may include:
 - Naming and communicating their feelings and problems (using words, symbols, gestures, pictures, non-verbal cues - depending on the age and development stage of the child)
 - Mindfulness exercises (e.g., identifying the physical sensations in their body caused by emotions, belly breathing, focussing on external stimuli, guided meditation)
 - Deep breathing
 - Counting to calm down
 - Physical activity, nature play, sensory play
 - Reframing worries and problems to get them into perspective
 - Offer to take the child to a quiet space if they need solitude or to calm down
- Give children the vocabulary to identify the range of emotions people feel (e.g., 'You seem to be *frustrated* because this task is tricky' rather than 'You are *upset*'). Avoid labelling emotions as good or bad

2. Offer children emotional support when they are dysregulated:

- Stay attuned to children's feelings and learn how each child expresses how they feel or what they want in their own unique way
- Acknowledge children's emotions and respond with genuine warmth, empathy and understanding
- Give children consistent support during challenging situations

- Use positive communication, reinforcement and reassurance
- Respond patiently and calmly to children's emotions, even when the emotions are expressed strongly
- Speak in comforting tones

3. Model acceptable behaviour:

- Treat children, families and other staff with kindness, patience and empathy
- Manage your own conflicts or disruptions calmly and respectfully to show children how to navigate their own conflicts or challenges

4. Check the physical environment and daily program is set up for positive behaviour:

- Keep our spaces tidy, well-organised and free of clutter. Walkways should be clear and free of obstacles
- Make sure resources are stimulating (e.g., colourful, textural, scented, patterned etc) and activities are of interest to the children
- Display resources in an attractive way. Use photographs of resources to help children find them easily
- Consider including mirrors for children to focus on and for interest
- Make sure children can access quiet and comfortable areas to relax, read, or take a break when they need to
- Play relaxing music during quiet and rest times
- Give children lots of time to be outside in the natural environment
- Ensure that children are getting enough sleep/rest, water, healthy food and physical activity during the day
- Incorporate calming activities into our daily routines (e.g., mindfulness, yoga poses, breathing techniques, <patting and singing to babies>, or listening to calming music)
- Set up activities that give children a sense of calm and focus (e.g., art, music, storytelling, puzzles, or sensory play)
- Keep to a regular and consistent routine and communicate to children about what will happen next, so they have a sense of predictability and control
- Give time for unstructured free play every day to explore their interests and be creative

- Don't rush children during transitions (e.g., when they arrive at the service, change activities, rest/sleep times) to allow for a natural pace and reduce stress. Give children extra support if they need it during these times
- Respect each child's individual needs and preferences for relaxation and leisure, and give them choices of activities to match their energy levels

5. Set expectations and reinforce positive behaviour:

- Establish clear expectations for children using simple, specific and positive rules (e.g., rather than 'Be good on the bus', you could say 'When we are on the bus, we use our inside voices and stay in our seats', '*When* you have packed up the toys, *then* we can have lunch'). Don't assume that children know how to do things or how to behave
- Break down instructions into steps but keep the number of steps minimal. Make sure the child has time to process the instructions and use words and concepts they can understand (e.g., they might not understand the word 'share', so you could say 'Your turn, my turn')
- Talk with children about our rules and why they are in place. Explain in advance what the consequences are for not following the rules
- Involve children in making the rules so they feel a sense of ownership and accountability
- Regularly remind children of our expectations in ways that children can understand, considering their ages and developmental stages
- Provide specific, immediate feedback to encourage positive behaviour when you see it (e.g., 'Thank you for *sharing* your toy with your friend' or 'You put away your bag when I asked - great *listening*')
- When praising children, focus on the effort or intention, rather than the outcomes (e.g., 'I see how hard you worked to put away the toys')
- Use a mix of rewards for positive behaviour (e.g., explicit praise, extra playtime, small prizes, or rewards that benefit the whole group such as a special activity)
- Redirect negative behaviour and gently shift children's focus to more constructive activities
- Give children agency and control by giving them choices, but make the choices limited and controlled (e.g., 'Would you like to tidy up the dress-ups or the textas first?')

- Allow children to develop reasoning and emotional knowledge by helping them to reflect on their actions (e.g., ‘What are you doing?’ ‘I saw you...’ ‘What were you about to do with...?’)

6. Support children who are exhibiting challenging/inappropriate behaviour:

- Be aware that:
 - Some behaviour that you might think is inappropriate or challenging, is, in fact, developmentally appropriate. For example, a young child who can’t sit still or a child who is so excited they can’t wait their turn
 - Challenging behaviour can occur because a child’s needs or interests are not being met or is their ways of saying that they need support
 - Children are not born knowing how to manage their feelings or express their needs and wants. These are skills they need to learn with help from us
- Be empathetic. Put yourself in the child’s position to try and understand where the behaviour came from rather than focusing on the behaviour itself. Try to understand what the child is expressing or requesting through the behaviour
- Stay calm and composed. Use a neutral tone to explain the boundaries or rules (e.g., ‘You are not allowed to pinch. It hurts others’)
- Do not yell at, isolate or intimidate the child, or subject them to corporal punishment, or harsh treatment or language
- Acknowledge and explain the child’s feelings (e.g., ‘I can see you are frustrated. It’s disappointing when you don’t catch the ball’)
- Soothe the child and help them to regulate their emotions (e.g., remind them to take breaths, take a break, practice counting etc)
- Redirect them to an appropriate activity or behaviour
- Once everyone is calm, discuss what happened with the child/ren in an appropriate way, and help the child/ren understand the effect of their actions and how to prevent similar incidents in the future
- Encourage children to let others know their needs or feelings in positive ways, such as by talking, or through art, movement or play
- Help them come up with alternative ways to deal with problems and reinforce our expectations for behaviour
- Note, if the child or another child is in danger of being physically harmed:

- Position yourself between the children to block any physical aggression and/or remove any object that is causing harm
- Separate the children involved and move other bystanders
- Provide immediate comfort to any child who was harmed, check for injuries and administer first aid if necessary
- Calm other children who might be upset and give them reassurance that they are safe
- Take the child who is in danger of harming themselves or others to another area/room and stay with them while they calm down and regain control of their behaviour. Offer them reassurance. Do not leave them alone in 'Time out'
- Follow the next steps

7. Reflect, document, get support and engage with families:

- Record and report any incidents according to our procedures (see [Incident, Injury, Trauma and Illness Policy](#), [Child Protection Policy](#))
- Communicate with families about the child's behaviour in a respectful, non-judgemental way
- Observe and document patterns inappropriate/challenging behaviour to inform future ways to respond to it
- Think about whether there are any possible causes or triggers within the service (e.g., bullying, educator practices, the physical environment)
- Consider the child's developmental stage and any factors that might be affecting their overall behaviour (e.g., still learning how to regulate their behaviour and emotions, developmental stage or transition period, insecure attachment to educators, difficult or traumatic experiences in the past, insufficient language skills to express their needs and wishes, used to getting attention from negative behaviour, an issue in the physical environment or with another child at the service, neurodevelopmental disorder, changes to home life such as a new sibling or parents separating etc)
- If you have to impose consequences on the child, they should be logical, proportional and age-appropriate (e.g., change of activity, saying sorry, loss of privilege - if relevant and fair, helping to repair an item if they broke it). The aim is to guide behaviour, not punish. Exclusion should be a last resort

- Get support from other educators, the room leader, the nominated supervisor, and/or professionals (with parental consent) if you are not sure how to deal with a child's inappropriate or challenging behaviour

8. Develop and implement a 'behaviour guidance plan', if necessary:

- If a child's behaviour is concerning or very disruptive, talk to your room leader and the nominated supervisor to see whether we need to implement a behaviour guidance plan
- If a behaviour guidance plan is necessary:
 - Educators, parents, and the nominated supervisor must work in partnership to develop and implement the plan
 - Parents must consent in writing to all proposed actions
 - Consider support from specialists or if the child may be eligible for financial assistance through the government to pay for extra resources
- If an agreement cannot be made about a child's behaviour guidance plan, the nominated supervisor should contact the regulatory authority for advice
- Determine whether the child's behaviour poses a risk to other children or staff members at the service. If so, the nominated supervisor and educators must take steps to minimise the risk. Strategies may include:
 - Ensuring the child gets support from professionals (e.g., a paediatrician, speech pathologist, psychologist, occupational therapist, and/or family support services)
 - Reducing the hours of care or suspending until the child's behaviour no longer poses such a risk
- If parents have responsibilities under a behaviour guidance plan that they do not fulfil satisfactorily (and they don't have a reasonable explanation for why they haven't), or a child's behaviour poses too great a risk to others, the nominated supervisor may suspend or terminate the child's enrolment in line with our [Termination of Enrolment Policy](#)

APPENDIX F

PROCEDURE – HELPING CHILDREN THROUGH DIFFICULT TIMES

When to use this procedure

- When a child experiences a stressful or traumatic event or situation (e.g., the death of a loved one, illness or accidents, violence, natural disaster, war, crime, abuse or neglect etc)

1. Understand that a child's reaction to stress or trauma will depend on factors such as:

- Age and developmental stage – younger children may have limited coping skills or understanding of what has happened, whereas older children may be able to tell others how they are feeling but have more complex emotions and thoughts
- Temperament – some children are more sensitive or reactive than others, and may be more deeply affected by stress
- Coping skills – if a child has learned ways to manage stress well, they may be more resilient to stress than children who haven't learned these skills
- Previous experiences – a history of trauma or stress can increase a child's vulnerability or affect their reactions to current stressors
- The nature of the event – if the event is severe, life-threatening or sudden, the child may have a stronger reaction
- Duration – prolonged exposure to stress or trauma (e.g., ongoing abuse, displacement) can have a more severe effect on a child
- Social support – a child who has secure attachments to their family and caregivers, and access to wider social support, may be better able to process trauma or stress
- Perception of the event – cultural norms and values, and a child's ability to understand what has happened, their sense of control, guilt or blame and exposure to the secondary stress of other affected people can all influence the impact of a stress or trauma
- Baseline mental and physical health – children with pre-existing physical or mental health issues may have more difficulty coping

2. Be aware that a child's response may be delayed, or they may react in unexpected ways. Common responses are:

- Physical symptoms such as stomach aches, headaches, tiredness or low energy, unexplained ailments
- Being anxious, fearful, on edge, clingy, avoidant
- Sadness, anger, irritability, shame or guilt
- Suffering from separation anxiety, seeking constant reassurance
- Having sleeping problems or nightmares
- Re-living the experience through drawing or play
- Losing interest in activities
- Loss of self-confidence
- Regressing to 'babyish' activities such as bedwetting or thumb sucking
- Aggressive or withdrawn behaviour, increased conflict with others
- Difficulty concentrating, forgetfulness, negative thinking

3. Give the child individualised support and collaborate with their family, caregivers, and (if required) professionals:

- Make sure that families know they can talk confidentially to us about any trauma or stress they have or are currently experiencing, and that we will help them in whatever way we can
- Children respond differently to trauma, so follow their lead. Pay attention to how the child is reacting and adapt your approach to meet their needs
- Involve the child in coming up with ways to how to overcome any challenges
- Share your observations about the child with their family and caregivers. Ensure we have a consistent approach for supporting the child
- If an educator thinks a child may need extra support from professionals, they should discuss this with their room leader and the nominated supervisor. The nominated supervisor can refer families to support services, such as therapists or family support agencies
- If required, the nominated supervisor should liaise with relevant government authorities (e.g., the regulatory authority) and follow their advice about how to manage the situation

4. Create a safe and predictable environment for the child:

- Maintain consistent daily routines to make the child feels secure and stable

- Use clear, consistent rules and boundaries
- Minimise possible triggers or reminders of trauma in the environment if possible
- Provide quiet spaces for children who need time alone or giving extra attention to those who want connection
- Give them a sense of control over their themselves and their environment by letting them make minor decisions (e.g., what to eat for lunch, what to wear, which toy to play with etc)

5. Emotionally support the child:

- Be calm and reassuring in your interactions with the child. Use soothing language, gentle touch, patting and cuddles to reduce their stress
- Offer ways for the child to cope with and express their feelings (e.g., drawing and painting; storytelling and role play; playing music; deep breathing and mindfulness; sensory or nature play or outdoor time; moving their body through sport, yoga, dance, play etc)
- Be patient and respond to children's emotions with empathy and space
- Recognise that children may express their feelings through behaviour rather than words (e.g., withdrawal, aggression, clinginess)
- Acknowledge and validate the child's feelings without judgment (e.g., 'It is natural to feel scared' or 'I would feel sad if that happened to me too')
- Encourage positive social interactions and friendships by facilitating group activities that promote connection and a sense of belonging

6. Approach conversations about the trauma or stress with care and sensitivity to avoid retraumatising the child:

- Stay calm and reassuring, use a neutral tone and avoid showing strong emotional reactions. Children look to adults to find ways to know how to react and deal with difficult situations
- Give the child truthful, simple information and answers to any questions they ask. Don't leave out important information, but don't go into frightening or graphic details. Don't use vague or complex language
- Follow the child's lead and let them decide when and how much they want to share. Don't press the child for details or make them relive the event through words

- Reassure the child that they are safe now (but only if they really are) and that it is okay to feel upset or scared. Tell them their feelings are normal and valid, and that's it's likely that others would feel the same way
 - Reassure the child that they are not responsible for the situation and avoid implying or assigning blame
- 7. If you or other staff members are distressed, talk to the nominated supervisor and get help for yourself**
 - 8. Take up any opportunities to learn about supporting children with trauma**

APPENDIX G

PROCEDURE – DEALING WITH BULLYING

When to use this procedure

- When you directly observe bullying behaviour
- When a child reports feeling hurt, excluded, scared, intimidated or unsafe as a result of another child's actions
- When a child or another adult at the service witnesses bullying behaviour
- When you suspect a child is being bullied (e.g., they are reluctant to come to the service, their behaviour or mood changes, physical complaints that don't have a medical cause)
- If a parent raises concerns about a child being bullied or bullying others

1. Observe interactions between children and look for signs of bullying, including:

- Physical aggression (e.g., hitting, kicking, pushing, pinching, tripping)
- Verbal aggression (e.g., teasing, name calling, threats, putdowns, talking in code with others, malicious gossip)
- Aggressive gestures (e.g., intimidating others with a look or action)
- Cyberbullying (e.g., inappropriate messages sent via electronic devices)
- Repeated targeting of a particular child, even if subtle
- Extortion (e.g., forcing others to give up toys, food or drinks, or to act as a go-between)
- Consistent exclusion or isolation of a child by other children
- Persistent power imbalances (e.g., where one child is always in the dominant position or they intimidate others, differences in age, size or developmental stage)

2. Be aware that:

- It can be hard to tell the difference between friendly teasing, social awkwardness or normal conflict and bullying. The key characteristics of bullying are:
 - An intent to harm
 - Repetition
 - A power imbalance
- Avoid preconceived notions - children of all backgrounds can engage in or experience bullying

- It is very common for children who bully others to be bullied themselves (known as victim-bullies)
- Aggressive behaviour towards others can begin in children as young as 1 year old
- Children who bully do not necessarily have low self-esteem – some are popular and have leadership skills
- Children who bully try to justify what they do by emphasising the child they are bullying is different in some way or that they are just having fun
- Anyone can be a victim of bullying. However, children are especially vulnerable if they are not assertive, have difficulty resisting the demands of their peers, lack social skills, have low self-esteem or if they tend to withdraw

3. Respond promptly and calmly to any bullying you see or that is reported to you:

- If necessary, intervene immediately, check that everyone is safe, including the targeted child, the child who is/might be bullying, and any bystanders
- Use a neutral, non-confrontational tone when you address the children involved
- Help the targeted child to express their feelings and needs. Let them know that it is not their fault, that it is okay to feel upset and that bullying is never acceptable. Reassure them that you will try to help them. Where you can, and depending on their age/stage of development, give the child as much agency as possible
- Speak to each child separately in a quiet place, away from other children:
 - Listen to the whole story without interrupting
 - Ask open-ended, non-judgemental questions to get each child's perspective on the incident (e.g., 'Can you tell me what happened?', 'How were you feeling/what did you think when that happened?', 'What do you think we can do to make things better?')
 - Don't blame anyone or make assumptions
 - Focus on understanding the behaviour and its impact
 - Do not label a child as a bully or a victim
- Assess whether this incident is part of a pattern of behaviour or a one-off, the child had the intent to harm, and the power dynamics of the relationship
- Inform the parents of all the children involved in a factual, non-biased way
- Record the incident

4. Take appropriate action to address the bullying in collaboration with the children's parents. Actions may include:

- Facilitating a discussion (if appropriate) to help children resolve the problem. Don't force the meeting if it will make the situation worse or distress the children
- Encouraging the child who engaged in bullying to take responsibility and, if appropriate, offer a sincere apology
- Making it clear that the behaviour is not acceptable
- Working out a plan together for fixing up the friendship or getting along in the future
- Increasing supervision of the child who is bullying
- Separating the children throughout the day or finding ways to reduce their contact
- Implementing a behaviour guidance plan and/or getting professional support (with the consent from the parents)

5. Provide ongoing support to the children involved and monitor their relationships

- Encourage the child who was bullied to make other friendships
- Address any factors that might be contributing to the bullying
- Help the child who has bullied to identify their own and other people's emotions, and teach them strategies for conflict resolution and emotional regulation
- Reinforce and praise positive, prosocial behaviour
- If the bullying behaviour continues (and depending on the circumstances), we may need to issue a formal warning, suspend or terminate the child's enrolment in line with our policies and procedures

6. Promote a bully-free environment:

- Role model and actively encourage empathy, and cooperative, inclusive and respectful behaviour
- Actively supervise children to identify and address problem behaviour early
- Make sure the children are not bored and the physical environment is set up for positive behaviour
- Use stories, role-play and discussions to teach children about bullying (including cyberbullying), how to resolve conflicts without aggression and how to stand up

for themselves and others in a safe way. Develop children's coping, communication and social skills

- Encourage children to tell an adult when bullying happens
- Communicate our expectations for positive behaviour
- Share information with families about bullying and how to support their children

APPENDIX H

PROCEDURE – DEALING WITH BITING

When to use this procedure

- When a child bites or attempts to bite another child
- When a pattern of biting is observed in a child
- When a child shows 'pre-biting' behaviour (i.e., a child who is prone to biting is in a situation that may trigger the behaviour)
- When a parent or a staff member reports prior biting behaviour

1. Respond immediately to a child biting

- Calmly and firmly separate the children
- Comfort the child who has been bitten and check for injuries
- Clean all bites (even if the skin is not broken)
- If needed, administer first aid in line with our Injury, Illness, Trauma and Incident Policy (e.g., apply a cold press, bandaids etc)

2. Address the child who bit

- Calmly communicate to the child that biting is not okay and that it hurts (e.g., 'No biting! It hurts')
- Do not use punitive language. Instead, focus on teaching empathy and other ways to deal with their feelings (e.g., 'When you are upset, ask an adult for help')
- If they are old enough, you can encourage them to say sorry to the other child

3. Supervise and redirect the child

- Watch the child who bit to prevent it from happening again
- Redirect their attention to an activity that calms them down

4. Inform parents of both the child who bit and the child who was bitten as soon as possible

- For privacy and confidentiality reasons, do not disclose to the other parents the identity of the child who bit
- Educate parents about biting and the strategies we use to manage it

- If the biter is a known infectious disease carrier or may have facial herpes (e.g., cold sores), the nominated supervisor must convey this to the parents of the child who was bitten. Reassure the parents that any risks to their child are very small
- Parents are responsible for arranging any non-urgent medical treatment

5. Document the incident and make any reports if necessary

6. Develop a plan in collaboration with the child's parents if the child continues to bite

- Look for the underlying reasons, identify triggers or patterns. For example:
 - Developmental - teething, exploration, lack of language skills, poor impulse control, lack of awareness about other people's feelings
 - Emotional - frustration, overstimulation, attention-seeking, anger, aggression, stress, anxiety
 - Social – imitating others, testing boundaries
 - Physical – tired, hungry, sensory seeking
 - Unmet needs, feeling unsafe or threatened, or difficulty dealing with transitions
- Implement behaviour guidance strategies and monitor the child's progress over time
- Consult with professionals/specialists, if necessary

7. Minimise the likelihood and opportunities for children to bite:

- Watch closely any children who bite and make sure you are in a position to intervene quickly should a child start displaying 'pre-biting' behaviour, especially during transitions or if they are stressed, tired, bored, or over-stimulated
- Provide younger children who might be teething with teething toys or cold items to soothe discomfort
- Make sure that children have interesting and engaging equipment to play with
- Use sensory activities to satisfy children's need for exploration (e.g., textured toys, playdough)
- Intervene in difficult situations to give the child the skills to manage them constructively (e.g., give them simple words or phrases to use such as 'My turn?', 'No, mine', or 'Stop', or model non-verbal strategies such as finding something else or moving away)

- Teach the other children to also say ‘Stop’ or seek help from an educator
- Reinforce positive behaviour
- Acknowledge when the child has successful social interactions or when the child has used the strategies they have been taught
- Make changes to our environment or routines as needed

45 - Privacy and Confidentiality Policy

NQS

QA4	4.2.2	Professional standards - Professional standards guide practice, interactions and relationships.
QA5	5.1.2	Dignity and rights of the child - The dignity and rights of every child are maintained.
QA7	7.1.2	Management systems - Systems are in place to manage risk and enable the effective management and operation of a quality service.

NATIONAL REGULATIONS

Regs	181	Confidentiality of records kept by approved provider
	181-184	Confidentiality and storage of records

AIM

Privacy Statement

Our service recognises that every individual has the right to ensure their personal information is accurate and secure, and only used or disclosed to achieve the outcomes for which it was initially collected. Personal information will be managed openly and transparently in a way that protects an individual's privacy and respects their rights under Australian privacy laws.

RELATED POLICIES

1. Educator and Management Policy
2. Record Keeping and Retention Policy
3. Social Media Policy

IMPLEMENTATION

Our Privacy Notice and Disclosure Statement are at the end of this Policy. Our Service practices are consistent with the Australian Privacy Principles.

Collection of personal information

We collect personal information if it is necessary for us to carry out Service operations or to comply with our legal obligations. This includes information required to comply with the National Education and Care Law and Regulations and to promote learning under the Early Years Learning Framework. Information may also be collected to comply with other Laws including State or Territory Health Laws.

During the enrolment process the Nominated Supervisor will:

- explain what personal information we need to collect, why we need to collect it, whether the information is required or authorised by Law and how it may be shared.

Personal information includes name, address, date of birth, gender, family contact details, emergency contact details, authorised nominee details, parents' occupations, cultural background, home language, religious beliefs, payment details, childcare benefit information, immunisation records, medical information, medical management plans, photos of children and family members and information about children's strengths, interests, preferences and needs, including special needs. Personal information also includes "government related identifiers" like Medicare numbers and Child Care Subsidy references.

- advise families about our Privacy and Confidentiality Policy and how to access it.
- attach a copy of our Privacy Notice to our Enrolment Form and other forms we use to collect personal information.
- verbally advise children's emergency contacts and authorised nominees that we have some of their personal information on file and explain the advice in the Privacy Notice.
- explain the advice in the Privacy Notice to individuals who provide personal information verbally (e.g., by phone).

We usually collect personal information directly from a parent or guardian either in writing or verbally, for example during enrolment, when completing waiting list applications, or as we establish a partnership with families in caring for and educating a child. We may also collect information through our website, social media page, Family Law court orders or agreements, special needs agencies and training courses.

We may occasionally request information from other organisations which you would reasonably agree is necessary for us to educate and care for a child. For example, we may request a copy of a child's immunisation records where they are transferring to us from another Service, or where we request information about a child from a special needs educator or organisation. We will not request information without obtaining the consent of the individual (or parent) concerned.

In most cases, if we are unable to collect relevant personal information, we will be unable to enrol a child at the Service.

The Nominated Supervisor will advise individuals about any unsolicited personal information we receive from other organisations and keep because it is directly related to our functions and activities (unless we are advised not to by a government authority). The Nominated Supervisor will destroy any unsolicited personal information that is not directly related to our Service operations unless it adversely impacts the health, safety and wellbeing of a child or children at the service. If this happens the Nominated Supervisor will contact the appropriate Government authorities and take action as directed while protecting the confidentiality of the individuals concerned.

Use or disclosure of personal information.

We will not use personal information for any purpose that is not reasonably needed for the proper or effective operation of the service. Personal information may be accessed by and exchanged with staff educating and caring for a child or by administrative staff.

We do not disclose your personal information to others unless you would have reasonably expected us to do this, or we have your consent. For example, personal information may be disclosed to:

- emergency service personnel so they can provide medical treatment in an emergency.
- special needs educators or inclusion support agencies
- volunteers, trainees and work experience students (with consent)
- trainers or presenters if children participate in special learning activities.
- another Service to which a child is transferring where you have consented to the transfer.
- the new operator of the Service if we sell our business and you have consented to the transfer of enrolment and other documents listed in Regulation 177 of the National Education and Care Regulations.

We may disclose personal information where we are permitted or obliged to do so by an Australian law. For example, personal information may be disclosed to:

- authorised officers when our service is assessed and rated under the National Education and Care Law and Regulations
- Government employees (e.g., for Child Care Subsidy, Immunisation, Medicare purposes)
- software companies that provide childcare management systems
- management companies we may engage to administer the Service.
- software companies that provide tailored computer based educational tools for children.
- lawyers in relation to a legal claim.
- officers carrying out an external dispute resolution process.
- a debt collection company we use to recover outstanding fees.
- authorities if we are taking action in relation to unlawful activity, serious misconduct, or to reduce or prevent a serious threat to life, health or safety.

We do not disclose personal information to any person or organisation overseas or for any direct marketing purposes.

Quality of personal information

The Nominated Supervisor will take reasonable steps to ensure the personal information we collect, use and disclose is accurate, current and complete. Educators and staff will:

- view original sources of information if practical when information is collected.
- collect and record personal information in a consistent format, for example using templates for enrolment, incident, injury, trauma and illness and administration of medication.
- record the date personal information was collected or updated.

- update information in our physical or electronic records as soon as it's provided.

In addition, the Nominated Supervisor will:

- regularly remind families via newsletters, emails or through displays on the Service notice board to update their personal information including emergency contact details and their child's health information.
- ask parents to update their enrolment details annually, or whenever their circumstances change.
- verify the information is accurate, current and complete before disclosing it to any external organisation or person.
- ensure documentation about children and families is based on facts and free from prejudice.

Security of personal information

The Nominated Supervisor will take reasonable steps to protect personal information from misuse, interference and loss, unauthorised access, modification or disclosure. These steps include:

- taking responsibility for the security of personal information and regularly checking the practices implemented to protect it. This will include management of access privileges to ensure only people who genuinely need to see personal information can access it.
- ensuring information technology systems have appropriate security measures including password protection, anti-virus and 'malware' software, and data backup systems.
- ensuring physical repositories of personal information are secure in the Nominated Supervisor's Office in a filing cabinet which is locked when a Responsible Person is not present.
- ensuring all educators and staff are aware of their obligations in relation to the collection, use and disclosure of personal information, through activities like mentoring, staff meetings or on-line training courses.
- requiring all educators, staff, volunteers and work experience students to sign a 'Confidentiality Statement' acknowledging that personal information:
 - can only be accessed if it is necessary for them to complete their job.
 - cannot be disclosed to other organisations (including colleges, RTOs) or discussed with individuals outside the service including personal family members unless they have written consent from the person (or parent) concerned.
 - must be stored in compliance with service practices which safeguard its security.
- ensuring records which we don't need to keep, including unsuccessful job applications and records which fall outside the record keeping timeframes under the National Education and Care Law and Regulations (refer to our Record Keeping and Retention Policy) are destroyed in a secure way as soon as possible by, for example, shredding, incinerating or permanently

deleting electronic records including archived or back-up copies. Where possible, the destruction of records containing personal information will be overseen by two staff members.

- making sure employees and other relevant persons only have access to the personal information required to do their job.
- ‘de-identifying’ personal information which may come into the public domain. For example, removing identifying names or details from newsletters etc.
- ensuring staff comply with our social media Policy (for example by obtaining authorisation from a child’s parents before posting any photos of their child on the Service social media page, and not posting personal information on any social media page which could identify children or families.)
- ensuring confidential conversations with parents or with staff are conducted in a quiet area away from other children, parents and staff.

Breaches of Personal Information

The Approved Provider or Nominated Supervisor will implement the Service’s Data Breach Response Plan and notify individuals and the Australian Information Commissioner (the Commissioner) if personal information is lost (hard copies or electronic), accessed or intentionally/unintentionally disclosed without authorisation, and this is likely to cause one or more person’s serious harm.

Data Breach Response Plan

Employees must notify the Approved Provider or Nominated Supervisor about a breach or suspected breach of personal data as soon as they suspect the breach or become aware a breach has occurred. The Approved Provider or Nominated Supervisor will:

- quickly assess the situation to decide whether or not there has been a breach. This assessment must be completed within 30 days but given the potential for serious harm to individuals, should be completed as soon as possible.
- record the nature of any data breach, and the steps taken to immediately contain the breach where possible and ensure it does not happen again. If necessary, they will contact external experts for advice and guidance, for example on cybercrime (hacking) and information technology security measures like access, authentication, encryption and audit logs.
- notify the Commissioner and the individuals where there is a risk of serious harm after a data breach.
- liaise with their insurer to determine whether the insurance policy covers data breaches and any steps they need to take.
- evaluate the effectiveness of their response to the data breach and implement improvements to the Plan if required after all notifications, records and remedial action are taken.

Serious harm

The Approved Provider or Nominated Supervisor will decide whether serious harm of a physical, psychological, emotional, financial or reputational nature is likely once fully informed about the type and extent of the breach. They will consider the type and sensitivity of the information, the type of security protecting the information if any (e.g., encryption) and how likely it is the information will be used to cause harm to individuals. Examples of the kinds of information that may increase the risk of serious harm include sensitive information like an individual's health records, documents commonly used for identity fraud e.g., Medicare card, birth certificates and financial information.

The Approved Provider or Nominated Supervisor will also consider how long the personal information has been accessible because serious harm is more likely the longer it has been since the data breach.

Where a data breach occurs, there may be not always be a risk of serious harm. This may be the situation, for example, if a trustworthy person or organisation who has received personal information in error confirms they have not copied, and have permanently deleted the information, or where expert advice states it's unlikely encrypted data can be accessed.

Where they are satisfied there is no risk of serious harm, the Approved Provider or Nominated Supervisor are not required to notify individuals or the Commissioner about the breach. They may choose to advise the individuals concerned about the breach and the action taken. The Approved Provider or Nominated Supervisor will however appropriate keep records about the breach.

Notifying the Commissioner

Where there is a risk of serious harm after a data breach, the Approved Provider or Nominated Supervisor will prepare a Statement for the Commissioner which includes the name and contact details of the Approved Provider or Nominated Supervisor, a description of the data breach (including date occurred and detected and who obtained information), the type of information involved (why it may cause serious harm), and the steps individuals at risk of serious harm should take in response to the breach (e.g. steps to request new Medicare card or credit card). The Approved Provider or Nominated Supervisor will get specialist advice about the recommended steps if required. They may use the Notifiable Data Breach Form available online from the Office of the Australian Information Commissioner to notify the Commissioner.

Notifying Individuals

Where there is a risk of serious harm after a data breach, the Approved Provider or Nominated Supervisor will notify individuals about the breach as soon as possible using the most appropriate communication methods for the individuals concerned e.g., a telephone call, SMS, physical mail, social media post, or in-person conversation. The information provided is the same as that required for the Commissioner. It might also explain steps the Service has taken to reduce the risk of harm to individuals. The Approved Provider or Nominated Supervisor may notify everyone whose personal information was part of the breach or only those individuals at risk of serious harm. If this is not possible or practical, they may publish a copy of the Statement, for example on their website or Facebook page, and take steps to ensure individuals at risk of serious harm see the publication.

ACCESS TO PERSONAL INFORMATION

Individuals may request access to their (or their child's) personal information and may request the correction of any errors. These requests may be made to the Nominated Supervisor by telephone on 02 86324439 or email Cuddlez_Preschool@outlook.com or by mail.

Personal information will be provided as soon as possible, and no later than 30 days from a request. We will provide the information in the form requested, for example by email, phone, in person, hard copy or electronic record unless it is unreasonable or impractical to do this for example due to the volume or nature of the information.

The Nominated Supervisor will always verify a person's identity before providing access to the information and ensure someone remains with the individual to ensure information is not changed or removed without our knowledge.

There is no charge for making a request to access the information. However, we may charge a reasonable cost for staff, postage and material expenses if the information is not readily available and retrieving the information takes a lot of time. We will advise you of the cost and get your agreement before we proceed.

There may be rare occasions when we are unable to provide access because we believe:

- giving access would be unlawful, the information relates to unlawful activity or serious misconduct, or it may prejudice the activities of a law enforcement body.
- there is a serious threat to life, health or safety.
- giving access would unreasonably affect the privacy of others.
- the request is frivolous or vexatious, for example to harass staff.
- the information relates to legal proceedings (e.g., unfair dismissal claim) between the Service and the individual.
- giving access would reveal sensitive information about a commercial decision.

We may, however, provide the information in an alternative way for example by:

- deleting any personal information which cannot be provided.
- providing a summary of the information
- giving access to the information in an alternative format
- allowing the individual to inspect a hard copy of the information and letting them take notes.

We will advise you promptly in writing if we are unable to provide access to the information, or access in the format requested. The advice will include the reasons for the refusal to provide the information (unless it is unreasonable to do this) and information about how to access our grievance procedure.

CORRECTION OF PERSONAL INFORMATION

Individuals have a right to request the correction of any errors in their personal information. These requests may be made to the Nominated Supervisor by telephone on 02 86324439 or email Cuddlez_Preschool@outlook.com or by mail.

The Nominated Supervisor will take reasonable steps to correct personal information that is inaccurate, out of date, incomplete, irrelevant or misleading as soon as it is available. The Nominated Supervisor will:

- take reasonable steps to ensure information supplied by an individual is correct.
- verify the identity of an individual requesting the correction of personal information.
- notify other organisations about the correction if this is relevant, reasonable or practical.
- advise the individual about the correction to their information if they are not aware.
- if immediately unable to correct an individual's personal information, explain what additional information or explanation is required and/or why we cannot immediately act on the information provided.
- if unable to correct the information, include reasons for this (for example we believe it's current) and inform the individual about our grievance procedure and their right to include a statement with the information saying they believe it to be inaccurate, out-of-date, incomplete, irrelevant or misleading.
- correct the information, or include a statement if requested, as soon as possible.

We will not charge you for making a request to correct their personal information or for including a statement with your personal information.

COMPLAINTS

If you believe we have breached Privacy Laws, or our Privacy Policy may lodge a complaint with the Nominated Supervisor by telephone on 02 86324439 or email Cuddlez_Preschool@outlook.com or by mail. The Nominated Supervisor will follow the Service's grievance procedure to investigate the complaint. Individuals who are unhappy with the outcome of the investigation may raise their complaint with the Office Australian Information Commissioner www.oaic.gov.au GPO Box 5218 Sydney NSW 2001 or GPO Box 2999 Canberra ACT 2601, phone 1300 363 992 or email enquiries@oaic.gov.au

SOURCES

1. National Quality Standard
2. Education and Care Services National Regulation
3. Privacy Act 1988 (includes Australian Privacy Principles)
4. United Nations Convention of the Rights of a Child ,

POLICY INFORMATION

Approval date	1 January 2026
Effective date	1 January 2026
Review date	Reviewed annually and when there are changes that may affect this policy or related procedures
Approved by	Dr Jay Mukhraiya

DISCLOSURE STATEMENT

We will not use personal information for any purpose that is not reasonably needed for the proper or effective operation of the service. Personal information may be accessed by and exchanged with staff educating and caring for a child or by administrative staff.

We do not disclose your personal information to others unless you would have reasonably expected us to do this, or we have your consent. For example, personal information may be disclosed to:

- emergency service personnel where this is necessary to provide medical treatment in an emergency.
- special needs educators or inclusion support agencies
- volunteers, trainees and work experience students (with consent)
- trainers or presenters if children participate in special learning activities.
- organisations related to the Service (e.g., other Services)
- another Service to which a child is transferring where you have consented to the transfer.
- the new operator of the Service if we sell our business and you have consented to the transfer of enrolment and other documents listed in Regulation 177 of the National Education and Care Regulations.

We may disclose personal information where we are permitted or obliged to do so by an Australian law. For example, personal information may be disclosed to:

- authorised officers when our service is assessed and rated under the National Education and Care Law and Regulations
- Government employees (e.g., for Child Care Subsidy, Immunisation, Medicare purposes)
- software companies that provide childcare management systems
- management companies we may engage to administer the Service.
- software companies that provide computer based educational tools which use a child's personal information.
- lawyers in relation to a legal claim
- officers carrying out an external dispute resolution process.
- a debt collection company we use to recover outstanding fees.
- react to unlawful activity, serious misconduct, or to reduce or prevent a serious threat to life, health or safety. We are obliged to cooperate with law enforcement bodies in some circumstances.

PRIVACY NOTICE

Personal information will be managed openly and transparently in a way that protects an individual's privacy and respects their rights under Australian privacy laws.

We only collect or use personal information if this is needed to education and care to children at the service, or to comply with our legal obligations. We will take reasonable steps to make sure you know we have your personal information, how we got it and how we'll handle it.

We collect most personal information directly from a parent or guardian. We may also collect information through our website, social media page, Family Law court orders or agreements, special needs agencies and training courses. We may occasionally request information from other organisations which you would reasonably agree is necessary for us to educate and care for a child.

The information collected includes information required under the National Education and Care Law and Regulations or needed to promote learning under the Early Years Learning Framework. This includes name, address, date of birth, gender, family contact details, emergency contact details, authorised nominee details, parents' occupations, cultural background, home language, religious beliefs, payment details, childcare subsidy information, Medicare number, , immunisation records, medical information and medical management plans, photos of children and information about children's strengths, interests, preferences and needs, including special needs.

We do not disclose personal information to others unless you would reasonably expect us to do this, we have your consent, or we are complying with an Australian law. We aim to keep the personal information we hold accurate, up-to-date and complete. This enables us to provide high quality education and care while ensuring the health and safety of children, and it is also important that we can contact you in the event of an emergency.

We have systems and practices in place to ensure personal information is secure and can only be accessed by those who need the information or may legally access it.

You have the right to access your personal information. There are some circumstances under Australian privacy laws where we may not be able to give you access. We will tell you if this is the case. There is generally no cost for accessing your information. We will tell you if there is a charge before providing access.

Our Privacy Officer for privacy matters, including complaints, is the Approved Provider or Nominated Supervisor who may be contacted by telephone on INSERT PHONE NUMBER or email INSERT EMAIL ADDRESS or by mail INSERT POSTAL ADDRESS.

We will provide a copy of any updates to our Privacy and Confidentiality Policy on our Service Noticeboard and include the changes in our Newsletter.

46 - Record Keeping and Retention Policy

NATIONAL QUALITY STANDARD

QA7	7.1.2	Management systems - Systems are in place to manage risk and enable the effective management and operation of a quality service.

NATIONAL LAW

175	Offence relating to requirement to keep enrolment and other documents

NATIONAL REGULATIONS

Regs	55	Quality improvement plans
	74	Documenting child assessments or evaluations for delivery of educational program
	87	Incident, injury, trauma and illness record
	92	Medication record
	126	Centre-based services – general educator qualifications
	145	Staff record
	146	Nominated Supervisor Records
	147	Staff Member Records
	148	Educational Leader
	149	Volunteer Records
	150	Responsible Person
	151	Record of educators working directly with children
	152	Record of access to early childhood teachers
	152A	Record of replacement of educator
	152B	Record of replacement of early childhood teacher or suitably qualified person
	158	Children’s attendance record is to be kept by approved provider
	160	Child enrolment record to be kept by approved provider
	161	Authorisations to be kept in enrolment record
	162	Health information to be kept in enrolment record
	167	Record of service’s compliance
	168(2)(l)	Education and Care Services must have policies and procedures in relation to governance and management of the service, including confidentiality of records
	177	Prescribed enrolment and other documents to be kept by approved provider
	180	Evidence of prescribed insurance
	181	Confidentiality of records kept by approved provider
	183	Storage of records and other documents
	184	Storage of records after service approval transferred

AIM

To ensure that our service maintains appropriate records in line with our regulatory requirements and according to best practice.

INTERSECTION WITH OTHER POLICIES

1. Additional Needs Policy
2. Administration of Authorised Medication Policy
3. Child Safe Policy
4. Child Protection Policy and Procedures
5. Collection and Delivery of Children Policy

6. Enrolment Policy
7. Excursion Policy and Procedure
8. HIV AIDS Policy
9. Immunisation and Disease Prevention Policy
10. Infectious Diseases Policy
11. Incident, Injury, Trauma and Illness Policy and Procedure
12. Medical Conditions Policy
13. Privacy and Confidentiality Policy
14. Safe Arrival of Children
15. Staffing Arrangements Policy
16. Transportation Policy and Procedure
17. Work Health and Safety Policy.

DEFINITIONS

“Abuse of a child” - is maltreatment that endangers a child’s safety, wellbeing and development and includes physical or sexual abuse, or emotional abuse which causes significant harm to their wellbeing or development including abuse as a result of domestic violence. Source: Children and Young People Act 2008

“Authorised nominee” - a person who has been given permission by a parent or family member to collect the child from the service or the family day care educator. Source: National Law (Section

“Enrolment record” - the approved provider must ensure an enrolment record is kept for each child enrolled at the service. Source: Guide to the NQF (Management of records – Children's enrolment record)

“Medication” - medicine within the meaning of the *Therapeutic Goods Act 1989* of the Commonwealth. Medicine includes prescription, over-the-counter and complementary medicines. All therapeutic goods in Australia are listed on the Australian Register of Therapeutic Goods, available on the Therapeutic Goods Administration website. Source: National Regulations (Definitions)

“Medical attention” - includes a visit to a registered medical practitioner or attendance at a hospital. Source: ACECQA Policy Guidelines: Incident, Injury, Trauma and Illness

“Medical emergency” - An injury or illness that is acute and poses an immediate risk to a person’s life or long-term health. ACECQA Policy Guidelines: Incident, Injury, Trauma and Illness

“Medical management plan (MMP)” - a document that has been written and signed by a doctor. MMP includes the child’s name and photograph. It also describes symptoms, causes, clear instructions on action and treatment for the child’s specific medical condition. Source: National Regulations (Regulation 90)

“Parent” - in relation to the child, includes: a guardian of the child; and a person who has parental responsibility for the child under a decision or order of a court. For regulation 99, ‘parent’ does not include a parent who is prohibited from having contact with the child. Source: National Law (Definitions).

IMPLEMENTATION

We commit to keeping full and accurate records and to maintain them in an indexed, logical and secure manner. We will retain and dispose of records in a consistent way and according to our legal obligations. Under the *National Regulations*, approved providers must:

- Keep and maintain certain records
- Ensure confidentiality and secure storage of records
- Have the records available for inspection by an authorised officer and, in some cases, parents of enrolled children.

This policy provides details on what records must be kept and for how long. It also describes our processes for storing records securely and confidentially.

CHILD SAFE RECORD KEEPING

We are committed to keeping full, clear, objective and accurate records about any incidents, responses and decisions that relate to child safety and well-being, including sexual abuse. We support individuals' rights to access, amend and annotate their own records, except if in doing so they are breaking the law or breaching one of our other policies.

All records that relate to child safety and well-being – e.g. suspicions, disclosures, allegations, convictions, reports, complaints, grievances, investigations, complaints handling, breaches, disciplinary actions, referrals, exchanges of information, risk assessments, policies and procedures - will be kept, maintained and stored for the best practice period of a minimum of 45 years after the date they are made (and longer if possible). This is because it is common for children to delay reporting or pursuing cases of abuse.

Online records will be stored password protected file and physical records in a secure cabinet.

RECORDS OVERVIEW

The approved provider must keep the following documents and have them available for inspection at our premises:

- Evidence of public liability insurance – Ongoing
- Quality improvement plan – Ongoing with annual revisions
- Child assessments or evaluations for delivery of the educational program – 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 or for at least 45 years from the date the record was made if it relates to child abuse
- Medication record - Until the end of 3 years after the child's last attendance
- Child attendance record - Until the end of 3 years after the child's last attendance
- Child enrolment record - 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 child's death
- Record of service's compliance history - Until the end of 3 years after the approved provider operated the service

- Staff record - Until the end of 3 years after the staff member works for the service
- Record of access to early childhood teachers or suitably qualified person - Until the end of 3 years after the staff member works for the service
- Record of educators working directly with children - Until the end of 3 years after the staff member works for the service
- Record of volunteers and students - Until the end of 3 years after the volunteer or student attended the service
- Record of responsible person in day-to-day charge including nominated supervisors placed in day-to-day charge - Until the end of 3 years after the staff member works for the service- Until the end of 3 years after the staff member works for the service
- Records required for Family Assistance Law/Child Care Subsidy purposes – Until 7 years after the date on which the records were made.

STAFF, VOLUNTEER AND STUDENT RECORDS

Nominated supervisor/s and each other staff member records

The following records must be kept in relation to the service's nominated supervisor/s and each other staff member:

- The full name, address and date of birth
- Evidence of any relevant qualifications (or, if applicable, evidence that the person is actively working towards that qualification) including:
 - Proof of enrolment
 - Documentary evidence that the person has commenced the course, is making satisfactory progress towards the completion of the course, is meeting the requirements of maintaining the enrolment.
 - If the person is working towards the completion of a Diploma level education and care qualification, proof that they hold an approved Certificate III level education and care qualification or has completed the units of study in an approved Certificate III level education and care qualification determined by ACECQA.
- Evidence of any completed approved training (including first aid training): training certificates must state the date when the person completed the course and the expiry date or validity date of the training
- A Working with Children/Vulnerable People Check with a record of the identifying number and expiry date or, for nominated supervisors, a record of their current teacher registration and expiry
- For nominated supervisors and persons in day-to-day charge, evidence the person has consented to the position and meets the minimum requirements to be placed in the position including, for example, a Compliance History Statements and a Prohibition Notice Declaration.
- The name of the person who is designated as the **educational leader**

- The name of the **responsible person** for each time that children are being educated and cared for by the service
- The name of **each educator who works directly with children**, including the hours that each educator works directly with children. Please note that a staff roster or time sheet is sufficient record of this
- Records of access to early childhood teachers or suitably qualified person, including:
 - For services providing education and care to fewer than 25 children preschool age or under, the period that an early childhood teacher is working with the service in accordance with the time frames set out in the *Staffing Arrangements Policy*; and the periods that the early childhood teacher is working directly with children and not working directly with children.
 - For services providing education and care to more than 25 children preschool age or under, the period that an early childhood teacher is in attendance at the service.

Records of qualified educator replacement

Must include:

- Name of the educator being replaced
- Qualification(s) the reliving educator holds, or is actively working towards
- Qualification(s) of the substitute educator
- Dates of replacement
- Reason(s) for absence.

Records regarding replacement of ECT or suitably qualified person

Must include:

- Name of the ECT/suitably qualified person being replaced
- Role
- Qualifications(s) of the substitute educator
- Dates of replacement
- Reason(s) for absence.

Student and volunteer records

The following records must be kept in relation to students and volunteers:

- The full name, address and date of birth of each student or volunteer
- A record for each day on which the student or volunteer participates in the service, the date and hours of participation
- A Working with Children/Vulnerable People Check with a record of the identifying number and expiry date (if the student/volunteer is required or permitted to obtain one under the law) ~~or a record of their current teacher registration and expiry~~

CHILDREN'S ATTENDANCE RECORD

The following records will be kept in relation to children's attendance:

- Records the full name of each child attending the service
- Records the date and time each child arrives and departs
- Is signed at the time the child arrives and departs by either the person who delivers or collects the child, or the nominated supervisor or an educator

A preschool program provided by a school is not required to comply with this if it keeps attendance records in accordance with the education law or government education department policy that applies in their jurisdiction.

CHILDREN'S ENROLMENT RECORD

The following records will be kept in relation to children's enrolment record:

- The full name, date of birth and address of the child
- The name, address and contact details of:
 - Each known parent of the child
 - Any person who is to be notified of any emergency involving the child if any parent of the child cannot be immediately contacted
 - Any person who is an authorised nominee
 - Any person who is authorised to consent to medical treatment of, or to authorise administration of medication to the child.
 - Any person who is authorised to authorise an educator to take the child outside the service premises
 - Any person who is authorised to authorise the service to transport the child or arrange transportation of the child
- Details of any court orders, parenting orders or parenting plans provided to the approved provider relating to powers, duties, responsibilities or authorities of any person in relation to the child or access to the child
- Details of any other court orders provided to the approved provider relating to the child's residence or the child's contact with a parent or other person.
- Gender of the child
- Language used in the child's home
- Cultural background of the child and parents (if applicable)
- Any special considerations for the child (e.g., cultural, religious, dietary requirements or additional needs)
- Authorisations signed by a parent or a person named in the enrolment record as authorised to consent to the medical treatment of the child or nominated supervisor to seek:
 - Medical treatment for the child from a registered medical practitioner, hospital or ambulance service.
 - Transportation of the child by any ambulance service.
- Authorisations to take the child on regular outings.
- The name, address and telephone number or the child's registered medical practitioner or medical service.

- The child's Medicare number if available.
- Details of any specific healthcare needs of the child, including any medical conditions, allergies, including whether the child has been diagnosed as at risk of anaphylaxis
- Any medical management plan or risk minimisation plan
- Details of any dietary restrictions for the child
- The immunisation status of the child
- A notation that states that a staff member or approved provider has sighted a child's health record.

Assessment and evaluations records

- Documentation relating to child assessments or evaluations for delivery of the education program, including:
 - Assessments of the child's developmental needs, interests, experiences and participation in the education program.
 - Assessments of the child's progress against the outcomes of the educational program.

Incident, Injury, Trauma and Illness Records

(See Incident, *Injury, Trauma and Illness Policy and Procedures*)

Any incident, injury, trauma or illness records will be kept on the child's enrolment record and will include:

- **Details of any incident** in relation to a child or injury receive by a child or trauma to which a child has been subject while being educated and care for by the service. The following must be included:
 - The name and age of the child
 - The circumstances leading to the incident, injury or trauma
 - The time and date the incident occurred, the injury that was received or the child was subjected to the trauma.
- **Details of any illness** which becomes apparent while the child is being educated and care for by the service. The following must be included:
 - The name and age of the child
 - The relevant circumstances surrounding the child becoming ill and any apparent symptoms
 - The time and date of the apparent onset of the illness.
- **Details of the action taken** by the service in relation to any incident, injury, trauma or illness which a child has suffered while being educated and cared for by the service. The following must be included:
 - Any medication administered or first aid provided
 - Any medical personnel contacted.
 - Details of any person who witness the incident, injury or trauma

- The name of any person who the education and care service notified or attempted to notify of any incident, injury trauma or illness a child has suffered at the service and the time and date of the notification and notification attempts
- The name and signature of the person making an entry in the record and the time and date that the entry was made
- This record must be made as soon as is practicable, but not later than 24 hours after the incident, injury, trauma or onset of illness occurred.

Medication record

The following information about medications will be kept on children's enrolment records:

- The name of the child
- The authorisation to administer medication (including self-administration is applicable) signed by a parent or a person named in the child's enrolment record as authorised to consent to administration of medication
- The name of the medication to be administered
- The time and date the medication was last administered
- The time and date or the circumstance under which the medication should be next administered
- The dosage of the medication to be administered
- The manner in which the medication is to be administered.
- If the medication is administered to the child:
 - The dosage that was administered.
 - The manner in which the medication was administered.
 - The name and signature of the person who administered the medication.
 - If another individual is required to check the dosage, the name and signature of that person.

The approved provider must ensure that the documents referred to above in relation to a child enrolled at the service are made available to a parent of the child on request. In line with this, if a parent's access to the kind of information referred to in this documentation is limited by an order of a court, the approved provider must refer to the court order in relation to the release of information concerning the child to that parent.

We must obtain written consent of the person to whom the personal information relates before disclosing to a parent of a child enrolled at the service any personal information relating to:

- a) A parent of a child enrolled at the service, if that person is not the parent making the request
- b) A person who is required to be notified of an emergency involving a child enrolled at the service if a parent cannot be immediately contacted
- c) An authorised nominee of a child enrolled at the service
- d) A person who is authorised to consent to medical treatment of, or to authorise administration of medication to, a child enrolled at the service
- e) A person who is authorised to allow an educator to take a child outside the premises

- f) A person who is authorised to allow the service to transport, or arrange transport for, the child

A person who has given their consent can withdraw it in writing at any time before the information is disclosed.

RECORD OF COMPLIANCE

The following information will be kept as a record of the service's compliance with the law, including:

- Details of any amendments of the service approval made by the Regulatory Authority including:
 - The reason stated by the Regulatory Authority for the amendment
 - The date on which the amendment took, or takes, effect
 - The date (if any) that the amendment ceases to have effect
- Details of any suspension of the service (other than a voluntary suspension) including:
 - The reason stated by the Regulatory Authority for the suspension
 - The date on which the suspension took, or takes, effect
 - The date that the suspension ends
- Details of any compliance direction or compliance notice issued to the approved provider in respect of the service, including:
 - The reason stated by the Regulatory Authority for issuing the direction or notice
 - The steps specified in the direction or notice
- This information must not include any information that identifies any person other than the approved provider.
- The record of compliance referred to above must be available for access on request by any person

Evidence of public liability insurance

The approved will keep ongoing evidence of the current public liability insurance at our service premises (e.g. certificate of currencies) (except if the service is indemnified by state or territory government).

CHILD CARE SUBSIDY RECORDS

Information will be kept for Child Care Subsidy records, including:

- Complaints made about compliance with the Family Assistance Law
- Any notice made to a state/territory agency about a child at risk of abuse or neglect
- Attendance record for each child at service (whether eligible for CCS and/or Additional CCS or not) including records of any absences
- Evidence that any absences in excess of the 42 days allowed meet the required criteria
- Copies of invoices and receipts for the payment of child care fees

- Copies of all Statements of Entitlement issued and any Statements advising a change of entitlement
- Complying Written Arrangements (CWAs) for each child (unless fees are not paid under this type of arrangement) which include names and contact details of provider and person responsible for paying fees, date arrangement starts, name and date of birth of child (or children), if care will be provided on a routine basis, and if so, details about the days on which sessions of care will usually be provided, and the usual start and end times for these sessions of care, whether care may be provided on a casual or flexible basis (in addition to, or instead of, a routine basis), details of fees to be charged eg via fee schedule or information available on website that the parties understand may vary from time to time
- All evidence to support background checks for specified personnel including persons with management or control of service and persons responsible for day to day operation of service (see Staffing Arrangements Policy).

STORAGE OF RECORDS

Records made by our service will be stored in a safe and secure location for the relevant time periods as set out above and only made accessible to relevant individuals.
This location is Store Room/Office.

If a service is transferred under the law, documents relating to a child must not be transferred without the express consent of the child's parents.

CONFIDENTIALITY

The approved provider will ensure that information kept in a record is not divulged or communicated through direct or indirect means to another person other than:

- The extent necessary for the education and care or medical treatment of the child to whom the information relates
- A parent of the child to whom the information relates in accordance with regulation 177 "Prescribed enrolment and other documents to be kept by the approved provider" – in other words, we must have the written consent of the person to whom the personal information relates to before disclosing the information (except in the case of information kept in a staff record)
- The regulatory authority or an authorised officer
- As expressly authorised, permitted or required to be given by or under any Act or law (for example, exchanges of information under child protection laws – see *Child Protection Policy* for more information)
- With the written consent of the person who provided the information.

ROLES AND RESPONSIBILITIES

All staff, volunteers, students and families must understand our *Record Keeping and Retention Policy* and their role and responsibilities in keeping and retaining records.

Responsibilities	Role
Ensure our service meets its obligations under the <i>Education and Care Services National Law and Regulations</i>	Approved Provider Nominated Supervisor
Ensure our service meets its record keeping and storage obligations under the <i>Regulations</i>	Approved Provider
Take reasonable steps to ensure that nominated supervisors, staff and volunteers follow, and can easily access, the <i>Record Keeping and Retention Policy</i> (and other related policies) including by: • Providing information, training and other resources and support • Providing this <i>Policy</i> at induction • Clearly defining and communicating roles and responsibilities for implementing this <i>Policy</i> • Communicating changes to routines and policies • Monitoring and auditing of staff practices (including through spot checks) and addressing non-compliance quickly • Regularly reviewing this <i>Policy</i> The <i>Policy</i> must also be available for inspection.	Approved Provider (ultimate responsibility) Nominated Supervisor
Notify families at least 14 days before changing this <i>Policy</i> if the changes will: • Affect the fees the charged or the way they are collected; or • Significantly impact the service's education and care of children; or • Significantly impact the family's ability to utilise the service.	Approved Provider
Implement the <i>Record Keeping and Retention Policy</i>	Approved Provider Nominated Supervisor
Be aware of legal obligations, and understand and follow the <i>Record Keeping and Retention Policy</i>	Educators Volunteers and Students
Ensure an enrolment record is kept for each child according to this <i>Policy</i>	Approved Provider (ultimate responsibility) Nominated Supervisor Educators
Ensure any <i>Incident, Injury, Trauma and Illness</i> records are kept on children's enrolment record Ensure any records of medications administered are kept on children's records	Approved Provider (ultimate responsibility) Nominated Supervisor Educators
Ensure an attendance record is kept of each child's name, the date and time they arrive/depart, and the signature of the person who delivers/collects the child and a nominated supervisor/educator.	Approved Provider (ultimate responsibility) Nominated Supervisor Educators
Complete child's attendance record at arrival and collection (child's name, date and time of arrival/departure, signature)	Families
Provide enrolment details, including the required authorisations and inform the service of any changes to these details (e.g., names/contact details, medical conditions).	Families

SOURCES

1. Privacy Act 1988
2. Education and Care Services National Regulations 2011
3. National Quality Standard

4. Working with Vulnerable People (Background Checking) Act 2011
5. Updating Record Keeping Requirements to Support Child Protection – ACECQA Information Sheet.

POLICY INFORMATION

Approval date	1 January 2026
Effective date	1 January 2026
Review date	Reviewed annually and when there are changes that may affect this policy or related procedures
Approved by	Dr Jay Mukhraiya >

47 - Recruitment, Induction and Training Policy

PURPOSE AND BACKGROUND

- (625) To make sure that we hire and keep staff who are suitable and who put children's safety and wellbeing first
- (626) To set out clearly our requirements and procedures for child safe recruitment, induction and training
- (627) To provide clear processes for staff screening checks that are in line with the Working with Children Check requirements under the *Child Protection (Working with Children) Act 2012 (NSW)* and *Child Protection (Working with Children) Regulation 2013*
- (628) This policy complies with the *Education and Care Services National Law* and *Regulations* and the National Quality Standards (NQS)
- (629) This policy meets the NSW Child Safe Standards, which requires us to have a child safe recruitment, induction and training policy and procedures in place
- (630) It also helps us to fulfil our obligation under the Reportable Conduct Scheme to have systems in place for preventing, detecting and responding to reportable conduct

SCOPE

This policy applies to:

- The approved provider, paid workers, volunteers and work placement students, **referred to as 'staff' throughout this policy**
- Third parties including contractors, subcontractors, self-employed persons, employees of a labour hire company, **referred to as 'staff' throughout this policy**

DEFINITIONS

'Staff' refers to paid workers, volunteers, students, and third parties who are covered in the scope of this policy. Note: 'staff', 'employees' and 'workers' etc may have their own, different definitions in legislation covered in this policy

POLICY STATEMENT

Child safe recruitment, induction, training and WWCC procedures

- (631) We have a robust, structured and best practice approach to hiring, inducting, training and screening staff
- (632) Staff follow our child safe Recruitment, Induction, Training and WWCC Procedures:
 1. Appendix A – Recruitment
 2. Appendix B – Inducting new staff
 3. Appendix C – Training
 4. Appendix D – WWCCs

Recruitment

- (633) We practice child safe recruitment and only hire people who we assess as being suitable for the job
- (634) Anyone whose job involves contact with children must be caring, loyal and capable. They must have the skills, qualifications and experience to implement our vision and program
- (635) We promote our commitment to child safety and wellbeing as a way to attract staff who have the same commitment.
- (636) Our job advertising includes our *Statement of Commitment to Child safety and Wellbeing*, a requirement under the NSW Child Safe Standards
- (637) We spend time considering who we are looking for. Our job description and job advertisement describe who we are looking for and what they need to bring to the role
- (638) We use face-to-face interviews to explore shortlisted candidates' background, work history, skills and values, and to evaluate their suitability to work with children (if applicable)
- (639) Our interviews are structured, and questions are prepared in advance
- (640) Successful candidates are given a probationary period of 3 months, which gives us the opportunity to check the new staff member is committed to children's safety and wellbeing
- (641) Before employing any new staff (including volunteers and students), we check their suitability for the job
- (642) All shortlisted candidates must provide us with two referees. We ask the referees about the candidate's work history, attitude to child safety and their suitability for working with children (if applicable)
- (643) Staff must follow our WWCC Procedure
- (644) We conduct any other registration or background checking needed for the job
- (645) The approved provider must notify the regulatory authority in writing within 7 days of becoming aware that a nominated supervisor's WWCC or teacher registration is suspended or cancelled

Inductions

- (646) All new staff (including volunteers and students) are inducted
- (647) At induction, staff are given our staff handbook and told how to access our policies and procedures
- (648) Our induction program includes information on:
 - Our service
 - The staff member's team/s and role
 - Our commitment to child safety and well-being. Staff must sign our Child Safe Code of Conduct and acknowledge in writing that they understand, and will follow, all of our child safe policies and procedures
 - Emergency and evacuation procedures
 - The structure to support new staff members, which includes arranging regular meetings with their supervisor/s and two scheduled probationary meetings
- (649) Staff must acknowledge that they understand and can follow our policies and procedures

Training

- (650) We develop and reinforce the knowledge and skills of our staff through a structured program of professional development
- (651) Each program is tailored to the staff member's individual needs and aspirations
- (652) We have a collaborative approach: the program is developed by the staff member and their supervisor
- (653) The program covers any mandatory and desirable training, including for:
- Child safety and child protection laws and our obligations under them (including reporting)
 - Identifying, assessing and managing risks
 - Compulsory training required by industry standards or legislation
 - Work health and safety, including emergency and evacuation plans and procedures
 - All the other policies and procedures that the staff member needs to understand for their job
 - Pedagogy, the approved learning framework, the NQS, National Law and Regulations (when applicable to the job)
- (654) Staff's progress on their professional development program is reviewed during their yearly performance appraisal meetings

Ongoing monitoring

- (655) As well as checking WWCCs when new staff start, we continue to monitor their suitability throughout their involvement with our service
- (656) Staff follow our WWCC Procedure to ensure we are complying with the law. It requires us to:
- Maintain a WWCC Register to track when staff WWCCs are due to expire
 - Check all renewed WWCCs
 - Report changes that could affect a person's WWCC's status
 - Keep records of WWCCs

PRINCIPLES

- (657) We are committed to the safety and wellbeing of children, and to implementing the NSW Child Safe Standards and the National Quality Framework across all levels of our service. The safety and wellbeing of children is our number one priority
- (658) We comply with all relevant legislation, regulations and standards at all times
- (659) We uphold our *Statement of Commitment to Child Safety and Wellbeing*
- (660) We only engage suitable people to work with children and do thorough screening of all staff (including volunteers and students)
- (661) Every reasonable precaution is taken to protect children from harm and hazards in our physical and online environments
- (662) Staff are given the training, resources and support to do their job to a high standard, and to act on child safety and wellbeing concerns
- (663) Our governance, operations policies, risk management plans, procedures, systems and practices are best-practice and kept up-to-date

POLICY COMMUNICATION, TRAINING AND MONITORING

- (664) This policy and related documents can be found on the table near entrance and on all laptops.
- (665) The approved provider and nominated supervisor provide information, training and other resources and support regarding the Recruitment, Induction and Training Policy and related documents
- (666) All staff (including volunteers and students) are formally inducted. They are given access to, review, understand and formally acknowledge this Recruitment, Induction and Training Policy and related documents
- (667) The approved provider runs a professional development program for each staff member, which covers this policy
- (668) Roles and responsibilities are clearly defined in this policy and in individual position descriptions. They are communicated during staff inductions and in ongoing training
- (669) The approved provider and nominated supervisor monitor and audit staff practices through spot checks, performance reviews, supervision sessions, and regular performance appraisal and address non-compliance. Breaches to this policy are taken seriously and may result in disciplinary action against a staff member
- (670) At enrolment, families are told how they can access our Recruitment, Induction and Training Policy and related documents
- (671) Families are notified in line with our obligations under the *National Regulations* when changes are made to our policies and procedures

ROLES AND RESPONSIBILITIES

Approved provider responsibilities (not limited to)

- Ensure our service meets its obligations under the *Education and Care Services National Law and Regulations*
- Ensure that our service's recruitment, induction and training systems, policies, practices and procedures are appropriate in practice, best practice, align with the NSW Child Safe Standards and comply with all relevant legislation
- Promote our service's *Statement of Commitment to Child Safety and Wellbeing* in all job descriptions and advertisements
- Ensure this Child Safe Recruitment, Induction and Training Policy and related procedures are in place and available for inspection
- Take reasonable steps to ensure this policy and procedures are followed (e.g. through clear and accessible communication, and systemised inductions, training and monitoring of all staff – including volunteers, students)
- Successfully complete own training and professional development activities (e.g., child protection, first aid, cultural safety). Renew WWCC when required
- Ensure our service is complying with WWCC legislation, including not employing anyone (inc. volunteers and students) who is not permitted to work with children, verifying WWCCs at the start of employment and when they are renewed, recording and tracking WWCCs, reporting anything that could affect the status of someone's WWCC (such as charges, convictions, findings of guilt for offences set out in the legislation)
- Notify the regulatory authority in writing within 7 days of becoming aware that a nominated supervisor's WWCC or teacher registration is suspended or cancelled
- Ensure that all new staff are inducted properly, and understand and formally acknowledge our policies and procedures, including those that relate to child safety and wellbeing
- Ensure all staff have completed the training and professional development they need to do their job and provide a child safe environment (e.g. child protection, first aid, cultural competency, safe food handling)
- Keep evidence of mandatory training completed and evidence of current non-prohibited/valid WWCC on staff, volunteer and student records
- Regularly review this Recruitment, Induction and Training Policy and Procedures in consultation with children, families, communities and staff.

Notify families at least 14 days before changing this policy if the changes will: affect the fees the charged or the way they are collected; or significantly impact the service's education and care of children; or significantly impact the family's ability to utilise the service

Nominated supervisor / persons in day-to-day charge responsibilities (not limited to)

Ensure our service meets its obligations under the *Education and Care Services National Law and Regulations*

Support the approved provider to ensure that our service's recruitment, induction and training systems, policies, practices and procedures are appropriate in practice, best practice, align with the NSW Child Safe Standards and comply with all relevant legislation

Promote our service's *Statement of Commitment to Child Safety and Wellbeing* in all job descriptions and advertisements

Implement our [Recruitment, Induction and Training Policy and Procedures](#)

Take reasonable steps to ensure this policy and procedures are followed (e.g. through clear and accessible communication, and systemised inductions, training and monitoring of all staff – including volunteers, students)

Successfully complete own training and professional development activities (e.g. mandatory child protection, first aid, cultural safety). Renew WWCC when required

Support the approved provider to comply with WWCC legislation and implement our [WWCC Procedure](#). Do not allow anyone who is prohibited from working with children to be employed. Verify WWCCs at the start of employment and when they are renewed, and record and track WWCCs, report anything that could affect the status of someone's WWCC (such as charges, convictions, findings of guilt for offences set out in the legislation)

Support the approved provider to ensure that all new staff are inducted properly, and understand and formally acknowledge our policies and procedures, including those that relate to child safety and wellbeing

Support the approved provider to ensure all staff have completed the mandatory and desirable training and professional development they need to do their job and provide a child safe environment

Keep evidence of mandatory training completed and evidence of current non-prohibited/valid WWCC on staff, volunteer and student records

Contribute to policies and procedure reviews and risk assessments and plans in consultation with children, families, communities and staff. Support the approved provider to notify families of changes according to legislation and our policies and procedures

Educators / ECTs / other staff responsibilities (not limited to)

Follow the relevant areas in this [Recruitment, Induction and Training Policy and Procedures](#)

Ensure you understand and can follow our policies and procedures. Identify any gaps in your skills and knowledge that your professional development program could address

Undertake all necessary training and professional development activities, including those that enhance your knowledge and skills related to child safety and wellbeing

Provide WWCC (if required by law) to the nominated supervisor and renew when required. Follow your obligations as set out in the [WWCC Procedure](#), including to renew WWCC when required, and to report to the nominated supervisor/approved provider anything that could affect the status of your WWCC (such as new charges, convictions, findings of guilt for offences set out in the legislation)

Contribute to policy and procedure reviews. Report any issues with our policies and procedures to the appropriate person (e.g. approved provider, nominated supervisor, lead educator)

LEGISLATION OVERVIEW

Education and Care Services National Law and Regulations

Law	Description
s 162A	Child protection training
s 167	Offence relating to protection of children from harm and hazards
s 170	Offence relating to unauthorised persons on premises
s 173	Offence to fail to notify certain circumstances to Regulatory Authority
Regulations	
s 84	Awareness of child protection law

ss 145 – 152B	Staff and educator records – centre-based services
s 174	Time to notify certain circumstances to Regulatory Authority
s 168	Education and care services must have policies and procedures
s 170	Policies and procedures to be followed
s 171	Policies and procedures to be kept available
s 172	Notification of change to policies or procedures
ss 181,183 - 184	Confidentiality and storage of records

Other applicable laws and regulations

Act/Regulation	Description
<i>Anti-Discrimination Act 1977 (NSW)</i> <i>Children (Criminal Proceedings) Act 1987 (NSW)</i> <i>Australian Human Rights Commission Act 1986 (Cth) (AHRC Act)</i>	Human rights laws
<i>Child Protection (Working with Children) Act 2012 (NSW)</i> <i>Child Protection (Working with Children) Regulation 2013</i>	Working with children checks
<i>Children and Young Persons (Care and Protection) Act 1998 (NSW)</i> <i>Children and Young Persons (Care and Protection) Regulation 2012</i>	Principal relevant Act to child protection
<i>Law Enforcement (Powers and Responsibilities) Act 2002 (NSW)</i> <i>Crimes Act 1990 No.40 (NSW)</i>	Includes provisions for child-related criminal offences
<i>Child Protection (Offenders Registration) Act 2000 (NSW)</i> <i>Child Protection (Offenders Registration) Regulation 2015</i> <i>Child Protection (Offenders Prohibition Orders) Act 2004 (NSW)</i> <i>Child Protection (Offenders Prohibition Orders) Regulation 2018</i>	Registration and reporting of child sexual abuse offenders
<i>Child Protection (Working with Children) Act 2012 (NSW)</i> <i>Child Protection (Working with Children) Regulation 2013</i>	Working with children checks
<i>Advocate for Children and Young People Act 2014 (NSW)</i> <i>Children's Guardian Act 2019 (NSW)</i>	Child Safe Organisations

NATIONAL QUALITY STANDARD

Standard	Concept	Description
2.2	Safety	Each child is protected
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazards
2.2.3	Child Protection	Management, educators and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect
4.1	Staffing arrangements	Staffing arrangements enhance children's learning and development
4.2	Professionalism	Management, educators and staff are collaborative, respectful and ethical
4.2.2	Professional standards	Professional standards guide practice, interactions and relationships
7.1	Governance	Governance supports the operation of a quality service
7.1.2	Management systems	Systems are in place to manage risk and enable the effective management and operation of a quality service
7.1.3	Roles and responsibilities	Roles and responsibilities are clearly defined, and understood, and support effective decision-making and operation of the service
7.2	Leadership	Effective leadership builds and promotes a positive organisational culture and professional learning community

Standard	Concept	Description
7.7.3	Development of professionals	Educators, co-ordinators and staff members' performance is regularly evaluated, and individual plans are in place to support learning and development

NATIONAL PRINCIPLES FOR CHILD SAFE ORGANISATIONS

Most relevant principles

5. People working with children and young people are suitable and supported to reflect child safety and wellbeing values in practice
7. Staff and volunteers are equipped with the knowledge, skills and awareness to keep children and young people safe through ongoing education and training

RELATED DOCUMENTS

Key Policies Child Protection Policy | Child Safe Environment Policy | Complaint Handling Policy | Child Safe Risk Management Plan | ECEC Code of Ethics | Staffing Arrangements Policy | Governance Policy | Educator and Management Policy | Privacy and Confidentiality Policy

Procedures / Plans Recruitment, Induction, Training and WWCC Procedures (attached)

Templates / Resources Mandatory Training Requirements resource (attached)

POLICY INFORMATION

Approval date 1 January 2026

Effective date 1 January 2026

Review date Reviewed annually and when there are changes that may affect this policy or related procedures

Approved by Dr Jay Mukhraiya >

48 - Safe Arrival of Children Policy and Procedure

National Quality Standard

Element	2.2.1	Supervision - At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard
	6.2.1	Transitions - Continuity of learning and transitions for each child are supported by sharing relevant information and clarifying responsibilities
	7.1.2	Management systems - Systems are in place to manage risk and enable the effective management and operation of a quality service
	7.1.3	Roles and responsibilities - Roles and responsibilities are clearly defined, and understood, and support effective decision-making and operation of the service

NATIONAL LAW

Section	165	Offence to inadequately supervise children
	167	Offence relating to protection of children from harm and hazards
	174	Offence to fail to notify certain information to Regulatory Authority
	175	Offence relating to requirement to keep enrolment and other documents

National Regulations

Regs	4	Definitions
	99	Children leaving the education and care premises
	102AA	Definitions
	102AAB	Safe arrival of children policies and procedures
	102AAC	Risk assessment for the purposes of safe arrival of children policies and procedures
	102B	Transport risk assessment must be conducted before service transports child
	102C	Conduct of risk assessment for transporting of children by the education and care service
	102D	Authorisation for service to transport children
	122	Educators must be working directly with children to be included in ratios
	123	Educator to child ratios
	161	Authorisations to be kept in enrolment record
	168	Education and care service must have policies and procedures
	168(2)(f)	Delivery of children to, and collection of children from, education and care service premises, including procedures complying with regulation 99
	168(2)(ga)	Education and care service must have policies and procedures in relation to transportation if service transports or arranges transportation of children other than as part of excursion
	168(2)(gb)	Education and care service must have policies and procedures in relation to the safe arrival of children who travel between an education and care service and any other education or early childhood service within the meaning of regulation 102AA
	170	Policies and procedures to be followed
	171	Policies and procedures to be kept available
	172	Notification of change to policies and procedures

EARLY YEARS LEARNING FRAMEWORK

LO3	Children become strong in their social and emotional wellbeing.

AIM

To ensure the safety and well-being of children who are moving to, from and between our service and other education or early childhood services. Specifically, this policy will cover our plans and procedures for when the children in our care travel between our service (delete inapplicable ones and write the names of services if appropriate) an outside school hours care (OSHC) service, a preschool/kindergarten, school, a family day care centre, long day care centre.

INTERSECTION WITH OTHER POLICIES

1. Acceptance and Refusal of Authorisations
2. Additional Needs Policy
3. Administration of Authorised Medication Policy
4. Continuity of Education and Care Policy
5. Child Safe Policy
6. Delivery and Collection of Children Policy
7. Excursion Policy
8. Incident Injury Trauma and Illness Policy
9. Orientation for Children Policy
10. Parental Interaction and Involvement in the Service Policy
11. Staffing Arrangements Policy
12. Transport Policy and Procedure.

DEFINITIONS

“Authorised nominee” - a person who has been given permission by a parent or family member to collect the child from the service or the family day care educator. Source: [National Law \(Section 170\)](#)

“Duty of Care” - a legal obligation to avoid causing harm and arises where harm is 'reasonably foreseeable' if care is not taken. Source: [Legal Services Commission of South Australia definition](#)

“Education or early childhood service” - means: a) a school; b) an education and care service; c) a children’s service; or (d) any other service which provides education or care to children. Source: [National Regulations \(Reg 102AA\)](#)

“Harm” - Physical or mental injury; hurt. Source: [ACECQA Policy Guidelines: Emergency and Evacuation](#)

“Hazard” - a danger or risk, even though often foreseeable. Source: [ACECQA Policy Guidelines: Emergency and Evacuation](#)

“Parent” - in relation to the child, includes: a guardian of the child; and a person who has parental responsibility for the child under a decision or order of a court. For regulation 99, ‘parent’ does not include a parent who is prohibited from having contact with the child. Source: [National Law \(Definitions\)](#)

“Risk” - Exposure to the chance of injury or loss; a hazard or dangerous chance. Source: [ACECQA Policy Guidelines: Emergency and Evacuation](#)

“*Risk assessment*” - assessing the risk means working out how likely it is that a hazard will harm someone and how serious the harm could be. Source: [ACECQA Risk assessment template: Excursions](#)

“*Transportation*” (that is part of the education and care service) - transportation forms part of an education and care service if the service remains responsible for children during the period of transportation. The responsibility for, and duty of care owed to, child applies in scenarios where services are transporting children, including between an education and care service premises and another location, for example their home, school, or a place of excursion. Source: [Guide to the NQF \(Transportation\)](#)

IMPLEMENTATION

On regular occasions children travel between our service and other education or early childhood services. (You may wish to provide specific details about which other services and at what times here). We are required under the *Regulations* to have policies and procedures in place for these times. Our policies and procedures must be informed by regular risk assessments that consider a range of specific risks to children who are travelling between services.

The *Regulations* also require our service to consult with staff, parents and children (if applicable) during the preparation of our *Safe Arrival of Children Policy and Procedure*. (Consultation Guidelines are at **Appendix C**)

The times when children are travelling to and away from our service can be busy and there may be hazards along on the way. Without the right systems, there is a risk to the safety and well-being of children. Thorough risk assessments, defined roles and responsibilities for staff and volunteers, clear procedures and plans, training, and clear communication are the measures we have in place to protect the children and ensure they arrive at their destination safely. Specifically:

- Our risk assessment of children travelling between our service and another will be conducted at least every 12 months and more often if needed. It will identify risks and lay out ways to eliminate or reduce the possibility of harm
- We have defined the responsibilities of everyone who has a role in ensuring the safe arrival of the children at each service. This includes having the nominated supervisor communicate to staff/volunteers and families which educator holds the duty of care during travel and the arrangements should that person be unavailable for the period of travel
- Our policies and procedures must be understood and followed by staff (at each service) and families. This means that we have systems in place for clear communication, staff receive practical training, and families are informed of the travel procedures at orientation and other times where appropriate. We also have processes for keeping the right records and strive to continually improve our processes through regular reviews
- Our service collaborates with families and staff when we are making decisions about how to keep children safe during travel between services
- A record of all risk assessments conducted are kept and our policies and procedures are readily accessible and available for inspection.

If we transport or arrange transportation (for example, on a bus) of children to another education or early childhood service, our *Transport Policy and Procedure* will be implemented alongside this *Safe Arrival of Children Policy and Procedure*.

RISK ASSESSMENTS

We must conduct a risk assessment of any travel between our service and another education or early childhood service *at least once every 12 months and soon as practicable after becoming aware of any circumstances that may affect the safe arrival of children*. A record of each risk assessment conducted must be kept, in line with our regulatory obligations.

We must ensure that children are protected from any risks identified in the risk assessments our service conducts, and newly identified risks are communicated to the approved provider as soon as practicable.

Risk assessment areas to consider

The risk assessment must identify and assess risks that the travel may pose to the safety, health and wellbeing of any child who is moving between services. It must specify how the risks will be minimised and managed and must consider:

Physical environment, health and safety

- The proposed route and destination, including any proximity to harm and hazards (may include, for example, sun protection measures)
- Any water hazards and associated risks
- Duration of travel
- Items that should be taken

Children's needs

- Individual needs of the children:
 - The children's ages, developmental stages, including whether they are mobile and their capacity to travel by foot
 - Any additional or health care needs or medical conditions that need to be managed
- How children will be supported and made to feel safe during travel (e.g., near roads/crossings)

Processes

- The process for entering and exiting:
 - The service premises
 - The pick-up location or destination (as required)
 - The procedure to be followed by the service to ensure the child leaves in accordance with regulations and our *Delivery and Collection of Children Policy*; including, for example, obtaining authorisations for collecting children, maintaining attendance records
- How each child will be accounted for before, during and after travel
- The steps that will be taken if a child is missing/unaccounted for

Staffing arrangements, roles and responsibilities

- The number of educators/responsible adults and children (and ratio) and the process for determining who is responsible for the children's safety at each service
- Whether extra adults are required for supervision/safety - educator to child ratios are minimum requirements. Consider discussing supervision strategies at a staff meeting (e.g., sourcing high viz vests and ropes which children can hold on to)
- Any specific skills required from educators, including the capacity to respond to medical or other emergencies
- The role and responsibilities of: the nominated supervisor of each service that is delivering or receiving children; the child's parent; an authorised nominee in the child's enrolment record; and anyone who is authorised in writing by the child's parent or the authorised nominee named in the child's enrolment record. Roles and responsibilities of other staff members involved should also be considered.
- The role and responsibilities of the service of which the child is entering or leaving
- The process for unexpected changes in staffing arrangements occur (e.g., due to illness or other unplanned leave)

Communication

- Communication arrangements between the service the child is leaving and the service the child is entering, including if a child is missing or can't be accounted for during the child's travel. Other communication arrangements that should be considered are:
 - details and methods for contacting staff members
 - if any new risks identified
 - for absent children
 - related to authorisations, record keeping
 - emergency procedures
 - for stakeholders outside the services who may be involved (such as sports coaches, tutors)
- Communication arrangements for staff and families about who holds the duty of care at each service during travel
- Communication methods for collaborating with staff, children and families on decisions about managing risk and our procedures and policies

Other policies and procedures

The risk assessment should also consider how other relevant policies intersect with the risk management of children travelling between education and care services; in particular, if transport is involved, road and driveway safety, responding to incidents, staffing arrangements, delivery and collection of children, excursions procedures.

Updating risk assessments and communicating changes

If circumstances that may affect the routine travel arrangements change, the approved provider has the ultimate responsibility to:

- Update the risk assessment and the *Safe Arrival Policy and Procedure* as soon as is practicable (if necessary)
- Ensure any new risks and proposals for mitigating them are communicated to, and made in consultation with, staff, the other service/s and families (and in line with regulations for notifying families about changes)
- Communicate the changes to the nominated supervisor of any other education or early childhood service involved in the children's travel
- Obtain new authorisations from parents/authorised nominees (if the arrangements or risks have changed substantially)

Educators and other staff have a responsibility to inform the approved provider and/or nominated supervisor of any changes or new risks they identify. Families should communicate any changes that may impact our procedures for travelling between services (e.g., absences, early collection, injuries).

Some examples of changed circumstances are:

- Weather conditions (summer versus winter, extreme weather events like heatwaves, floods and bushfires)
- Changes in routes for example because of road works
- The numbers and vulnerabilities of children
- Changes to physical infrastructure at a service (renovations, access arrangements)

SAFE ARRIVAL OF CHILDREN PROCEDURE

The nominated supervisor will implement, and educators will always follow, the *Safe Arrival of Children Procedure* at **Appendix A** to eliminate or minimise any risks associated with travel between education and services and any other education or early childhood service and ensure compliance with all regulations.

AUTHORISATIONS FOR TRAVEL

Written authorisation for a child to travel between services must be given by a parent or other person named in the child's enrolment record as having authority to authorise the travel unless the arrangement is regular travel between services and there is an authorisation which is less than 12 months old. The authorisation will include:

- Child's name
- If it is regular travel between services, a description of which days and when the child is to travel
- If it is not regular travel between services, the dates and times of travel
- Destination
- Means of travel. If transport involved, the means of transport, and any requirements for seatbelts or safety restraints under the relevant state/territory law (see Transport Policy and Procedure)
- How long the child will be away from the service
- Expected number of children who will be travelling between services at the same time

- Expected ratio of educators to children
- Expected number of additional adults who will be attending
- Items child required to bring from home
- Advice that the risk assessment is available at service

The rules about when, and with whom, children are allowed to leave our premises - as set out in our *Delivery and Collection of Children Policy* – must always be followed.

RECORD KEEPING AND ACCOUNTING

Educators must keep accurate attendance records that show each child's name, the time and date of arrival and departure, and the signature of the person who collects/delivers the child and a nominated supervisor/educator (see also our *Record Keeping and Retention Policy*).

Records of children travelling between services must be kept and:

- Confirm each child was accounted for when departing and arriving at the service premises
- State how each child was accounted for at the service premises
- Be made immediately and include the time, date, full name and signature of the person/s responsible for the children during travel

The service will also keep records of any risk assessments conducted and associated consultation with staff and families.

If the travel between services is via transportation (such as by bus), staff must implement the record keeping and accounting procedures as set out in our *Transport Policy and Procedure*.

INFORMATION SHARING, TRAINING AND MONITORING

The nominated supervisor will include the *Safe Arrival of Children Policy and Procedure* in staff inductions and ensure all relevant staff receive practical training in relation to the requirements, including how to identify and manage risks. The nominated supervisor also implements an ongoing training program tailored to each staff member's needs and goals, which are identified through regular performance reviews.

Where children are regularly travelling between services, the nominated supervisor will diarise a rehearsal of the procedures at least once every 3 months, and maintain written records of the rehearsals and staff training.

At orientation, parents will be provided with the *Safe Arrival of Children Policy and Procedure*. The nominated supervisor will communicate to staff and families which educator has the duty of care for the children while they are travelling to or from our service and what happens if this person is unavailable at any given time (e.g., during planned or unplanned leave).

The approved provider and nominated supervisor will monitor staff to ensure they are following our policies and procedures for the safe arrival of children. The nominated supervisor will act quickly to fix any issues and will give staff any extra support or training they need to comply. Volunteers and students are also required to comply with all service policies and procedures.

Staff, volunteers and families can access to the risk assessments we conduct.

ROLES AND RESPONSIBILITIES

Everyone who is involved in children's travel to and from other services must their role and responsibilities in the *Safe Arrival of Children Policy and Procedure*.

As part of the risk assessment control measures, the nominated supervisor will appoint a lead educator/supervisor to be responsible for ensuring travel between services runs smoothly and children are adequately supervised. The nominated supervisor will inform staff and families who the responsible educator is and the arrangements for when that person is unavailable. Individual staff position descriptions will detail roles and responsibilities for children's travel between services.

Responsibilities	Roles
Ensure our Service meets its obligations under the <i>Education and Care Services National Law and Regulations</i> and ensure the safe arrival of children who travel between our service and other education or early childhood services.	Approved Provider Nominated Supervisor
Take every reasonable precaution to protect children from harm and hazards likely to cause injury.	Approved Provider Nominated Supervisor
Ensure that children are adequately supervised at all times they are in our care.	Approved Provider Nominated Supervisor
Consult with staff, parents and children (if applicable) in preparing our safe arrive of children policies and procedures.	Approved Provider
Keep relevant documents prescribed by the <i>National Laws and Regulations</i> and make them available for inspection. These include but are not limited to: • Our <i>Safe Arrival of Children Policy and Procedures</i> • Enrolment records and authorisations • Attendance records • Incident, injury, trauma and illness records • Risk assessments	Approved Provider
Ensure that our service has policies and procedures in place for children's travel between services that address specific areas set out in <i>the National Regulations - I.e., this Safe Arrival of Children and Procedure</i> needs to be in place.	Approved Provider
Take reasonable steps to ensure that nominated supervisors, staff and volunteers follow, and can easily access, the <i>Safe Arrival of Children Policy and Procedures</i> , including by: • Providing information, training and other resources and support • Providing this <i>Policy and Procedures</i> at induction • Clearly defining and communicating roles and responsibilities for implementing this <i>Policy and Procedures</i>, and communicating to staff/volunteers and families who has the duty of care for children during periods of travel • Communicating changes to routines and policies • Monitoring and auditing of staff practices and addressing non-compliance quickly • Regularly reviewing this <i>Policy and Procedures</i> This <i>Policy and Procedures</i> must also be available for inspection.	Approved Provider
Notify families at least 14 days before changing <i>Safe Arrival of Children Policy and Procedures</i> if the changes will: • Affect the fees the charged or the way they are collected; or • Significantly impact the service's education and care of children; or • Significantly impact the family's ability to utilise the service.	Approved Provider
Implement the <i>Safe Arrival of Children Policy and Procedures</i> and appoint a lead educator/supervisor to be responsible for the children travelling.	Nominated Supervisor
Be aware of and follow the <i>Safe Arrival of Children Policy and Procedures</i> .	Educators Families

Ensure an attendance record is kept of each child's name, the date and time they arrive/depart, and the signature of the person who delivers/collects the child and a nominated supervisor/educator.	Approved Provider (ultimate responsibility) Nominated Supervisor Educators
• Ensure risk assessments are conducted to identify and assess any risks of children travelling between education and care services may pose to the safety, health or well-being of the child, in accordance with regulations and having regard to all the areas covered in Risk Assessment section of this Policy. The risk assessment must specify how the risks will be managed and minimised. • Ensure a risk assessment is conducted at least once every 12 months and as soon as practicable after becoming aware of any circumstance that may affect the safe arrival of children and update our policies and procedures accordingly. • Keep a record of all risk assessments conducted. • Ensure staff are aware of and can access/use the risk assessment to manage risks and ensure the safety of children travelling between the services.	Approved Provider (ultimate responsibility) Nominated Supervisor
Be aware of and use the risk assessment to eliminate/minimise risks and ensure the safety of children travelling between the services.	Educators
Only allow children to leave our service in accordance with regulations and our: • <i>Delivery and Collection Policy</i> • <i>Excursion Policy and Procedures</i> • <i>Transport Policy and Procedures</i> • <i>Incident, Injury, Trauma and Illness Policy</i>	Approved Provider Nominated Supervisor
Follow the systems that are in place so that children only leave our service in accordance with our: • <i>Delivery and Collection Policy</i> • <i>Excursion Policy</i> • <i>Transport Policy</i> • <i>Incident, Injury, Trauma and Illness Policy</i>	Educators Families
Ensure an enrolment record for each child is kept in accordance with regulations, including authorisations from families (see our <i>Record Keeping and Retention Policy</i>).	Approved Provider (ultimate responsibility) Nominated Supervisor
Ensure children are adequately supervised during the delivery to, and collection from, our service in accordance with regulations, including applicable educator to child ratios (see our <i>Staffing Arrangements Policy</i>).	Approved Provider Nominated Supervisor
Properly supervise children during the delivery to, and collection from, our service	Educators
Ensure our service responds in accordance with regulations, and our policies and procedures, if any incidents occur during departure/arrive/travel (see our <i>Incident, Injury, Trauma and Illness Policy</i>).	Approved Provider (ultimate responsibility) Nominated Supervisor
Be aware of requirements, and follow our policies and procedures, if any incidents occur during departure/arrive/travel (see our <i>Incident, Injury, Trauma and Illness Policy</i>).	Nominated Supervisor Educators
Communicate to educators and other staff any changes to the routine travel arrangements (e.g., different routes, changes to access arrangements).	Nominated Supervisor
Communicate to the nominated supervisor and other staff any changes to the routine travel arrangements (e.g., Different routes, changes to access arrangements for premises).	Educators
Keep abreast of our service's procedures, and who has the duty of care, for children travelling between services.	Families
• Provide authorisations for delivery and collection of your child in your enrolment form, and inform the service of any changes to these details (e.g., names/contact details) • Complete child's attendance record at arrival and collection (child's name, date and time of arrival/departure, signature) • Communicate to our service any changes that may impact our procedures for travelling between services (e.g., absences, early collection) • Provide our service with written authorisation when anyone else other than the people listed in your enrolment form will be collecting your child.	Families

SOURCES

1. Education and Care Services National Regulations 2011
2. Early Years Learning Framework
3. National Quality Standard
4. ACECQA Safe Arrival of Children Policy Guidelines, October 2023
5. Work health and safety consultation, cooperation and coordination – Safe Work Australia

POLICY INFORMATION

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Review date	Reviewed annually and when there are changes that may affect this policy or related procedures
Approved by	Dr Jay Mukhraya

Appendix A

Safe Arrival of Children Procedure

This procedure must be followed by staff, volunteers and students to ensure the safety of children who are moving to, from and between our service and other education or early childhood services. See *Transport Policy and Procedure* if transport involved.

Before travel

- Nominated supervisor completes a written risk assessment, in accordance with our *Safe Arrival of Children Policy*
- Risk assessments are required to be conducted at least every 12 months and updated as soon as practicable when new risks are identified
- Enrolment records for children must include written authorisation to travel between services from a parent or an authorised nominee (only required once every 12 months if regular travel and the circumstances and risks remain substantially the same)
- Parents/authorised nominees must be aware of the travel arrangements and the name of the person who holds the duty of care of the children during travel
- Nominated supervisor appoints a lead educator/supervisor to be responsible for ensuring travel between services runs smoothly and children are adequately supervised
- Nominated supervisor informs staff and families of which educator has been selected for this role and what will happen if this person is unavailable on any given day/time
- Educator completes a checklist before travel which includes:
 - supervision requirements are met
 - at least one educator attending (and at service if children present) has current first aid/asthma/anaphylaxis qualifications
 - ratios at service and for travel to other service/s
 - they have a first aid kit and charged mobile phone
 - they have current list of children who will be travelling and their current emergency contacts
- Lead educator/supervisor:
 - discusses with the children the reason for travel and how the children should behave
 - ensures all educators, staff, and extra adults who are supporting children on the travel are familiar with the travel procedures and roles and responsibilities

Leaving the service

- Look at each child and check name off the *Travel record of children travelling to or from education and care service premises*
- Do a head count and ensure number matches number of children on the *Travel record*
- If a child is present but not named on the *Travel record* or vice versa, confirm arrangements for the day with service/parent before leaving and update *Travel record*

- Ensure each child's attendance record is updated with departure time and signature of educator.

Enroute to and at destination

- Supervise children
- Never leave children unattended or alone with volunteers
- Implement all risk mitigation strategies as set out in the risk assessment, including for road safety [service to list identified risks and hazards and the measures educators need to take to prevent or minimise them]
- If child gets sick or hurts themselves during trip:
 - If medical emergency, implement *Medical Emergency Procedure* (including ringing ambulance on 000 and following all instructions until ambulance arrives), otherwise apply appropriate first aid
 - Advise nominated supervisor of illness/incident and of any first aid supplies that need restocking
 - Ring parent/authorised nominee and advise they need to collect child or they may need to take child to the doctor when they collect them. Provide as much information about illness/injury as possible
 - Complete incident, injury, illness form
 - Nominated supervisor notifies regulatory authority if required, e.g., serious incident
 - Complete medication record if medication administered to child during excursion

Arriving at service

- Look at each child, check name off *Travel record* and do a head count once arrived (must match number of children on *Travel record* and number counted when leaving service)
- If child is missing or unaccounted for:
 - Immediately conduct search for child at destination
 - Contact the nominated staff member at the service the child has come from and advise them to immediately conduct a search for the child
 - If child can't be located immediately call parent/authorised nominee, and police on 000 and follow any instructions
 - Provide updates to the other service
 - Implement *Incident, Injury, Trauma and Illness Policy*
- Ensure each child's attendance record is updated with arrival time and signature of authorised person

Collecting and Delivering children from each service

- Educators must implement our *Delivery and Collection of Children Policy* before allowing children to leave the service, including:

- All children must signed out by their parent or the authorised person who collects the child from our service. If the parent or other person forgets to sign the child out they will be signed out by the nominated supervisor or an educator
- Children must only be collected by a parent, an authorised nominee named on their enrolment record, or a person authorised by a parent or authorised nominee to collect the child. Authorisations from parents or authorised nominees must be made in writing, unless parents or authorised nominees are unable to collect the child before the service closes (e.g., in an emergency). In this case educators may accept verbal authorisation for an alternate person who can be adequately identified to collect the child
- Children may leave the premises if a parent or authorised nominee provides written authorisation for the child to leave the premises, including authorisation to go on an excursion (please refer *Excursion Policy*)
- No child will be released into the care of an unauthorised person
- Children may leave the premises in the event of an emergency, including medical emergencies.

Appendix B

Travel record of children travelling to or from another education or early childhood service premises

Travel reason: _____ Date: ____/____/____ Time: _____ am/pm

Person responsible for conducting the checklist: _____

Number of children travelling: _____

Signature of the person/s responsible for: _____ Date: ____/____/____

#	Child's Name	Departing check (Child sighted and responded to their name as they are leaving the service premises)	Arrival check (Child sighted and responded to their name as they enter the service premises)	Confirm child is in the service after travel (Child sighted and responded to their name)
1				
2				
3				
4				
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Appendix C

Consultation Guidelines

In preparing the *Safe Arrival of Children Policy and Procedure*, the approved provider must consult with staff, parents and children at our service. Consulting about safety at our service helps us to get a range of different perspectives, identify new hazards and risks, and provides opportunities to educate and learn.

The approved provider will ensure that staff, parents and children are given the opportunity to:

- Participate in any risk assessments we conduct
- Ask questions, express their views and raise safety issues at any time
- Make reports and recommendations about safety and be part of solving any problems
- Comment/make suggestions on this *Policy and Procedure* before it is finalised and when it is reviewed annually.

The approved provider will ensure that:

- Staff, parents, and children's views are listened to and taken seriously
- We tailor our communication to ensure everyone can participate: children, people from diverse cultural and linguistic backgrounds, First Nations people, and people with disabilities (note, ACECQA have a range of resources available [here](#) that provide guidance on consulting with specific groups)
- We include health and safety issues, including those that are raised when children are moving between services, in the curriculum of learning. In other words, we see teaching and consulting with children as a part of their overall learning
- We communicate the outcome of any consultation we conduct in a timely manner
- We document the consultation we undertake
- Consultation is culturally safe.

Possible methods for consulting

Educators and other staff are constantly building partnerships with families, children and community members and this is what lays the foundation for effective consultation. Our everyday contact provides many opportunities for discussion and feedback about safety practices. Staff encourage families to contribute to decisions about our practices and their child's learning through a range of ways. Some of the ways we may consult with staff, parents and children are:

- Via our health and safety committee
- Formal risk assessments
- Sending the draft/under review Policy comment via email and making it available for inspection at the service
- Questionnaires
- Direct feedback – verbal, in writing
- Informal conversations with educators
- At orientation
- At staff induction
- Parent-teacher feedback sessions
- Via our 'open door' policy

- Staff meetings
- Staff training
- Staff professional development processes

49 - Sand Pit Policy

NQS

QA1	2.1.3	Healthy lifestyle - Healthy eating and physical activity are promoted and appropriate for each child.
QA2	2.2.1	Supervision - At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
QA3	3.1.2	Upkeep - Premises, furniture and equipment are safe, clean and well maintained.
	3.2.1	Inclusive environment - 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 support play-based learning - Resources, materials and equipment allow for multiple uses, are sufficient in number, and enable every child to engage in play-based learning.

NATIONAL REGULATIONS

Regs	168	Child safe environment policies and procedures

AIM

Our Service recognises that sand pit play encourages children to develop their cognitive, language, physical, social and emotional skills in both planned and spontaneous activities. It assists children to develop a sense of agency whether they play independently or in collaboration with their peers while also promoting physical activity. We will ensure our sand pit is always hygienic and safe for all users.

RELATED POLICIES

1. Animal and Pet Policy
2. Incident, Injury, Illness or Trauma Policy
3. Physical Activity Promotion Policy
4. Physical Environment (Workplace Safety, Learning and Administration) Policy.

IMPLEMENTATION

To ensure our sand pit is always a safe and hygienic place for children to play and learn educators will ensure:

- the sandpit has adequate drainage and can comfortably accommodate the number of children at our service. Adequate drainage includes the installation of a drainage membrane separating the sand from the gravel subbase or agriculture pipes.
- they use timber which has not been treated with Copper Chromium Arsenate (CCA).
- they use washed beach or river sand. Builders' /brick sand is not suitable.
- the sand is at least 500mm deep and replenish the sand when it drops 100mm below the top edge of the sandpit.

- any natural elements they may incorporate into the sandpit (e.g., boulders) are positioned so they are stable, cannot be moved and have their sharp edges removed or rounded off. Boulders should be large enough to sit on or be used as building platforms.
- the sandpit is adequately shaded when used by children, and that the shade structures can be removed so sunshine can disinfect the sand.
- they clean the sand by regularly exposing it to sunshine and fresh air which are the most effective disinfectants.
- they rake sand pits before use and at regular intervals each day and carefully remove and dispose of any contaminated sand or dangerous/ foreign matter such as sharp objects or animal or human faeces and urine which could cause illness or infection in children or educators.
- they turn the sand over monthly to aerate it.
- they change the sand at least annually but preferably every 6 months.
- they remove toys from the sandpit at the end of each day.
- they cover sand pits closely when they are not in use to prevent contamination with animal faeces and sharp or dangerous objects.
- children and adults wash their hands with soap and water after playing in the sandpit.

If sand is contaminated by animal or human faeces, blood or other body fluids they will immediately remove all children from the sandpit and then:

- use a shovel and dispose of the contaminated sand in a plastic bag. Educators will wear suitable protective clothing e.g., gloves.
- rake remaining sand at regular intervals during the day and leave exposed to the sun.
- change sand completely if it is contaminated extensively.

SOURCES

1. Education and Care Services National Regulations 2011
2. National Quality Standard
3. Staying Healthy Preventing infectious diseases in early childhood education and care services 5th edition 2012 NHMRC
4. Sandpits Fact Sheet 2013 Kidsafe NSW
5. Timber in Play spaces Fact Sheet 2013 Kidsafe NSW
6. Work Health and Safety Act 2011
7. Work Health and Safety Regulation 2011.

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Approved by	Dr Jay Mukhraiya >

50 - Sleep, Rest, Relaxation and Clothing Policy

NATIONAL QUALITY STANDARD

Element	2.1.1	Wellbeing and comfort - Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's need for sleep, rest and relaxation.
	2.1.2	Health practices and procedures - Effective illness and injury management and hygiene practices are promoted and implemented
	2.2.1	Supervision - At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard
	3.1.1	Fit for purpose - Outdoor and indoor spaces, buildings, fixtures and fittings are suitable for their purpose, including supporting the access of every child
	3.1.2	Upkeep - Premises, furniture and equipment are safe, clean and well maintained
	6.1.2	Parent views are respected - The expertise, culture, values and beliefs of families are respected and families share in decision-making about their child's learning and wellbeing
	6.1.3	Families are supported - Current information is available to families about the service and relevant community services and resources to support parenting and family wellbeing
	7.1.3	Roles and responsibilities - Roles and responsibilities are clearly defined, and understood, and support effective decision-making and operation of the service

NATIONAL LAW

Section	165	Offence to inadequately supervise children
	167	Offence relating to protection of children from harm and hazards

NATIONAL REGULATIONS

Regs	~~81~~	~~Sleep and Rest~~
	82	Tobacco, drug and alcohol-free environment
	84A	Sleep and Rest
	84B	Sleep and rest policies and procedures
	84C	Risk assessment for purposes of rest policies and procedures
	84D	Prohibition of bassinets
	87	Incident, injury, trauma and illness record
	103	Premises, furniture and equipment to be safe, clean and in good repair
	105	Furniture, materials and equipment
	106	Laundry and hygiene facilities
	107	Space requirements – indoor space
	110	Ventilation and natural light
	115	Premises designed to facilitate supervision
	168(2)(a)(v)	Education and Care Services must have policies and procedures relating to sleep and rest for children
	170	Policies and procedures to be followed
	171	Policies and procedures to be kept available
	172	Notification of change to policies or procedures

EARLY YEARS LEARNING FRAMEWORK

LO3	Children take increasing responsibility for their own health and wellbeing • Children recognise and communicate their bodily needs (for example, thirst, hunger, rest, comfort, physical activity). • Educators consider the pace of the day within the context of the community. • Educators provide a range of active and restful experiences throughout the day and support children to make appropriate decisions regarding participation.

AIM

Our service aims to meet each child's individual needs for sleep, rest and relaxation in a safe and caring manner that takes into consideration the preferences and practices of each child's family.

INTERSECTION WITH OTHER POLICIES

1. Child Safe Policy
 2. Enrolment Policy
 3. Governance Policy
 4. Health, Hygiene and Safe Food Policy
 5. Incident, Injury, Trauma and Illness Policy
 6. Medical Conditions Policy
 7. Orientation Policy
 8. Parental Interaction and Involvement in the Service
 9. Physical Environment Policy
 10. Staffing Arrangements Policy
- Tobacco, Drug and Alcohol Policy

DEFINITIONS

“Authorised nominee” - a person who has been given permission by a parent or family member to collect the child from the service or the family day care educator. Source: [National Law \(Section 170\)](#)

“Harm” - Physical or mental injury; hurt. Source: [ACECQA Policy Guidelines: Emergency and Evacuation](#)

“Hazard” - a danger or risk, even though often foreseeable. Source: [ACECQA Policy Guidelines: Emergency and Evacuation](#)

“Parent” - in relation to the child, includes: a guardian of the child; and a person who has parental responsibility for the child under a decision or order of a court. For regulation 99, ‘parent’ does not include a parent who is prohibited from having contact with the child. Source: National Law (Definitions)

“Relaxation” - relaxation or other activity for bringing about a feeling of calm in your body and mind Source: [ACECQA Policy Guidelines: Sleep and rest for children](#)

“Rest” - a period of inactivity, solitude, calmness or tranquillity, and can include a child being in a state of sleep. Source: [ACECQA Policy Guidelines: Sleep and rest for children](#)

“*Risk assessment*” - assessing the risk means working out how likely it is that a hazard will harm someone and how serious the harm could be. Source: [ACECQA Risk assessment template: Excursions](#)

IMPLEMENTATION

Most children benefit from periods of sleep and rest to help them grow and prepare them for meaningful learning experiences. Sleep and rest periods are included in all children’s daily routine consistent with their developmental needs, including a short period of rest each day for older children.

We are required under the *Education and Care Services National Regulations* to take reasonable steps to ensure children’s sleep and rest needs are met, having regard to each child’s age, developmental stages and individual needs. Our policies and procedures must address specific matters that are set out in the *Regulations*, and we must also conduct regular risk assessments that consider a range of specific risks to children who are sleeping and resting at our service.

We have strict measures and processes in place to ensure children are safe and their needs for sleep and rest are met. Specifically, we:

- Conduct thorough risk assessments in line with the requirements set out in the *National Regulations*
- Follow best practice sleep, rest and health guidelines - namely the current Red Nose guidelines, the recognised national authority in this area, as well as guidance from ACECQA and regulatory authorities
- Work closely with families and consider their cultural practices. We will accommodate any requests from families about their child’s sleeping practices where these are not inconsistent with the safe sleeping practices discussed in the policy
- Implement clear procedures for supervision and monitoring
- Have defined roles and responsibilities for staff, students and volunteers
- Train staff, students and volunteers on our policies and procedures, both at induction and at regular intervals
- Have appropriate sleep and rest spaces, equipment and environments
- Communicate our rest and sleep policies and procedures to families
- Keep accurate records
- Monitor and audit compliance and strive for continual improvements to our practices.

RISK ASSESSMENTS

We must conduct a risk assessment for the purposes of our sleeping and rest policies and procedures at least once every 12 months and soon as practicable after becoming aware of any circumstances that may affect the safety, health or well-being of children during sleep or rest. A record of each risk assessment conducted must be kept, in line with our regulatory obligations.

We will ensure that children are protected from any risks identified in the risk assessments our service conducts, and newly identified risks are communicated to the approved provider as soon as practicable.

Our service uses the Sleep and Rest Risk Assessment Template developed by ACECQA when we conduct our risk assessments.

Risk assessment areas to consider

The risk assessment must identify and assess risks associated with rest or sleep at our service, and specify how the risks will be minimised and managed. It must consider:

- The number, ages and developmental stages of the children in our care
- The sleep and rest needs of children in our care including:
 - Health care needs
 - Cultural preferences
 - Sleep and rest needs of individual children
 - Requests from families about their child's sleep and rest
- Staffing arrangements and how children can be adequately supervised and monitored during sleep and rest (e.g., ratios, specific skills needed, roles and responsibilities defined, method and frequency of checks)
- The level of knowledge and training of the staff who are supervising the children during these periods
- The location of the sleep and rest areas including the arrangement of cots and beds within the sleep and rest areas
- Safety and suitability of any cots, beds and bedding equipment, having regard to the ages and developmental stages of the children who are use the cots, beds and bedding equipment (e.g., babies who climb out of a cot; if children might roll out of bed and fall from a height; recommended weight limits; children becoming trapped between a mattress and a wall; bedding trapping children; weighted sleep products impairing a child's breathing etc)
- Any potential hazards in the sleep/rest areas and on a child during sleep/rest periods (e.g., unsecured furniture, curtains, hanging blind cords, electrical cords or equipment, access of child to other parts of the space as they wake, and access of other people to the sleeping/rest space etc)
- The physical safety and suitability of sleep and rest environments at our service, including temperature, lighting and ventilation.

Updating risk assessments and communicating change

If circumstances that may affect the routine sleep and rest arrangements change, the approved provider has the ultimate responsibility to:

- Update the risk assessment and the *Sleep, Rest, Relaxation and Clothing Policy and Procedure* as soon as is practicable (if necessary)
- Ensure any new risks and proposals for mitigating them are communicated to, and made in consultation with, staff and families (and in line with regulations for notifying families about changes)

Educators and other staff are responsible for informing the approved provider and/or nominated supervisor of any changes or new risks they identify. Families should also communicate any changes that may impact our policy and procedures for sleep, rest, relaxation and clothing.

SLEEP AND REST PROCEDURE

The nominated supervisor will implement, and educators, students and volunteers will always follow, the *Sleep and Rest Procedure* at **Appendix A** to eliminate or minimise any risks associated with children sleeping and resting and to ensure compliance with safe sleep best practice, and relevant laws and regulations.

This sleep and rest procedure represents best practice and has been developed using the Red Nose's recommendations for safe sleep and guidance material from ACECQA and regulatory authorities.

Staff must always follow our procedure with the only exception based on written authorisation from a child's doctor.

CULTURAL AND INDIVIDUAL SLEEP AND REST PRACTICES

We follow best practice sleep, rest and health guidelines and work with every family to discover their unique approach to sleep and rest.

Around the world and in Australia, people practice different settling methods (e.g., praying, cuddles, singing, patting, rocking, feeding), have different sleeping arrangements (e.g., bed-sharing, mats on the floor, hammocks, slings, outdoors) and use different sleeping equipment (e.g. swaddling, binding legs/arms, amber beads, sleeping jewellery, soft toys).

We want families to feel respected and heard when they discuss their sleeping and rest preferences for their child. The nominated supervisor will provide an opportunity at orientation/enrolment for families to discuss their child's sleep and rest arrangements.

At the same time, families should understand that our service has an obligation to implement safe sleep and rest practices, and to provide children with opportunities to sleep and rest when appropriate and according to their individual needs, developmental stages and age. Therefore, the nominated supervisor and educators will make the final decision about a child's sleep and rest at while they are in our care. For example, in instances where a family has requested their child not have naps, educators will discuss expected sleep patterns with the family, based on advice from recognised authorities, and adjust a child's sleep time at the service. However, if the resting child falls asleep without assistance, educators may allow the child to sleep for a period of time they believe is in the best interests of the child.

CHILDREN'S CLOTHING

To ensure children's comfort and safety at the service, they must wear clothing that is suitable for the weather, lets them explore and play freely, and minimises the risk of injury. Some clothing items and jewellery can strangle or choke young children. Educators may remove jewellery and teething necklaces if children wear them to the service.

Educators and volunteers will encourage parents to dress their children in clothes that:

- Are loose and cool in summer and warm enough for cold weather, including outdoor play in winter
- Protect them from the sun during outdoor play

- Do not restrict them or compromise their safety when playing, sleeping or resting, for example:
 - No hoods, cords, ties, ribbons or crocheted jackets that can pull tight around the neck
 - No hats with cords or strings that may get caught on equipment and furniture
 - Footwear that is stable and supportive - no thongs, clogs or backless shoes which can cause children to trip
 - Clothing that allows easy access for toileting - elasticised trousers and track pants rather than buttons, zips, and belts
- Can get dirty when children play - children should not come in their best clothes
- Are clearly labelled with the child's name

To ensure children's comfort educators and volunteers will:

- Ensure children are appropriately dressed for the weather, play experiences, and rest and sleep
- Provide clean spare clothing to children if needed
- Encourage children to use aprons for messy play and art experiences to protect their clothing
- Will respect the privacy needs of each child when dressing and undressing

Amber Teething Necklaces and Bracelets

Based on Australian Government product safety warnings, we do not allow children to wear amber teething necklaces or bracelets at our service. This is to minimise the risk they may choke on the beads if the necklaces or bracelets break apart.

Information sharing, training and monitoring

The nominated supervisor will include the *Sleep, Rest, Relaxation and Clothing Policy and Procedure* in staff inductions and ensure all relevant staff receive regular practical training and other resources in relation to the requirements, including how to identify and manage risks. The nominated supervisor also implements an ongoing training program tailored to each staff member's needs and goals, which are identified through regular performance reviews.

The nominated supervisor will conduct regular 'spot checks' on children's rest and sleep spaces, furniture and equipment, and will monitor staff to ensure they are following our policies and procedures for children's sleep and rest. The nominated supervisor will act quickly to fix any issues and will give staff any extra support or training they need to comply. Volunteers and students are also required to comply with all service policies and procedures.

At orientation, parents will be provided with the *Sleep, Rest, Relaxation and Clothing Policy and Procedure* and asked to describe their child's current sleeping needs and preferences. Information about safe sleeping practices is discussed during enrolment and displayed or available in the parent information area.

Staff and family can access the risk assessments we conduct at any time.

ROLES AND RESPONSIBILITIES

All staff, volunteers, students and families must understand our *Sleep, Rest, Relaxation and Clothing Policy and Procedure* and their role and responsibilities in keeping children safe and cared for.

Responsibilities	Role
Ensure our service meets its obligations under the <i>Education and Care Services National Law and Regulations</i> , including to take every reasonable precaution to protect children from harm and hazards likely to cause injury and to ensure that children are adequately supervised at all times they are in our care.	Approved Provider Nominated Supervisor
Take reasonable steps to ensure that the needs for sleep and rests of children in our service are met, having regard to ages, development stages and individual needs of the children.	Approved Provider Nominated Supervisor
Ensure that our service has policies and procedures in place for children's sleep and rest that address specific areas set out in the <i>National Regulations</i> - i.e., this <i>Sleep, Rest, Relaxation and Clothing Policy and Procedure</i> needs to be in place.	Approved Provider
Take reasonable steps to ensure that nominated supervisors, staff and volunteers follow, and can easily access, the <i>Sleep, Rest, Relaxation and Clothing Policy</i> , including by: • Providing information, training and other resources and support • Providing this <i>Policy</i> at induction • Clearly defining and communicating roles and responsibilities for implementing this <i>Policy</i> • Communicating changes to routines and policies • Monitoring and auditing of staff practices (including through spot checks) and addressing non-compliance quickly • Regularly reviewing this <i>Policy</i> The <i>Policy</i> must also be available for inspection.	Approved Provider
Notify families at least 14 days before changing <i>Sleep, Rest, Relaxation and Clothing Policy and Procedure</i> if the changes will: • Affect the fees charged or the way they are collected; or • Significantly impact the service's education and care of children; or • Significantly impact the family's ability to utilise the service.	Approved Provider
Implement the <i>Sleep, Rest, Relaxation and Clothing Policy</i> .	Nominated Supervisor
Ensure that educators and volunteers understand, follow and are aware of their legal obligations to implement, the <i>Sleep, Rest, Relaxation and Clothing Policy</i> .	Nominated Supervisor
Be aware of legal obligations, and understand and follow the <i>Sleep, Rest, Relaxation and Clothing Policy</i> .	Educators Volunteers
• Ensure risk assessments are conducted to identify and mitigate any risks that sleeping and resting pose to the safety of children in our care, in accordance with regulations and having regard to all the areas covered in Risk Assessment section of this <i>Policy</i>. • Ensure a risk assessment is conducted at least once every 12 months and as soon as practicable after becoming aware of any circumstance that may affect the safety, health or wellbeing of children during sleep and rest, and update our policies and procedures accordingly. • Ensure staff are aware of and can access/use the risk assessment to manage risks and ensure the safety of children. • Keep a record of all risk assessments conducted.	Approved Provider (ultimate responsibility) Nominated Supervisor
Ensure that procedures are appropriate in practice to our service, identify risks and hazards, and any potential improvements to make to the <i>Sleep, Rest, Relaxation and Clothing Policy</i> . Report any issues to the appropriate staff member (either approved provider, nominated supervisor or educators).	Approved Provider Nominated Supervisor Educators and Families

• Ensure our service's premises, furniture and equipment are safe, clean and in good repair. • Ensure all equipment and furniture meets relevant Australian Standards and other product safety standards and guidelines, and remain up-to-date on product recall notices (see productsafety.gov.au). • Ensure cots, beds, bedding and bedding equipment being used for sleep and rest are safe, appropriate and sufficient for the ages and developmental stages of the children who are using them.	Approved Provider (ultimate responsibility) Nominated Supervisor
Ensure that there are no bassinets on the premises at any time during which children are being educated and cared for by our service.	Approved Provider Nominated Supervisor
Ensure that the indoor environment is hygienic and comfortable (not limited to being well ventilated and free from cigarette/tobacco smoke, with adequate natural light, and appropriately heated/cooled). Ensure that our service continues to have adequate and appropriate laundry and hygiene facilities for dealing with soiled clothing and linen, including storage facilities.	Approved Provider
Ensure that the layout/design of the premises allows for supervision and is appropriate for children's rest and sleep.	Approved Provider
Ensure that children are adequately supervised during rest and sleep, and that systems are in place for regular and documented physical bed-side checks of children.	Approved Provider Nominated Supervisor
• Provide the service with a written alternative resting practice in writing and authorised by a medical practitioner as part of the child's Medical Management Plan if a child has a medical condition which prevents educators from following this <i>Sleep, Rest, Relaxation and Clothing Policy and Procedure</i> (e.g., the child cannot sleep on their back) • Update educators on their child's sleeping routines and patterns when these change, and let educators know when their child has not slept well during the night.	Families

SOURCES

1. Education and Care Services National Law and Regulations Early Years Learning Framework
2. Work Health and Safety Act 2011 and Work Health and Safety Regulations 2011
3. Standards Australia: AS/NZS 2172:2010, Cots for household use—Safety requirements
Standards Australia AS/NZS 2195:2010, Folding cots—Safety requirements
4. Red Nose rednose.org.au
5. NHMRC: Staying Healthy Preventing infectious diseases in early childhood education and care services
6. Product Safety Australia e.g., 'Folding cots'
7. ACECQA Safe sleep and rest practices Information Sheet
8. ACECQA Sleep and Rest for Children Policy Guidelines
9. NSW Department of Education: Sleep and rest for children – Policy/Procedure guidelines for ECEC

POLICY INFORMATION

Approval date	1 January 2026
Effective date	1 January 2026
Review date	Reviewed annually and when there are changes that may affect this policy or related procedures
Approved by	Dr Jay Mukhraiya >

Appendix A

Sleep and Rest Procedure

The nominated supervisor will implement, and educators will always follow, the *Sleep and Rest Procedure* to eliminate or minimise any risks associated with children sleeping and resting and to ensure compliance with safe sleep best practice, and relevant laws and regulations.

This sleep and rest procedure represents best practice and has been developed using the Red Nose's recommendations for safe sleep and guidance material from ACECQA and regulatory authorities.

Staff, volunteers and students must always follow our procedure with the only exception based on written authorisation from a child's doctor.

7) Active supervision and monitoring

Educators must:

- Always be actively supervising and be able to see and hear sleeping and resting children
- Not be distracted by other duties
- Ensure children's faces are never covered when they sleep or rest
- Conduct regular physical checks of all sleeping or resting children paying particular attention to the sleeping position, breathing patterns, skin and lips colour, body temperature, head position, airway and the head and face. Checks will be more frequent if there are increased risk factors, e.g., medical conditions, illness or sleep issues
- Use a timer to conduct 10-minute checks of babies and toddlers: physically check babies and toddlers in the cot room from the side of the cot or toddler bed every 10 minutes and sleep record completed at this time. Physical checks do not include looking through a window or using CCTV, audio or heart monitors.

The nominated supervisor must ensure:

- Sleep spaces are light enough to allow supervision and for educators to properly conduct their physical checks
- Rostering enables adequate supervision of sleeping and resting children
- Ratios are maintained at all times children are sleeping and resting
- Educators are properly supervising sleeping and resting children
- Educators are conducting physical checks of babies and children every 10-minutes with the use of a timer and in accordance with our procedures
- That older children are being physically checked regularly and more frequently, and in accordance with our procedures, if they are at a heightened risk (e.g., due to a medical condition or illness, or sleep issues).

8) Babies and toddlers safe sleep practices

Positioning

- Place babies and toddlers on back

- Re-position babies onto back when they roll onto their front or side if they cannot repeatedly roll from back to front to back (occurs around 5-6 months of age). Babies who can roll back and forth may be left to find their own sleeping position
- Place babies and toddlers so their feet are close to the bottom end of the cot

Wrapping young babies

- Can wrap babies until they start to roll (usually at about 3-4 months). Do not use wraps after baby starts to roll.
- Keep babies' arms free from wrapping once their startle reflex disappears (usually at about 3 months)
- Do not wrap above the baby's shoulder and make sure their face is uncovered
- Only use light fabrics such as muslin or light cotton sheets or wraps
- May use a safe infant sleeping bag instead of a wrap
- Never use bunny rugs or blankets
- Wraps should be firm but not tight, and should allow for the baby's chest and hips to expand
- Loose wraps are dangerous
- Do not overdress babies under their wraps (e.g., nappy and singlet in hotter weather)
- Never use swaddles that restrain the baby's arms with Velcro or zips.

9) Bedding, clothing and sleep equipment

- Use light bedding and tuck in tightly
- Do not use electric blankets, hot water bottles and wheat bags
- Do not use soft toys or comforters for babies
- Do not use bumpers, infant positioners, inclined sleepers, or additional padding, mattresses, pillows and other soft items (such as quilts, doonas, toys, lamb's wool) for children under 2 years old
- Do not give bottles (for safety and dental hygiene reasons)
- Remove bibs
- Can use dummies if the family desires but do not use chain attachments. Do not replace dummies if they fall out while child sleeping. Dummies should be phased out around age 1 following discussion with families
- Ensure children's clothing is appropriate during rest and sleep times, without loose items that could become tangles and restrict breathing (such as bibs, scarves, hats, jewellery)

10) Furniture and equipment

The nominated supervisor will regularly inspect all furniture and equipment, including cots, bedding and bedding equipment, to ensure it is clean, in good repair and continues to meet relevant Australian Standards and other product safety standards and guidelines.

Bassinets

Bassinets are banned from education and care services in Australia. They are not allowed on our premises at any time, including when children are being delivered or collected.

Cots, beds and mattresses

- All cots must be safe and meet the current and mandatory Australian and New Zealand Standard for cots (AS/NZS 2172:2003) and have one of the following labels: **AS/NZS 2172:2010** or **AS/NZS 2195:2010** (folding cots)
- Mattresses must be firm and comply with the current and voluntary Australian and New Zealand Standard for mattresses (**AS/NZS 8811 1:2013**). If a mattress is not labelled as compliant, it can be tested for compliance by using 12 CDs or DVDs and two full one litre containers with square bottoms as follows:
 - Measure 40mm from bottom of one container and mark with a line parallel to the bottom all the way around the container
 - Wrap discs in gladwrap
 - Place marked container on its side on top of discs with line at edge of discs
 - Place other container on top, also on its side, so it balances
 - If overhanging edge of container touches, mattress it is too soft
 - Mattresses will not be checked by hand
- Cots and beds must be assembled according to manufacturers' instructions, and instructions for use should be easily accessible for staff
- Cots and beds must be regularly checked for damage to safety latches and moving parts
- Mattresses must fit snugly in the cot and be in good condition, clean, and flat
- Mattresses must not be tilted or elevated
- Plastic packaging must be removed from new mattresses
- Waterproof mattress protectors must be strong, not torn and a tight fit
- Portable cots (portacots) are not intended for permanent use. The approved provider and nominated supervisor will ensure portable cots, if used, are only used temporarily (no more than few days) for children up to 15kg. Educators will ensure locking mechanisms are secure, only use mattresses supplied with the cots, and never add additional padding or a mattress under or over the mattress
- Children must never be left to sleep in a bassinet (these are banned), hammock, pram or stroller
- Move toddlers from the cot to the bed if they are likely to succeed when attempting to climb out of cot (usually at about 2-3½ years old)
- Provide enough cots and beds for all the children who require sleep or rest throughout the day

Cot and mattress fit specifications	
Distance between cot slats	At least 50mm
Gap between mattress and side of cot	No more than 20mm gap. Mattress must fit the cot base.
Distance between the top of the mattress base and the top edge of the lowest cot side or end	Cots in the lowest base position, at least: • 600 mm when access is closed • 250 mm when access is open Cots in the upper base position, at least: • 400 mm when access is closed • 250 mm when access is open

Hygiene

To ensure sleeping environments are hygienic, educators will:

- Clean beds, linen and mattress covers with detergent and water every day or at end of week if used by same child
- Clean beds, linen and mattress covers when they look dirty
- Make sure each child has their own bed linen
- Implement the *Cleaning Procedure Cots and Stretchers* to clean soiled cots, beds, mattresses and bed linen.

Cleaning Procedure Cots and Stretchers

- Wash cots and stretchers at the end of every day with detergent and warm water, and during the day if visibly dirty
- Wash sheets and mattress covers, or return them home, on child's last day for the week.
- If poo/urine/vomit etc gets on the cot/stretcher/mattress/linen
 31. wash hands and put on gloves
 32. clean the child
 33. remove gloves
 34. dress the child
 35. wash child's hands
 36. educators wash hands
 37. put on gloves
 38. remove most of the soiling in the cot/bed with paper towels
 39. place paper towels in garbage bin
 40. put linen in a plastic-lined, lidded laundry bin. Throw liner out after linen is washed and place new liner in bin
 41. clean cot or mattress thoroughly with detergent and water
 42. use disinfectant after detergent if surface is or could be contaminated with infectious material.
 43. air dry if possible
 44. remove gloves and wash hands
 45. put clean linen in cot

11) Sleep and rest environment and spaces

Environments and spaces for rest and sleep are regularly checked by the nominated supervisor and educators so they continue to be appropriate, safe, comfortable and in line with best practice guidelines.

Temperature

- Monitor temperature of sleep and rest spaces ensure they are comfortable - not too hot or cold

Air quality

- Spaces should be well ventilated with either fresh air from open windows if this is safe or using mechanical ventilation if needed
- Environment must be cigarette and tobacco smoke free

Spaces

- Are free of hazards, including that:

- Hanging cords or strings from blinds, curtains, mobiles or electrical devices are away from cots and beds/stretchers
- Heaters and electrical appliances are not near cots or beds/stretchers
- There is no furniture in the sleep or rest area that a child could pull over or collapse onto themselves. Large furniture (such as bookshelves, cabinets etc) must be secured to the wall
- Have adequate natural light and light enough to enable proper supervision of children
- Are arranged to allow for the supervision of children
- There is enough space between sleeping and resting children. Educators should be able to move freely between the furniture so that they can check and support children without touching other cots or beds. There should be enough space between beds and cots so that children cannot physically disturb other resting or sleeping children
- Provide comfortable spaces for children to engage in quiet activities if they're not sleeping or resting
- Are quiet and restful
- Provide calm, relaxing music
- Any area that is permanently set aside for the use or storage of cots or beds is excluded from calculations of unencumbered indoor space.

Outdoor sleeping and rest

To promote learning and wellbeing, educators may occasionally encourage children to sleep or rest outdoors in suitable weather conditions, e.g., not too hot or raining. Educators will ensure:

- Beds are placed in clean and shaded areas i.e. not in wet dirt or mud
- Bed linen is washed at the end of the day if it is dirtied outside
- Beds are cleaned before being stored inside after rest time
- Children are supervised at all times
- The quality of children's sleep and rest time is not affected by being outdoors

12) Relationships with families and supporting children's individual needs sleep and rest

Educators must:

- Accommodate each child's and family's preferences, for rest, sleep and clothing, including cultural and religious preferences, to the extent they are consistent with this policy
- If families' sleep preferences requests cannot be accommodated, be sensitive and explain why not
- Respond to children's cues for sleep (such as yawning, rubbing eyes, irritability, crying, seeking comfort)
- Allow the child to sleep or rest for a reasonable period if a child is displaying signs of tiredness, even if this falls outside of the routine rest or sleep time
- Provide children who do not require sleep or rest with quiet, meaningful activities
- Make rest and sleep practices positive experiences for children
- Acknowledge and respond to children's emotions/distress about sleep and rest. Comfort children when required. Educators try to avoid rocking children to sleep so they don't expect this at home

- Be aware that younger children will settle well when they are securely attached to educators
- Encourage children to communicate their needs for sleep and rest and make appropriate decisions about these needs
- Support children who need rest and relaxation outside the designated rest time
- Communicate daily with families about their child's sleep and rest routines
- Record the time children sleep and rest and provide this information to families
- Promote, and educate families about safe sleep practices.

Families:

- Must provide the service with a written alternative resting practice in writing and authorised by a medical practitioner as part of the child's Medical Management Plan if a child has a medical condition which prevents educators from following this *Sleep, Rest, Relaxation and Clothing Policy and Procedure* (e.g., the child cannot sleep on their back)
- Should update educators on their child's sleeping routines and patterns when these change, and let educators know when their child has not slept well during the night
- Should work with educators to ensure their child is sleeping and resting safely and according to the child's individual needs.

51 - social media Policy

PURPOSE AND BACKGROUND

- (672) To set out the guidelines for the use of social media by staff and families at our service
- (673) It aims to protect the safety, privacy, and rights of all children, families and staff members
- (674) This policy helps us to comply with the *Education and Care Services National Regulations*, which requires our service to have policies and procedures in place for providing a child safe environment, including matters relating to the safe use of online environments
- It complies with the *Privacy Act 1988 (Cth)*, the National Model Code for Taking Images or Videos of Children while Providing Early Childhood Education and Care (National Model Code), and the NSW Child Safe Standards

SCOPE

- (675) This policy applies to:
- The approved provider, paid workers, volunteers and work placement students, **referred to as ‘staff’ throughout this policy**
 - Third parties who carry out child-related work at our service, including contractors, subcontractors, self-employed persons, employees of a labour hire company, **referred to as ‘staff’ throughout this policy**
 - Children who are in our care, their parents, families and care providers
 - Visitors to our service who carry out child-related work, including allied health support workers
- (676) It covers both personal and professional use of social media, particularly when referencing our service or our service’s activities, staff, children and families

DEFINITIONS

- (677) The following definitions apply to this policy and related procedures:
- ‘Social media’ refers to websites and applications that enable users to create, share, and engage with content or participate in social networking (e.g., Facebook, WhatsApp, X, TikTok, Pinterest, Snapchat, YouTube, Instagram, Twitter, LinkedIn)
 - ‘Personal information’ is defined in the *Privacy Act 1988* and includes any information about an identified individual such as their home address, email address, telephone number, date of birth, medical records, bank account details, and tax file number. It also includes photographs and recordings
 - ‘Parents’ includes guardians and persons who have parental responsibilities for the child under a decision or order of court
 - ‘Staff’ refers to paid employees, volunteers, students, and third parties who are covered in the scope of this policy.

POLICY STATEMENT

Work related social media accounts

Consent and authorisations

- (678) Consent and authorisations for photos/videos are obtained and managed according to our Photography and Video Policy
- (679) We will not post photos or videos of, or information about, or children, families, visitors unless we have the relevant and specific written consent of the person involved – or, in the case of a child, their parents
- (680) Where parents or other adults have put limits on their consent (e.g., for learning and development purposes, or, not for marketing purposes), we will only post photos, videos or information according to the specific consent we have been granted
- (681) The nominated supervisor is responsible for maintaining a list with the consent details of each child. Staff who are posting on social media must check the list before posting children’s photos or videos to ensure they are following restrictions specified by parents
- (682) We will agree to any request from a parent to remove/de-identify photos/videos/information of their child from our social media, even if we have prior consent
- (683) We get the relevant permission to share photo/videos owned by other people (e.g., parents, professional photographers, and always credit the sources
- (684) All social media posts must first be authorised and reviewed by the nominated supervisor / Staff must first get approval from the nominated supervisor/approved provider before posting about sensitive or significant matters, or other content that deviates from our standard practices.

Appropriate content

- (685) We use social media to promote our service, share information and engage with families and the community, including:
- Stories about children’s learning and development activities, explaining learning outcomes and our education program
 - Posts about past and future events at the service, such as excursions, concerts, special days, parent-educator interviews, workshops
 - Sharing health and safety information, such as tips on nutrition, hygiene practices, sun safety, infectious diseases, updates on our service’s protocols
 - Promoting child safety and wellbeing
 - Promoting cultural diversity and inclusion, celebrating cultural festivals/special days or weeks (e.g., NAIDOC, Harmony Day) and giving information about our inclusive practices
 - Sharing information about child development, such as tips on early literacy, social-emotional learning, developmental milestones, resources for learning at home
 - Giving updates on our operations, staffing, policies and procedures
 - Celebrating achievements of staff and children
 - Communicating service and community announcements, such as extreme weather, emergency plans, road closures
 - Getting feedback and input from families and the community through surveys, questionnaires, polls
 - Sharing relevant information about local organisations, charities, community groups

- To market and promote our service, e.g., advertise open days, our philosophy, how to enrol
- (686) Content is directly relevant to our service and our activities, and includes a balanced representation of children and activities
- (687) All images and videos we share depict children, staff and the service in a dignified, respectful and safe manner
- (688) Posts, comments and interactions by staff on work-related social media accounts must:
- Represent our service in a positive way
 - Align with our values, mission and vision
 - Be professional in presentation, tone and language
 - Be consistent with our codes of conduct
 - Be consistent with our service's policies and procedures
 - Be accurate and truthful
- (689) Where we are sharing images or videos that involve cultural or religious practices, we consult with the relevant community to make sure we are being respectful in our posts
- (690) Image resolution and video/sound should be high quality

Inappropriate content

- (691) Content, including photos and videos, that could be perceived as inappropriate, embarrassing, exploitative, intrusive, harmful or compromising to the children, families or staff involved are not allowed
- (692) Posts, comments and interactions by staff on work-related social media accounts must not:
- Be discriminatory, stereotyping, biased or inflammatory
 - Be defamatory
 - Break any laws, including privacy or child protection laws
 - Infringe intellectual property (e.g., copyrighted material)
 - Disclose confidential or sensitive material about our service, our operations or anyone associated with us
 - Be misleading or giving false information
- (693) Staff must not alter images or videos or caption in a way that misrepresents the people or activities depicted. Basic editing is acceptable, but not editing in such a way that significantly changes the original image or video is not

Privacy and confidentiality

- (694) Our social media accounts privacy settings are set so that parents/families/staff members/approved users have access
- (695) Staff must log out of social media accounts after use
- (696) The approved provider/nominated supervisor is responsible for ensuring that our privacy settings are regularly reviewed, passwords regularly changed and we are abreast of changes to social media companies' policies and privacy regulations. See our [Technology and Device Use Policy](#) for more details about how we manage IT security and privacy
- (697) We will not share content or make posts that identify children or adults by their full name or disclose personal information, unless there is a need to do so, and we have the relevant permission

- (698) Where possible, we use photos and videos that are taken from angles that protect children's identities, such as side or back view
- (699) Private internal social media groups (e.g., WhatsApp, private Facebook groups for staff) must be secure and membership restricted to authorised staff. Within these groups, personal and confidential information must be handled according to our usual practices, and in line with our policies, including our [Privacy and Confidentiality Policy](#).

Management and oversight

- (700) The nominated supervisor is responsible for:
- Administering our social media accounts and maintaining strict control of their contents
 - Regularly scanning and responding in a timely manner to social media content related to our service
 - Deleting and reporting inappropriate content, including unauthorised or inappropriate photos/videos, comments or information
 - Removing outdated content and updating profiles
 - Ensuring that staff understand how to represent our service on social media
 - Restricting access to our social media accounts to authorised staff who know how to implement our confidentiality and privacy protocols
- (701) Content on social media that might have legal implications or the potential to cause damage to our service or staff should be reported promptly to the approved provider to manage. Staff should not share or post/comment or share this type of content without the approved provider's permission.

Personal social media accounts

- (702) Staff use of personal media accounts must be in line with our [Child Safe Code of Conduct](#)
- (703) Staff must not 'friend' or 'follow' or otherwise connect with parents, families or children from our service through personal accounts (unless there is a pre-existing relationship that predates the staff member's employment)
- (704) Staff must follow our [Technology and Device Use Policy](#) regarding the use of personal devices at work
- (705) Staff must not use personal social media accounts to conduct official service business
- (706) Staff must not post on personal media accounts any:
- Information, photos or videos of children or their families on their personal social media accounts
 - Information, photos or videos of other staff members that relates to their role or activities at our service on their personal media accounts, unless the other staff member/s have consented, and the photos/videos are appropriate and do not compromise the reputation of our service
 - Information about what happens at our service or other work-related matters
 - Photos/videos taken at our service or on an excursion or during travel with, or transporting, children
 - Negative, disparaging or defamatory comments about our service, staff, families or children
 - Material that could bring their professional standing into disrepute

- Material that could damage the damage the employment relationship, the service's reputation or commercial interests, or bring our service into disrepute
- Material relating to our service, staff, children, families or visitors that is offensive, threatening, harassing, bullying, discriminatory, or otherwise unlawful
- Material that discloses confidential, private or sensitive information about our staff, children, families, or visitors
- Material that publicises workplace disputes
- Material that uses the service's logos or contact details or mentions our service's name without permission
- Material that appears to be from our service or expresses views on behalf of our service.

Guidelines for parents and families

- (707) Parents and families should not share any photos or videos that include identifiable characteristics of other children, staff, visitors or families without getting the relevant consent first
- (708) Note, our service does not take responsibility for the sharing or use of photos or videos that are shared by people other than our staff
- (709) Concerns or complaints about staff or our service should be made by following our Complaint Handling Policy and Procedure. Parents and families should not bring up issues via social media.

Breaches and complaints

- (710) Anyone can raise concerns or complaints regarding social media use by staff according to our Complaint Handling Policy and Procedure
- (711) Staff must follow our Child Protection Policy and Procedures if they have concerns for a child's safety or well-being
- (712) Any breaches of this policy are treated seriously
- (713) Depending on the nature of the breach, staff members may be subject to disciplinary action, referred to the police/child protection authority, and/or have their employment terminated.

PRINCIPLES

- (714) All practices related to social media at our service are conducted with children's safety, wellbeing, privacy and dignity as our number one priority
- (715) We only share content that is appropriate and for which we have the relevant consent
- (716) We comply with all relevant legislation, regulations and standards at all times
- (717) We act in line with our *Statement of Commitment to Child Safety and Wellbeing*, Child Safe Code of Conduct, National Model Code and the ECEC Code of Ethics
- (718) We treat all individuals in social media content with dignity and respect, and recognise that there are cultural differences and sensitivities related to social media content
- (719) We give staff the training, resources and support that they need to implement this policy.

POLICY COMMUNICATION, TRAINING AND MONITORING

- (720) This policy and related documents can be found in the Foyer near the entrance.

- (721) The approved provider and nominated supervisor provide information, training and other resources and support regarding the Social Media Policy and related documents
- (722) All staff (including volunteers and students) are formally inducted. They are given access to review, understand and formally acknowledge this Social Media Policy and related documents
- (723) The approved provider runs a professional development program for each staff member, which covers this policy
- (724) Roles and responsibilities are clearly defined in this policy and in individual position descriptions. They are communicated during staff inductions and in ongoing training
- (725) The approved provider and nominated supervisor monitor and audit staff practices through spot checks, performance reviews, supervision sessions, and regular performance appraisals and address non-compliance. Breaches to this policy are taken seriously and may result in disciplinary action against a staff member
- (726) At enrolment, families are given access to our Social Media Policy and related documents
- (727) Families are notified in line with our obligations under the *National Regulations* when changes are made to our policies and procedures.

ROLES AND RESPONSIBILITIES

Approved provider responsibilities (not limited to)

Ensure our service meets its obligations under the *Education and Care Services National Law* and *Regulations*, including to take every reasonable precaution to protect children from harm and hazards likely to cause injury and ensure that children in our care are adequately supervised at all times

Ensure that our service's governance, management, operations, policies, plans, (including risk management/action plans), systems, practices and procedures for social media are up-to-date, appropriate in practice, best practice, align with the principles/standards for child safe organisations and comply with all relevant legislation

Take reasonable steps to ensure this Social Media Policy is followed (e.g. through clear and accessible communication, and systemised inductions, resourcing, training and monitoring of all staff – including volunteers, students)

Ensure that social media use is effectively managed and overseen, including consents, staff authorisations, content management, privacy and security, and complaints and breaches

Ensure this policy and related documents are reviewed regularly, and notify families of reviews and changes according to legislation and our policies and procedures

Nominated supervisor / persons in day-to-day charge responsibilities (not limited to)

Ensure our service meets its obligations under the *Education and Care Services National Law* and *Regulations*, including to take every reasonable precaution to protect children from harm and hazards likely to cause injury and ensure that children in our care are adequately supervised at all times

Support the approved provider to ensure that our service's governance, management, operations, policies, plans, (including risk management/action plans), systems, practices and procedures for social media are appropriate in practice, best practice, align with the principles/standards for child safe organisations and comply with all relevant legislation

Implement this [Social Media Policy](#) and support the approved provider to ensure that is followed by staff and families (e.g. through clear and accessible communication, and systemised enrolments/orientations, inductions, training and monitoring of all staff – including volunteers, students)

Ensure that parents are giving informed consent, including by discussing this policy at the time a child is enrolled. Ensure that all consent forms are completed, stored securely and regularly reviewed. Maintain a list of children whose parents have not provided consent or who have provided limited consent, and make sure that educators have access to this list

Support the approved provider to ensure that: our social media content is professional, appropriate and represents our service in a positive way; and inappropriate or unauthorised content is removed and reported to the approved provider and, where necessary, the police or child protection authority

Contribute to policies and procedure reviews and risk assessments and plans in consultation with children, families, communities and staff. Support the approved provider to notify families of reviews and changes according to legislation and our policies and procedures

Educator / other staff responsibilities (not limited to)

Follow this [Social Media Policy](#) and other related policies

Do not post or share any content, including photos and videos, on our work social media accounts without the proper authorisation from the approved provider/nominated supervisor and the necessary consent from the people involved (and, in the case of a child, parental consent)

Use social media in a way that upholds our [Child Safe Code of Conduct](#) and our service's reputation

Do not breach the privacy or confidentiality on social media of anyone at our service

Undertake all necessary training and professional development activities related to this policy

Follow our complaint management system to respond properly to any complaints or concerns about children's safety or wellbeing

Contribute to policy and procedure reviews and risk assessments and plans

Families responsibilities (not limited to)

Follow the relevant sections of our [Photography and Video Policy](#)

Complete our consent form/s at the time of your child's enrolment and keep it updated if anything changes

Do not share photos/videos on social media if they include identifiable characteristics of another child or adult at our service, unless you have the relevant consent

Notify our service in writing if you wish to withdraw consent for sharing information about your child on social media

Raise any concerns you have about our service, or our social media use, according to our Complaint Handling Policy and Procedure. Do not raise issues through social media

LEGISLATION (OVERVIEW)

Education and Care Services National Law and Regulations

Law	Description

s 165	Offence to inadequately supervise children
s 167	Offence relating to protection of children from harm and hazards
Regulations	
s 168(h)	Education and care services must have policies and procedures in relation to providing a child safe environment, including matters relating to the promotion of a culture of child safety and wellbeing within the service; and the safe use of online environments at the service
s 170	Policies and procedures to be followed
s 171	Policies and procedures to be kept available
s 172	Notification of change to policies or procedures

Other applicable laws and regulations

National Quality Standard

Act/ Regulation		Description
<i>Australian Human Rights Commission Act 1986 (Cth)</i>		Provides guidance on how to uphold the principles in the Convention on the Rights of the Child
<i>Privacy Act 1988</i>		Principal act protecting the handling of personal information, including photos and videos
Standard	Concept	Description
1.3	Assessment and planning	Educators and co-ordinators take a planned and reflective approach to implementing the program for each child
1.3.1	Assessment and planning cycle	Each child's learning and development is assessed or evaluated as part of an ongoing cycle of observation, analysing learning, documentation, planning, implementation and reflection
1.3.3	Information for families	Families are informed about the program and their child's progress
2.2	Safety	Each child is protected
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazards
2.2.3	Child Protection	Management, educators and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect
4.2	Professionalism	Management, educators and staff are collaborative, respectful and ethical
4.2.2	Professional standards	Professional standards guide practice, interactions and relationships
5.1	Relationships between educators and children	Respectful and equitable relationships are maintained with each child
5.1.2	Dignity and rights of the child	The dignity and rights of every child is maintained
6.1	Supportive relationships with families	Respectful relationships with families are developed and maintained and families are supported in their parenting role
6.1.2	Parent views are respected	The expertise, culture, values and beliefs of families are respected and families share in decision-making about their child's learning and wellbeing
7.1	Governance	Governance supports the operation of a quality service
7.1.2	Management systems	Systems are in place to manage risk and enable the effective management and operation of a quality service

Standard	Concept	Description
7.1.3	Roles and responsibilities	Roles and responsibilities are clearly defined, and understood, and support effective decision-making and operation of the service

Early Years Learning Framework (EYLF) V2.0

EYLF Outcome	Key component
3: CHILDREN HAVE A STRONG SENSE OF WELLBEING	- Children become strong in their social, emotional and mental wellbeing - Children become strong in their physical learning and wellbeing - Children are aware of and develop strategies to support their own mental and physical health and personal safety

National Principles for Safe Organisations

Most relevant principles
Child safety and wellbeing is embedded in organisational leadership, governance and culture.
Children and young people are informed about their rights, participate in decisions affecting them and are taken seriously.
Families and communities are informed and involved in promoting child safety and wellbeing.
Physical and online environments promote safety and wellbeing while minimising the opportunity for children and young people to be harmed.

RELATED DOCUMENTS

Key Policies	Child Protection Policy Child Safe Code of Conduct Child Safe Risk Management Plan Complaint Handling Policy ECEC Code of Ethics Photography and Video Policy Technology and Device Use Policy Photography and Video Policy Relationships with Children Policy Orientation for Children Policy Parental Interaction and Involvement Policy Governance Policy Privacy and Confidentiality Policy Enrolment Policy
Procedures	Child Safe Environment Procedures (in Child Safe Environment Policy) Child Protection Procedures (in Child Protection Policy) Complaint Handling Procedures (in Complaint Handling Policy)
Tools	Photography and Video Consent Form template (in Photography and Video Consent Form) <u>Active Supervision Guidelines (ACECQA)</u> [Centre Support resources available on Karla Resources at centresupport.com.au]

POLICY INFORMATION

Approval date	1 January 2026
Effective date	1 January 2026
Review date	Reviewed annually and when there are changes that may affect this policy or related procedures
Approved by	Dr Jay Mukhraiya >

52 - Staff Policy and Staff Code of Conduct

PURPOSE AND BACKGROUND

- (728) To state our standards and expectations for the professional conduct, and personal and professional competence of staff
- (729) This Code helps us to have a safe and positive workplace where people are happy and proud to work
- (730) We are required to have a code of conduct for staff members under the *National Regulations* (s 168(2) (i)(i)). This Code complements our Child Safe Code of Conduct and the ECEC Code of Ethics and must be read in conjunction with these documents
- (731) This Code helps us to comply with various anti-discrimination, work health and safety, and employment laws, and aligns with the National Quality Standard Area 4.2 (Professionalism)

SCOPE

- (732) This policy applies to:
- ‘Staff’: the approved provider, persons with management or control, nominated supervisor, paid workers, students on practicum placements, regular volunteers and third parties (e.g., contractors, subcontractors, self-employed persons, employees of a labour hire company) who perform work on our behalf
- (733) This policy applies to all behaviour and conduct that is reasonably related to, or connected with, work - including our day-to-day operations, service hosted social events, work functions, excursions, training, and use of technology. It is not limited to behaviour within the physical workplace or during normal business hours
- (734) This policy does apply to students and volunteers, but not to ‘occasional parent helpers’, i.e., family members or carers who volunteer for a one-off activity or short-term event (e.g., helping on an excursion or a sausage sizzle)
- (735) See our Child Safe Code of Conduct for our expectations for conduct and interactions with children in our care

DEFINITIONS

- (736) The following definitions apply to this policy and related procedures:
- ‘Harm’ and ‘risk of harm’ are used in this document as overarching terms that cover neglect and various forms of abuse towards children

- ‘Inappropriate conduct’ is defined in the *National Law* as conduct in relation to a child that a reasonable person would consider inappropriate in an education and care service
- ‘Parents’ includes guardians and persons who have parental responsibilities for the child under a decision or order of court
- ‘Staff’ refers to the approved provider, persons with management or control, nominated supervisor, paid employees, students on practicum placements, volunteers and third parties who are covered in the scope of this policy – unless otherwise indicated. Note: ‘staff’, ‘employees’ and ‘workers’ etc may have their own, different definitions in legislation covered in this policy
- ‘Unacceptable behaviour’ includes bullying, harassment, sexual harassment, sex-based harassment, unlawful discrimination, cyber harassment/bullying, vilification, victimisation, violence, aggression

STAFF CODE OF CONDUCT

- (737) The Staff Code of Conduct is at **Appendix A**. A quick guide to the Code is at **Appendix B**
- (738) It provides examples of the behaviour we want our staff to engage in, and the behaviour that is unacceptable - as it relates to their professionalism and work health duties
- (739) Engaging in unacceptable behaviour is a breach of our Code and may result in performance management or disciplinary action

CODE COMMUNICATION, TRAINING AND MONITORING

- (740) This code of conduct and related documents can be found on all our devices and in the office.
- (741) The approved provider and nominated supervisor provide information, training and other resources and support regarding the Staff Code of Conduct and related documents
- (742) All staff (including volunteers and students) are formally inducted. They are given access to review, understand and formally acknowledge this Staff Code of Conduct and related documents
- (743) The approved provider runs a professional development program for each staff member, which covers this policy
- (744) The approved provider and nominated supervisor monitor and audit staff practices and address non-compliance. Breaches of this Code are taken seriously and may result in disciplinary action against a staff member

(745) Families are notified in line with our obligations under the *National Regulations* when changes are made to our policies and procedures.

RELATED DOCUMENTS

Key Policies	Child Safe Environment Policy Access and Inclusion Policy Child Safe Code of Conduct Child Protection Policy Complaint Handling Policy Governance and Management Policy Medical Conditions Policy Family and Community Partnerships Policy Positive Relationships for Children Policy Staff Communication Policy Technology and Device Use Policy Tobacco, Vape, Drug and Alcohol Policy Work Health and Safety Policy Recruitment, Induction and Training Policy Privacy and Confidentiality Policy Technology and Device Use Policy Photography and Video Policy Social Media Policy Staffing Arrangements Policy .

POLICY INFORMATION

Approval date	1 January 2026
Effective date	1 January 2026
Review date	Reviewed annually and when there are changes that may affect this policy or related procedures
Approved by	Dr Jay Mukhraiya

APPENDIX A

STAFF CODE OF CONDUCT

IMPORTANT NOTE: This Staff Code of Conduct must be read in conjunction with our Child Safe Code of Conduct and the ECEC Code of Ethics, which includes **additional** standards and expectations for staff interactions as they relate to child safety and protection and the ethical responsibilities of childhood professionals

Our guiding principles

As Cuddlez staff we pledge that:

- The rights, best interests, safety, welfare and wellbeing of each child at our service are our top priority and paramount in every decision and action we take
- We uphold our statement of philosophy and service values, and are committed to having an equal opportunity workplace that respects the rights and dignity of others, promotes a positive and inclusive culture, and values diversity
- Prioritise and promote the safety, health and wellbeing of staff, children, families, and our wider community
- Meet our obligations under National Quality Framework, and are committed to best practice in the care and education of children
- Act professionally and take responsibility for our actions and decisions
- Demonstrate honesty and integrity in all aspects of our work
- Are committed to ongoing learning, reflection and continuous improvement in our practice
- Are committed to maintaining a child safe culture by supporting and complying with our Child Safe Code of Conduct and related documents
- Work collaboratively as team and support each other
- Respect and protect the privacy and confidentiality of children, families and other staff
- Engage in open, accessible, respectful and effective two-way communication
- Have zero tolerance for bullying, harassment, sexual and sex-based harassment, unlawful discrimination, victimisation, vilification, violence or aggression

Demonstrating professionalism

I WILL:

- Be aware of my rights and responsibilities under the various laws under which I am employed, including the National Quality Framework, duty of care and negligence, work health and safety, fair work, child protection and safety (including mandatory

reporting and working with children clearances), equal opportunity, anti-discrimination, mandatory training and qualifications, and privacy

- Be responsible for knowing and following all the policies and procedures that apply to my role
- Comply with all reasonable and lawful directions of our service and those given by staff leaders, while retaining the right to question any direction I consider may be unethical
- Perform my duties to the best of my ability in a professional, competent and conscientious manner
- Strive to continually improve my knowledge and skills, and participate in training and professional development opportunities that are offered to me
- Be accountable for my performance
- Act honestly, in good faith, reasonably, fairly, lawfully, ethically, consistently and transparently
- Cooperate fully and honestly, in any internal reviews or investigations into complaints or concerns, where required
- Ensure, as far as is reasonably practicable, that my conduct and relationships with others at the service cannot be perceived as inappropriate or unprofessional
- Represent our service positively and respectfully, during and outside of operational hours
- Be professional, courteous and responsive in my verbal and written communication
- Seek support from my manager if I feel stressed, overwhelmed or unsafe at work

I WILL NOT:

- Make public statements (e.g., including on social media) that could damage our reputation, breach confidentiality or undermine trust in the service, unless I am acting in good faith to report concerns under relevant laws or policies (e.g., whistleblower protections, complaints procedures)
- Engage in or condone in any conduct that is detrimental to our service, or which is improper, unethical or an abuse of power

Duty of care, and work health and safety obligations

I WILL:

- Take all reasonable steps to protect children from harms and hazards likely to cause injury
- Ensure children are always provided with adequate supervision (if this is my role and responsibility)

- Provide anyone who becomes sick or injured at our service with medical assistance (if competent to do so) and/or seek assistance from a medically trained person, if necessary
- Take care of my own health and safety at work, in line with our Work Health and Safety Policy
- Ensure that my activities do not risk the health and safety of children, staff or other people at our service (e.g., families, and visitors), noting that psychosocial hazards such as bullying and discrimination are considered health and safety risks
- Contribute to health and safety identification, assessments, control measures, monitoring and reviews

Safe and respectful relationships

I WILL:

- Be aware of my role and responsibilities as they relate to child safety, including to identify and respond to every child at risk of abuse or neglect
- Treat others with respect, empathy and courtesy
- Speak with children in a warm, relaxed, kind, positive, and developmentally appropriate way
- Give children positive guidance and encouragement towards acceptable behaviour (if this is my role)
- Be approachable and responsive in my dealings with other staff, children, families and our wider community
- Be supportive and collegiate towards other staff members, focus on people's strengths rather than their weaknesses, and celebrate other staff members' achievements
- Share information, skills and knowledge with others, including updating other staff members on workplace happenings and developments
- Be a good team member and share the workload fairly
- Be an active participant in meetings, and contribute (where appropriate) to service decisions, reviews, plans, policies and procedures
- Try to resolve workplace conflicts maturely and directly, and seek support from staff leadership, if necessary
- Respond to and report any incidents of unacceptable behaviour I witness or experience, and support colleagues to do the same
- Disclose any relevant work-related personal relationships (e.g. if children I am related to are enrolled at the service, or with other staff members who are relatives or intimate partners) to the nominated supervisor
- Behave in a professional way in any close or personal relationships I have at work

I WILL NOT:

- Subject a child or children to inappropriate conduct or use inappropriate or unreasonable discipline or practices
- Engage in workplace gossip or spread rumours, or involve people in matters that do not concern them
- Insult or be rude to others
- Use offensive language, including swearing
- Make discriminatory comments (e.g., racial, cultural, disability, homophobic, trans, sexist slurs)
- Engage in any unacceptable behaviour, including bullying, harassment, sexual harassment, unlawful discrimination, verbal or physical aggression, violence, vilification or victimisation
- Make derogatory comments about other people
- Engage in any sexual or intimate acts with anyone while at the service or during work-related activities outside the premises (e.g., excursions, staff development activities)

Cultural safety and inclusive environment**I WILL:**

- Welcome and celebrate diversity amongst children, families, staff and the wider community
- Make sure that when I am making decisions that affect other people, I consult with them and take into account their perspectives, contributions and needs
- Acknowledge the histories, cultures, language, traditions, religions, spiritual beliefs, child rearing practices and lifestyle choices of Aboriginal and Torres Strait Islander children, families, staff members and our community
- Take part in discussions and share knowledge about cultural safety with my colleagues
- Respect the diverse views, beliefs and values of children, families and colleagues, and ensure that my own personal beliefs do not influence my interactions or decision-making in ways that are inappropriate, discriminatory or disrespectful
- Make reasonable adjustments (if this is my role and responsibility) for people who have certain attributes or additional needs, such as disability, religious or cultural requirements, for pregnancy, breastfeeding mothers, carer's responsibilities etc

I WILL NOT:

- Treat anyone unfairly or unfavourably because they have a particular characteristic or belong to a certain group that is protected by the law (e.g., race, sex, sexuality, disability, religion, age, carer's responsibilities etc)

Conflicts of interest**I WILL:**

- Take all reasonable steps to avoid conflicts of interest – actual, perceived or potential (e.g., those arising from baby-sitting, personal investments, outside employment or roles, business opportunities arising from work at our service, co-worker relationships, gifts or benefits, use of our technology or equipment, working for other services, personal relationships with enrolled children such as aunts or step-parents, personal relationships with parents such as family or intimate relationships)
- Disclose the details of any actual, perceived or potential conflicts of interest to <the nominated supervisor/HR> as soon as possible if I cannot avoid the conflict

Photography, social media, technology and devices**I WILL:**

- Use personal and service-supplied devices and technology according to our Child Safe Code of Conduct, Technology and Device Use Policy, Photography, Video Policy, and CCTV Policy and Social Media Policy
- Take good care of all service devices and technology, and use them for work purposes only
- Protect the service systems and information from unauthorised access or misuse and report any cybersecurity risks immediately
- Only provide appropriate and relevant content, professionally presented, in my online workplace communications (e.g., social media, emails, education apps, text messages)

I WILL NOT:

- Use an electronic device to bully or harass anyone connected to our service
- Access, retrieve, display, view, forward and/or store offensive obscene, pornographic, threatening, abusive or other inappropriate material in the workplace

Record keeping and privacy**I WILL:**

- Complete all required documentation, records, and reports accurately, honestly and in a timely manner

- Make records that are clear, factual, respectful and relevant to their purpose
- Store and dispose of records according to our policies (including our Record Keeping Policy)
- Uphold privacy law for the collection, use and disclosure of personal information by following our policies (including our Privacy and Confidentiality Policy)
- Immediately notify staff leaders if I suspect or know of any unauthorised use, theft, copying or disclosure of, or a data breach involving confidential information
- Only use the approved systems and devices for recording information

I WILL NOT:

- Falsify records or provide misleading information
- Alter or destroy records unless it is lawful, authorised and in line with relevant procedures

Use of service property and resources

I WILL:

- Use service property, equipment and resources responsibly and for work-related purposes only
- Take good care of service property and report any loss, damage or misuse promptly
- Use service funds or purchasing privileges only with the proper authorisation and documentation

I WILL NOT:

- Convert, borrow, or take any property of the service for personal use unless properly authorised
- Use service resources (e.g., printers, devices, internet, vehicle, tools) for personal gain
- Breach the copyright or intellectual property rights of our service or others

Punctuality and working hours

I WILL:

- Be on-time, reliable and prepared for work
- Follow my assigned working hours (as determined by my employment contract or by a reasonable decision by the nominated supervisor and approved provider)
- Notify the nominated supervisor as soon as possible if I will not be at work due to an illness or other situation

I WILL NOT:

- Not leave the premises during my rostered work hours (excluding breaks) or change my rostered duties without authorisation from staff leaders

Dress code and hygiene**I WILL:**

- Ensure my appearance is professional, neat, clean and tidy
- Maintain appropriate personal hygiene and grooming standards (see also Health, Hygiene and Cleaning Policy)
- Wear our service uniform OR clothing that is practical, safe and appropriate for caring for children and performing physical tasks>
- Wear my name badge at all times
- Keep jewellery minimal to avoid injury or hazards
- Tie back long hair for hygiene and safety
- Keep fingernails cleaned and trimmed to maintain good hygiene and prevent accidental scratches to children
- Wear sun safe clothing and a hat when outside
- Wear safe, secure footwear

I WILL NOT:

- Wear clothing with graphics or words that are offensive or contentious, or which are excessively worn, torn, inappropriately revealing or unsuitable for active work with children
- Wear clothing that does not meet a professional standard (e.g., tracksuits, thongs, midriff tops)
- Wear strong perfumes or scented products that might cause allergic reactions in others

Alcohol, vapes, drugs and tobacco**I WILL:**

- Follow our Tobacco, Vape, Drug and Alcohol Policy and keep our service free from these substances
- Notify my team leader if my performance may be adversely affected because of a prescribed drug
- Where I am permitted to consume alcohol at a service-related gathering, drink in moderation, safely and in a way that is respectful, dignified, and not harmful to myself, others or the service's reputation

- If I have, or might have, an alcohol or drug problem that may affect my work, I will talk to Approved provider/nominated supervisor> and take up offers of support

I WILL NOT:

- Store or be in possession, consume or be affected by alcohol or illicit drugs (including misused prescription drugs) at work
- Smoke or vape at our service at any time or have detectable tobacco or vaping residue on my clothes, hair or hands
- Supply alcohol, drugs, or tobacco (including vapes) to, or encourage their use by, anyone under 18
- Engage in any criminal conduct such as supply or trafficking illicit drugs or restricted substances

Gifts, benefits and hospitality

I WILL:

- Declare to the nominated supervisor any gifts, benefits or hospitality that exceed \$50 in value

I WILL NOT:

- Accept any gifts, benefits or hospitality that exceeds \$50 in value
- Accept any offer of cash or cash vouchers (e.g., Visa gift cards), regardless of the amount
- Accept any gifts, benefits or hospitality that may influence business decisions, create a sense of obligation or a conflict of interest (potential, perceived or actual)
- Seek or accept a bribe
- Seek to acquire personal profit or advantage because of my position (e.g., by using service information).

Breaches of this Code of Conduct

Breaches and suspected breaches of our Staff Code of Conduct must be reported as soon as practicable to the nominated supervisor and approved provider either in person, by telephone or via email.

If the breach relates to harm or the risk of harm to a child (including inappropriate conduct by a staff member), staff must follow our Child Protection Policy and Procedures.

Breaches and suspected breaches will be taken seriously and dealt with quickly, fairly, transparently and according to our relevant policies and procedures, including our HR/management policies, our Complaint Policy and Procedure and Child Protection Policy and Procedure, where appropriate.

Staff who breach this Code may have disciplinary action taken against them, such as formal warnings, increased supervision, being transferred to another role, or having their employment suspended or terminated. Staff who break the National Laws or Regulations in NSW may also face disciplinary action by the regulatory authority.

We may consider the following factors when deciding what action to take: the seriousness of the breach, the likelihood of the breach happening again, whether the staff member has committed the breach before, the risk of the breach to others health and safety, and other relevant circumstances.

Depending on the breach, we may need to refer the matter to the police and/or another relevant authority.

Agreement and signature:

I have read and understood this Staff Code of Conduct and agree to abide by it and its terms:

Name:

Signature:

Date:

APPENDIX B

RESOURCE - Staff Code of Conduct – quick guide

The rights, best interests, safety, welfare and wellbeing of every child are our highest priority. Refer to our separate **Child Safe Code of Conduct** for our expectations for child-safe behaviour. A full version of our Staff Code of Conduct is available in office and all our dives.

DO:

- Act professionally, appropriately, safely, ethically, honestly and reliably
- Follow all policies, procedures and lawful directions
- Keep yourself and others at our service safe from harm or the risk of harm
- Report physical and psychosocial hazards
- Participate in training and ongoing learning
- Ask for help if you feel stressed, overwhelmed or unsafe
- Treat everyone with respect, kindness, courtesy and professionalism
- Communicate clearly and professionally in writing and in person
- Support colleagues, work as a team and report inappropriate or unacceptable behaviour
- Use service devices responsibly and for work purposes only
- Follow all technology, social media, device and photography rules
- Keep information confidential and report any data breaches
- Contribute to a culturally safe and inclusive workplace
- Use service equipment responsibly and report damage or misuse
- Follow the Tobacco, Vape, Drug and Alcohol Policy and be fit for duty
- Complete records accurately, respectfully and on time
- Be on time, prepared, follow your roster and notify absences promptly
- Dress neatly, safely and appropriately; follow hygiene standards
- Wear sun-safe clothing and footwear suitable for active work
- Disclose any conflicts of interests and declare gifts over \$50

DO NOT:

- Behave in ways that are unprofessional, unethical, dishonest, unsafe or inappropriate
- Borrow or use service property for personal purposes
- Engage in bullying, harassment, discrimination, victimisation, violence or any inappropriate conduct
- Gossip, be rude, aggressive or use offensive language
- Use technology or devices in an unacceptable or unsafe way
- Attend work under the influence of alcohol or drugs
- Smoke or vape on the premises
- Accept gifts over \$50, cash, cash vouchers, or anything that could influence your decisions

****Breaches and suspected breaches must be reported to the <nominated supervisor and/or approved provider> either in person, by telephone on <insert number> or via email <insert email>. If the breach relates to harm or the risk of harm to a child (including inappropriate conduct by a staff member), staff must follow our Child Protection Policy and Procedures****

53 - Staffing Arrangements Policy

NQS

QA4	4.1.1	Organisation of educators - The organisation of educators across the service supports children's learning and development
QA7	7.1.3	Roles and Responsibilities - Roles and responsibilities are clearly defined, and understood, and support effective decision-making and operation of the service.

NATIONAL LAW

Section	5	Definitions (nominated supervisor consent in writing)
	56	Notice of change to nominated supervisor
	56A	Notice of change of a nominated supervisor's name or contact details
	161	Offence to operate education and care service without nominated supervisor
	161A	Offence for nominated supervisor not to meet prescribed minimum requirements
	162	Offence to operate education and care service unless responsible person is present
	162A	Persons in day-to-day charge and nominated supervisors to have child protection training
	165	Offence to inadequately supervise children
	169	Offence relating to staffing arrangements
	170	Offence relating to unauthorised persons on education and care service premises
	173	Offence to fail to notify certain circumstances to Regulatory Authority
	174	Offence to fail to notify certain information to Regulatory Authority

NATIONAL REGULATIONS

Reg	10	Meaning of actively working towards qualification
	117A	Placing a person in day-to-day charge
	117B	Minimum Requirements for a person in day-to-day charge
	117C	Minimum Requirements for a Nominated Supervisor
	118	Educational Leader
	120	Educators who are under 18 to be supervised
	122	Educators must be working directly with children to be included in ratios
	123	Educator to child ratios
	126	General educator qualifications
	126A	Illness or absence of a qualified educator who is required to meet the relevant educator to child ratio
	129	Requirements for educators who are early childhood teachers
	130	Requirement for ECT fewer than 25 approved places
	131	Requirement for ECT 25 or more approved places but fewer than 25 children
	135	Early childhood teacher illness or absence
	136	First aid qualifications
	150	Staff record must include name of responsible person
	152A	Record of replacement of educator
	152B	Record of replacement of early childhood teacher or suitably qualified person
	173	Prescribed information to be displayed
	239A	Centre-based services in remote and very remote areas – attendance of ECTs until 31.12.24
	241	Persons taken to hold an approved early childhood teaching qualification
	242	Persons taken to be early childhood teachers applies until 31.12.21 for services with less than 30 children until 31.12.23
	243	Persons taken to hold an approved diploma level qualification
	244	Persons taken to hold an approved certificate III level qualification
	271	Educator to child ratios—children aged 36 months or more but less than 6 years.

		Applies instead of 123 (1c)
272		ECTs—children preschool age or under for services with 30 or more children Applies instead of regs 131-135
278		Qualifications for primary contact educators for fewer than 30 children

AIM

To ensure our supervision and staffing practices keep children safe at all times.

RELATED POLICIES

1. Child Protection Policy
2. Continuity of Education and Care Policy
3. Educator and Management Policy
4. Excursion Policy
5. Governance Policy
6. Record Keeping and Retention Policy

DEFINITIONS

"Volunteer": A person who offers their time and services without payment to assist teachers, organise events, or engage with children under supervision, however, they are not counted in ratio.

"Room Leader": A qualified individual responsible for overseeing a specific room or group of children, planning educational programs, supervising children, and maintaining a safe environment.

"Nominated Supervisor": An individual designated to ensure compliance with regulations and The National Quality Standards, playing a key role in its management and administration.

"Approved provider": An organisation or individual authorised to operate an early childhood education and care service, responsible for meeting required standards, providing quality care, facilities, and qualified staff.

"Student": An individual studying early childhood education, gaining practical experience or completing a placement under the guidance of qualified educators.

"Education Leader": A professional with a leadership role, overseeing educational programs, collaborating with room leaders and educators, providing guidance, mentoring, and professional development opportunities for staff.

SUPERVISION

Children's safety and wellbeing is taken very seriously at our service. All educators and staff members will ensure that children are adequately supervised at all times, and that they can respond immediately to any child that is distressed, in need of assistance or support or in a dangerous situation. This includes during transition periods throughout the day when children may, for example, be changing rooms or groups, moving between outdoor and indoor environments, arriving or leaving the service, moving from service vehicles to the service

premises, leaving or returning from excursions, moving to meal areas, washing their hands, or using the toilet or nappy change facilities.

To achieve this outcome educators will be alert, aware and within sight and sound of all children for whom they are responsible. Educators supervising outdoors must position themselves to see as much of the play area as possible and follow any playground supervision plans that are relevant. They will also actively engage with children and not stand back and watch. Educators working directly with children must focus on the children and no other activities. They will not group together in the outdoor environment except for brief, necessary discussions regarding the children's safety or wellbeing.

In particular, children will be supervised:

- when resting or sleeping
- during hand washing and/or toilet times
- while undergoing toilet training (they will not be left unsupervised in the bathroom)
- at the table when eating/drinking (children will not be allowed to wander around with food or drinks)
- in any areas where risk is increased
- during any water activity (at least one educator closes at all times)
- while moving between levels of the service.

Educators will ensure children only move between levels if they are accompanied by an educator, student or volunteer. Where the educator, student or volunteer needs to return to another group of children, they will hand over responsibility for supervising the children to the new educator by speaking with them and getting an acknowledgement from them that the children are now their responsibility. Children will move between floors using the stairs and will only use the lifts where it is not practical or safe to use the stairs (e.g., children in wheelchairs, aggressive intruder in stairwell). At no time will children be allowed to use the stairs or lifts without adult supervision.

To ensure all children are accounted for during transitions between environments or rooms, Room Leaders will ensure a copy of the daily sign in sheet or similar record is used to check that all children under educators' supervision have made the transition.

There may also be times when minimum ratio requirements are not sufficient to ensure children are adequately supervised. On these occasions the Nominated Supervisor will assess the situation and when necessary, ensure there are extra adults present to ensure children's health, safety and wellbeing.

Issues affecting the adequacy of supervision include:

- the number, ages and abilities of children
- the number and positioning of educators
- each child's current activity
- areas where children are playing, in particular the visibility and accessibility of these area.
- risks in the environment and experiences provided to children.
- the educators' knowledge of each child and each group of children

- the experience, knowledge and skill of each educator.

Educators will ensure team members know when they leave the room or area, or finish their shift, and are aware of any particular issues that may require additional oversight of children. They will do this verbally and there must be acknowledgement by the other educator prior to leaving the environment. The register of educators working with children will be completed if the educator is leaving for any length of time (see attached template).

To further ensure children are always adequately supervised the Approved Provider or Nominated Supervisor, and where relevant Room Leaders, will ensure:

- only educators working directly with children are included in the educator to child ratio.
- students, volunteers and any educator under eighteen years is supervised at all times by an educator eighteen and over.
- no child is ever left alone with a visitor/ unauthorised person.
- they promote continuity of care when organising rosters and a regular pool of relief educators.
- any educators on a meal-break in the Service return to duty to supply adequate supervision in any emergency situation where adequate supervision of children is threatened. Relief staff requirements will be reviewed if educators begin to be regularly recalled.

Responsible Person

A responsible person is:

- an approved provider
- a nominated supervisor
- a person who is in day-to-day charge of the service.

The Approved Provider, Nominated Supervisor and Person in Day-to-Day Charge will implement the following Responsible Procedure to ensure there is always a “responsible person” present at all times when caring for and educating children, and their name and position is clearly displayed in the main entrance of the Service.

If Nominated Supervisor present when service opens, he or she will:

1. sign in on a Responsible Person sign in/out record.
2. make sure their name and role (Nominated Supervisor) is clearly displayed in the main entrance.
3. before they leave the service, handover the Responsible Person role to either the Approved Provider or Person in Day-to-Day Charge by:
 - talking directly to the Approved Provider or Person in Day-to-Day Charge
 - signing out of the Responsible Person record
 - making sure the Approved Provider or Person in Day-to-Day Charge signs in on the Responsible Person record
 - changing the name and position of the Responsible Person displayed in the main entrance to match that of the new Responsible Person

The Nominated Supervisor will not leave the service if the Approved Provider and Person in Day-to-Day Charge are both absent.

4. when they return to the service, resume the Responsible Person role by:

- talking directly to the person who took on the role when they were absent i.e., Approved Provider or Person in Day-to-Day Charge
- signing in on the Responsible Person record
- making sure the Approved Provider or Person in Day-to-Day Charge signs out on the Responsible Person record.
- changing the name and position of the Responsible Person displayed in the main entrance to their name and role.

If the Approved Provider or Person in Day-to-Day Charge takes on the Responsible Person role while the Nominated Supervisor is absent, he or she will:

1. sign in on a Responsible Person sign in/out record.
2. make sure their name and role are clearly displayed in the main entrance.
3. stay at the service until the Nominated Supervisor returns and resumes the Responsible Person role, or before they leave the service, handover the Responsible Person role to another Responsible Person i.e., Approved Provider or Person in Day-to-Day Charge by:
 - talking directly to that person
 - signing out of the Responsible Person record
 - making sure the new Responsible Person signs in on the Responsible Person record
 - changing the name and position of the Responsible Person displayed in the main entrance to match that of the new Responsible Person

The Approved Provider or Person in Day-to-Day Charge will not leave the service if there is not another Responsible Person present to take on the role.

Nominated Supervisors and Persons in Day-to-Day Charge

The Approved Provider will make sure people appointed as a Nominated Supervisor or Person in Day-to-Day Charge are at least 18 and have:

- the required skills to be a nominated supervisor or person in day-to-day charge e.g., has adequate knowledge and understanding about providing education and care including understanding of child protection obligations.
- can effectively supervise and manage the service.

The Approved Provider will take all reasonable steps to ensure children's safety and wellbeing is protected and ensure the person is 'fit and proper' person to fill the role by:

- considering their age, qualifications and experience
- checking their child protection clearance is current.
- getting a statement from person about their compliance history. Use 'compliance history statement' template on ACECQA website
- getting declaration from person that they're not a 'prohibited person'. Use 'prohibition notice declaration' on ACECQA website

See 'Appointment of Nominated Supervisor' template attached.

Note a Nominated Supervisor will also make an informed decision based on these factors if they appoint a person in day-to-day charge.

A person who accepts a Nominated Supervisor position must consent in writing using ACECQA notification form NS01 which must be scanned and uploaded when notifying the Regulatory Authority through the NQA ITS about a change of Nominated Supervisor.

A person who accepts being in day-to-day charge must also consent in writing (see attached template). The nominated supervisor will keep a record of all persons who may be placed in day-to-day charge.

The Approved Provider or Nominated Supervisor will keep a record of all information and documentation supporting a person's appointment as Nominated Supervisor or in day-to-day charge.

The Approved Provider and Nominated Supervisor are required to comply with all the notification requirements relating to staff changes and staff details as outlined in the Governance Policy.

EDUCATOR TO CHILD RATIOS

The Approved Provider and Nominated Supervisor will ensure our educator to child ratios always meet the minimum requirements below.

- For children birth to 24 months the ratio is 1 educator to 4 children
- For children over 24 months but less than 36 months the ratio is 1 educator to 5 children
- For children over 36 months and less than 6 years the ratio is 1 educator to 10 children

In relation to ratios:

- The numbers of children do not include children being cared for in an emergency for no more than two consecutive days the service operates.
- Students or volunteers will never be included in ratios unless they hold or are actively working towards at least an approved certificate III level qualification.
- An early childhood teacher (ECT) can be included in the ratios if they are present at the service and working directly with children.
- More than one educator will be present when children are in attendance where possible.

The Nominated Supervisor and staff will calculate ratios for mixed age children by first considering the total number of children and the educator to child ratio required for each age range. If the number of children actually being cared for in a particular age range is less than that allowed in the ratio, that educator has the capacity to work directly with another child in an older age bracket. For example, if the service is only caring for 3 children under 24 months, but 6 children in the next age bracket, one of the 6 children can be allocated to the educator caring for the younger children. This leaves 5 children for the educator in the older age bracket to care for, and this meets the ratio requirements. Ratio requirements must always be met for younger children before allocating educators to older age brackets.

Educational Leader

The Approved Provider will appoint in writing a qualified and experienced Educational Leader to lead the development and implementation of the educational program.

QUALIFICATIONS

At least 50% of educators who work directly with children and are included in our educator to child ratios must have or be actively working towards an approved Diploma level education and care qualification.

An “approved education and care qualification” in regulations 126A, 135 and 324 mean:

- a) An approved certificate III level education and care qualification; or
- b) An approved diploma level education and care qualification; or
- c) An approved early childhood teaching qualification.

All other educators who work directly with children and are included in our educator to child ratios must hold or be actively working towards an approved Certificate III level education and care qualification.

To be actively working towards a qualification, a person must be enrolled in the course and provide written evidence that they:

- have commenced the course.
- are making satisfactory progress.
- meet the requirements to maintain enrolment.

If they are working towards a diploma qualification, they must also hold an approved Certification III qualification or have completed approved Certificate III units or have completed 30% of the units in an approved ECT qualification.

If an ECT is required to be in attendance at the service and is working directly with children, the ECT (including an ECT covering the position because of illness or leave) is counted as meeting the Diploma qualification.

Approved Diploma Qualification

A person is taken to hold an approved Diploma level education and care qualification if:

- they hold an approved Diploma qualification or former qualification as published on the ACECQA website www.cecqa.gov.au or
- if immediately before 1 January 2012, they were recognised under the former education and care services law of any participating jurisdiction as a Diploma level educator and employed or engaged in a declared approved service.

Approved Certificate III Qualification

A person is taken to hold an approved Certificate III level education and care qualification if:

- they hold an approved Certificate III qualification or former qualification as published on the ACECQA website www.cecqa.gov.au or
- immediately before 1 January 2012, they were recognised under the former education and care services law of any participating jurisdiction as certificate III level educator and employed or engaged in a declared approved service or

- was employed in a service at any time from 1 January 2010 to 1 January 2012 and met the requirements of Regulation 52 (2) of the Children's Services Regulation 2004 which required primary contact staff members caring for children under 2 to have a Child Care Certificate, a Certificate of Child Care Studies, an Associate Diploma of Social Science (Child Studies) from TAFE, a Diploma of Community Services (Children's Services) from a registered training organisation or another approved qualification.

Early Childhood Teacher (ECT)

The Approved Provider and Nominated Supervisor will ensure we always meet the minimum ECT requirements below:

- One ECT in attendance at all times the service is educating and caring for between 30 to 39 children.
- Two ECTs in attendance at all times the service is educating and caring for 40 to 59 children.
- Three ECTs in attendance at all times the service is educating and caring for 60 to 79 children preschool aged or under
- Four ECTs in attendance at all times the service is educating and caring for 80 or more children.
- For approved number of places less than 25, or 25 and over but we are only caring for less than 25 children, access to an ECT for at least 20% of the time that we provide education and care. We may use information communication technology like video conferencing, phone or Skype and may calculate the time on a quarterly basis.
- For between 25 to 29 children, an ECT in attendance for at least 6 hours on that day if the service operates for 50 or more hours a week or for 60% of the operating hours of the service on that day if the service operates for less than 50 hours per week.
- Until 31 December 2023, services located in remote and very remote areas with less than 30 children may meet the ECT ratio requirements if they have access to an ECT for at least 20 per cent of the time that the service provides education and care. Access may be via information technology and may be calculated quarterly. Remote and very remote areas are classified this way in the Australian Statistical Geography Standard: Volume 5 Remoteness Structure, Australian Bureau of Statistics Cat No 1270.0.55.005

The numbers of children do not include children being cared for in an emergency for no more than two consecutive days the service operates.

If an ECT is absent because of short term illness or leave, we may cover their absence with a person who holds an approved Diploma level qualification or a qualification in primary teaching if the period of absence does not exceed 60 days in any 12-month period. The 60-day period must be calculated on a pro-rata basis if the ECT is employed part-time. Where diploma or primary teaching qualified educators replace an ECT, the Nominated Supervisor will ensure all decisions around the relieving educator are documented including:

- relevant qualifications
- impact on continuity of education and care
- difficulty in accessing other relieving educators.

The Nominated Supervisor will ensure a record is maintained of the hours each ECT is in attendance (or service has access to ECT).

Approved ECT qualifications

The following are approved ECT qualifications:

- an approved ECT qualification as published on the ACECQA website www.acecqa.gov.au under regulation 137(1)(a)(i)
- an approved former ECT qualification as published on the ACECQA website www.acecqa.gov.au under Regulation 137(2)(a)(i)
- recognition as an ECT under the former law of any State/Territory (may not apply if the educator was working towards an ECT qualification), or for the purposes of a preschool funding program, if employed in a declared approved service as an ECT immediately before the new NQF began in 2012.

Any restrictions applying to former qualifications as an ECT still apply.

Note teachers may need to register with the Teaching Registration Body in the State or Territory where they're working if this differs to the jurisdiction in which they initially registered.

Until 31 December 2023, for services with less than 30 children, an educator who's actively working towards an approved ECT qualification and can prove they've completed at least 50% of the qualification or hold an approved diploma level education and care qualification, can be counted as an ECT.

Qualified Educator Absence

If a qualified educator who is required to meet the relevant educator to child ratio is absent due to short-term illness, resignation, on a required practicum placement or on leave, a person who holds a qualification in primary teaching may be taken to hold an approved diploma level education and care qualification as the case requires.

Such an educator may be replaced for a maximum of 30 days in any 12-month period; noting this will be calculated on a pro-rata basis in instances where the qualified educator is employed part-time.

The record pertaining to the replacement of the qualified educator must include reference to the following:

- Name of the educator being replaced.
- Qualification(s) the relieving educator holds or is actively working towards.
- Qualification(s) of the substitute educator.
- Dates of replacement.
- Reason(s) for absence.

ECT Absence

If an ECT (or suitably qualified person) is absent for a circumstance specified in sub-regulation (6) such as short term illness, on a required practicum placement, on leave or resignation, they may have their absence covered by a person who holds an approved Diploma level qualification or a qualification in primary teaching if the period of absence does not exceed 60 days in any 12 month period. The 60-day period must be calculated on a pro-rata basis if the ECT is employed part-time. Where diploma or primary teaching qualified educators replace an ECT, the

Nominated Supervisor will ensure all decisions around the relieving educator, as well as the educator acting in substitute are documented.

The record regarding replacement of ECT or suitably qualified person must include reference to:

- Name of the ECT/suitably qualified person being replaced.
- Role.
- Qualifications(s) of the substitute educator.
- Dates of replacement.
- Reason(s) for absence.

The Nominated Supervisor will ensure a record is maintained of the hours each ECT is in attendance.

Child Protection

The Approved Provider will ensure each Nominated Supervisor and Person in Day-to-Day Charge has successfully completed the child protection training or protocols required by the NSW government. Information about the approved courses is at <https://education.nsw.gov.au/early-childhood-education/working-in-early-childhood-education/child-protection-training-requirements#Approved0>.

The Approved Provider and Nominated Supervisor will ensure all employees understand the current child protection law and their obligations under the law.

Fitness and Propriety

Working with Children Check

The Approved Provider or Nominated Supervisor will ensure:

- a Working with Children Check (WWCC) is completed for all educators, staff, volunteers and students whose duties will involve direct contact with children. Some exemptions apply e.g., WWCC are not required for children under 18 or in most circumstances where the volunteer is a parent or close relative. See www.kidsguardian.nsw.gov.au for more information.
- WWCC clearances or applications are verified on-line before a person commences work.
- WWCC clearances or applications that replace expired WWCC are verified on-line within five working days of the old WWCC's expiry date.
- any barred or unauthorised person does not commence work or is removed immediately if a current worker.
- their own WWCC is verified on-line by another appropriate person.
- employees are aware they must notify the Children's Guardian of any changes to their personal details, including their name, address and contact details, within 3 months of the change.
- they re-verify any updated WWCC.

First Aid Qualifications

The Approved Provider or Nominated Supervisor will ensure that at least one educator, staff member or Nominated Supervisor present at the service:

- holds a current approved first aid qualification.
- has undertaken current approved anaphylaxis management training and
- has undertaken current approved emergency asthma management training.

If the service is situated within a school's grounds, the service will meet the first aid requirements if there is at least one school staff member in attendance and immediately available who holds a current first aid qualification and has completed current approved anaphylaxis and asthma management training.

An educator is taken to hold an approved first aid qualification or training if the educator holds an approved qualification or training as published on the ACECQA website.

Child Care Subsidy and PRODA

Any person with management or control of the Provider and persons responsible for the day-to-day operation of the service must be registered with the Federal Government's Provider Digital Access (PRODA) for administering Child Care Subsidy/Additional Child Care Subsidy. Any staff member nominated by a person who meets these criteria may also be registered as a service contact with PRODA. In addition to obtaining a Working with Children Check if required to hold one, the Approved Provider will ensure all registered persons meet the fitness and propriety requirements under the Family Assistance Law as follows:

For person with management or control of the Provider

- a certified copy of an Australian National Police Criminal History Check dated no more than six months before the application for approval.
- an extract from the National Personal Insolvency Index Bankruptcy Search service provided by the Australian Financial Security Authority dated no more than three months before the application.
- a current and historical personal name extract search of the Australian Securities and Investments Commission records dated no more than three months before the application.
- evidence (computer printout) the person does not appear on the banned and disqualified register held by the Australian Securities and Investments Commission dated no more than three months before the application.

For persons responsible for the day-to-day operation of the service

- a certified copy of an Australian National Police Criminal History Check dated no more than six months before the application for approval.

ROSTERING

This section is based on the Children's Services Award. Services subject to enterprise agreements should check the rostering requirements in the agreement.

The Approved Provider and Nominated Supervisor will comply with award requirements in relation to rostering. The Nominated Supervisor will:

- post or display a staff roster where it can be easily accessed by all employees.
- discuss any potential changes to the roster with affected staff members first, and consider their views about the impact of changes
- only change an employee's rostered hours if:
 - the employee agrees to the change or
 - they give the employee seven days' notice.

This does not apply in an emergency where there is an imminent or severe risk to people at the service or the service premises need to be locked down. An emergency does not include a parent being late to collect a child.

The Nominated Supervisor will adhere to the Service's Code of Conduct at all times while negotiating roster changes with staff.

Where the employee's roster is changed without seven days' notice, they will be paid overtime on the changed hours until seven days have passed from the date notice of the changed roster was given.

The Nominated Supervisor and the employee may agree to waive or shorten the seven-day notice period. This agreement must be recorded in writing and form part of the time and wages records.

An employee may be transferred from one location to another within their rostered hours and will be paid for the time taken to travel from one location to the other. Where an employee is required to permanently transfer to another location (other than by mutual agreement), they must be given seven days' notice of the change or paid at the overtime rate until seven days have passed from the date notice was given.

SOURCES

1. Education and Care Services National Law and Regulations
2. National Quality Standard
3. NSW Office of the Children's Guardian
4. Family Assistance Law

POLICY INFORMATION

Approval date	1 January 2026
Effective date	1 January 2026
Review date	Reviewed annually and when there are changes that may affect this policy or related procedures
Approved by	Dr Jay Mukhraiya >

Appendix A

Appointment of Person in Day-to-Day Charge

I appoint <INSERT FULL NAME>

to be a person in day-to-day charge at < INSERT NAME OF SERVICE >

and declare that that this person:

- has the required skills to be a person in day-to-day charge e.g., has adequate knowledge and understanding about providing education and care including understanding of child protection obligations.
- can effectively supervise and manage the service.
- is at least 18 years.
- has successfully completed a child protection course approved by the NSW Regulatory Authority (NSW ONLY)
- is a fit and proper person - they have.
 - a current child protection clearance
 - declared they have never been subject to any compliance action or disciplinary proceedings under the National Law or Regulations or State/ Territory early childhood laws (Supervisor to complete ACECQA Compliance History Statement template)
 - declared they are not a 'Prohibited Person'.

Signature

Print Full Name

Approved Provider /Nominated Supervisor (Delete title which does not apply)

Date

I accept being placed in day-to-day charge and will always uphold the National Law and Regulations, and the policies, procedures, philosophy and Code of Conduct of the service.

Signature

Print Full Name

Date

Appendix A

Appointment of Nominated Supervisor

Note you also need to complete ACECQA form NS01.

I appoint <INSERT FULL NAME>

to be a person in day-to-day charge at < INSERT NAME OF SERVICE >

and declare that that this person:

- has the required skills to be a person in day-to-day charge e.g., has adequate knowledge and understanding about providing education and care including understanding of child protection obligations.
- can effectively supervise and manage the service.
- is at least 18 years.
- has successfully completed a child protection course approved by the NSW Regulatory Authority (NSW ONLY)
- is a fit and proper person - they have.
 - a current child protection clearance
 - declared they have never been subject to any compliance action or disciplinary proceedings under the National Law or Regulations or State/ Territory early childhood laws (Supervisor to complete ACECQA Compliance History Statement template attached)
 - declared they are not a 'Prohibited Person'.

Signature

Print Full Name

Approved Provider

Date

I accept being Nominated Supervisor and will always uphold the National Law and Regulations, my obligations as Nominated Supervisor under those laws and regulations, and the policies, procedures, philosophy and Code of Conduct of the service.

Signature

Print Full Name

Date

Educators Working Directly with Children Register

Educator Full Name		Highest Qualification Completed or Studying <i>Cert III (C)</i> <i>Diploma (D)</i> <i>ECT (E)</i>					Current Qualification or Training <i>First Aid (FA)</i> <i>Asthma (AS)</i> <i>Anaphylaxis (AN)</i>			Shift Start Time	Record times when you enter and leave the room		Shift End Time	Signature
	C	D	E	FA	AS	AN		IN	OUT	IN	OUT	IN	OUT	
		✓		✓	✓		8.45 am	9.00	12.30	1.00	4.00			4pm
	C	D	E	FA	AS	AN		IN	OUT	IN	OUT	IN	OUT	
	C	D	E	FA	AS	AN		IN	OUT	IN	OUT	IN	OUT	
	C	D	E	FA	AS	AN		IN	OUT	IN	OUT	IN	OUT	
	C	D	E	FA	AS	AN		IN	OUT	IN	OUT	IN	OUT	
	C	D	E	FA	AS	AN		IN	OUT	IN	OUT	IN	OUT	

A person is working directly with children at a given time if at that time the person—

- (a) is physically present with the children; and
- (b) is directly engaged in providing education and care to the children.

Instructions

- Our service will follow our Staffing Arrangements Policy regarding ratios, adequate supervision and qualification requirements at all times.
The Register of Educators on Duty will record how we meet these requirements.
- We will follow our Record Keeping and Retention Policy. Completed Register storage location: _____
- We will complete a separate Register each day.
- We will complete a separate Register for each room (optional).
Each service must decide the system that works best. There is no right or wrong if you have a separate record for each room or not.

documented within the Alternative Duties and/or Modifications to Work Environment

54 - Sun Protection and Heat Safety Policy

PURPOSE AND BACKGROUND

- (1) To set out how we manage the risk of sun and heat exposure for children and staff
- (2) This policy is a requirement under the *Education and Care Services National Regulations*. The approved provider must ensure that policies and procedures are in place for dealing with health and safety matters, including sun protection (s 168(2)(a)(ii))
- (3) This policy also helps us to comply with work health and safety laws, and aligns with the SunSmart and Cancer Council guidelines

SCOPE

- (4) This policy applies to:
 - ‘Staff’: the approved provider, nominated supervisor, paid workers, volunteers, work placement students, and third parties (e.g., contractors, subcontractors, self-employed persons, employees of a labour hire company)
 - Children in our care, their parents, families and care providers
 - Visitors to our service, including allied health support workers
- (5) This policy applies to all of our activities and events, on and offsite

DEFINITIONS

- (6) The following definitions apply to this policy and related procedures:
 - ‘Heat-related illnesses’ are conditions such as heat exhaustion or heatstroke caused by prolonged exposure to high temperatures
 - ‘Parents’ includes guardians and persons who have parental responsibilities for the child under a decision or order of court
 - ‘Shade’ means an area that is protected from direct sunlight by natural or artificial means
 - ‘Staff’, unless otherwise indicated, refers the approved provider, nominated supervisor, paid employees, volunteers, students, and third parties who are covered in the scope of this policy
 - ‘Sun protection times’ are a forecast from the Bureau of Meteorology for the time-of-day UV levels are predicted to reach 3 or higher (when sun protection is recommended for all skin types). Sun protection times vary according to location
 - ‘UV radiation’ means ultraviolet radiation from the sun, which can cause sunburn, skin damage and increase the risk of skin cancer. The UV index measures UV levels on a scale from 0 (low) to 11+ (Extreme).

POLICY STATEMENT

Risk management

- (7) Staff will be aware of the risks associated with UV radiation and heat exposure to themselves and to children, including that:
- Australia has one of the highest rates of skin cancer in the world, with more than two in three people diagnosed with skin cancer in their lifetime
 - UV damage accumulated during childhood and adolescence is strongly associated with an increased risk of skin cancer later in life. Infants and children up to four years of age are particularly vulnerable to UV damage because they have lower levels of melanin and a thinner outermost layer of skin
 - Children (especially babies and toddlers) are particularly vulnerable to heat stress because their bodies cannot cool down as effectively as adults. Heat can cause serious illness in children, including dehydration, heat exhaustion and heatstroke (which can be life-threatening)
 - During hotter months, playground equipment and surfaces such as metal, concrete, stone, sand, rubber, plastic, soft fall mats, artificial turf can heat up quickly and retain heat, which can cause serious burns
- (8) We must consider UV radiation and heat exposure as part of our regular risk assessment and management for our physical environment and program of activities, including those held off-site
- (9) We must also manage and minimise any risks posed by UV radiation and/or heat exposure in our risk assessments for specific activities:
- Before an excursion (*National Regulations* ss 100, 101) – see [Excursion Policy](#)
 - Sleep and rest (*National Regulations* s 84) – see [Sleep and Rest Policy](#)

Monitoring UV levels, heat and humidity

- (10) Every morning, we will check the UV Index, local daily sun protection times, temperature and humidity at the Bureau of Meteorology website or on the SunSmart Global UV app
- (11) We will use sun protection strategies for staff and children of all skin types when UV levels are 3 or above when outside, including wearing sun protective hats, clothing, and sunglasses, applying SPF 50 or SPF50+ broad-spectrum, water-resistant sunscreen and seeking shade whenever possible
- (12) We will plan outdoor activities to occur outside of peak UV radiation times, but if this is not possible, we will try to do them in the shade
- (13) We will check the HeatWatch website and implement heat safety measures during hot or humid weather

Shade

- (14) The approved provider must ensure that our outdoor spaces include adequate shaded areas to protect children from overexposure to UV radiation (*National Regulations* s 114)
- (15) We will regularly assess the amount and quality of shade, including as the sun changes position in the sky depending on the season
- (16) The approved provider must ensure that shade structures are safe, clean, kept in good condition and regularly maintained (*National Regulations* s 103)
- (17) Any new playground equipment and surfacing will be developed and installed according to the relevant Australian Standard/s, and shade structures and natural shade will be incorporated within the design
- (18) Where possible, we will use surfaces that reflect less UV (e.g., natural, dark or rough surfaces such as grass, soil, tanbark)
- (19) Where necessary, the approved provider will consider moving shade structures throughout the day or seasonally to protect play equipment from direct sunlight
- (20) Educators will encourage children to use shaded areas during outdoor activities

Hats

- (21) Children and staff should wear a UV protective, broad-brimmed hat, bucket hat or legionnaire-style hat when outdoors
- (22) Caps and visors do not cover necks and ears, so they are not considered a suitable alternative
- (23) We have a 'no-hat, play in the shade' rule: if a child is not wearing a suitable hat, they must play in the shade or inside only, or educators may supply a spare hat for the child to wear
- (24) Families must ensure their child brings a suitable hat to our service.

Clothing

- (25) Staff and children should wear clothing that is made from cool, densely woven fabric and that covers as much skin as possible:
 - Tops with elbow-length sleeves and higher necklines or collars
 - Knee-length or longer style shorts, pants, skirts and dresses
- (26) If a child is wearing clothes that do not cover their shoulders, chests, stomachs, backs or upper arms (e.g., singlets, spaghetti strap dresses, midriff/crop tops, halter neck tops etc), they will be required to play in the shade or inside, or educators may supply a spare shirt for the child to wear over their clothes

- (27) Children should wear UV protective rash vests or t-shirts for outdoor swimming and water activities
- (28) On hot and sunny days, children should wear shoes outside to prevent burns to their feet

Sunscreen

- (29) We will supply SPF50 or SPF50+ broad-spectrum, water-resistant sunscreen with an Australian Licence (Aust L) number for children and staff to use
- (30) Educators will store the sunscreen below 30°C in a supervised area, away from direct sunlight or other heat sources
- (31) Educators will regularly check the sunscreen's expiry date and dispose of any sunscreen that is out of date, has been exposed to high temperatures for a prolonged time, or has separated, looks watery, lumpy or gritty
- (32) If a child has sensitivities to sunscreen, parents should provide an alternative sunscreen labelled with their child's name
- (33) If a child cannot use sunscreen, educators will encourage them to stay in the shade
- (34) Sunscreen will be applied:
- With clean and dry hands
 - According to the manufacturer's directions
 - At least 20 minutes before children go outdoors, and reapplied every two hours if children will be remaining or returning outdoors, and
 - More frequently if children are sweating or swimming
- (35) Educators will:
- Not apply sunscreen to babies under 6 months as it is not recommended
 - Apply sunscreen to children aged 6 months to 3 years
 - Supervise and help children 3 years and older apply their own sunscreen. This helps children to develop their skills and independence, while ensuring they have applied the sunscreen properly
 - Adapt their practices for applying sunscreen to meet the individual needs of children in our care (e.g., taking into consideration a child's developmental stage, any disabilities or sensitivities)
 - Remind children to apply and reapply sunscreen, using strategies such as reminder notices, sunscreen monitors and sunscreen buddies, where appropriate
- (36) We must only apply sunscreen to a child if we have written authorisation to do so (see Acceptance and Refusal of Authorisations Policy) (*National Regulations* s 93)

- (37) Staff should also apply SPF50 or SPF50+ broad-spectrum, water-resistant sunscreen to themselves

Sunglasses

- (38) Where it is practical, staff and children should wear close-fitting, wrap-around sunglasses that meet the Australian Standard 1067 (Sunglasses: Category 2,3 or 4) and cover as much of their eye area as possible

Heat safety during hot or humid conditions

- (39) When it is hot or humid, staff must implement heat safety measures to protect themselves and children in our care
- (40) Heat safety must be considered for indoor and outdoor activities, including excursions, water-based and physical activities, sleep, rest, transport and travel
- (41) During hot or humid conditions, educators will:
- Modify outdoor activities or relocate them to shaded areas
 - Schedule vigorous physical activities for the cooler parts of the day
 - Encourage children to drink water more frequently and stay inside or in the shade
- (42) During periods of extreme heat or humidity, educators will keep children inside and use fans and air conditioning to keep cool
- (43) Educators will regularly check the temperature of outdoor surfaces, furniture and equipment on hot or sunny days before allowing children to access them
- (44) Educators should not spray water on surfaces to cool them down as this may lead to burns/scalds as the water heats up
- (45) In emergency circumstances, the nominated supervisor may contact the regulatory authority about additional measures we may need to take

Managing heat stress

- (46) If a staff member or child is showing signs of heat stress (reduced urine output, dry mouth and skin, flushed skin, dizziness, fainting, rash, muscle cramps, paleness and sweating, rapid heart rate, nausea and vomiting, confusion, seizures, becoming unconscious), educators must follow our first aid policies and procedures, including calling 000 in an emergency
- (47) The nominated supervisor must ensure that first aid kits are regularly reviewed and include sufficient ice packs.

Learning and communication

- (48) Sun protection and heat safety will be included in our educational program
- (49) Educators will promote sun protection and heat safety measures, including by:
 - Displaying posters reminding children, families and staff about the five forms of sun protection (Slip on sun-protective clothing, Slap on a sun protective hat, Slop on Sunscreen, Slide on sunglasses and Seek shade)
 - Encouraging children to be involved and take on responsibilities (e.g., checking the daily temperature and sun protection times, monitoring for hats and sunscreen, setting sunscreen and hydration reminders)
- (50) The approved provider and nominated supervisor will ensure that staff and families are provided with information about sun protection and heat safety through our usual communication channels
- (51) Educators will be encouraged to complete the Cancer Council's free [Generation SunSmart](#) online learning program
- (52) Staff, families and visitors should act as role-models and demonstrate sun protection and heat safety measures

PRINCIPLES

- (53) The safety, health and wellbeing of children in our care is our number one priority, so we take every reasonable measure to protect children from UV radiation and heat risks
- (54) We ensure that our outdoor environment offers the required amount and quality of shade, and that educators implement our sun protection and heat safety strategies
- (55) We consult with staff, families, and children to identify, assess, manage and mitigate risks, ensuring that everyone is informed and contributing to our sun protection and heat safety measures
- (56) Staff are trained and resourced to be able to keep themselves and the children in our care protected from the sun and heat
- (57) Children are helped to take increasing responsibility for their health and physical wellbeing. Sun and heat safety is included in our education programming and planning
- (58) We regularly review and update our policies and procedures to make sure they still reflect current best practice, Australian Standards, legislation and guidelines

POLICY COMMUNICATION, TRAINING AND MONITORING

- (59) This policy and related documents can be found in Office and on all our digital devices.
- (60) The approved provider and nominated supervisor provide information, training and other resources and support regarding the Sun Protection and Heat Safety Policy and related documents

- (61) All staff (including volunteers and students) are formally inducted. They are given access to, review, understand and formally acknowledge this Sun Protection and Heat Safety Policy and related documents
- (62) The approved provider runs a professional development program for each staff member, which covers this policy
- (63) Roles and responsibilities are clearly defined in this policy and in individual position descriptions. They are communicated during staff inductions and in ongoing training
- (64) The approved provider and nominated supervisor monitor and audit staff practices and address non-compliance. Breaches of this policy are taken seriously and may result in disciplinary action against a staff member
- (65) At enrolment, families are given access to our Sun Protection and Heat Safety Policy and related documents
- (66) Families are notified in line with our obligations under the *National Regulations* when changes are made to our policies and procedures

LEGISLATION (OVERVIEW)

Education and Care Services National Law and Regulations

Law	Description
s 167	Offence relating to protection of children from harm and hazards
Regulations	
ss 84A - 84D	Sleep and rest
ss 92 - 96	Administration of medication
ss 97 - 98	Emergencies and communication
ss 102AA – 102AAC	Safe arrival of children
ss 102A – 102F	Transportation of children other than as part of an excursion
ss 103 - 110	Physical environment – Centre-based services and family day care services
ss 111 – 115	Physical environment - Additional requirements for centre-based services
s 168	Education and care services must have policies and procedures
s 170	Policies and procedures to be followed
s 171	Policies and procedures to be kept available
s 172	Notification of change to policies or procedures

Other applicable laws and regulations

Act / Regulation / Standard	Description
<i>Work Health and Safety Legislation</i>	Describes the primary duty of care to people in the workplace
<i>Australian Standards: 1067, 4399, 2604, 4685</i>	Describes the standards for sunglasses, sun protective clothing, sunscreen products, and playground equipment and surfacing – shade requirements, respectively

National Quality Standard

Standard / Element	Concept	Description
2.1	Health	Each child's health and physical activity is supported and promoted
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's need for sleep, rest and relaxation
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented
2.2	Safety	Each child is protected
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazards
3.1	Design	The design of the facilities is appropriate for the operation of a service
3.1.1	Fit for purpose	Outdoor and indoor spaces, buildings, fixtures and fittings are suitable for their purpose, including supporting the access of every child
3.1.2	Upkeep	Premises, furniture and equipment are safe, clean and well maintained
6.1.1	Engagement with the service	Families are supported from enrolment to be involved in the service and contribute to service decisions

Early Years Learning Framework (EYLF) V2.0

Outcome	Key component
3: CHILDREN HAVE A STRONG SENSE OF WELLBEING	- Children become strong in their physical learning and wellbeing - Children are aware of and develop strategies to support their own mental and physical health and personal safety

National Principles for Child Safe Organisations

Most relevant principles

Physical and online environments promote safety and wellbeing while minimising the opportunity for children and young people to be harmed.

RELATED DOCUMENTS

Key Policies	Child Safe Environment Policy Physical Activity Policy Clothing and Footwear Policy Excursions Policy Transport Policy Safe Arrival of Children Policy Incident, Injury, Trauma and Illness Policy Physical Environment Policy Work Health and Safety Policy Enrolment Policy Medical Conditions Policy

Procedures	Roles and Responsibilities – Sun Protection and Heat Safety Policy (attached)
Resources	SunSmart Bureau of Meteorology HeatWatch Cancer Council

SOURCES

Education and Care Services National Law and Regulations | National Quality Standard | ACECQA Sun Protection Policy and Procedure Guidelines | SunSmart guidelines | Cancer Council guidelines | State/territory regulatory authority guidelines for preventing and managing heat stress | Safe Work Australia Guidelines | Bureau of Meteorology (BOM) UV index and Sun Protection Times.

Quick reference: SunSmart | sunscreen | shade | hats and clothes | sunglasses | heat stress | heatstroke | heat exhaustion | risk management | excursions | cancer council | high temperatures | UV index | authorisations

POLICY INFORMATION

Approval date	1 January 2026
Effective date	1 January 2026
Review date	Reviewed annually and when there are changes that may affect this policy or related procedures
Approved by	Dr Jay Mukhraiya >

APPENDIX A

ROLES AND RESPONSIBILITIES – Sun protection and heat safety

Approved provider responsibilities (not limited to)

Ensure our service meets its obligations under the *Education and Care Services National Law and Regulations*, including to:

- Take every reasonable precaution to protect children from harm and hazards likely to cause injury
- Ensure that outdoor spaces include adequate shaded areas to protect children from overexposure to UV radiation from the sun
- Ensure that our premises, furniture and equipment (including shade structures) are safe, clean and well-maintained
- Conduct risk assessments (as outlined in the Sun Protection and Heat Safety Policy)

Ensure that our service's governance, management, operations, policies, plans, (including risk management and action plans), systems, practices and procedures for sun protection and heat safety are appropriate in practice, up-to-date, best practice, and comply with all relevant legislation, standards and guidelines

Ensure this Sun Protection and Heat Safety Policy and related procedures are in place and available for inspection

Take reasonable steps to ensure our Sun Protection and Heat Safety Policy and related procedures are followed (e.g. through clear and accessible communication, and systemised inductions, training and monitoring of all staff – including volunteers, students)

Ensure staff and children have access to enough sunscreen and that we have the requisite authorisation from parents to apply sunscreen to their child

Regularly review this Sun Protection and Heat Safety Policy and related procedures in consultation with children, families, communities and staff

Notify families at least 14 days before changing this Sun Protection and Heat Safety Policy if the changes will: affect the fees charged or the way they are collected; or significantly impact the education and care of children; or significantly impact the family's ability to use the service

Nominated supervisor / persons in day-to-day charge responsibilities (not limited to)

Ensure our service meets its obligations under the *Education and Care Services National Law and Regulations*, including to take every reasonable precaution to protect children from harm and hazards likely to cause injury. Support the approved provider to:

- Ensure that outdoor spaces include adequate shaded areas to protect children from overexposure to UV radiation from the sun
- Ensure that our premises, furniture and equipment (including shade structures) are safe, clean and well-maintained
- Conduct risk assessments (as outlined in the Sun Protection and Heat Safety Policy)

Support the approved provider to ensure that our service's management, operations, policies, plans, (including risk management/action plans), systems, practices and procedures for sun protection and

heat safety are appropriate in practice, up-to-date, best practice, and comply with all relevant legislation, standards and guidelines

Implement this Sun Protection and Heat Safety Policy and related procedures

Take reasonable steps to ensure our Sun Protection and Heat Safety Policy and related procedures are followed (e.g. through clear and accessible communication, and systemised inductions, training and monitoring of all staff – including volunteers, students)

Monitor the UV index and temperature daily and implement sun protection and heat safe strategies when necessary, and communicate this to staff

Ensure that educators have access to enough sunscreen and that we collect written authorisations from parents before applying sunscreen to their child

Contribute to policies and procedure reviews and risk assessments and plans in consultation with children, families, communities and staff. Support the approved provider to notify families of reviews and changes according to legislation and our policies and procedures

Educator / other staff responsibilities (not limited to)

Follow this Sun Protection and Heat Safety Policy and related procedures

Monitor the UV index and temperature daily and manage risks to children accordingly

Check the temperature of surfaces and play equipment is safe for children to use or touch

Model sun and heat safe practices and communicate to families and children our expectations for clothes, hats, sunscreen, water etc

Discuss any concerns you have related to sun protection or heat safety with the nominated supervisor or approved provider

Contribute to policy and procedure reviews and risk assessments and plans, and participate in training and professional development opportunities for sun and heat protection

Families responsibilities (not limited to)

Be aware of our service's Sun Protection and Heat Safety Policy

Dress your child in the appropriate clothes for sun protection

If possible, provide written authorisation at the time of enrolment for our educators to apply sunscreen to your child. If your child has reactions to sunscreen, please provide us with an alternative sunscreen, labelled with their name

55 - Technology and Device Use Policy

PURPOSE AND BACKGROUND

To outline our guidelines for managing technology and device use to ensure that we maintain a child safe environment, privacy is protected, and that technology is used safely and for educational purposes

This policy helps us to comply with the *Education and Care Services National Regulations*, which requires our service to have policies and procedures in place for providing a child safe environment, and matters relating to the safe use of digital technologies and online environments (s 168(2)(ha))

It complies with the *Privacy Act 1988 (Cth)*, and aligns with the National Model Code for Taking Images or Videos of Children while Providing Early Childhood Education and Care (National Model Code), the ECEC Code of Ethics, and the Child Safe Standards/National Principles for Child Safe Organisations

It complies with the NSW Education and Care Services (Supply, Authorisation and Use of Devices) Order 2025 [issued on 6 November 2025]

SCOPE

This policy applies to:

- a. 'Staff': the approved provider, persons with management or control, nominated supervisor, paid workers, volunteers and work placement students, third parties who carry out work at our service that is relevant to this policy, including contractors, subcontractors, self-employed persons, employees of a labour hire company
- b. Children who are in our care, their parents, families and care providers
- c. Visitors to our service, including paid or unpaid third parties delivering programs or activities to children and allied health support workers
- d. Tertiary provider representatives assessing students on practicum at our service

It covers the use of both service-supplied and personal devices on our premises and during any related off-site activities, such as excursions, regular outings, travel and transport

The safe use of technology for taking, using, storing and destroying images or videos of children is also covered in our [Photography and Video Policy](#)

Obtaining authorisation from parents to take, use and store images and videos of children is covered in our [Photography and Video Policy](#), [Social Media Policy](#) and [Authorisations Policy](#)

The safe use of CCTV covered by our [CCTV Policy](#)

The safe use of AI is covered in our [AI Policy](#)

Staff must also adhere to our Child Safe Code of Conduct and Staff Code of Conduct when using technology

DEFINITIONS

The following definitions apply to this policy and related procedures:

- e. 'Online' means connected to or available through the internet or a digital network, including websites, apps, social media platforms, email, cloud-based systems, and other digital technologies or platforms used for communication, learning or information sharing
- f. 'Devices' means any device capable of filming, recording, taking or capturing images or videos, and/or storing or transmitting images or videos. Examples include (but are not limited to): mobile phones, tablets, computers, cameras, smartwatches with camera or recording functionality, wearables (such as smart/camera glasses), USB drives, memory cards, hard drives)
- g. 'Personal devices' are owned or controlled by an individual (not including a service-supplied device) devices capable of capturing, storing or transmitting images or videos. For the purposes of this policy, personal devices also include any devices supplied to students by their training provider
- h. 'Personal information' is defined in the *Privacy Act 1988* and includes any information about an identified individual such as their home address, email address, telephone number, date of birth, medical records, bank account details, and tax file number. Photos and videos are also treated as personal information
- i. 'Service-supplied devices' are devices supplied by the approved provider to be used by an authorised person for the purposes of providing education and care to children as part of our service. Service-supplied devices are configured to operate in accordance with this policy and procedure and other related child safety policies and procedures
- j. 'Technology' means any device or digital platform used to access, store, or communicate information. This includes but is not limited to computers, laptops, tablets, smartphones, smartwatches, cameras, televisions (including smart TVs), DVD players, and internet-enabled devices
- k. 'Unapproved storage media' refers to any storage devices not authorised by our service, such as USB drives, external hard drives, and non-approved cloud storage platforms
- l. 'Staff', unless otherwise indicated, refers to the approved provider, persons with management or control, nominated supervisor, paid workers, volunteers, students, and third parties who are covered in the scope of this policy. Note: 'staff', 'employees' and 'workers' etc may have their own, different definitions in legislation covered in this policy
- m. 'Working directly with children' means the person is, at any given time, physically present with a child or children and employed, engaged or appointed to provide education and care to the child or children at that time. A person is not working directly with children at any given time if the person is taking a short break from providing

education or care to children in accordance with the person's employment, engagement or appointment, except if enrolled children are present.

POLICY STATEMENT

Safe use of digital technologies and online environments

The approved provider must ensure that we have child safe systems in place for the use of digital technologies and online environments (*National Regulations* s 168(2)(ha)), including in relation to:

- The taking, use, storage and destruction of images and videos of children
- The use of any optical surveillance device at the service
- The use of any digital device issued by the service
- The use of digital devices by children

Our service complies with the NSW Education and Care Services (Supply, Authorisation and Use of Devices) Order 2025 and the National Model Code to ensure that our use of digital technologies and online environments are respectful, child-centred and comply with our legal and ethical obligations for child safety

The approved provider will ensure that regular risk assessments are carried out for our digital and online environments, and that staff have training on online safety

Staff must not use devices if doing so jeopardises their capacity to supervise, interact or engage with children

Using technology for education

Technology is used to support the educational and operational goals of our service

Experiences involving technology are limited and balanced with children's needs for physical, literacy, numeracy and social-emotional development

Technology is used with intention and purpose, and as a tool to extend/enhance children's learning and development. It is not used as a substitute for direct educator-child interactions or to manage children's behaviour. For example, educators should not routinely use devices to tell stories, sing songs, placate children, answer questions that can be explored with the children without the use of the internet, or to teach children in place of in-person instruction

Any digital content we use, such as music, videos, or educational software, is age-appropriate and aligns with our educational objectives

Streaming content is allowed only from legal and reputable platforms (e.g., iTunes, YouTube Kids, ABC iView) and should be directly relevant to the children's learning or staff development

We use child friendly search engines and apps that are enabled to block websites and inappropriate content. Chat functions are switched off on apps and games

Photos and recordings of children are used (with parental consent) for planning and programming, such as documenting children's learning experiences, supporting reflective practices, and engaging families in their child's development

Our service is guided by the [Australian Government's recommendations](#) for screentime for children:

- n. Birth to 2 years - zero time per day (very short viewings for educational purposes is okay)
- o. 2-5 years - no more than one hour per day
- p. 5-17 years – no more than two hours per day (not including schoolwork)

Educators take into consideration the time children may also spend watching screen content at home

Educators teach children about safe and respectful use of technology, including not sharing personal information or inappropriate content online, avoiding online threats and being kind and polite in any digital interactions (cyber harassment/bullying), the risks of excessive use of devices and screentime, age-appropriate lessons about online grooming

Educators constantly and actively supervise and engage with children who are using devices, and encourage children to speak up if they see or experience something online that makes them feel uncomfortable

Educators who use AI tools for educational purposes must follow our [AI Policy](#).

Digital learning platform and communication apps

Our service uses digital learning and communication apps to:

- q. Communicate with parents and amongst staff
- r. Manage attendance, invoicing, and other administrative tasks
- s. Provide learning materials and activities
- t. Document and share children's learning and development.

Our SMART Learning Suite enables to transform static content into interactive experiences that can be shared with any device. It combines interactive lessons, assessments, collaborative workspaces and game-based learning into one ultimate education suite.

We only use apps that have strong privacy and security features

Our digital learning and communication apps may have integrated AI to support educators to document, communicate and reflect on children's learning and development (see our [AI Policy](#) for how we ensure children's privacy and safety is protected)

We get written consent from parents before we share information about their child on these apps. Parents can opt out of using the app or specific features at any time by notifying the nominated supervisor in writing

We will only share photos/videos of children on these apps if we have written consent to do so from parents (see [Photography and Video Policy](#))

The apps are monitored by staff to make sure that all content is appropriate

Staff using private social media groups (e.g., WhatsApp, Facebook) or video conferencing platforms (e.g. MS Teams, Google Meet, Zoom) must ensure that personal and confidential information is handled according to our usual practices, and in line with our policies, including our [Privacy and Confidentiality Policy](#)

The nominated supervisor manages the day-to-day use of the apps, ensuring that software and security is kept up-to-date and that the apps are being used appropriately.

Service-supplied devices

The approved provider must ensure that any service-supplied device is configured to operate in accordance with this policy and any other relevant policies and procedures for child safety or the security of devices (Minister's Order 2025)

Service-supplied devices are used solely for work-related tasks related to the provision and care of children in our care, such as:

- Documenting children's learning and activities
- Communicating with families about children's progress and daily activities
- Accessing educational resources and child development information
- Completing administrative tasks such as reporting and record-keeping
- Participating in professional development and training
- Authorised promotional and marketing purposes
- Internal communications
- Documenting incidents or child safety matters

Personal devices will not be approved as service-supplied devices

The approved provider and nominated supervisor must ensure that all inappropriate digital content (e.g., on websites, apps, videos) is blocked on service-supplied devices

The use of the internet on service-supplied devices is permitted for accessing child-appropriate educational websites, professional development materials, and communication tools

Access to social media platforms is restricted unless approved for service-related purposes (see our [Social Media Policy](#))

Only AI tools that have been formally approved by the approved provider or nominated supervisor may be used on service-supplied devices (see our [AI Policy](#)).

Staff must not use any unapproved storage media to store or access content or data on service-supplied devices

Shared service-supplied devices will be allocated according to the educational needs, age group, and specific activities in each room, the frequency of use, the need for specific applications, and the ability to support learning objectives

Where possible, our service provides dedicated shared devices in each room to ensure availability and accountability. Where sharing is necessary, room leaders will share according to a roster and staff will track their use of shared devices

Shared devices should be handled with care, wiped clean after use, properly maintained by the staff using them and stored in our secure storage cabinet when they are not in use and at the end of every day

Staff must not take any service-supplied devices home with them or off the premises unless they have the written authorisation of the approved provider. Before authorising a device to be taken off-site, the approved provider will undertake a documented risk assessment and put into place appropriate measures to protect children and families' personal information

Staff may only take, use, transmit, store images, videos and audio recordings of children on our service-supplied devices (not their personal devices), and only with the appropriate parental authorisation (refer to [Photography and Video Policy](#))

Students or their training providers will need to seek the approved provider (or authorised delegate's written permission to use any service-supplied devices

Service-supplied devices record

The approved provider must keep the following written record for all service-supplied devices supplied with the following information (Minister's Order 2025):

- u. The date the device is supplied
- v. The type of device that is supplied
- w. If available, the make, model and serial number of the device
- x. A declaration that the device is configured to operate in accordance with this Policy and related policies for child safety and device security
- y. The name and signature of the approved provider (or authorised delegate) supplying the device
- z. If the device is revoked, the date of revocation and the name and signature of the approved provider (or authorised delegate) authorising the revocation

The record must be kept in a safe and secure place at our premises for a minimum of three years from the date on which the record was made

Personal devices

Personal devices that can capture, store or transmit an image or video must not be in the possession or control of any person while they are providing education and care and working directly with children as part of our service, unless the use of the personal device is:

- aa. Necessary to ensure children's safety or to provide them with education or care during children's excursions, regular outings or transport by our service or arranged by our service, or

bb. In accordance with the advanced written authorisation of the approved provider where the approved provider is reasonably satisfied that the personal device is needed (or where the approved provider has not given a written authorisation, and a reasonable person would consider the use of the personal device necessary):

- To support or assist with the person's disability or health needs
- To communicate with the person's family member
- For the safety or provision of education and care to children if a service-supplied device stops working
- For use during an emergency, or
- For work health and safety.

Personal device rules and restrictions apply to:

- cc. The approved provider
- dd. Persons with management or control
- ee. Nominated supervisors
- ff. Educators and other paid staff
- gg. Students and volunteers
- hh. Contractors
- ii. Tertiary provider representatives assessing students
- jj. Paid or unpaid third-parties working directly with children (e.g., allied health workers, children's entertainers, contractors running incursions or programs etc)
- kk. Anyone involved in the provision of our service in any capacity

If a third-party professional needs to use a device (e.g., where consent has been provided by the parent for a professional photographer to take photos, allied health professional to record notes or undertake an assessment etc), they may use a device that is:

- ll. Supplied by their business or institution, and
- mm. Used only for work purposes (and not personal use); or
- nn. A service-supplied device with the approved provider's written authorisation

The restrictions on personal devices do not apply to:

- oo. Parents or carers (unless they are volunteering and working directly with children)
- pp. Third-party contractors who are attending the service but not working directly with children (e.g., maintenance contractors)
- qq. Police or officers from government regulatory authorities

Staff may use personal devices during break-times, planning time or during administrative activities in non-childcare areas. At all other times, personal devices must be stored securely, away from children

Unless otherwise approved by the approved provider for an essential purpose, children should not bring any personal devices to the service

Educators must actively supervise any use of devices by children at all times to prevent them from high-risk behaviour online, such as uploading private information or images, engaging with inappropriate content, making in-app purchases or interacting with unsafe individuals

Record of authorisations for personal devices

The approved provider must keep a written record of any authorisation granted for personal devices, including the following information:

- rr. The name and address of our service
- ss. The full name, address and date of birth of the person to whom the authorisation is given
- tt. The reason for which the authorisation is given
- uu. The period of time for which the authorisation is given

If the authorisation remains in effect for 3 months, the approved provider must review the authorisation to check authorisation is still needed. If there is no longer a valid reason, the approved provider must revoke the authorisation in writing within 48 hours

Records of authorisations and revocations must be kept in a safe and secure place at our premises for a minimum of three years from the date on which the record was made

Capturing, storing or transmitting images and videos

Everyone at our service must follow our Photography and Video Policy to ensure the rights and dignity of children are protected

Staff (see definition – includes contractors, volunteers and students) must only use service-issued devices to capture, store or transmit an image or video of children in our care

Staff (see definition - includes contractors, volunteers and students), tertiary providers assessing students, paid or unpaid third parties working with children, and anyone else involved in delivering our service must not use a personal device to capture, store or transmit images or videos of children in our care.

Third-party professionals who are appropriately authorised to capture, store or transmit images of children must only use a device issued by their business/institution (and not a personal device) (or the approved provider may give them written authorisation to use a service-issued device)

Third party contractors not working directly with children (e.g., maintenance staff, gardeners etc) must never capture, store or transmit images or videos of children at our service on any device

If a personal device is used to take photographs, audio or videos in an emergency, any images or videos must be transferred as soon as practicable to a service-supplied device or platform, and the content must be deleted from the personal device

Staff must report any accidental or necessary use of a personal device for photography or recording to the nominated supervisor immediately

Capturing, storing or transmitting an image or video of a child in our care with a personal device, in circumstances that are not permitted, is considered a serious breach of this policy.

Doing so may result in disciplinary action and may be deemed as subjecting a child to inappropriate conduct, which is an offence under the *National Law* in NSW

We inform children, staff, families and visitors about our safe use of devices, and about our rules for photographing and recording at our service

Optical surveillance devices

Any use of optical surveillance devices (e.g., security cameras, webcams, live streaming, CCTV, baby monitors) must be in line with our relevant policies and procedures e.g., CCTV Policy, Child Safe Environment Policy, Photography and Video Policy), privacy laws and any applicable workplace surveillance laws

We must inform families, staff and visitors about why and where we have surveillance devices, in advance of any recording. We also place signs at all entrances and exits alerting people to the surveillance

Surveillance data is kept secure, destroyed or de-identified when no longer needed, and access is limited to authorised personnel only

Cameras are never placed in areas where people would usually expect privacy or in non-work areas (e.g., bathrooms, change rooms, nappy change rooms, staff rooms, private offices, breastfeeding rooms)

Where optical surveillance devices are used, they must not be used as a replacement to physical checks or active supervision by staff

Refer also to our detailed CCTV Policy.

Unacceptable use of service technology

The following actions are strictly prohibited at our service:

- vv. Using technology in any way that breaches our Child Safe Code of Conduct, including subjecting a child to inappropriate conduct, which is an offence in NSW
- ww. Accessing systems, data or networks without authorisation
- xx. Installing or using software without authorisation
- yy. Misusing the service's equipment or resources
- zz. Circumventing security measures
- aaa. Sharing passwords or login details
- bbb. Introducing viruses, malware or other malicious code
- ccc. Hacking or trying to gain unauthorised access to systems
- ddd. Spamming or sending out unsolicited mass emails
- eee. Using the IT systems to harass, threaten or bully other users
- fff. Sharing or creating inappropriate, discriminatory or offensive content
- ggg. Violating intellectual property (e.g., using pirated content or software)
- hhh. Using the service's network for illegal activities
- iii. Disrupting or damaging our systems, networks, equipment or resources

- jjj. Uploading personal or sensitive information onto an AI tool
- kkk. Disclosing confidential information without authorisation.

Data and system protections

Personal information and other sensitive information is protected in line with our [Privacy and Confidentiality Policy](#), the *Privacy Act 1988*, the *National Regulations* and relevant child protection laws

Images and recordings of children are captured, shared, used, protected, stored and destroyed according to our [Photography and Video Policy](#) and with the written consent of parents

All digital content and data are stored securely, and we take appropriate measures to prevent unauthorised access, loss, or misuse, including, for example:

- lll. Password protection
 - mmm. Limiting access to authorised staff
 - nnn. Regular backups
 - ooo. Storing service-supplied devices in locked cabinets or secure areas when not in use, and ensuring that personal devices are not left unattended in accessible areas
 - ppp. Installing and regularly updating firewall and antivirus software on all service-supplied devices to protect against malware and cyber threats
 - qqq. Regularly monitoring access logs and conducting audits to detect and address any unauthorised access or suspicious activity
 - rrr. Educating staff on data security best practices, including identifying phishing attempts and other cybersecurity threats
 - sss. Encrypting devices where possible

All service-supplied devices are securely stored and accessed only by authorised staff

Staff must not install unauthorised software or applications on service-supplied devices

Any breaches of digital security protocols or data must be reported immediately to the nominated supervisor/approved provider

In the event of a data breach involving service-supplied devices or systems, immediate action will be taken to mitigate potential harm and protect the affected individuals' personal information. The approved provider/nominated supervisor follows our data breach response plan, contained in our [Privacy and Confidentiality Policy](#)

Oversight, control, and access to data

The approved provider and nominated supervisor must take every reasonable precaution to ensure that:

- ttt. The relevant persons named in this policy do not use personal devices, and that staff only use service-supplied devices, to capture, store or transmit images or videos of children in our care

- uuu. Persons who are working directly with children as part of our service do not have a personal device in their possession or control (unless they are otherwise authorised for an approved reason under this policy)

The approved provider and nominated supervisor must ensure that there are processes and systems in place, and those processes and systems are followed to ensure that service-supplied devices are regularly reviewed to assess whether the devices are being used appropriately – that is, only for the purposes of, or in connection with, the provision of education and care to children, and in line with our policies and procedures

The approved provider is responsible for:

- vvv. Making sure that staff access to digital and hardcopy files is being monitored, and for preventing the unauthorised movement of files onto non-approved devices or platforms

- www. Making sure that any images, videos, and content shared online is limited to its intended purpose (e.g., educational, promotional), and that inappropriate or unauthorised sharing does not occur

- xxx. Having processes in place to monitor the use of service-supplied devices

- yyy. Ensuring that device and technology usage is covered in our service's risk assessments, including for emergencies, and the potential for loss, misuse, or technical failures

- zzz. Implementing device controls such as limiting app installations and disabling certain functionalities to prevent misuse

- aaaa. Fostering a culture of vigilance and accountability, and encouraging staff to report any inappropriate device usage

The nominated supervisor is responsible for overseeing the day-to-day use of digital technology and online environments, monitoring staff compliance, and ensuring that data and devices are securely managed and stored, and that we have appropriate and up-to-date authorisations

Breaches and complaints

Anyone can raise concerns or complaints regarding the handling of technology or devices according to our [Complaint Handling Policy](#)

Staff must follow our [Child Protection Policy and Procedures](#) if they have concerns for a child's safety or well-being, including for effectively identifying and responding where a child may be at risk of or are experiencing abuse or maltreatment through digital technologies and online environments

Any breaches of this policy, including the improper use of devices, or unauthorised use of technology, are treated seriously

Depending on the nature of the breach, staff members may be subject to disciplinary action by our service and/or the regulatory authority, referred to the police/child protection authority, and/or have their employment terminated.

PRINCIPLES

The safety and well-being of children is our one number one priority

We use technology and devices purposefully to enrich children's learning and development

We maintain the privacy of children, families and staff members, and protect and store data and content securely and confidentiality

Our staff maintain high standards of professionalism in all interactions involving technology and devices

Our use of technology and devices complies with all relevant laws, regulations and best practice guidelines, including the National Model Code

POLICY COMMUNICATION, TRAINING, AND MONITORING

This policy and related documents can be found on all our digital devices and in the office

The approved provider and nominated supervisor provide information, training and other resources and support regarding our [Technology and Device Use Policy](#) and related documents

All staff (including volunteers and students) are formally inducted. They are given access to, review, understand and acknowledge our [Technology and Device Use Policy](#) and related documents

Each staff member engages in a professional development program, which covers this policy

Roles and responsibilities are described in our [Technology and Device Use Policy](#) and in individual position descriptions. They are communicated during staff inductions and in ongoing training

The approved provider and nominated supervisor monitor and audit staff practices through spot checks, performance reviews, supervision sessions, and regular performance appraisals and address non-compliance. Breaches to this policy are taken seriously and may result in disciplinary action against a staff member

At enrolment, families are given access to information about our [Technology and Device Use Policy](#) and related documents

Families are notified in line with our obligations under the *National Regulations* when changes are made to our policies and procedures

LEGISLATION (OVERVIEW)

Education and Care Services National Law and Regulations

Law	Description
s 166A	Offence to subject a child to inappropriate conduct
s 165	Offence to inadequately supervise children
s 167	Offence relating to protection of children from harm and hazards
Regulations	
s 73	Educational program
s 74	Documenting of child assessments or evaluations for delivery of educational program

s 168(h)	Education and care services must have policies and procedures in relation to providing a child safe environment, including matters relating to the promotion of a culture of child safety and wellbeing within the service
s 168(ha)	Education and care services must have policies and procedures in relation to the safe use of digital technologies and online environments at the service
s 170	Policies and procedures to be followed
s 171	Policies and procedures to be kept available
s 177(1)(a)	Prescribed enrolment and other documents to be kept by approved provider
ss 181,183 - 184	Confidentiality and storage of records

Other applicable laws and regulations

Act/ Regulation	Description
<i>Australian Human Rights Commission Act 1986 (Cth)</i>	Provides guidance on how to uphold the principles in the Convention on the Rights of the Child
<i>Privacy Act 1988</i>	Principal act protecting the handling of personal information
<i>State/territory-based child protection and child safety laws</i>	Covers child safety for organisations and reporting obligations
<i>Education and Care Services (Supply, Authorisation and Use of Devices) Order 2025</i>	Gives direction regarding the supply, authorisation and use of devices in ECECs

National Quality Standard

Standard / Element	Concept	Description
1.1.1	Approved learning framework	Curriculum decision-making contributes to each child's learning and development outcomes in relation to their identity, connection with community, wellbeing, confidence as learners and effectiveness as communicators
1.2	Practice	Educators facilitate and extend each child's learning and development
1.3	Assessment and planning	Educators and co-ordinators take a planned and reflective approach to implementing the program for each child
1.3.1	Assessment and planning cycle	Each child's learning and development is assessed or evaluated as part of an ongoing cycle of observation, analysing learning, documentation, planning, implementation and reflection
1.3.2	Critical reflection	Critical reflection on children's learning and development, both as individuals and in groups, drives program planning and implementation
1.3.3	Information for families	Families are informed about the program and their child's progress
2.2	Safety	Each child is protected
7.1.2	Management systems	Systems are in place to manage risk and enable the effective management and operation of a quality service that is child safe

EARLY YEARS LEARNING FRAMEWORK (EYLF) V2.0

EYLF Outcome	Key component
1: CHILDREN HAVE A STRONG SENSE OF IDENTITY	Children learn to interact in relation to others with care, empathy and respect
3: CHILDREN HAVE A STRONG SENSE OF WELLBEING	- Children become strong in their social, emotional and mental wellbeing - Children are aware of and develop strategies to support their own mental and physical health and personal safety
4: CHILDREN ARE CONFIDENT AND	Children develop a range of learning and thinking skills and processes such as problem solving, inquiry, experimentation, hypothesising, researching and investigating

INVOLVED LEARNERS	Children resource their own learning through connecting with people, place, technologies and natural processed materials
5: CHILDREN ARE EFFECTIVE COMMUNICATORS	- Children express ideas and make meaning using a range of media - Children use digital technologies and media to access information, investigate ideas and represent their thinking

National Principles for Child Safe Organisations

Most relevant principles

Children and young people are informed about their rights, participate in decisions affecting them and are taken seriously

Equity is upheld and diverse needs respected in policy and practice

Staff and volunteers are equipped with the knowledge, skills and awareness to keep children and young people safe through ongoing education and training

Physical and online environments promote safety and wellbeing while minimising the opportunity for children and young people to be harmed

SOURCES

Education and Care Services National Law and Regulations | National Quality Standard | National Principles for Child Safe Organisations | *Education and Care Services (Supply, Authorisation and Use of Devices) Order 2025* | National Model Code for Taking Images or Videos of Children while Providing Early Childhood Education and Care | Australian Privacy Principles (Privacy Act 1988) | eSafety Commissioner Resources | ACECQA's NQF Online Safety Guide | ACECQA's NQF Child Safe Culture Guide | Early Childhood Australia Code of Ethics | Australian Government Information Security Manual (ISM) | Australian Signals Directorate guidance on device and data security | ACECQA's Safe Use of Digital Technologies and Online Environments Policy and Procedure Guidelines

Quick reference: technology | device use | service-supplied devices | personal devices | screen time | digital learning | online safety | privacy | child safe environment | image use | social media | communication apps | online communication | administrative software | security | password protection | unapproved storage media | data security | unauthorised access | inappropriate content | software | cyber threats | cyber security | secure storage | National Model Code| AI

RELATED DOCUMENTS

Key Policies	Child Safe Environment Policy Complaint Handling Policy Child Safe Risk Management Plan ECEC Code of Ethics Staffing Arrangements Policy Governance Policy Educator and Management Policy Privacy and Confidentiality Policy Child Safe Code of Conduct Recruitment, Induction, Training and WWCC Photography and Video Policy Social Media Policy CCTV Policy AI Policy
Procedures	Roles and responsibilities – technology and device use (attached) Child safety related procedures
Resources	Shared service-supplied device log template (attached) Supply of service-supplied device record template (attached) Personal device authorisation record template (attached) Authorisation record Summary version of Technology and Device Use Policy for staff (attached)

POLICY INFORMATION

Approval date	1 January 2026
Effective date	1 January 2026
Review date	Reviewed annually and when there are changes that may affect this policy or related procedures
Approved by	Dr Jay Mukhraiya >

APPENDIX A

ROLES AND RESPONSIBILITIES – Technology and device use

Approved provider responsibilities (not limited to)

Ensure our service meets its obligations under the *Education and Care Services National Law and Regulations*, including to take every reasonable precaution to protect children from harm and hazards likely to cause injury and ensure that children in our care are adequately supervised at all times

Ensure that our service's governance, management, operations, policies, plans, (including risk management/action plans), systems, practices and procedures for technology and device use are appropriate in practice, best practice, align with the Child Safe Standards / National Principles for Child Safe Organisations, *Education and Care Services (Supply, Authorisation and Use of Devices) Order 2025*, the National Model Code and comply with all other relevant legislation, including privacy laws

Use service-supplied devices solely for work-related tasks and do not have personal devices in your possession or control while you are working directly with children (unless otherwise authorised for an approved reason)

Ensure this [Technology and Device Use Policy](#) and related procedures are in place and available for inspection

Take reasonable steps to ensure this [Technology and Device Use Policy](#) is followed (e.g. through clear and accessible communication, and systemised inductions, resourcing, training and monitoring of all staff – including volunteers, students)

Provide staff with the necessary resources, such as service-supplied devices and secure data storage solutions. Ensure that service-supplied devices are configured to operate in accordance with our Technology and Device Use Policy, Photography and Video Policy, child safety policies and procedures and any other relevant policy or procedure

Organise and facilitate regular training sessions for all staff members on the appropriate use of technology, data security, and privacy policies. Ensure that staff are updated on any changes to relevant laws or service policies

Ensure the written records of the supply of service-supplied devices and any authorisation for personal devices are kept in accordance with this policy. Ensure images and videos of children are only captured with a service-supplied device, and only for an approved purpose and in line with our Photography and Video Policy

Establish and maintain systems for monitoring and reviewing compliance with this policy. This includes periodic audits, spot checks, and reviews of digital content and device usage

Handle incidents of non-compliance, including conducting investigations and taking appropriate disciplinary action. This includes reporting any illegal activities to the relevant authorities, such as the police or child protection services

Ensure this policy and related documents are reviewed regularly in consultation with staff and families. Notify families of reviews and changes according to legislation and our policies and procedures

Nominated supervisor / persons in day-to-day charge responsibilities (not limited to)

Ensure our service meets its obligations under the *Education and Care Services National Law and Regulations*, including to take every reasonable precaution to protect children from harm and hazards likely to cause injury, and ensure that children in our care are adequately supervised at all times

Support the approved provider to ensure that our service's management, operations, policies, plans, (including risk management/action plans), systems, practices and procedures for technology and device use are appropriate in practice, best practice, align with the Child Safe Standards / National Principles for Child Safe Organisations, *Education and Care Services (Supply, Authorisation and Use of Devices) Order 2025*, the National Model Code and comply with all other relevant legislation, including privacy laws

Use service-supplied devices solely for work-related tasks and do not have personal devices in your possession or control while you are working directly with children (unless otherwise authorised by the approved provider for an approved reason)

Take reasonable steps to ensure this [Technology and Device Use Policy](#) is followed (e.g. through clear and accessible communication, and systemised inductions, resourcing, training and monitoring of all staff – including volunteers, students)

Ensure that daily operations adhere to the Technology and Device Use Policy. This includes monitoring the use of service-supplied and personal devices by staff. Ensure images and videos of children are only captured with a service-supplied device, and only for an approved purpose and in line with our Photography and Video Policy

Provide guidance to staff on acceptable and unacceptable technology use. Address any questions or concerns related to the policy and offer support in implementing it

Document and report any breaches of the policy to the approved provider

Establish and maintain systems for monitoring and reviewing compliance with this policy. This includes periodic audits, spot checks, and reviews of digital content and device usage

Act promptly to address any instances of non-compliance. This includes confiscating devices used inappropriately, issuing warnings, and escalating issues to the approved provider, police or child protection services if necessary

Inform families about our service's technology and device use policies and how they can access related documents. Communicate any significant updates to the policy that may affect their child's experience at the service

Educators / other staff responsibilities (not limited to)

Follow this [Technology and Device Use Policy](#) and other related child safety policies and documents, including:

- Using service-supplied devices solely for work-related tasks
- Not having personal devices in your possession or control while you are working directly with children (unless otherwise authorised by the approved provider for an approved reason)
- Only capturing images or videos of children with a service-supplied device, and only for an approved purpose and in line with our Photography and Video Policy

Maintain a high standard of professionalism in all digital interactions. Ensure that any digital content created or shared is appropriate, educational, and aligns with our service's curriculum, policies and codes, including our [Child Safe Code of Conduct](#)

Prioritise the safety and privacy of children at all times. This includes obtaining written consent before capturing or sharing images and videos of children and ensuring that all digital content is securely stored

Immediately report any breaches of the policy to the nominated supervisor or approved provider (or police or child protection services if necessary). Cooperate fully with any investigations into incidents of non-compliance or misuse of technology

Participate in ongoing training and professional development related to technology use, data security, and child protection. Stay informed about updates to the policy and relevant legislation

Families and visitors' responsibilities (not limited to):

Follow our rules about personal devices and photography and videos

Report any concerns you have about staff, families or visitors use of devices or any possible breaches to our Photography and Video Policy

RESOURCE – Shared devices log (sign-in/sign-out log)

[This template is optional. It is separate to the approved provider’s record of service-supplied devices at Appendix C]

Device ID	Device Description	Staff Name	Purpose of Use	Time & Date taken	Time & Date returned	Condition on Return	Remarks
001	iPad Pro 11"		Capturing Learning	9:00am 01/08/25	1:10pm - 01/08/2025	Good	
002	Samsung Galaxy Tab		Administrative Use	9:40am 02/08/25			Not yet returned
003	Nikon D3500 Camera		Documenting Activities	1:30pm 03/08/2025	2:30pm 03/08/2025	Minor scratches	

Additional Notes

- Ensure all staff members authorised to use service-supplied devices have read and acknowledged the Technology and Device Use Policy
- Devices should be configured according to the Technology and Device Use Policy, including secured with passwords and other necessary security measures to protect sensitive information
- Any incidents, such as misuse, loss or damage, should be reported to the nominated supervisor/approved provider

APPENDIX C

RESOURCE – Service-supplied device record template

Date of supply:	____/____/____
Type of device supplied:	☐ Mobile phone ☐ Tablet ☐ Laptop ☐ Camera ☐ Other (specify): _____
Device details:	Make: _____ Model: _____ Serial number (if available): _____ Device ID: _____
Declaration of configuration	I confirm that this device has been configured in accordance with the service's policies and procedures relating to: ☐ Child safety ☐ Digital security and data protection ☐ Photography and video use ☐ Technology and device use ☐ Privacy and confidentiality Approved provider / authorised delegate name: _____ Signature: _____ Date: ____/____/____
Staff member receiving device	Name: _____ Position: _____ Signature: _____ Date: ____/____/____ Shared device? ☐ No ☐ Yes – details (e.g., room, tracking, security): _____ _____
Record of revocation (if applicable)	Date of revocation: ____/____/____ Reason for revocation: _____ Approved provider / authorised delegate name: _____ Signature: _____

This record must be stored securely at the service premises for a minimum of three years from the date of supply or revocation, in accordance with the *Education and Care Services National Regulations* and service policies

APPENDIX D

RESOURCE – Personal device authorisation record template

Name and address of service	<Insert name and address>
Person to whom the authorisation is granted	
Full name:	
Residential address	
Date of birth	Date: ____/____/____
Role/relationship to service (e.g., educator, volunteer, allied health practitioner)	
Details of the authorisation	
Reason for authorisation	☐ To provide support or assistance with the person's disability or health needs ☐ To communicate with the person's family member ☐ For the safety or provision of education or care because a service-supplied device has stopped working ☐ For an emergency ☐ For work health and safety Provide details _____
Scope of authorisation (e.g., permitted times, locations, any restrictions)	
Device type (e.g., iphone, Samsung phone, smartwatch)	
Period of authorisation	Start: ____ / ____ / ____ End: ____ / ____ / ____
Review	Three-month review date (If still in effect after 3 months the approved provider must review to check reason for authorisation is still valid) ____ / ____ / ____ Review outcome ☐ Authorisation still required ☐ Authorisation no longer required Notes: _____
Revocation details (if applicable)	Date authorisation was revoked ____ / ____ / ____ (Must be revoked in writing within 48 hours if no longer required or valid)

	Reason for revocation_____
Conditions	The person being authorised acknowledges and agrees to the following conditions: 1. The personal device will only be used for the authorised purpose, scope and period described above 2. The device must not be used to capture, store, or transmit photographs or videos of any child at our service, except in an emergency or urgent situation where it is necessary to ensure the safety, health or wellbeing of a child 3. If an emergency requires the device to be used to capture, store or transmit an image or video, the person must: • Use it only to the extent necessary • Transfer the images or videos to a service-supplied device as soon as practicable • Immediately delete the images or videos from their personal device once the transfer is complete 4. The device must remain securely stored when not in use for the authorised purpose 5. The person must comply with all relevant policies and procedures, including the <u>Technology and Device Use Policy</u>, <u>Child Safe Environment Policy</u>, <u>Photography and Video Policy</u>, and any lawful direction from the approved provider or nominated supervisor 6. The person must immediately report any loss, theft, access, misuse or breach relating to the device while it is authorised 7. The person must notify the approved provider as soon as practicable if the device is no longer required for the authorised purpose, scope or period 8. The approved provider will revoke this authorisation if the original reason is no longer valid or if the device is being used contra to these conditions or in any way that risks the safety, privacy or wellbeing of children
Declaration by person being authorised	I declare that the information I have provided is true and correct. I understand the conditions of use and agree to comply with all conditions listed above Signature: _____ Name: _____ Date: ____ / ____ / ____
Declaration by approved provider	I declare that: • I am satisfied that the personal device is necessary for the stated purpose • The stated purpose is one that is provided for under the law in NSW • Appropriate conditions are in place to manage risks to children's safety, privacy and wellbeing. I authorise the person named above to use their personal device strictly in accordance with this declaration. Signature: _____ Name: _____ Date: ____ / ____ / ____

This record must be stored securely at the service premises for a minimum of three years from the date of authorisation or revocation, in accordance with the *Education and Care Services National Regulations* and service policies

APPENDIX E

RESOURCE – Quick guide to our Technology and Device Use Policy for staff

[This a summary of our Technology and Device Use Policy for staff]

Using technology safely and responsibly

- Use technology only for educational and work-related purposes
- Keep children's safety, privacy, and wellbeing at the centre of all technology use
- Comply with our [Child Safe Code of Conduct](#), [Staff Code of Conduct](#) and [Privacy and Confidentiality Policy](#)
- Use only service-supplied devices to take, transmit, use and store images or videos of children — never use personal devices
- Follow our [Photography and Video Policy](#), [Social Media Policy](#), and [AI Policy](#) (if applicable)

Service-supplied devices

- Must only be used for educational or work-related purposes
- Do not take service-supplied devices home (unless otherwise authorised)
- Store all devices securely when not in use
- Do not install unauthorised apps or software
- Treat devices carefully
- Third-party professionals (e.g., allied health professionals, professional photographers, entertainers etc) must only use devices supplied by their business or institution or a service-supplied device with the approved provider's written authorisation

Personal devices

- Keep personal devices capable of capturing, storing or transmitting images of children (e.g., phones, tablets, smartwatches, digital cameras, smart glasses and USBs) off your person while working with children. Store them securely
- You may use personal devices on break, in non-child areas
- If you have to use your personal device while you are working with children for an approved reason, you need to get the approved provider's written authorisation first (although, there are some exceptions)
- Never use personal devices to capture, transmit, share or store images, videos or information about children
- Any approved use (e.g. emergencies) must be logged and the relevant content deleted immediately after transfer to a service device
- Visitors and third parties must also follow our rules about personal devices

Technology use with children

- Technology must support children's learning — not replace educator interaction
- Actively supervise all device use
- Follow age-based screen time limits
- Teach and model safe, respectful technology habits
- Only use approved digital learning apps with parental consent

Unacceptable use

- No use of technology to bully, harass or breach privacy

- No access to inappropriate content or use of unauthorised storage (e.g. USBs, unapproved cloud)
- No unauthorised sharing of images, videos, or sensitive data
- No uploading of personal information of anyone at our service to AI tools
- No use that breaches our Child Safe Code of Conduct, including subjecting a child to inappropriate conduct

Protecting data and privacy

- Store all digital content securely (passwords, encrypted storage, access limits)
- Do not access or use personal information about children, families or other staff members unless you are authorised
- Report any data breaches, inappropriate content or policy breaches immediately
- Do not share login/passwords or allow unauthorised access to systems

Staff responsibilities

- Follow this policy at all times
- Participate in training and policy updates
- Keep informed about acceptable use, privacy, and digital safety
- Report any misuse or safety concerns to the nominated supervisor or approved provider,

56 - Tobacco, Vape, Drug and Alcohol Policy

PURPOSE AND BACKGROUND

- (1) To set out the rules for the use of tobacco, vapes, drugs and alcohol at our service, ensuring that children, staff, families and visitors are not subjected to their associated dangers
- (2) This policy helps us to comply with requirements under the *Education and Care Services National Regulations* for the approved provider to ensure that children being educated and cared for by our service have an environment that is free from the use of tobacco, vaping devices, vaping substances, illicit drugs and alcohol (s 82), and that staff are not affected by alcohol or drugs while they are at work (s 83)
- (3) It also helps us to comply with our obligations under workplace health and safety laws to provide a safe workplace

SCOPE

- (4) This policy applies to:
 - ‘Staff’: the approved provider, paid workers, volunteers, work placement students, and third parties at our service (e.g., contractors, subcontractors, self-employed persons, employees of a labour hire company)
 - Children in our care, their parents, families and care providers
 - Visitors to our service
- (5) It applies during all service-related activities conducted within or outside our premises, including excursions, training, events and service-hosted staff gatherings and functions

DEFINITIONS

- (6) The following definitions apply to this policy and related procedures:
 - ‘Illicit drugs’ are drugs that are illegal to have (e.g., cannabis, heroin, cocaine) and the non-medical use of drugs that are legally available (e.g., pain killers, sleeping pills)
 - ‘Prescription drugs’ are medications prescribed by a medical practitioner for legitimate health reasons. Some prescription drugs can impair function
 - ‘Vapes’ (electronic cigarettes) are devices that deliver nicotine and other chemicals through inhalation
 - ‘Under the influence’ is being affected/impaired to any degree by alcohol or a drug

POLICY STATEMENT

We have a tobacco, vape, drug and alcohol-free environment for children

- (7) The approved provider must ensure that children at our service are provided with an environment that is free from the use of tobacco, vaping devices, vaping substances, illicit drugs and alcohol (*National Regulations* s 82)

Tobacco and vapes

- (8) Smoking or vaping is not permitted:
- At any time on our premises within 4 metres of the pedestrian entrances/exits
 - During any off-site service-related activity where we are caring for children or meeting with families (e.g., excursions, parent meetings, special events, travelling with or transporting children etc)
 - In sight of children while they are in our care
- (9) To reduce any residue smoke or vaping substances on clothing, skin and the hair, when staff smoke or vape, they should:
- Wait at least two minutes before coming indoors
 - Wear a jacket or other covering to protect their clothes, and remove it and store it outside
 - Wash their hands thoroughly after
 - Not smoke or vape in a confined space such as their car
- (10) Staff must not have detectable tobacco smoke odour on their clothes or hands while at work
- (11) 'No Smoking' signs are displayed at the entrance to the service

Illicit drugs, including the misuse of prescription drugs

- (12) Possession or use of illicit drug (including misused prescription drugs) is not permitted at our premises or during any service-related activities, whether they are held on-site or off-site
- (13) By law, staff members must not be affected by drugs (including prescription drugs) in any way that would impair their ability to supervise or care for children at our service (*National Regulations s 83*)

Alcohol

- (14) Possession or consumption of alcohol is not permitted:
- At our premises at any time
 - During off-site service-related activities where we are caring for children or meeting with families (e.g., excursions, parent meetings, special events, travelling with or transporting children etc)
- (15) By law, staff members must not be affected by alcohol in any way that would impair their ability to supervise or care for children at our service (*National Regulations s 83*)
- (16) By law, the nominated supervisor must not consume alcohol while we are caring for children at our service (*National Regulations s 83*)
- (17) If a staff member receives a gift of alcohol at work, they must immediately store it out of view in a locked cupboard away from children's areas and remove it from our premises by the end of the day

- (18) Photos must not be used to represent alcohol fundraising prizes or awards, and such prizes or awards must not be stored at our premises

Service-hosted staff gatherings and functions

- (19) Alcohol may be consumed at service-hosted staff gatherings or functions:
- Outside of operating hours when no children are present
 - In moderation, with all attendees expected to act responsibly
- (20) The person responsible for the gathering or function must ensure that alcohol is served in a manner that reduces or eliminates risks to staff. This includes making sure that:
- An adequate variety and supply of non-alcoholic drinks are available
 - Food is also supplied
 - Service of alcohol is done responsibly (e.g., standard serves, not serving minors or people who appear to be intoxicated)
 - Service of alcohol ends at the time the function ends
- (21) All staff gatherings or functions involving alcohol must occur off-site
- (22) Smoking or vaping is prohibited on our premises, even outside of operating hours during staff gatherings and functions>
- (23) Illicit drugs, including misused prescription drugs, are prohibited at all times
- (24) Staff, volunteers and students under 18 years old are strictly prohibited from consuming alcohol, smoking or vaping at any service-related event. Those who are of legal age should model appropriate behaviour, and must not supply alcohol, tobacco, or vapes to anyone who is under 18 years old
- (25) The approved provider must eliminate or reduce the hazards associated with alcohol use by staff at our service

Professional and responsible conduct

- (26) We are committed to having a safe environment for staff and maintaining our service's professional reputation during staff social events taking place in private at our service, or in public places where the behaviour of staff may be witnessed by families and community members
- (27) Staff, including volunteers and students, who are consuming alcohol at service-related gatherings or functions should be mindful to drink in moderation, safely, and in a way that is respectful, dignified and not harmful to themselves or others
- (28) Guidelines for responsible drinking can be found [here](#).

Dealing with alcohol and drug use by staff

- (29) Any staff member who is suspected of being in possession or under the influence of alcohol or illicit drugs (including misused prescription drugs) at work will be removed from their duties immediately and assessed by the responsible person/nominated supervisor or the approved provider
- (30) Staff will document observations and incidents, including physical signs such as slurred speech, red eyes, unsteady movement, and changes in behaviour
- (31) Staff members who are found to be in possession or under the influence of alcohol or illicit drugs may be referred to the police and/or subject to disciplinary action. Their employment may be terminated, depending on the circumstances

Dealing with alcohol and drug use by family and visitors

- (32) If a family member or visitor attends our service under the influence of alcohol or illicit drugs, staff must:
- Communicate with them calmly, discreetly and respectfully
 - Politely explain that, by law, we are a tobacco, vape, drug and alcohol-free environment and that anyone under the influence is not allowed on the premises
 - Not allow the person to be in the presence of children
- (33) If the person is at our service to collect a child, staff must follow our Delivery and Collection Policy and Procedure, which details our duty of care towards the child and requirements to act if a child is at risk of harm (in accordance with our Child Protection Policy and Procedures)

Dealing with unsafe situations

- (34) If a situation seems threatening or otherwise unsafe, staff must try to alert a senior staff member immediately and follow our Lock Down Policy and Procedures

PRINCIPLES

- (35) Our service is committed to maintaining a safe, healthy, and tobacco, vape, drug and alcohol-free environment for all children, families, staff, and visitors
- (36) The safety and well-being of children is our highest priority, and no staff member who is under the influence of alcohol or drugs will be permitted to care for children
- (37) Educators engage children in conversations and learning experiences that promote the benefits of a healthy lifestyle
- (38) We act quickly and professionally to address any breaches of this policy to ensure the safety and wellbeing of everyone at our service
- (39) We provide clear communication, training and support to staff and families so they can uphold our rules on smoking, vaping, illicit drugs and alcohol

- (40) We regularly review and update our policies and procedures to make sure they still reflect current best practices

POLICY COMMUNICATION, TRAINING AND MONITORING

- (41) This policy and related documents can be found in Office and on all our digital devices.
- (42) The approved provider and nominated supervisor provide information, training and other resources and support regarding the Tobacco, Vape, Drug and Alcohol Policy and related documents
- (43) All staff (including volunteers and students) are formally inducted. They are given access to review, understand and formally acknowledge this Tobacco, Vape, Drug and Alcohol Policy and related documents, including our Child Safe Code of Conduct
- (44) The approved provider runs a professional development program for each staff member, which covers this policy
- (45) Roles and responsibilities are clearly defined in this policy and in individual position descriptions. They are communicated during staff inductions and in ongoing training
- (46) The approved provider and nominated supervisor monitor and audit staff practices and address non-compliance. Breaches to this policy are taken seriously and may result in disciplinary action against a staff member, including termination of their employment
- (47) At enrolment, families are given access to our Tobacco, Drug and Alcohol Policy and related documents
- (48) Families are notified in line with our obligations under the *National Regulations* when changes are made to our policies and procedures

LEGISLATION (OVERVIEW)

Education and Care Services National Law and Regulations

Law	Description
s 165	Offence to inadequately supervise children
s 167	Offence relating to protection of children from harm and hazards
Regulations	
s 82	Environment to be free from tobacco, vaping devices, vaping substances, drugs and alcohol
s 83	Staff members not to be affected by alcohol or drugs
ss 99 - 102	Collection of children from premises and excursions

Other applicable laws and regulations

Act / Regulation / Standard	Description
<i>Work Health and Safety Act 2011</i>	Describes the primary duty of care to people in the workplace
<i>State/territory smoking legislation</i>	Prohibits smoking in specified areas

National Quality Standard

Standard / Element	Concept	Description
2.1	Health	Each child's health and physical activity is supported and promoted
2.2	Safety	Each child is protected
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazards
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented
2.2.3	Child protection	Management, educators and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect
4.2.2	Professional standards	Professional standards guide practice, interactions and relationships
7.1.2	Management systems	Systems are in place to manage risk and enable the effective management and operation of a quality service that is child safe

Early Years Learning Framework (EYLF) V2.0

EYLF Outcome	Key component
3: CHILDREN HAVE A STRONG SENSE OF WELLBEING	Children are aware of and develop strategies to support their own mental and physical health and personal safety

RELATED DOCUMENTS

Key Policies	Child Safe Environment Policy Child Safe Code of Conduct Work Health and Safety Policy Enrolment Policy Child Protection Policy Delivery and Collection of Children Policy Lockdown Policy
Procedures	Roles and Responsibilities – Tobacco, Vape, Drug and Alcohol (attached) Child Safe Environment Procedures (in Child Safe Environment Policy) Child Protection Procedures (in Child Protection Policy) Enrolment Procedure (in Enrolment Policy) Delivery and Collection of Children Procedure (in Delivery and Collection of Children Policy)
Resources	Tobacco, Vape, Drug and Alcohol - Quick Guide (attached)

SOURCES

Education and Care Services National Law and Regulations | National Quality Standard | Work health and safety laws | Smoke-free environment laws | Australian Government's Safe Work Australia – Alcohol and Drug Guidelines | Red Nose (2020) – Research on second-hand smoke and infant health | Quit resources.

Quick reference: smoking | vaping | drinking alcohol | illegal drugs | illicit drugs | prescription drugs | social events | staff conduct | visitors | signage | staff functions

POLICY INFORMATION

Approval date	1 January 2026
Effective date	1 January 2026
Review date	Reviewed annually and when there are changes that may affect this policy or related procedures
Approved by	Dr Jay Mukhraiya

APPENDIX A

ROLES AND RESPONSIBILITIES – Tobacco, vapes, drugs and alcohol

Approved provider responsibilities (not limited to)

Ensure our service meets its obligations under the *Education and Care Services National Law and Regulations*, including to:

- Take every reasonable precaution to protect children from harm and hazards likely to cause injury and adequately supervise children at all times
- Ensure that children at our service are provided with an environment that is free from the use of tobacco, vaping devices, vaping substances, illicit drugs and alcohol
- Ensure that the nominated supervisor or other staff members or volunteers are not affected by alcohol or drugs (including prescription medication) so as to impair their capacity to supervise or educate or care for children at the service

Ensure that our service's governance, management, operations, policies, plans, (including risk management/action plans), systems, practices and procedures for tobacco, vapes, drugs and alcohol are appropriate in practice, up-to-date, best practice, and comply with all relevant legislation, standards and guidelines

Ensure this Tobacco, Vape, Drug and Alcohol Policy and related procedures are in place and available for inspection

Take reasonable steps to ensure our Tobacco, Vape, Drug and Alcohol Policy and related procedures are followed (e.g. through clear and accessible communication, and systemised inductions, training and monitoring of all staff – including volunteers, students)

Ensure we have 'No Smoking' signs displayed at the service

Act on breaches of this policy

Regularly review this Tobacco, Vape, Drug and Alcohol Policy and related procedures in consultation with children, families, communities and staff

Notify families at least 14 days before changing this Tobacco, Vape, Drug and Alcohol Policy if the changes will: affect the fees charged or the way they are collected; or significantly impact the service's education and care of children; or significantly impact the family's ability to utilise the service

Nominated supervisor / persons in day-to-day charge responsibilities (not limited to)

Ensure our service meets its obligations under the *Education and Care Services National Law and Regulations*, including:

- To take every reasonable precaution to protect children from harm and hazards likely to cause injury and adequately supervise children at all times
-

-
- While caring for children at our service, not to consume alcohol or be affected by alcohol or drugs (including prescription drugs) so as to impair your capacity to supervise or educate or care for the children

Support the approved provider to:

- Ensure that children at our service are provided with an environment that is free from the use of tobacco, vaping devices, vaping substances, illicit drugs and alcohol
- Ensure that staff members or volunteers are not affected by alcohol or drugs (including prescription medication) so as to impair their capacity to supervise or educate or care children at the service

Support the approved provider to ensure that our service's management, operations, policies, plans, (including risk management/action plans), systems, practices and procedures for tobacco, vapes, drugs and alcohol are appropriate in practice, up-to-date, best practice, and comply with all relevant legislation, standards and guidelines

Implement this [Tobacco, Vape, Drug and Alcohol Policy](#) and related procedures and take reasonable steps to ensure they are followed (e.g. through clear and accessible communication, and systemised inductions, training and monitoring of all staff – including volunteers, students)

Act on breaches of this policy

Contribute to policies and procedure reviews and risk assessments and plans in consultation with children, families, communities and staff. Support the approved provider to notify families of reviews and changes according to legislation and our policies and procedures

Educator / other staff responsibilities (not limited to)

Follow this [Tobacco, Vape, Drug and Alcohol Policy](#) and related procedures, including our [Child Safe Code of Conduct](#)

Do not be affected by, or in possession of, alcohol or illicit drugs at work. Tell the nominated supervisor/responsible person if you may be impaired by medication you have been prescribed. Do not come to work if you are not able to supervise or care for children properly as a result of the medication

Do not smoke or vape on our premises within 4 metres of the pedestrian entrances/exits from our service. Follow our rules about smoking/vaping during service-related activities held off-site. Do not smoke in sight of children in our care. Ensure clothes and hands are free from tobacco odour and vaping residue at work

If you receive a gift of alcohol at work, lock it up in a cupboard in a room away from children and take it home by the end of the day

Report any concerns or incidents according to this policy and related policies and procedures

Be professional, respectful and drink responsibly during staff gatherings and functions

Families responsibilities (not limited to)

Do not smoke or vape at our service within 4 metres of the pedestrian entrances/exits from our service or within sight of children in our care at service-related events that are held off-site (e.g., excursions, functions)

Do not be affected by, or in possession of, alcohol or illicit drugs while you are at our service

APPENDIX B

RESOURCE - Tobacco, vape, drug and alcohol-free environment – quick guide

[THE FOLLOWING SUMMARY VERSION OF TOBACCO, VAPE, DRUG AND ALCOHOL POLICY

Our service is a tobacco, vape, drug and alcohol-free environment

Smoking and vaping

Smoking or vaping is not allowed:

- Anywhere on our premises or within 4 metres of entrances/exits
- During excursions, meetings or other service-related activities
- In view of children in our care

Staff who smoke or vape must prevent exposing children to third-hand smoke/vape by wearing protective clothing while smoking or vaping, and washing hands and waiting at least two minutes before coming indoors afterwards

Alcohol

Alcohol is not allowed:

- At our premises during operating hours or while children are present
- During excursions or service events where children or families are involved
- Staff must never be impaired by alcohol while working or supervising children

Illicit drugs and misused prescription medications

- Absolutely prohibited at all times at the service or during any work activity
- Staff must never be impaired by any substance that affects their ability to care for children

If a staff member is suspected of being under the influence at work:

- They will be removed from duty immediately
- Observations will be recorded
- Police or disciplinary action may follow

If a parent or visitor appears under the influence:

- Staff will speak calmly and respectfully
- The person will not be allowed near children
- If they are collecting a child, our child protection and delivery and collection procedures will apply

Children come first

No staff under the influence of alcohol or drugs will ever be allowed to care for children

We teach and model healthy lifestyles and responsible behaviour

57 - Termination of Enrolment Policy

NQS

QA6	6.1.2	Parent views are respected - The expertise, culture, values and beliefs of families are respected, and families share in decision-making about their child's learning and wellbeing
	6.1.3	Families are supported- The expertise, culture, values and beliefs of families are respected, and families share in decision-making about their child's learning and wellbeing
	6.2.2	Access and participation - Effective partnerships support children's access, inclusion and participation in the program
QA7	7.1.2	Management systems- Systems are in place to manage risk and enable the effective management and operation of a quality service.

NATIONAL LAW

Section	3	Objectives and guiding principles

NATIONAL REGULATIONS

Regs	155	Interactions with Children

AIM

To provide a safe and financially sustainable environment which promotes the wellbeing of all children and employees?

RELATED POLICIES

1. Additional Needs Policy
2. Behaviour Guidance Policy
3. Code of Conduct (Families and Visitors) Policy
4. Fees Policy
5. Work health and Safety Policy

IMPLEMENTATION

Health, Safety and Wellbeing

The Approved Provider and Nominated Supervisor have a legal duty of care to ensure the health, safety and wellbeing of all children, employees and volunteers at the service. They must also ensure all children make satisfactory progress towards the learning outcomes of the approved learning framework.

To promote these outcomes the Nominated Supervisor and educators work in partnerships with families and outside professionals where relevant to ensure all children feel included, can participate in the curriculum, receive the guidance and support they need, and are supported with individualised education plans or behaviour plans if required. This includes providing families with

relevant information about support services and professionals, and/or parenting and child development issues.

The Nominated Supervisor and educators will document all strategies and practices implemented at the service to support children with identified needs, and the details of all communication, or attempts at communication, with families and outside professionals.

On rare occasions it may be necessary to terminate a child's enrolment if their safety, or the safety and wellbeing of other children and staff at the service is or is likely to be compromised. This will only be considered after every reasonable effort has been made, in consultation with families, to implement practices which meet the child's needs and support their learning.

Non-compliance with Service Policies and Procedures

The Nominated Supervisor may also terminate a child's enrolment if the child's family consistently refuses to comply with service policies and procedures including:

- Fees Policy which requires all fees be paid on time and children are collected before the centre closes.
- Code of Conduct Policy which requires families /carers to interact with staff in a respectful, non-threatening manner at all times.
- Additional Needs Policy and Behaviour Policy which require families work with educators to ensure their child receives the best possible support and do not adversely affect the learning environment for other children at the service.

Termination

If terminating a child's enrolment, the Nominated Supervisor will advise the family in writing that their child's enrolment will be terminated, the reason for the termination including actions taken to assist the child and family, how much money the family owe the service or will receive on termination, and the effective date of termination. This date will be at least two weeks from the date of the letter unless the safety and wellbeing of children or staff is at risk. In this case the two-week notice period may be waived.

SOURCES

1. Education and Care Services National Law and Regulations
2. National Quality Standard
3. Work Health and Safety Act 2011
4. Work Health and Safety Regulation 2017.

POLICY INFORMATION

Approval date	1 January 2026
Effective date	1 January 2026
Review date	Reviewed annually and when there are changes that may affect this policy or related procedures

58 - Unenrolled Children Policy

NQS

QA2	2.2.1	Supervision - At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.

AIM

To ensure that educators and the service are only responsible for children who are enrolled at our service to meet our legal requirements and child/staff ratios.

RELATED POLICIES

1. Child Protection Policy
2. Enrolment Policy
3. Excursion Policy
4. Family Law and Access Policy
5. Orientation for Children Policy
6. Relationships with Children Policy
7. Staffing Arrangements Policy

WHO IS AFFECTED BY THIS POLICY?

1. Child
2. Educators
3. Families
4. Management

IMPLEMENTATION

- On occasion, children who are not enrolled at our service may be present at the service.
- An example of this is when families come to pick up an enrolled child and they bring their other children with them.
- At times like this, the children who are not enrolled at the service are the responsibility of the adult that brought them to the service.
- We ask these adults to keep unenrolled children off any equipment at the service, and for the child to be accompanied by the adult at all times.
- Should a child who is not enrolled at the service attend an excursion with the service, they may only attend should the adult to child ratio not be compromised for enrolled children.
- Any child that is enrolled at the service on a temporary basis will be included in the educator/child ratios.

SOURCES

1. Education and Care Services National Regulations

2. National Quality Standard

POLICY INFORMATION

Approval date	1 January 2026
Effective date	1 January 2026
Review date	Reviewed annually and when there are changes that may affect this policy or related procedures
Approved by	Dr Jay Mukhraiya >

59 - Visitors Policy

THIS IS AN OPTIONAL POLICY

PURPOSE AND BACKGROUND

- (1) To set out how we manage visitors to our service to ensure the safety and security of children and staff

SCOPE

- (2) This policy applies to:
- ‘Staff’: the approved provider, persons with management or control, nominated supervisor, paid workers, volunteers, work placement students, and third parties who work at our service (e.g., contractors, subcontractors, self-employed persons, employees of a labour hire company)
 - Children in our care, their parents, families and care providers
 - Visitors to our service
- (3) All visitors to our service are expected to comply with relevant service policies and procedures, including our Child Safe Code of Conduct and Families and Visitors Code of Conduct

DEFINITIONS

- (4) The following definitions apply to this policy and related procedures:
- ‘Visitor’ is any individual entering the service who is not an enrolled child or a staff member at the service. **Parents and authorised nominees (those who have prior written permission to collect children) are not considered visitors when they are routinely collecting or delivering children to the service**
 - ‘Parents’ includes guardians and persons who have parental responsibilities for the child under a decision or order of court
 - ‘Staff’, unless otherwise indicated, refers to the approved provider, persons with management or control, nominated supervisors, paid employees, volunteers, students, and third parties who are covered in the scope of this policy

POLICY STATEMENT

Visitor identification

- (5) Visitors must report to our Office/designated waiting area upon arrival
- (6) Visitors must present a valid form of identification (e.g., a driver’s license/passport) unless they are known to staff and their identity can be verified

- (7) We also require tradespeople, officials and professionals (e.g., business representatives, allied health specialists, government officials, entertainers, photographers, trainers, and support workers) to show us their business card/credentials, unless they are known to staff

Working with children/vulnerable people clearances

- (8) Visitors who are required to have working with children/vulnerable people check for the purpose of their visit must present us with proof of their valid, not prohibited status before their scheduled visit
- (9) We must verify the validity of all clearances before granting access to these visitors
- (10) Staff must follow our Recruitment, Induction and Training Policy, which includes our procedure for working with children/vulnerable people checks

Specialist and professional visitors

- (11) Specialists and professionals engaged to support a child (e.g., therapists, social workers, medical practitioners) must have written authorisation from the child's parents to access our service and engage with the child
- (12) Unless we have verified their working with children/vulnerable people checks, specialists and professional visitors will not be allowed entry to our service
- (13) Authorisation must be documented in the child's records (e.g., in their education or support plan)

Sign-in and sign-out process

- (14) All visitors must sign in at arrival and sign out at departure. The log must include the visitor's:
- Full name and signature
 - Contact information
 - Purpose of visit
 - Date and time of entry and exit
- (15) The visitor log is securely maintained and reviewed regularly by the nominated supervisor or other staff member for record keeping and safety compliance
- (16) Staff must instruct visitors on any relevant service policies or procedures, including our Child Safe Environment Policy and Child Safe Code of Conduct, and Families and Visitors Code of Conduct.

Supervision of visitors

- (17) Visitors must always be directly supervised by a regular staff member (not a volunteer, student or short-term third-party contractor) who is over 18 years old, unless they are otherwise authorised by the nominated supervisor and the child's parents to be unsupervised with a child (e.g., in the case of allied health professional conducting a private session with a child who has a valid and not prohibited working with children/vulnerable people check)
- (18) Family members should not be left alone with a child who is not their own

Personal device use and photography

- (19) Visitors must follow our [Photography and Video Policy](#) and [Technology and Device Use Policy](#), which covers our rules for visitors using devices and taking photos/videos and at our service
- (20) Visitors must not have personal devices capable of taking, storing, or transmitting images in their possession or control if they are working directly with children as part of our service
- (21) Visitors must not take, store or transmit photographs or videos of children or adults at our service on any device unless they have been authorised to do so by the nominated supervisor or approved provider and have the appropriate relevant consent
- (22) Visitors may not connect their devices to our Wi-Fi or network
- (23) Staff should be vigilant in supervising visitor's use of devices to ensure it is in keeping with our legal obligations, policies and procedures

Access for parents

- (24) By law (*National Regulations* s 153), we must ensure that a parent of a child at our service can enter our premises at any time, unless allowing the parent's entry:
 - Would pose a risk to the safety of the children and staff at our service
 - Conflict with any duty of our staff under the Law, or
 - Is reasonably believed by the nominated supervisor or approved provider to contravene a court order

Excluding inappropriate persons

- (25) Our service will not allow 'inappropriate persons' to enter our service
- (26) An inappropriate person is someone:

- Who may pose a risk to the safety, health or wellbeing of any child at our service
 - Whose behaviour or state of mind or whose pattern of behaviour or common state of mind is such that it would be inappropriate for them to be on the premises with children
- (27) By law (*National Law* s 171), the regulatory authority may direct us to exclude a person whom they consider to be an ‘inappropriate person’ for as long as is deemed necessary.

Emergency and unscheduled visitors

- (28) Emergency personnel are exempt from the standard supervision and sign in requirements during an emergency, but must follow staff instructions to ensure safety and present identification on request if feasible
- (29) Unscheduled visitors must seek approval from the responsible person, nominated supervisor or the approved provider before being allowed to access to our premises

PRINCIPLES

- (30) The safety and wellbeing of children in our care is our number one priority. We take every reasonable measure to keep them safe from harm in both physical, digital and online environments
- (31) We communicate respectfully with families and communities, staff, children and visitors, ensuring that everyone is informed and contributing to a safe environment
- (32) All visitors must act according to our Child Safe Code of Conduct and Families and Visitors Code of Conduct and other relevant policies and procedures, including for child safety, device security
- (33) Staff are trained and resourced to be able to manage visitors and implement our procedures
- (34) We regularly review and update our policies and procedures to make sure they still reflect current best practices and address emerging risks.

POLICY COMMUNICATION, TRAINING AND MONITORING

- (35) This policy and related documents can be found in our Office and on all our digital devices.
- (36) The approved provider and nominated supervisor provide information, training and other resources and support regarding the Visitors Policy and related documents
- (37) All staff (including volunteers and students) are formally inducted. They are given access to review, understand and formally acknowledge this Visitors Policy and related documents, where relevant to their role

- (38) The approved provider runs a professional development program for each staff member, which covers this policy
- (39) Roles and responsibilities are clearly defined in this policy and in individual position descriptions. They are communicated during staff inductions and in ongoing training
- (40) The approved provider and nominated supervisor monitor and audit staff practices and address non-compliance. Breaches to this policy are taken seriously and may result in disciplinary action against a staff member
- (41) At enrolment, families are given access to our Visitor Policy and related documents
- (42) Families are notified in line with our obligations under the *National Regulations* when changes are made to our policies and procedures.

LEGISLATION (OVERVIEW)

Education and Care Services National Law and Regulations

Law	Description
s 165	Offence to inadequately supervise children
s 167	Offence relating to protection of children from harm and hazards
s 170	Offence relating to unauthorised persons on premises
Regulations	
s 157	Access for parents

Other applicable laws and regulations

Act / Regulation / Standard	Description
<i>Work Health and Safety Act 2011</i>	Describes the primary duty of care to people in the workplace

National Quality Standard

Standard / Element	Concept	Description
2.2	Safety	Each child is protected
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazards
6.2.2	Access and participation	Effective partnerships support children's access, inclusion and participation in the program.

Standard / Element	Concept	Description
6.2.3	Community engagement	The service builds relationships and engages with its community
7.1.2	Management systems	Systems are in place to manage risk and enable the effective management and operation of a quality service that is child safe
7.1.3	Roles and responsibilities	Roles and responsibilities are clearly defined, and understood, and support effective decision-making and operation of the service that is child safe

Early Years Learning Framework (EYLF) V2.0

EYLF Outcome	Key component
3: CHILDREN HAVE A STRONG SENSE OF WELLBEING	Children become strong in their social, emotional and mental wellbeing

National Principles for Safe Organisations

Most relevant principles
Child safety and wellbeing is embedded in organisational leadership, governance and culture
People working with children and young people are suitable and supported to reflect child safety and wellbeing values in practice
Physical and online environments promote safety and wellbeing while minimising the opportunity for children and young people to be harmed
Policies and procedures document how the organisation is safe for children and young people

RELATED DOCUMENTS

Key Policies	Child Safe Environment Policy Child Safe Code of Conduct < Families and Visitors Code of Conduct > Delivery and Collection of Children Policy Recruitment, Induction and Training Policy Technology and Device Use Policy Photography and Video Policy Excursion Policy
Procedures	Roles and Responsibilities – Visitors (attached) Visitors Procedure (attached) Child Safe Environment Procedures (in Child Safe Environment Policy) Delivery and Collection of Children Procedure (in Delivery and Collection of Children Policy) Recruitment, Induction and Training Procedures (in Recruitment, Induction and Training Policy) Excursion Procedure (in Excursion Policy)

SOURCES

Education and Care Services National Law and Regulations | National Quality Standard | National Model Code for Taking Images or Videos of Children.

Quick reference: visitor entry | sign-in procedures | visitor identification | supervised access| professional visitors | working with children/vulnerable people checks | parent authorisation | emergency visitors | device use

POLICY INFORMATION

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Effective date	1 January 2026
Review date	Reviewed annually and when there are changes that may affect this policy or related procedures
Approved by	Dr Jay Mukhraiya >

APPENDIX A

ROLES AND RESPONSIBILITIES – Visitors

Approved provider responsibilities (not limited to)

Ensure our service meets its obligations under the *Education and Care Services National Law and Regulations*, including to:

- Take every reasonable precaution to protect children from harm and hazards likely to cause injury, and ensure adequate supervision
- Prevent unauthorised persons from remaining on our premises unless they are directly supervised by an educator or other staff member
- Ensure parents have access to the service at any time their child is being cared for, unless allowing them to enter will breach the Visitors Policy

Ensure that our service's governance, management, operations, policies, plans, (including risk management/action plans), systems, practices and procedures for visitor management are appropriate in practice, up-to-date, best practice, and comply with all relevant legislation, standards and guidelines

Ensure this Visitors Policy and related procedures are in place and available for inspection

Take reasonable steps to ensure our Visitors Policy and related procedures are followed (e.g. through clear and accessible communication, and systemised inductions, training and monitoring of all staff – including volunteers, students)

Take reasonable steps to ensure that visitors do not have personal devices capable of capturing, storing or transmitting images in their possession or control if they are working directly with children as part of our service

Take reasonable steps to ensure that visitors do not take, store or transmit unauthorised photographs at our service, including on a personal device

Regularly review this Visitors Policy and related procedures in consultation with children, families, communities and staff

Notify families at least 14 days before changing this Visitors Policy if the changes will: affect the fees charged or the way they are collected; or significantly impact the service's education and care of children; or significantly impact the family's ability to utilise the service

Nominated supervisor / persons in day-to-day charge responsibilities (not limited to)

Ensure our service meets its obligations under the *Education and Care Services National Law and Regulations*, including to:

-
- Take every reasonable precaution to protect children from harm and hazards likely to cause injury, and ensure adequate supervision
 - Prevent unauthorised persons from remaining on our premises unless they are directly supervised by an educator or other staff member
 - Ensure parents have access to the service at any time their child is being cared for, unless allowing them to enter will breach the Visitors Policy
-

Support the approved provider to ensure that our service's management, operations, policies, plans, (including risk management/action plans), systems, practices and procedures for visitor management are appropriate in practice, up-to-date, best practice, and comply with all relevant legislation, standards and guidelines

Implement this [Visitors Policy](#) and related procedures

Take reasonable steps to ensure our [Visitors Policy](#) and related procedures are followed (e.g. through clear and accessible communication, and systemised inductions, training and monitoring of all staff – including volunteers, students)

Regularly review and monitor visitor sign in log, and ensure it is maintained securely

Oversee visitor clearances, approvals, authorisations, identification, supervision and ensure all necessary working with children/vulnerable people checks are verified and show not prohibited

Take reasonable steps to ensure that visitors do not have personal devices capable of taking, storing or transmitting images in their possession or control if they are working directly with children as part of our service

Take reasonable steps to ensure that visitors do not take, store or transmit unauthorised photographs at our service, including on a personal device

Contribute to policies and procedure reviews and risk assessments and plans in consultation with children, families, communities and staff. Support the approved provider to notify families of reviews and changes according to legislation and our policies and procedures

Educator / other staff responsibilities (not limited to)

Follow this [Visitors Policy](#) and related procedures, including for technology and device use and photographing and videoing children

Communicate to visitors about our requirements for signing in and out, showing identification and proof of authorisation, following our relevant policies and procedures, device use, and not taking photos or videos without nominated supervisor or approved provider's permission and the person's consent

Directly supervise visitors at all times, in accordance with this policy. Do not allow visitors to be alone with children unless they have prior approval from the nominated supervisor and the child's parents

Report any concerns about visitor behaviour or device use to the nominated supervisor or approved provider

Contribute to policy and procedure reviews and risk assessments and plans, and participate in training and professional development opportunities on health and infection control

Visitors responsibilities (not limited to)

Sign in and out and show ID, where required

Provide us with a valid, not prohibited working with children/vulnerable people check if required

Provide us with written authorisation from a child's parent if you are required to

Do not have a personal device capable to capturing, storing or transmitting images on your person or in your control if you are working directly with children as part of our service

Do not **capture or transmit** photos, videos or recordings of children or adults at our service unless you have the appropriate authorisation (from the approved provider or nominated supervisor) and the relevant consent, and only in accordance with our [Photography and Video Policy](#)

Do not remain alone with a child unless you are a family member of the child or have prior approval from the nominated supervisor and the child's parents

Act according to our [Child Safe Code of Conduct](#) , [Families and Visitors Code of Conduct](#) and other relevant service policies and procedures

APPENDIX B

PROCEDURE – Visitors

When to use this procedure

- When a visitor comes or intends to come to our service, including: parents, volunteers, students; prospective employees; training consultants; public officials; tradespeople; business representatives and salespeople; government officers; professional photographers; instructors; entertainers; emergency service officers; allied health professionals etc
- Parents and authorised nominees (those who have prior written permission to collect children) are not considered visitors when they are routinely collecting or delivering children to the service

1. Ask for required documentation **before** the scheduled visit for:

- Visitors who are required to have a valid working with children/vulnerable people need:
 - A valid and not prohibited clearance, verified by us according to our procedures
 - If the person doesn't have the required clearance, they can only enter if a regular staff member will directly supervise them the entire time
- Specialists or professionals (e.g., allied health professionals) who will be providing therapy/support to a child need:
 - Written consent from the child's parent. Visits need to be planned and in line with the child's support or education plan, or another written instruction from the child's parent
 - A valid and not prohibited working with children/vulnerable people check, verified by us according to our procedures
 - Approval from a parent and nominated supervisor if the session will be unsupervised

2. Welcome the visitor and ask about the purpose of their visit

3. Except for parents, check if the visitor is pre-approved:

- Confirm if the responsible person, nominated supervisor, or approved provider approved their visit
- If they don't have approval, then seek approval from the responsible person

4. If staff don't know the visitor, ask them to show photo identification, such as:

- A driver's licence / proof of age card / passport

- A work ID
 - Another official ID
 - Note, if the visitor is a regular and staff know them, you do not need to ask for ID
5. If the visitor is a tradesperson, official or professional that we don't know already, ask them to show their business card or some form of work credential
 6. Show the visitor the sign-in logbook or electronic system and ask them to fill in:
 - Their full name and signature
 - Date and time of arrival
 - Reason for the visit
 - Their contact information
 7. Let the appropriate staff member know the visitor has arrived
 8. Walk the visitor to their destination or ask another staff member to accompany them
 9. Make sure the visitor is always with a regular staff member (i.e., not a volunteer, student or short-term contractor) while they are on the premises, unless they have prior approval to be unsupervised
 10. Never leave the visitor alone with children, unless they are a parent and they are only alone with their own child, or a professional or specialist who has prior approval
 11. If the visitor will be working directly with children, they must not have any personal devices in their possession or control
 12. Instruct the visitor on any relevant policies and procedures, if necessary. Make sure the visitor is acting in line with our Child Safe Code of Conduct, Families and Visitors Code of Conduct and our rules about photography and device use
 13. Ask the visitor to sign out when they leave and record the time of departure
 14. Additional notes:
 - If something unusual happens during the visit (e.g., the visitor doesn't follow rules or acts inappropriately), write down the details and tell the responsible person or nominated supervisor immediately
 - Emergency personnel, such as firefighters or paramedics, don't need to sign in during emergencies but should show ID, if it is feasible
 - Explain to the visitor if they want to take a photo or video of anyone at the service - children and adults - they need to have the relevant consent first (that is, from the adult themselves or a child's parent)

60 - Volunteers and Students Policy

PURPOSE AND BACKGROUND

- (43) To set out how volunteers and students are supported to develop their skills and knowledge, and the processes we have in place to ensure their safety and wellbeing, as well as the safety and wellbeing of children, families, staff and visitors at our service
- (44) This policy is a requirement under the *Education and Care Services National Regulations*. The approved provider must ensure that policies and procedures are in place for dealing with staffing, including the participation of volunteers and students on practicum placements (s 168(i)(ii))

SCOPE

- (45) This policy applies to:
- ‘Staff’: the approved provider, persons with management or control, nominated supervisor, paid workers, and third parties (e.g., contractors, subcontractors, self-employed persons, employees of a labour hire company) who carry out work on our behalf
 - Volunteers
 - Work placement students

DEFINITIONS

- (46) The following definitions apply to this policy and related procedures:
- ‘Parents’ includes guardians and persons who have parental responsibilities for the child under a decision or order of court
 - ‘Staff’ unless otherwise indicated refers to the approved provider, persons with management or control, nominated supervisor, paid employees and third parties who are covered in the scope of this policy – unless otherwise indicated
 - ‘Volunteer’ refers to a person who offers their time and skills at the service without payment
 - ‘Occasional parent helper’ refers to a parent or carer who volunteers for a single activity or short-term event (e.g., helping on an excursion or a sausage sizzle)
 - ‘Student’ is a person who is undertaking a practicum, internship or work placement as part of a recognised course of study or training (includes TAFE, university, or secondary school)

POLICY STATEMENT

Engagement of volunteers and students

- (47) Volunteers and students may only attend our service if approved by the nominated supervisor
- (48) In considering whether to engage a volunteer or student at the service, the nominated supervisor will take into account:
- The purpose of their engagement and whether it is likely to be a mutually beneficial arrangement
 - The suitability of the student or volunteer for the proposed placement or work
 - Whether we have the resources to support and supervise the student or volunteer
- (49) The nominated supervisor will consult with relevant and/or affected staff members before agreeing to any arrangements with volunteers or students
- (50) The nominated supervisor will ensure that prospective students agree in writing to the proposed arrangements and responsibilities (e.g., duration, reporting, evaluation, working hours, role, support, timesheets etc) before their start date
- (51) We will regularly review student placements and volunteer experiences to ensure they continue to meet our quality and safety standards

Screening and suitability checks

- (52) Staff must follow our procedure for child safe recruitment, including for Working with Children Checks (WWCC), and checks for prohibition, supervision, suspensions or other enforceable undertakings (in our [Recruitment, Induction and Training Policy](#))
- (53) All volunteers and students must have a valid, non-prohibited WWCC, unless they are exempt under the law
- (54) We may also require a resume, proof of ID, proof of student enrolment, reference checks, police checks or declarations, depending on the nature of the role
- (55) We must not accept anyone as a volunteer or student if they are prohibited from working with children or in an education and care service, or are the subject of a suspension notice, supervision notice, prohibition notice or enforceable undertaking, or otherwise unsuitable for the role

Induction and orientation

- (56) Inductions and orientations of students and volunteers will be carried out according to our [Recruitment, Induction and Training Policy](#) and related procedures
- (57) The approved provider and nominated supervisor must ensure that students and volunteers have the skills and knowledge to keep children safe, including any mandatory

child protection or child safety training. They must also be advised on and understand current child protection laws, and be able to explain their obligations under those laws, including for mandatory reporting (*National Regulations* s 84)

- (58) At induction and orientation, volunteers and students given access to, our Child Safe Environment Policy, Child Safe Code of Conduct and Child Protection Policy
- (59) They must also be given any other information, support or training required by law, or which is necessary for them to carry out their work, or to keep themselves, children, staff and others safe and well. Depending on their role, for example:
- Expectations and standards for professional and ethical behaviour (e.g., Staff Code of Conduct, Families and Visitors Code of Conduct, ECEC Code of Ethics)
 - Supervision of and interactions with children procedures
 - Emergency and evacuation procedures
 - Technology and device use policies
 - Photography and social media policies
 - Work health and safety obligations and procedures
 - Health, hygiene and safe food practices
 - Managing medical conditions in children procedures
 - Incident, injury, trauma and illness procedures
 - Privacy and confidentiality policies
 - Complaint handling and protected disclosure policies.

Supervision

- (60) Volunteers and students must be supervised by a qualified staff member at all times
- (61) Occasional parent helpers must always be under the direction of a staff member when working with children and are not allowed to supervise children independently
- (62) Volunteers must not assist children with personal care (e.g., nappy changing, toileting), and students may only assist children with personal care if they are being directly supervised by an educator
- (63) Volunteers and students must not be left alone with children or included in educator-to-child ratios (*National Law* s 169)
- (64) Volunteers and students must act in a professional way and according to our policies and procedures. They must follow reasonable directions of staff
- (65) Room leaders and the nominated supervisor must monitor volunteers and students to ensure that they are meeting our quality and safety standards

Support for students and volunteers

- (66) Through observation and practical experience, volunteers and students can expect to learn new skills for educating and caring for children, and for working in a team in the early childhood profession
- (67) Students will be given a mentor educator ('student supervisor') with appropriate expertise and experience to supervise their work, and guide and support their learning
- (68) Students are responsible for developing their own workplace learning plan (e.g., timelines for debriefs, competencies, observational documentation), but the student supervisor can provide advice and support where required
- (69) The student supervisor and room leaders will monitor the student's performance, check on the progress of the student's written work and help resolve any issues raised by the student
- (70) Educators will share their skills and knowledge, and maintain open communication with students and volunteers
- (71) Depending on their placement, students may rotate through rooms, activities, and/or shifts to give them a broad and varied experience
- (72) If a student is at risk of failing their practicum, the student supervisor and room leader will discuss the matter with the student, and contact the student's training institution to determine a suitable course of action
- (73) Educators will receive guidance from the nominated supervisor and staff leaders on how to support and monitor students
- (74) Students and volunteers should raise with a staff leader (e.g., student supervisor, room leaders, nominated supervisor) any problems or additional needs they have

Communication and confidentiality

- (75) Staff members only are responsible for communicating with families, not volunteers or students
- (76) Volunteers and students must not share personal or sensitive information about children, families, staff or our service
- (77) Volunteers and students must not speak on behalf of our service or post about their involvement with our service on social media without prior approval from the nominated supervisor
- (78) The nominated supervisor will notify children, parents and staff members of the presence of students and volunteers at our service

Record keeping

- (79) The approved provider must ensure that a staff record is kept for each student or volunteer who participates at our service (*National Regulations* s 149(1)), with the following information:
- The full name, address and date of birth of the student or volunteer
 - A record of identifying number and expiry date of their WWCC if they are required to have one
- (80) The approved provider must keep evidence of any mandatory training completed on the record
- (81) The approved provider must also ensure that a record is kept for each day on which the student or volunteer participates, with the date and the hours they worked (*National Regulations* s 149(2))
- (82) Students may complete any required observational records for their placement, under staff guidance and with the appropriate consent
- (83) Records must be kept securely and in line with our [Privacy and Confidentiality Policy](#)

Dealing with concerns or incidents

- (84) Staff must follow our [Child Protection Policy and Procedures](#) for any matter than involves harm or risk of harm to a child, including inappropriate conduct or inappropriate discipline by the student or volunteer
- (85) Any other concerns about a student or volunteer's interactions with children or other concerning conduct must be reported promptly to a staff leader immediately
- (86) Where appropriate, staff leaders must escalate concerns to the responsible person to manage according to the relevant policy
- (87) Depending on the circumstances, a student's training institution will be advised of any concerns or incidents involving the student
- (88) The nominated supervisor may ask a student or volunteer to leave the service at any time, and/or terminate any agreements in place, if the student or volunteer:
- Poses a risk to the health, safety or wellbeing to children, families, staff or visitors
 - Breaches our codes of conduct, policies or procedures – including by subjecting a child or children to inappropriate conduct or any form of inappropriate or unreasonable discipline

- Fails to uphold their obligations under any agreements (such as working hours or work placement tasks), or
 - If their presence is not considered to be in the best interests of children or staff members
- (89) Volunteers and students who breach the *National Law or Regulations* in NSW may have disciplinary action taken against them by the regulatory authority (National Law s 188C – NSW),

PRINCIPLES

- (90) The safety and wellbeing of children in our care is our number one priority, so we take every reasonable measure to ensure that the adults at our service are suitable and supported to uphold child safety
- (91) We welcome the involvement of volunteers and students, and see them as beneficial children and our service as a whole
- (92) We believe that volunteers and students support our educational program and bring new perspectives, collaborations, links to our community, energy and continuous learning opportunities
- (93) We support students to develop as individuals, gain knowledge and skills, build relationships with people in the early childhood sector, and further their career
- (94) Staff, volunteers and students are expected to behave professionally, respectfully, fairly and ethically at all times
- (95) Everyone at our service can expect to be safe, and have their rights and dignity upheld

POLICY COMMUNICATION, TRAINING AND MONITORING

- (96) This policy and related documents can be found in our Office and on our digital devices.
- (97) The approved provider and nominated supervisor provide information, training and other resources and support regarding the Volunteers and Students Policy and related documents
- (98) Roles and responsibilities are clearly defined in this policy and in individual position descriptions. They are communicated during staff inductions and in ongoing training

- (99) The approved provider and nominated supervisor monitor and audit staff, volunteer and student practices and address non-compliance. Breaches of this policy are taken seriously and may result in disciplinary action
- (100) Families are notified in line with our obligations under the *National Regulations* when changes are made to our policies and procedures

LEGISLATION (OVERVIEW)

Education and Care Services National Law and Regulations

Law	Description
s 162A	Offence related to child protection training
s 165	Offence to inadequately supervise children
s 166	Offence to use inappropriate discipline
s 166A	Offence to subject a child to inappropriate conduct
s 167	Offence relating to protection of children from harm and hazards
s 169	Offence relating to staffing arrangements
s 170	Offence relating to unauthorised persons on premises
Regulations	
s 84	Awareness of child protection law
s 122	Educators must be working directly with children to be included in ratios
s 123	Educator to child ratios – centre-based services
ss 145 – 152B	Staff and educator records – centre-based services
s 168	Education and care services must have policies and procedures
s 170	Policies and procedures to be followed
s 171	Policies and procedures to be kept available
s 172	Notification of change to policies or procedures
s 177	Prescribed enrolment and other documents to be kept by the approved provider
ss 181 ,183 - 184	Confidentiality and storage of records

Other applicable laws and regulations

Act / Regulation / Standard	Description
<i>Work Health and Safety Act 2011</i>	Describes the primary duty of care to people in the workplace

<i>Privacy Act 1988</i>	Principal act protecting the handling of personal information
<i>Food Safety Standards Australia</i>	Food handling requirements, including for volunteers and students
<i>Child Protection (Working with Children) Act 2012 (NSW); Child Protection (Working with Children) Regulation 2013</i>	Covers working with children checks requirements
<i>Education and Care Services (Supply, Authorisation and Use of Devices) Order 2025 (NSW Minister's Order)</i>	Rules for devices and photography in NSW

National Quality Standard

Standard / Element	Concept	Description
1.1.1	Approved learning framework	Curriculum decision-making contributes to each child's learning and development outcomes in relation to their identity, connection with community, wellbeing, confidence as learners and effectiveness as communicators
2.2	Safety	Each child is protected
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazards
2.2.3	Child Protection	Management, educators and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect
4.2.2	Professional standards	Professional standards guide practice, interactions and relationships
6.2.3	Community engagement	The service builds relationships and engages with its community
7.1	Governance	Governance supports the operation of a quality service that is child safe
7.1.3	Roles and responsibilities	Roles and responsibilities are clearly defined, and understood, and support effective decision-making and operation of the service that is child safe
7.2.3	Development of professionals	Educators, co-ordinators and staff members' performance is regularly evaluated and individual plans are in place to support learning and development

Early Years Learning Framework (EYLF) V2.0

Outcome	Key component
1: CHILDREN HAVE A STRONG SENSE OF IDENTITY	Children feel safe, secure and supported
2: CHILDREN ARE CONNECTED WITH AND CONTRIBUTE TO THEIR WORLD	Children develop a sense of connectedness to groups and communities and an understanding of their reciprocal rights and responsibilities as active and informed citizens

National Principles for Safe Organisations

Most relevant principles

Child safety and wellbeing is embedded in organisational leadership, governance and culture

People working with children and young people are suitable and supported to reflect child safety and wellbeing values in practice

Staff and volunteers are equipped with the knowledge, skills and awareness to keep children and young people safe through ongoing education and training

Physical and online environments promote safety and wellbeing while minimising the opportunity for children and young people to be harmed.

Policies and procedures document how the organisation is safe for children and young people.

RELATED DOCUMENTS

Key Policies	Child Safe Environment Policy Child Protection Policy Child Safe Code of Conduct Staff Code of Conduct Recruitment, Induction and Training Policy Work Health and Safety Policy Record Keeping Policy Staff Communication Policy Visitors Policy Privacy and Confidentiality Policy Relevant HR policies <Families and Visitors code of Conduct>
Procedures	Roles and Responsibilities – Volunteers and Students (attached) Working with Children Check Procedure (in Recruitment, Induction and Training Policy) Induction and orientation procedures (in Recruitment, Induction and Training Policy) HR procedures

SOURCES

Education and Care Services National Law and Regulations | National Quality Standard | Work health and safety laws and guidelines | ACECQA's policy and procedure guidelines for Staffing Arrangements | *Education and Care Services (Supply, Authorisation and Use of Devices) Order 2025 (NSW Minister's Order)*.

Quick reference: staffing arrangements | volunteers | students on practicum placements | child safety | screening | Working with Children Checks | inductions and orientations | training | supervision | work health and safety | Codes of Conduct | record keeping and documentation | child safe recruitment practices

POLICY INFORMATION

Approval date 1 January 2026

Effective date 1 January 2026

Review date Reviewed annually and when there are changes that may affect this policy or related procedures

Approved by Dr Jay Mukhraiya

APPENDIX A

ROLES AND RESPONSIBILITIES – VOLUNTEERS AND STUDENTS

Approved provider responsibilities (not limited to)

- Ensure our service meets its obligations under the *Education and Care Services National Law and Regulations*, including to take every reasonable precaution to protect children from harm and hazards likely to cause injury, and ensure that children are adequately supervised at all times and not subjected to inappropriate conduct or inappropriate discipline
- Ensure that our service's governance, management, operations, policies, plans, (including risk management/action plans), systems, practices and procedures related to volunteers and students are appropriate in practice, up-to-date, best practice, and comply with all relevant legislation, standards and guidelines
- Ensure this Volunteers and Students Policy and related procedures are in place and available for inspection
- Support the approved provider to ensure our Volunteers and Students Policy and related procedures are followed (e.g. through clear and accessible communication, and systemised inductions, training and monitoring of all staff – including volunteers, students)
- Ensure that students and volunteers have completed any mandatory child protection training or child safety training, are aware of and understand current child protection laws, and can explain any obligations they have under the laws, including for mandatory reporting
- Ensure that volunteers and students are suitable to work in a children's service, and that they are screened according to the law and our policies and procedures, including checking they hold a valid and non-prohibited WWCC and are not prohibited from working in an education and care service
- Ensure that volunteers and students follow our child safety rules, including for personal devices and photography
- Ensure that a staff record is kept with the details outlined in this policy
- Ensure that students and volunteers are supported and supervised according to this policy and related procedures
- Ensure that staff, children and families are sufficiently informed about the presence of any students or volunteers
- Ensure that volunteers and students are given the necessary training, support, information and resources to ensure the health and safety of themselves, children, staff and anyone else at our service
- Ensure that volunteers and students agree to uphold our professional standards and practices, including our Staff Code of Conduct and our Child Safe Code of Conduct, and that any incidents or allegations of misconduct or policy/procedure breaches are dealt with promptly and appropriately
- Regularly review this Volunteers and Students Policy and related procedures in consultation with children, families, communities and staff

- Notify families at least 14 days before changing this Volunteers and Students Policy if the changes will: affect the fees charged or the way they are collected; or significantly impact the service's education and care of children; or significantly impact the family's ability to utilise the service

Nominated supervisor / persons in day-to-day charge responsibilities (not limited to)

- Ensure our service meets its obligations under the Education and Care Services National Law and Regulations, including to take every reasonable precaution to protect children from harm and hazards likely to cause injury and ensure that children are adequately supervised at all times and not subjected to inappropriate conduct or inappropriate discipline
- Support the approved provider to ensure that our service's management, operations, policies, plans, (including risk management/action plans), systems, practices and procedures related to volunteers and students are appropriate in practice, up-to-date, best practice, and comply with all relevant legislation, standards and guidelines
- Implement this Volunteers and Students Policy and related procedures
- Take reasonable steps to ensure our Volunteers and Students Policy and related procedures are followed (e.g. through clear and accessible communication, and systemised inductions, training and monitoring of all staff – including volunteers, students)
- Ensure that volunteers and students are suitable to work in a children's service, and that they are screened according to the law and our policies and procedures, including checking that they hold a valid and non-prohibited WWCC, and are not prohibited from working in an education and care service
- Ensure that students and volunteers have completed any mandatory child protection training, are aware of and understand current child protection laws, and can explain any obligations they have under the laws, including for mandatory reporting
- Ensure that volunteers and students follow our child safety rules, including for personal devices and photography
- Ensure that a staff record is kept with the details outlined in this policy
- Ensure that students and volunteers are supported and supervised according to this policy and related procedures
- Ensure that staff, children and families are sufficiently informed about the presence of any students or volunteers
- Ensure that volunteers and students are given the necessary training, support, information and resources to ensure the health and safety of themselves, children, staff and anyone else at our service
- Ensure that volunteers and students agree to uphold our professional standards and practices, including our Staff Code of Conduct and our Child Safe Code of Conduct, and that any incidents or allegations of misconduct or policy/procedure breaches are dealt with promptly and appropriately

- Contribute to policies and procedure reviews and risk assessments and plans in consultation with children, families, communities and staff. Support the approved provider to notify families of reviews and changes according to legislation and our policies and procedures

Educator / other staff responsibilities (not limited to)

- Follow this Volunteers and Students Policy and related procedures, including to train, support and supervise volunteers and students as required
- Model professional standards at all times
- Report any breaches to our policies, procedures or codes of conduct promptly
- Contribute to policy and procedure reviews and risk assessments and plans, and participate in training and professional development opportunities

Volunteers and students (not limited to)

- Follow this Volunteers and Students Policy, related procedures and other relevant policies and procedures
- Undertake any required training and professional development, including for child safety and child protection
- Complete and submit any necessary documentation before you start – may include, for example, WWCC, written agreement for your engagement, proof of ID, paperwork from training institutes (for students)
- Model professional standards and uphold our Child Safe Code of Conduct and Staff Code of Conduct at all times. Never subject any child to any form of harm, or risk of harm, inappropriate conduct/discipline, corporal punishment or unreasonable discipline
- Follow our child safety rules, including for personal devices and photography
- Report any breaches to our policies, procedures or codes of conduct promptly
- Accept guidance and follow directions of staff members
- Take care not to risk your own or others' health and safety
- Notify your supervisor / room leaders as soon as you can if you won't be attending your assigned working hours or there are any other changes we should know about
- Students should comply with any reporting and evaluation requirements of our service and their training institution
- Maintain the privacy and confidentiality of children, families and staff at our service

Families responsibilities (not limited to)

- Report any concerns you have about a volunteer or student to educators, the nominated supervisor or the approved provider

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NQS

QA2	2.2.1	Supervision - At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
QA3	3.1.2	Upkeep - Premises, furniture and equipment are safe, clean and well maintained.

NATIONAL REGULATIONS

Regs	168	Policies and procedures are required in relation to health and safety

AIM

We aim to do everything possible to protect the health, safety and welfare of all educators and other people who may be affected by our operation including our children and their families.

IMPLEMENTATION

Duty of Care

The Approved Provider and Nominated Supervisor will ensure he or she takes all reasonable steps to ensure the health and safety of all educators, staff, volunteers, children, their families and any other people impacted by the service operations. This includes identifying and eliminating or reducing all reasonably foreseeable hazards and providing appropriate training and instruction. Our educators, staff and volunteers will also ensure they take reasonable care for their own health and safety and that their conduct does not adversely affect the health and safety of other people.

Consultation, Cooperation and Coordination

Our service will share information about health and safety matters with educators, staff, and volunteers and encourage them to express their views or raise issues. We will involve our Health and Safety Representative in the consultations .

Our service will consult with educators, staff, and volunteers when:

- identifying hazards and assessing risks arising from work
- proposing changes that may affect the health and safety of workers.
- carrying out activities prescribed by the Work Health and Safety Regulation.

Our service will also consult with educators, staff, and volunteers when making decisions about:

- ways to eliminate or minimise risks.
- the adequacy of their facilities
- consultation procedures
- resolving health and safety issues
- monitoring their health and safety or the safety of workplace conditions
- how to provide health and safety information and training.

Consultation with our educators, staff and health and safety representatives means:

- relevant work health and safety information is shared.
- they have a reasonable chance to express their views.
- they are given a reasonable opportunity to contribute to the decision-making process.
- their views are taken into account.
- they are advised of the outcome of the consultation in a timely manner.

Our educators, staff, and volunteers are entitled to:

- elect a health and safety representative.
- request the formation of a health and safety committee.
- cease unsafe work.
- have health and safety issues resolved in accordance with an agreed issue resolution procedure.
- not be discriminated against for raising health and safety issues.

Health and safety representatives

Our educators and staff can elect Health and Safety Representatives (HSRs). If a request is made for a HSR, our Approved Provider/Nominated Supervisor will:

- commence negotiations with workers about the number of HSRs and any deputy HSRs, and which workers will be represented by the HSRs (in groups called work groups) within 14 days.
- give all educators and staff the chance to nominate as a HSR and to vote in an election if there is more than 1 candidate.
- notify workers of the outcome of the negotiations as soon as possible.

The Approved Provider/Nominated Supervisor must keep a current list of all HSRs and deputy HSRs and display a copy at the workplace. The list must also be given to the Work Health and Safety Regulator.

A HSR can:

- inspect the workplace of their work group.
- accompany a workplace health and safety inspector during an inspection.
- be present at an interview with a worker that the HSR represents (with their consent) and the Approved Provider/Nominated Supervisor or an inspector about health and safety issues.
- request a health and safety committee be established.
- monitor compliance measures by the Approved Provider/Nominated Supervisor
- represent the work group in health and safety matters.
- investigate complaints from members of the work group.
- inquire into any risk to the health or safety of workers in the work group.
- request the assistance of any person, including a union, whenever necessary.
- issue Provisional Improvement Notices in the form and manner prescribed in the legislation (these Notices must be adhered to and displayed)
- direct workers to cease unsafe work where the HSR considers there is a serious health and safety risk if consultations the Approved Provider/Nominated Supervisor do not resolve the issue.

Our service will ensure HSRs and deputy HSRs:

- are never prevented from carrying out any of their duties.
- are able to give people assisting them access to the workplace.
- can take paid leave to attend to their health and safety duties.
- can take paid leave to attend an initial work health and safety course or annual refresher training approved by the regulator within 3 months of their request to attend. We will pay the course costs and reasonable expenses.
- can access any resources, facilities and assistance that they reasonable require to undertake their duties.

HSRs or Deputy HSRs are elected for 3 years unless they leave the work group, are disqualified, resign or the majority of workers they represent agree they should not represent them. They are not personally liable for anything done, or not done, in good faith while carrying out their role.

Health and Safety Committees

A Health and Safety Committee (HSC) can facilitate cooperation between the Approved Provider and educators, staff and volunteers in developing and implementing measures to ensure health and safety at our service.

At least 5 of our educators, staff, or our HSR, can request the establishment of an HSC. We will establish an HSC within 2 months of a request. We can also establish an HSC without a request. At least half the members of an HSC won't have been nominated by the Approved Provider /Nominated Supervisor. A HSR can consent to be a member of the committee.

Our service will ensure:

- an HSC has access to any information related to workplace hazards and the health and safety of workers, except for personal or medical information which would identify individual workers.
- an HSC meets at least once every three months or at any reasonable time at the request of at least half of the committee members.
- HSC members are able to take paid leave to comply with their health and safety duties.

Notification of Death, Serious Injury or Illness

The Approved Provider/Nominated Supervisor must notify the Work Health and Safety Regulator as soon as they become aware of a death, or a serious injury or illness that results in:

- immediate treatment as an in-patient in a hospital, or
- immediate treatment for:
 - the amputation of any part of the body
 - a serious head injury
 - a serious eye injury
 - a serious burn
 - the separation of skin from an underlying tissue (such as degloving or scalping)
 - a spinal injury
 - the loss of a bodily function

- serious lacerations or
- medical treatment within 48 hours of exposure to a substance.

A serious illness is:

- any infection to which the carrying out of work is a significant contributing factor, including any infection that is reliably attributable to carrying out work:
 - with micro-organisms
 - that involves providing treatment to a person.
 - that involves contact with human blood or body substances, or
 - involves handling or contact with animals, animal hides, skins, wool or hair, animal carcasses or animal waste products.

A dangerous incident is also notifiable under the legislation. Dangerous incidents include:

- an uncontrolled escape, spillage or leakage of a substance
- an uncontrolled implosion, explosion or fire
- an uncontrolled escape of gas or steam
- an uncontrolled escape of a pressurised substance
- electric shock
- the fall or release from a height of any plant, substance or thing
- the collapse, overturning, failure or malfunction of, or damage to, any plant that is required to be authorised for use in accordance with the regulations.
- the collapse or partial collapse of a structure
- the collapse or failure of an excavation or of any shoring supporting an excavation.
- the inrush of water, mud or gas in workings, in an underground excavation or tunnel.

The approved provider or nominated supervisor must notify the regulator by telephone or in writing (including by facsimile or email) as soon as possible after the injury, illness or incident. If notified by telephone, the regulator may require a written notice of the incident within 48 hours. Records of the incident must be kept for at least 5 years from the date that the incident is notified. The approved provider/nominated supervisor must ensure the site where the incident occurred is left undisturbed as much as possible until an inspector arrives or as directed by the regulator.

SOURCE

1. Education and Care Services National Regulations 2011
2. National Quality Standard
3. Work Health and Safety Act 2011
4. Work Health and Safety Regulation 2017

POLICY INFORMATION

Approval date	1 January 2026

Effective date	1 January 2026

Review date	Reviewed annually and when there are changes that may affect this policy or related procedures
Approved by	Dr Jay Mukhraiya >

APPENDIX A

Obligations

In accordance with the Work Health and Safety Legislation 2011 this service recognises its moral and legal obligation to provide a safe and healthy working environment for educators and coordinators, relief educators and Centre visitors, (defined in the WHS Act 2011 as workers) so far as is reasonably practicable. We are also committed to providing a safe and healthy environment for those in our care, our workers and visitors so far as is reasonably practicable. We are committed to implementing and maintaining a clear, Work Health and Safety Management System that has the support of everyone in the organisation.

Objectives

So far as is reasonably practicable we will:

- Provide a safe and healthy workplace for all employer at this service.
- Provide safe equipment.
- Provide written procedures and instructions that ensure safe systems of work.
- Ensure compliance with WHS legislation and current industry standards.
- Provide relevant training, information, instruction, and supervision to workers, and visitors to ensure their health and safety.
- Provide assistance and ongoing support to workers regarding WHS issues.

Responsibilities

All staff are responsible and will be held accountable for implementing those aspects of the Policy for which they are responsible. Performance will be measured regularly in accordance with Centre's policy.

The Management will:

- Provide a Centre in a safe condition.
- Be involved in developing, promoting and implementing health and safety policies and procedures.
- Be involved in developing, promoting and implementing workplace hazard and risk identification and management.
- Train / instruct employees in the safest method to perform their work tasks.
- Provide and ensure usage of adequate resources and information to meet our Centre's commitment to Work Health and Safety

Staff will:

- Take reasonable care for their own health and safety.
- Take reasonable care not to affect the health and safety of others.
- Follow all procedures detailed within our Centre WHS Policy and Procedures
- Report any injury, illness, hazard or unsafe work practice to Management.

Consultation

As per the relevant WHS legislation, we understand and are committed to work health and safety consultation with all workers.

Policy Authorised: _____ (Proprietor/Director)

Date: _____ Next Date of Review: _____ (12 months)

References:

- WHS Act 2011 pt.2 div.2 s. 19 (Primary duty of a 'person conducting a business or undertaking')
- AS/NZS 4801:2001 OHS Management Systems

APPENDIX B

WHS Objectives and Targets

Purpose

The purpose of this section is to set measurable objectives and targets for the workplace to help the Centre comply with its WHS obligations that allocate responsibilities and provides indicators to measure performance. For individuals these objectives should be adjusted and incorporated into position descriptions.

Scope

These objectives and targets apply throughout the Centre.

Objective	Target	Indicator / Evidence	Responsibility	Date for Completion
All staff know their WHS responsibilities, conduct themselves in a safe and responsible manner.	Staff are familiar with, and operate in accordance with the Policy and Procedures Manual and their job descriptions	WHS Self Audit semi-annually to confirm the WHS System is fully implemented.	Management to implement and maintain WHSMS. Staff to assist and cooperate.	Ongoing. WHS Self Audit semi annually Staff performance reviews annually
WHS-related training is a priority issue, training needs are identified and met	All staff trained in accordance with requirements of their position descriptions.	Training needs and requirements are known, training is conducted, and training records are accurate.	Management to assess needs, provide training and ensure its implementation Staff to attend training and apply.	Ongoing. WHS Self Audit semi annually On expiry of individual staff qualifications.
Minimise incident frequency and severity occurring to staff and others.	Nil incidents.	Where incidents occur RTW procedures are followed, and investigations undertaken.	Management to maintain WHSMS plan and respond quickly to Hazard reports.	Ongoing. WHS Self Audit semi annually

Contractor management processes in place and implemented	Contractors provide confirmation of insurances; safe work statements Contractors receive site induction.	Documents recorded and regularly updated induction and training records where relevant.	Management to establish management procedures and ensure implementation	Ongoing. WHS Self audit semi annually Certificates of currency annually
Maintain workplace WHS Management System in a current practical format.	Current WHSMS implementation	Regular workplace inspections, risk assessments, staff trained, internal audits , current documentation	Management to review regularly and decide on action in consultation with staff	WHS Self Audit semi annually
Workplace inspections are undertaken, and all items identified are rectified.	Inspections monthly	Documented records	Management to review regularly and decide on action in consultation with staff	Ongoing – monthly minimum

References:

- AS/NZ4801:2001 OHS Safety Management Systems

APPENDIX C

WHS002 Legal Responsibilities and WHS Information

Purpose

To identify and highlight the key management responsibilities for WHS under the legislation and to ensure WHS information is available to all staff.

Scope

This policy sets out the general WHS responsibilities for Directors, Educators and staff and provides references for the key sources of WHS information. These responsibilities should be included in individual position descriptions.

Responsibilities

Director /Approved Provider (Person Conducting a Business or Undertaking i.e., PCBU)

The PCBU in Centres will be the owner, the director, the employer. The WHS Act 2011 sets out the duty of the PCBU to:

So far as is reasonably practicable, to provide a safe and healthy workplace for workers and others by ensuring:

- safe systems of work
- a safe work environment
- safe use of plant, structures and substances
- facilities for the welfare of workers are adequate.
- notification and recording of workplace incidents.
- adequate information, training, instruction and supervision is given.
- compliance with the requirements under the work health and safety regulation
- effective systems are in place for monitoring the health of workers and workplace conditions.

Directors

Directors and others who have a high level of obligation for the WHS in the Centre are designated 'Officers' and have a key responsibility for WHS in this workplace in accordance with the WHS Act 2011 Section 27 'due diligence' provisions. The main elements of due diligences are:

- To acquire and keep up to date knowledge of WHS matters.
- To gain an understanding of the operations of the business and the hazards and risks involved
- To ensure appropriate resources and processes are provided to enable hazards to be identified and risks to be eliminated or minimised.
- To ensure information regarding incidents, hazards and risks is received and the information is responded to in a timely way.
- To ensure the PCBU has and implements processes for complying with any legal duty or obligation.

All staff are responsible for the WHS, and they acknowledge that they are accountable for the operational implementation of all aspects of the Centre's WHS system. Some key responsibilities include:

- Carry out all duties required to implement and maintain the WHS Management System including supervision, training, and provision of safe systems of work.
- Ensure steps are taken to maintain compliance with WHS Legislation and Australian Standards
- Distribute WHS information to staff as and when it becomes available and consult regularly with staff on WHS issues.
- Keep records of all injuries in the Incident Register
- Carry out regular workplace inspections and risk assessments or delegate to staff members.
- Include safety as an item on the agenda at staff meetings and record minutes.
- Actively promote Health and Safety in the workplace to all workers
- Ensure completion of the Self Audit Questionnaire as a means of regular WHS Management System review.
- Carrying out any WHS duties delegated to them.
- Completing the Incident Register and report the incident to Management.
- Investigate incidents as required in accordance with workplace policy and legislation.
- Immediately reporting any unsafe working practices to management
- Actively promoting health and safety in the workplace to all staff and visitors
- Ensuring that all employees are working in a safe manner.
- Taking note of (and recording) any suggestions made by staff, or visitors regarding safety.
- Observing safety rules, working safely and reporting any hazards and incidents to Management
- Following the procedures for safe work contained within this Policy and Procedures Manual and associated documents.
- Maintaining high standards of housekeeping at all times
- Using protective equipment as directed or as reasonably identified for use.
- Asking for specific training and instruction regarding any hazards associated with performing a task.
- Making suggestions and participating in meetings to further the development of a safer working environment.

Procedure

All Staff will be advised of their respective WHS responsibilities during staff induction training and responsibilities will be included in job descriptions.

The WHS performance of all staff will be included in job descriptions and is measured during performance reviews. Where staff are not performing in accordance with those responsibilities additional training is provided.

Access to WHS information and guidance documents is available on GEL Safe (www.gelsafe.com.au)

Other generic information sources are listed below.

www.workcover.nsw.gov.au	WorkCover NSW Website for legislation and guidance documents
www.safeworkaustralia.gov.au	Safe Work Australia for Codes of Practice and advisory information

www.saiglobal.com	The Australian Standards for technical standards
www.industrialrelations.nsw.gov.au	The Industrial Relations Website for HR and industrial relations information
www.nsw.gov.au	New South Wales Government for legal and general information
www.ahri.com.au	Australian Human Resource Institute for HR advice and information
www.training.gov.au	National Training Information and vocational information

References:

1. WHS Act 2011 pt.2 div.2 s.19 (primary duty of a 'person conducting a business or undertaking')
2. WHS Act 2011 pt.2 div.3 s.20 (duty on the person with management or control of a workplace)
3. WHS Act 2011 pt.2 div.4 s.27 (duty of Officers)
4. WHS Act 2011 pt.2 div.4 s.28 (duty of workers)

APPENDIX 4

WHS004 Workplace Inspection

Purpose

To ensure that monthly inspections are conducted at this workplace to identify hazards, assess risks and control those risks or eliminate hazards. All areas are regularly inspected including outdoor areas if relevant.

Scope

This procedure covers all workplace inspections conducted by staff or Management.

Responsibilities

Management has the responsibility to:

- Either complete the inspection themselves or delegate to a suitable competent individual
- Ensure the individual appointed have the skills, knowledge and competency to undertake the inspection in order to recognise any hazards that may need attention.

Staff have the responsibility to:

- Maintain the premises in a clean and tidy manner.
- Ensure equipment / toys are stored safely.
- Mop up any spills and removing trip hazards without instruction.
- Ensure rubbish is kept in designated areas.

Procedure

- The “Workplace Inspection Checklist” provided by GEL Safe will be used to identify hazards in the Centre.
- The checklist will be completed electronically or in hard copy. Additional hazards specific to the Centre can be noted at the end of the relevant section.

Areas to be inspected will include:

- Internal areas: All areas of the Centre including but not limited to the play area, change room, kitchen, amenities, storerooms, etc.
- External areas: All areas around the Centre including play areas, storage areas, carparks etc.

On completion of the inspection any urgent hazards must be brought to management’s attention immediately for rectification and a risk assessment documented.

Examples of hazards that should be addressed during the inspection include:

- Spillage on floors
- Uneven floors, worn floor coverings, slippery surfaces.
- Obstructions on floor
- Protruding fixtures / fittings
- Sharp corners / ends on fixtures.
- Unstable chairs
- Heavy items stored above waist height.
- No ladders or steps for accessing high storage areas.

- Overloaded power cords, poor electrical cord condition
- Lack of fire extinguishers,

Signage

Signs are a source of warning or information and are not a risk control by themselves. Signage in all areas will be correct, particularly 'prohibition' signs and 'warning' signs.

There are a variety of signs that require specific compliance such as:

- Exit signs – indicating the path to an exit door, located above head height, indicating the exit route from the building. They are illuminated and powered by an emergency power source.
- Emergency exits - signs indicate that the door is used as an emergency exit and therefore should never be blocked or locked on the inside. These signs are located on fire escape doors including on external surfaces.
- Fire Extinguisher Signs - There are two types of fire extinguisher signs required, one above the device noting its location simply stating, "fire extinguisher" and the second sign specifying the type of extinguisher and the fires that it can be used for. It is located above the fire extinguisher itself to allow for easy reading in an emergency. Access to extinguishers must be clear at all times.
- Fire Hose Reel Signs – These are placed on the outside of the Fire Hose Reel cupboard. Access to fire reels must never be blocked.
- Portable Wet Floor Signs are yellow in colour and must be used when the floor is slippery from mopping, spills, rain or any other reason. They should be stored in the same place for easy access.
- First Aid Kit signs indicate the location of the first aid kits. They are green and white in colour. They are located above the first aid kit above head height so they can be seen clearly from a distance.

References:

- WHS Regulation 2011 ch.3 (general risk & workplace management)
- WHS Act 2011 pt.2 div.1 s.17 (management of risks)
- WHS Regulation 2011 ch.3 div.2 ss.40 & 41 (standards for workplace facilities and maintenance)
- AS/NZS 1319 Safety Signs for the Occupational Environment
- AS/NZS 2293 – Emergency Escape Lighting Exit Signs for Buildings
- AS/NZS 1841 Portable Fire Extinguisher-General Requirements

Generic Policy & Procedures Manual – Version June 2017

This document provides generic WHS information only and should not be considered as a WHS procedure until adapted for your Service in accordance with the GEL Safe program. It is not a comprehensive statement of WHS laws or requirements and is not intended as legal advice. Its use is subject to the GEL Safe Terms of Use and Disclaimer accessible on the GEL Safe home page and link at the foot of each screen on www.GELSafe.com.au

62 - Whistle-blower Policy

NQS

QA7	7.1.2	Management systems - Systems are in place to manage risk and enable the effective management and operation of a quality service.

NATIONAL REGULATIONS

Regs	168	Policies and procedures are required in relation to governance and management of the service

AIM

To help deter wrongdoing and ensure individuals who disclose wrongdoing can do so safely, securely and with confidence that they will be protected and supported.

RELATED POLICIES

Governance Policy

IMPLEMENTATION

Actions which are inconsistent with our policies, procedures and values can harm the long-term sustainability of our business as well as our reputation. We encourage eligible whistle-blowers to report instances of wrongdoing in line with the procedures outlined in this Policy and take our obligations to protect those making disclosures very seriously. To ensure all staff and managers are aware of the Policy, Nominated Supervisors will include it in our induction procedures for all new staff and in our Staff Handbook, discuss it at staff meetings at least once a year and ensure information is posted on staff notice boards.

Under the Corporations Act 2001 all large proprietary companies must have a whistle-blower policy. Companies (including any entities it controls) meet this definition if they have at least two of the following:

- consolidated revenue for the financial year is \$50 million or more.
- consolidated gross assets at the end of the financial year of \$25 million or more.
- 100 or more employees at the end of the financial year.

Note this Policy is based on the Whistle-blower provisions in the Corporations Act 2001. There are also similar whistle-blower provisions and protections available in relation to tax avoidance and other tax issues under the Taxation Administration Act 1953. We have summarised these in Attachment A.

Qualifying for Protection

Disclosures made by 'eligible whistle-blowers' about 'disclosable matters' are protected if the whistle-blower makes:

- the disclosure directly to an 'eligible recipient'
- the disclosure to a legal practitioner to obtain legal advice or legal representation about the operation of the whistle-blower provisions (even if advised there is no disclosable matter)

- an ‘emergency disclosure’ or ‘public interest disclosure.’

Whistle-blowers may still be protected even if the disclosure turns out to be incorrect.

Eligible whistle-blowers

An eligible whistle-blower is:

- an officer (e.g., company director, secretary or person who makes, or contributes to significant business decision) or employee (e.g., current and former employees who are permanent, part-time, fixed-term or temporary, trainees, managers, and directors)
- a supplier of services or goods (paid or unpaid) including their employees (e.g., current and former contractors, consultants, service providers and business partners)
- a company associates.
- a relative, dependant or spouse of current and former employees, contractors, consultants, service providers, suppliers and business partners.

Disclosable matters

Only disclosable matters are protected under the Corporations Act. Disclosable matters involve information that a person can reasonably suspect concerns misconduct or an improper state of affairs. Misconduct includes fraud, negligence, and default, breach of trust and breach of duty. There does not need to be unlawful conduct. There could instead be a systemic issue that the relevant regulator should know about to properly perform its functions. Disclosable matters also involve information a person reasonably suspect:

- is an offence or contravention of the Corporations Act 2001, the Australian Securities and Investments Commission Act 2001, the Banking Act 1959, the Financial Sector (Collection of Data) Act 2001, the Insurance Act 1973, the National Consumer Credit Protection Act 2009
- is an offence against any other law of the Commonwealth that is punishable by imprisonment for a period of 12 months or more?
- represents a danger to the public or the financial system (even if there is no unlawful conduct)
- is prescribed by regulation.

Examples include:

- illegal conduct, such as theft, dealing in, or use of illicit drugs, violence or threatened violence, and criminal damage against property.
- money laundering or misappropriation of funds
- offering or accepting a bribe
- financial irregularities
- failure to comply with, or breach of, legal or regulatory requirements.
- engaging in or threatening to engage in detrimental conduct against a person who has made a disclosure or planning to make a disclosure.

Disclosable matters do not include personal work-related grievances like those listed below

and these should be actioned following our Complaints/Grievance Policy and procedures:

- interpersonal conflicts between employees
- decisions that do not involve a breach of workplace laws.
- decisions about the engagement, transfer or promotion of employees
- decisions about the terms and conditions of employment
- a decision to suspend or terminate employment or implement performance improvement plan.

However, a personal work-related grievance may still be protected if it includes information that includes a disclosable matter, or the person seeks legal advice/representation about the whistle-blower protections.

Public interest and emergency disclosures

There can be a 'public interest disclosure' to a journalist or parliamentarian if a whistle-blower reasonably believes no action is being or has been taken in relation to a previous disclosure to ASIC (or another prescribed Commonwealth body), it's been at least 90 days since that disclosure, and they reasonably believe making a further disclosure is in the public interest.

There can be an 'emergency disclosure' to a journalist or parliamentarian if α ωηιστλε-βλωερ has previously disclosed information to ASIC or another prescribed Commonwealth body, and they reasonably believe the information concerns a substantial and imminent danger to the health or safety of one or more persons or the natural environment.

Whistle-blowers must first notify in writing the organisation they initially disclosed to and advise they intend to make a public interest or emergency disclosure. In the latter case they must not disclose more information than necessary about the danger. We encourage whistle-blowers to obtain independent legal advice before making a public interest or emergency disclosure to ensure relevant legal protections can be applied.

Eligible recipients

People who can receive disclosures include:

- a director, secretary or senior manager/executive of the business
- an internal or external auditor or actuary of the business
- an internal whistle-blower protection officer (delete if no person in this role)
- an independent whistleblowing service provider the business has authorised to directly receive disclosures (delete if no service provider authorised)
- ASIC or another Commonwealth body prescribed by regulation. (These organisations have information available online about the disclosure process. See for example ASIC Information Sheet 239 'How ASIC handles whistle-blower reports')
- journalists and parliamentarians in the case of public interest and emergency disclosures.

Whistle-blower protections

Legal protections include:

- a) **Identity protection (confidentiality)** – It’s illegal for anyone to disclose the identity of a whistle-blower, or information that’s likely to lead to their identification, unless it’s reasonably necessary for investigating the issues raised, the whistle-blower has consented, or their identity is disclosed to ASIC, the Federal Police, or a legal practitioner to obtain legal advice or representation about the whistle-blower provisions. Whistle-blowers can lodge a complaint with regulators like ASIC or the ATO if their confidentiality is breached.
- b) **Protection from detrimental acts or omissions** – It’s illegal for a person to engage in threaten to or engage in conduct that causes a whistle-blower or potential whistle-blower detriment. Detriment includes dismissal, adverse changes in their position or duties, discrimination, harassment, intimidation, harm or injury including psychological harm, or damage to a person’s property, reputation, business or financial position. Detriment does not include processes like managing a whistle-blower’s unsatisfactory work performance or moving them to a different area to prevent detriment.
- c) **Compensation and other remedies** – A whistle-blower can seek compensation and other remedies through the courts if they suffer loss, damage or injury because of the disclosure and the business failed to take reasonable precautions or exercise due diligence to prevent this. Whistle-blowers may wish to seek independent legal advice and/or contact ASIC or the ATO
- d) **Civil, criminal and administrative liability protection** – Whistle-blowers are protected from civil liability (e.g., legal action for breach of employment contract, duty of confidentiality etc), criminal liability (e.g., prosecution for unlawfully releasing information) and administrative liability (e.g., disciplinary action for making disclosure) unless disclosure reveals misconduct on their part.

How to make a disclosure

We recognise the importance of ensuring disclosures can be made anonymously and/or confidentially, securely and outside business hours. Contact details for people who can receive disclosures are:

Nandan Mukhraiya Nominated Supervisor

You can also lodge a report with ASIC through their online misconduct reporting form.

<https://www.fairwork.gov.au/workplace-problems/fixing-a-workplace-problem/anonymous-report> <https://asic.gov.au/about-asic/asic-investigations-and-enforcement/whistleblowing/>

Whistle-blowers are still protected if they choose to remain anonymous, including during and after an investigation. They may refuse to answer any questions they feel could reveal their identity. It’s important, however, that we can contact an anonymous whistle-blower to ensure an investigation can proceed and we can obtain further information if needed or provide feedback.

Handling and investigating a disclosure.

The person receiving the disclosure will determine whether it qualifies for protection and if an investigation is required. They will focus on the information disclosed, not the whistle-blower’s

motive for reporting, and consider whether the disclosure indicates a systemic issue within the business.

If an investigation is required the person receiving the disclosure will determine the scope of the investigation, who will lead it, if any technical, financial or legal advice is required and the timeframe for the investigation. All investigations will be conducted in an objective and fair way and will not involve the whistle-blower, or any people or business areas involved in the disclosure. The person receiving the disclosure and the investigator(s) will implement the following measures to support and protect whistle-blowers:

a) Anonymity

Where a whistle-blower wishes to remain anonymous, they may use the following methods of communication:

<https://asic.gov.au/about-asic/asic-investigations-and-enforcement/whistleblowing/>

b) Identity protection (confidentiality)

To reduce the risk that the whistle-blower will be identified they will:

- obscure all personal information/references to the whistle-blower including name and title.
- refer to the whistle-blower in a gender-neutral way.
- ask the whistle-blower if any of the information could identify them.
- ensure only a very small number of people directly involved in the investigation know the whistle-blower's identity (if they consent) or information which could identify them.
- securely store all paper and electronic disclosure documents and materials
- limit access to all information to those directly involved in the investigation.
- only send communications and documents to an email address or a printer that cannot be accessed by other staff.

Note it may be impossible to protect identity if the whistle-blower has told others about their intentions, or they're one of a handful of people with access to the information, or they received information privately and in confidence.

c) Protection from detrimental acts or omissions

To protect whistle-blowers from detriment they will:

- assess risk of detriment as soon as possible after receiving disclosure and implement actions if required to protect the whistle-blower e.g., transfer to another location, transfer to another role at same level, change way role is performed, reassign or relocate other staff involved.
- provide advice about available support services e.g., counselling, professional or legal services.
- provide advice about strategies to help manage stress, time or performance impacts.
- provide advice about how to lodge a complaint if detriment has already occurred and what actions the business may take <https://asic.gov.au/about-asic/asic-investigations-and-enforcement/whistleblowing/>

Where detriment has already occurred, the person receiving the disclosure will implement measures to protect the whistle-blower. These may include taking disciplinary action against those who have caused the detriment, allowing the whistle-blower to take extended leave, offering new training and career opportunities, and offering compensation or other remedies.

The person receiving the disclosure and the investigator(s) will also ensure people who may be mentioned in the disclosure are treated fairly and the investigation is fair and independent. As far as possible, the investigation will be handled confidentially, implementing measures such as those discussed above. The investigator(s) will determine when to tell a person named in a disclosure about the investigation. Telling a person too early may lead to the loss of vital information or evidence, or otherwise compromise the investigation. However, a person will be informed before any adverse outcomes are taken against them.

Training

The Operations Manager will organise regular training to ensure that all employees are aware of this Policy and relevant processes and procedures e.g., eligible disclosures, how to make a disclosure, and processes for protecting and supporting whistle-blowers. The Operations Manager will also organise specialist training as required to ensure for example:

- Nominated Supervisors, Persons in Day-to-Day Charge, Educational leaders and Room Leaders understand how to deal effectively with disclosures.
- eligible recipients understand their obligations under the Corporations Act and/or Taxations Act, their responsibilities to protect the identity of whistle-blowers that breaches of confidentiality may be prosecuted, and they must protect disclosers from detrimental outcomes.

Documenting, reporting and communicating investigation findings.

We take any disclosure very seriously and will regularly inform a whistle-blower about the progress of the investigation (including through anonymous channels where required) and its outcome (unless it would be inappropriate to report the outcome). The frequency of the updates will be agreed with the whistle-blower at the start of the investigation.

The method for documenting and reporting findings will depend on the nature of the disclosure. However, the outcome of the investigation will be provided to the Approved Provider or Operations Manager in a secure format which preserves the confidentiality of the discloser for consideration and further action.

If a discloser is unhappy with the outcome of the investigation, we will implement a review process to ensure our policy, processes and procedures were correctly followed. We will also advise the discloser they may lodge a complaint with a regulator like ASIC or the ATO.

SOURCE

1. 'Tax Whistle-blowers' ATO <https://www.ato.gov.au>
2. Corporations Act 2001
3. Education and Care Services National Law and Regulations
4. National Quality Standard

5. Regulatory Guide 270: Whistle-blower Policies ASIC Nov 2019
6. Taxation Administration Act 1953

POLICY INFORMATION

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Review date	Reviewed annually and when there are changes that may affect this policy or related procedures
Approved by	Dr Jay Mukhraiya