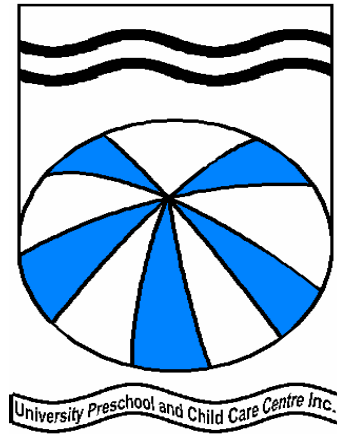


University Preschool & Child Care Centre Incorporated



POLICY HANDBOOK

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Please Note: This handbook only contains a selection of the policies of University Preschool & Child Care Centre Incorporated. If you wish to view all policies please ask a staff member to show you a Policy Folder. These are located in each Section and in the office

Please remember that policies are not static and that they are reviewed regularly. You will be advised when we are reviewing a particular policy and you will be invited to provide feedback into this process. If there are any changes to policies you will be informed of those changes.

MISSION STATEMENT

To provide an inclusive, safe, stimulating and caring environment for children. Thus encouraging, supporting and nurturing each child's physical, social, emotional, intellectual and cultural development.

PHILOSOPHY STATEMENT

At University Preschool & Child Care Centre we embrace the child, and the period of childhood as a unique and important stage of life. We are committed to seeing each child within the context of their family, and extending child-care to include the carers, teachers and community around and within the Centre. This commitment includes quality care and learning for every child.

AIMS OF OUR CENTRE

For Children

- Extend and compliment the home by providing a loving, stable and secure environment that wholistically supports each child & their family
- Develop and maintain each child's self-esteem by building strong feelings of self worth and personal potential
- Foster the physical, social, emotional, intellectual and creative development of all children attending.
- Encourage children to develop independence, inter-dependence and personal responsibility
- Show children peaceful means for expressing their emotions and managing their environment. This includes fostering positive attitude, respect for diversity, sensitivity to the needs of others, and well-developed communication and problem solving skills.

For Families

- Appreciate and encourage parent participation and contribution in the centre's programs and management; recognising their own needs, interests and opportunities.
- Promote ownership of the Centre by families by including them in management decisions and activities, eg. Parent involvement in the Management Committee, policy revision, working bees and social events

For Staff

- Support a harmonious, respectful and friendly working environment by enabling staff to be autonomous and participate in decision-making activities of the management committee.
- Provide problem solving and conflict management processes that are easily accessible, open, fair and consider the needs of the individual and the organisation.
- Provide good working conditions for staff (including occupational health and safety) thus maintaining their physical, intellectual and emotional well-being.
- Recognise the professional status of staff and provide opportunities for further professional development.

For the Community

- Make the Centre part of the community by taking an interest in other related groups and the broader activities of the early childhood community, and sharing our interests, knowledge and experiences.

Privacy Policy Statement

We respect your privacy

In order to provide you with the highest standard of service our organisation is required to collect personal information from you about your children and parents/guardians before and during the course of a child's enrolment in our service. We are committed to protecting your privacy and we abide by the National Privacy Principles contained within the Privacy Act.

Privacy of your personal information is important to us and we conduct our business with respect and integrity.

What information do we collect, why and how is it used?

Basic details are usually collected directly from parents such as your names, addresses, phone contacts but it is also necessary for staff to collect details regarding your child's name, date of birth, medical details, health, routines, likes and dislikes which make up a personal profile.

In addition we are required to hold information regarding your child's Child Care Benefit entitlements.

All this information is vital in assisting us to provide the best possible individual care for your child and for processing payments. Some of the information we collect is to satisfy the services legal obligations under the relevant childcare legislation.

Naturally much of this information is of a personal nature and some of it might be regarded as 'sensitive' and not the sort of information that you would wish to have unnecessarily disclosed to others.

We assure you that:

- This information will only be used by our child care professionals in order to deliver your child's care to the highest standards
- It will not be disclosed to those not associated with the care of your child without your express consent
- You may ask to seek access to the information held about you and your child and we will provide access without undue delay
- This access might be inspection of your child's records or by providing copies of information
- There will be no charge made for requesting this information but there may be a fee levied to cover the cost associated with the processing of this request
- We will take reasonable steps to ensure at all times that the details we keep about your family are accurate, complete and up to date
- We will take reasonable steps to protect this information from misuse or loss and from unauthorised access or disclosure
- Our staff are committed to respect these principles at all times
- If a student has a valid training requirement that involves the gathering of certain information pertaining to your child or family, the student must have written consent from you and the Coordinator (and/or their delegate) of the Centre.

All privacy related comments, feedback or complaints should be directed to the Centre's Director.

We will follow up all comments, feedback or complaints within 14 days and resolve them to maintain our high standards of service provision.

Consumer Complaint Policy & Grievance Procedure

- Date:** Created on 10/06/04, Revised 10/08/05
- Aim:** The aim of the Consumer Grievance Policy is to provide a mechanism that encourages families/carers of children attending University Preschool & Child Care Centre Inc. - our Clients, to access grievance procedures whenever appropriate.
- Rationale:** That through the use of this procedure we will ultimately be able to provide improved secure delivery and interpersonal relationships through a fair and just conflict resolution process.
- The Consumer Complaints and Grievance Procedure is therefore based on the following Principles:
- ◆ That all Clients of University Preschool & Childcare Centre Inc. have the right to make a grievance and have it handled in accordance with our Consumer Complaint Policy and Grievance Procedure.
 - ◆ The Consumer Complaint Policy and Grievance Procedure should be seen by both staff and the Clients of University Preschool & Child Care Centre Inc. to be a positive and productive mechanism.
 - ◆ All Clients of University Preschool & Child Care Centre Inc. have the right to make a grievance without fear of recrimination.
 - ◆ All policies and procedures need to safeguard the privacy of all parties involved and all documents secured in such a way as to protect their confidentiality.
 - ◆ That Clients and staff of University Preschool & Child Care Centre Inc. will work together in a common enterprise
 - ◆ All grievance policies and procedures should be fair and just and be applied equally to all parties regardless of their role.
- Practice:** To ensure that these principles are met and that our Complaints and Grievance policy provides access for all Clients of University Preschool & Child Care Centre Inc., to a fair and just complaints handling mechanism we will
- 1) Inform Clients.** This will be done at the time of enrolment at the Centre by way of information in our Information Booklet, informing all Clients that:
- ◆ We welcome complaints and comments because they help us to provide a better service;
 - ◆ they have the right to complain if they are unhappy about any part of our service;
 - ◆ they are able to bring the complaint or grievance to the attention of whichever staff member of the Centre that they feel most comfortable with;
 - ◆ that the nature of a grievance can be either organisation / program based (those grievances relating to how a service is accessed and delivered, by whom services are delivered and who has access to those decisions) or, individual / personal (those grievances relating to interpersonal relationships between child, parents and staff or the individual experiences of a child) and / or family within the program; and,
 - ◆ they have the right to decide whether they want to instigate informal or formal grievance procedures and to move from informal to formal as they see fit;
- Informal Grievance Procedure**
- i. An informal grievance procedure can be initiated by the complainant contacting the staff member they feel most comfortable with or in their opinion is the most appropriate person to assist in the resolution of the grievance. This approach can be instigated by way of a personal interview or conversation.
 - ii. During this interview or conversation both the complainant and staff member will endeavour to work towards a mutually satisfactory resolution.
 - iii. If a resolution is agreed upon, at the conclusion of this interview or conversation, both parties should be aware of the agreed upon steps to be taken to resolve the conflict and the time frame for the implementation of the steps to be taken to resolve the conflict.

- iv. The staff member in question will then be responsible for maintaining communication with the complainant as to the progress of the resolution and the complainant will be responsible for giving open honest feedback to the staff member.
- v. If the staff member feels that a satisfactory resolution can be achieved without identifying the source of the grievance the confidentiality of the complainant will be protected.
- vi. If however the staff member feels that a satisfactory resolution is dependent upon the identification of the source of the grievance this should be done in keeping with the Confidentiality Policy of University Preschool & Child Care Centre Inc.
- vii. If at any time the complainant is unhappy with the progress towards resolution of the grievance they are free to move from informal to formal grievance procedures.
- viii. If after several attempts to resolve the grievance using informal procedures the grievance is still unresolved, the parties should move onto formal grievance procedures.

Formal Grievance Procedures

Formal grievance procedures should be initiated by writing a letter outlining the nature of the grievance to the Director or the President of the Management Committee, whichever the client is most comfortable with.

Once a letter has been received by any of the above personnel of University Preschool & Child Care Centre Inc. the following formal procedures are to be entered into immediately.

- i. The recipient of the complaint will acknowledge receipt of the grievance, in writing, within 5 working days of receipt of the letter, and inform the complainant that formal grievance procedures will now be instigated.
- ii. The grievance will be investigated by the recipient of the complaint who will obtain all relevant information from staff, the complainant and if necessary other Clients.
- iii. An interview will then be scheduled involving all relevant parties and chaired by either the Director or President.
- iv. At this interview every attempt will be taken to resolve the conflict and a record of the interview including details of the strategies agreed upon to resolve the conflict will be prepared and distributed to all relevant parties. (See attached Complaint Form)
- v. Any resolution will contain a time frame of events and nominate a time, shortly after the expected implementation of the resolution strategies, for another interview to evaluate the results and determine if the grievance has in fact been resolved.
- vi. All grievance reports are to be kept by the Director in a manner that will ensure the confidentiality of all parties involved. Copies of the report will be given to each of the parties involved, who in turn will respect the right to privacy and confidentiality of all other parties in the way they store and handle the report. If after the first interview the parties involved are unable to agree to a resolution the Director or President (whoever conducted the interview) will then prescribe a plan of action and nominate a time frame for implementation and review aimed at resolving the conflict.
- vii. Wherever possible all grievances will be resolved within 3 months. If at any time the complainant is unhappy with the grievance procedure and feels that the grievance cannot be satisfactorily resolved it is their right to pursue the matter further by taking the matter to an external body, for example the Office of Child Care.

2) Monitoring & Follow Up of Complaints After a complaint has been made and steps have been taken to reach a resolution, it will be routinely monitored and followed up to ensure that the complainant is satisfied with the way in which the complaint was handled and is informed of any changes in procedures as a result of this complaint. (See attached Complaint Performance Monitoring Form)

3) Staff Training The Management Committee will ensure funds are set aside in the budget to cover the cost of providing for staff in-servicing in complaint handling and that this training is updated regularly

Access To and Release of Children Policy

SUPERCEDES: **Procedure for dealing with a dispute relating to separated parents visiting children at the Centre, and Release of Children Policy**

DATE: Tuesday, 8 July 2003, Revised 14/09/05

BACKGROUND: The Centre has a duty of care to the children that attend the Centre. A part of this Duty of Care is to ensure that access to a child attending the Centre is limited to persons authorised by the parent/guardian and this includes collection of the child from the Centre. This policy endeavours to provide procedures for staff to ensure only authorised persons have access to the children, and that no child leaves the Centre with any one not authorised to take them and/or who are not deemed by staff to be adversely affected by alcohol, drugs, etc

AIM: To ensure that:

1. no unauthorised person will have access to any child attending the Centre.
2. no child attending the Centre is released into the care of a person unauthorised to collect them
3. the person collecting them is fit to have the child released into their care.

Linked Policies Enrolment Policy

IMPLEMENTATION: **On Enrolment**

1. Parents will be required to provide information regarding those persons authorised to pick up their children and/or contacted in an emergency.
2. Parents will be required to provide information regarding any court orders affecting access to their children.
3. Parents will be required to provide details of any persons whom they do not wish to have contact with their children, in addition to those affected by court orders.
4. Parents will be required to provide University Preschool & Child Care Centre with information relating to any changes in people authorised to have contact with or collect their children as necessary.
5. Information regarding children's contacts and persons authorised to collect them will be maintained and updated by University Preschool & Child Care Centre every 6 months.
6. This information will be kept on the child's personnel file located in a filing cabinet in the Directors office
7. The Director will ensure that this information is passed onto the team leaders/staff responsible for the care of the children
8. University Preschool & Child Care Centre will provide information to the parents or guardians responsible for the child, via the information booklet and the parent policy booklet, as to the Centre policy regarding our 'Access to and Release of Children Policy' and the procedures to be followed for Access to and collection of children.

Procedure for Requests or Attempts from Unauthorised Persons/Parents to Visit Children Attending the Centre

1. **WHERE** there is a Parenting Plan or Court Order in place that restricts the person or parent having access to the child
 - a. Redirect the person or parent to the Director or in the Director's absence to the Acting Director. If both are absent staff member should take the following steps
 - b. The Director/Acting Director/Staff Member should locate a copy of the Parenting Plan or Court Order. Copies of which are kept with the child's Developmental records and in the child's personal file located in the Director's office
 - c. If the Parenting Plan or Court Order restricts the person or parent from having access to the child the Director/Acting Director/staff member should show it to the person/parent and ask them to leave the Centre.
 - d. If the person/parent refuses to leave and demands to see the child the Director/Acting Director/staff member should try to attract the attention of another staff member and direct them to call ANU Security on Ext. 52249 to advise them of the situation, ask that they call the police and that they come and escort the person/parent from the Centre.
 - e. Where the person threatens to forcibly remove the child from the Centre and/or becomes violent and there is concern for the safety of staff or children then staff member should
 - i. Allow them to go
 - ii. Call ANU Security on ext 52249 and/or the police immediately on 0-000 to inform them of what has happened
 - iii. Advise Office of Children, Youth and Family Services - Children's Services Branch of what has happened
 - iv. Make a written report of the incident noting time, date, names of people involved and a factual account of what happened.
2. **WHERE** the enrolling parent has advised that a person or the other parent is not to have access to their child
 - a. Inform the unauthorised person that staff must be present during the visit and the enrolling parent will be advised when they arrive.
 - b. Remain present during the visit and if your judgement says it could distress the child suggest the parent view from a distance, out of sight. They may not agree to this.
 - c. Record the time of arrival and duration of visit and the circumstances and pass this information on to the Director for record purposes.
 - d. Inform the enrolling parent when they arrive and give them the time and details of the visit.
 - e. Try to remain calm and neutral with both parents and affirm your legal position which is:
 - i. You cannot prevent either parent from having contact without a legal document authorising this, unless the parent's behaviour is unacceptably angry or violent.
 - ii. If a parent removes a child without legal authorisation, the Police and Children's Services Department must be advised

NB: No staff member should put themselves or any of the children at risk of harm or injury.

Emergency Numbers:

ANU Security ext 52249

Police 0 - 000

Procedure for the collection of children

1. **WHERE** the parent has made other arrangements for the collection of their child from the Centre the Centre should be notified in the following manner.
 - a) In the morning when child is left at the Centre the parent or other responsible adult should advise a staff member of the name and phone number of the person who will be picking up the child, this information should also be recorded in the sign on book.
 - b) Where arrangements for the collection of the child change through the day the parent should phone the Centre and advise a staff member of the name, relationship to the child and phone number of the person collecting the child. This information will then be recorded in the daily diary and appropriate staff advised.
 - c) If the person collecting the child is not already known to Centre staff, photo identification may be requested when the person arrives at the Centre.

NB This procedure should be followed even when the person collecting the child is already on our list of people authorised to collect the child. This procedure also applies to staff who are authorised by the parent to take the child to or from the Centre.

2. **WHERE** someone, other than an authorised person, arrives at the Centre to take home a child and the Centre has not been notified, regardless of who that person is, the following procedure will be followed by the Centre before the child will be able to leave with that person:
 - a) **Staff** will explain to the person the reasons why the Centre will not allow the child to leave with them. i.e. University Preschool & Childcare Centre's policy for the care and protection of all children.
 - b) **Staff** will make every effort to contact the parents and confirm the arrangements.
 - c) Where parents are unable to be contacted, emergency contacts will be rung, with the aim of:
 - ii ascertaining where the parents may be contacted;
 - iii confirming that the person is a fit and proper person to take that particular child from the Centre, this may include asking to see photo identification for the person; or,
 - iiii arranging for the emergency contacts to come and pick up the child if it is past 5.45pm and the above steps have been unsuccessful
 - d) If none of the above are successful, two members of staff will remain with the child at the Centre until satisfactory arrangements have been made and the conditions of this policy have been met. A late fee will be charged as detailed under "the Procedure for Late Collection of Children" later in this policy.
3. **WHERE** a staff member or members have serious doubts as to whether a person collecting a child is fit to have a child released into their care, possibly because they are adversely affected by alcohol, drugs, etc. The following procedure should be followed:
 - a) **Staff** will raise the issue with the person concerned
 - b) **Staff** will give that person reasons for the staff's concern
 - c) **Staff** will suggest that the person does not (where applicable) drive and offer them the choice of calling a friend to collect both the child and the person or calling a taxi
 - d) Where the person threatens to become violent and there is concern for the safety to staff or children then staff should
 - ii Let them go
 - iii Obtain licence number of the vehicle and direction of travel (where applicable)
 - iiii Phone the police immediately on 0-000 and give details.
 - iv Decide if it is necessary to make a notification to Office of Children, Youth & Family Services. Refer Child Protection Policy

Family Involvement & Communications Policy

- Date:** Tuesday, 8 July 2003, Revised 14/06/06
- Aim:** To encourage participation of all families and members of the community in the activities of the Centre and in the development of the Centre Program, Policies, etc.
To promote effective communication between management, staff, families, children and all those that are associated with the Centre.
- Background:** At University Preschool & Childcare Centre there is an expectation that all parents and staff understand their responsibility to communicate in an appropriate and timely manner. We understand that meaningful communication between the Management Committee, staff, parents and children is an essential component of the successful day to day operation of a Child Care Centre. As a Centre it is important for us (Staff & Management Committee) to provide opportunities both formal and informal for this to happen and that this is supported by regular written information, however it is also important that parents realise that it is their responsibility to take advantage of these opportunities and make the time to read information and attend planned gatherings.
- Policy** Families will be expected to become involved in all levels of the Centre operations and regular opportunities will be provided to them to enable this to happen.
- Related Policies** Orientation Policy, Evaluation Policy, Consumer Complaint Policy & Grievance Procedure
- Implementation:**
- 1) Staff
 - i) Staff will encourage and initiate daily informal conversations with parents to share information between home and University Preschool & Child Care Centre
 - ii) In addition to initiating informal conversations and ongoing discussions with parents, Staff in the Preschool Section will set aside a week at least once a year for individual parent/staff conferences to discuss children's progress.
 - iii) Staff will prepare and display Journals detailing the program and photos of the children's involvement with the program for parents to view daily
 - iv) Staff will keep journals of all individual children attending the centre containing details of observations, checklists, examples of children's work and photos. These will be made available for the parents of that child to access at all times
 - v) Staff will notify parents that their children will be observed on a regular rotating basis and will ask for parent input as to what they feel their child is interested in and/or what they feel is important for their child
 - vi) Staff will distribute regular newsletters to families providing information on: general Centre information; Community information; information on how to access a range of child health services within the community, eg. Speech Pathologists; Parenting Tips; literature on child development; future happenings; Management Committee information.
 - vii) Staff will be expected to be familiar with and will be encouraged to have input in to the development of Centre Policies. Policies will be regularly discussed at staff meetings

2) Parents

- i) Parents will be expected to complete Annual Child Information Sheets and Parent Expectation Sheets at time of enrolment.
- ii) Parents will be expected to provide input as to what they feel their child is interested in and/or what they feel is important for their child
- iii) New parents especially those with children enrolling in the Nursery will be expected to partake in up to one month of orientation visits (*Refer Orientation Policy*)
- iv) Parents will be asked to complete two - three evaluations of the Centre annually. (*Refer Evaluation Policy*)
- v) Parents will be encouraged to share information, comments, criticisms etc. at any time they feel necessary. These can be made anonymously by placing a note in the box located near the large whiteboard at the entrance to the Centre
- vi) All parents will be expected to become familiar with and will be encouraged to have input in to the development of Centre Policies. Information regarding policies will be provided via the Centre Newsletter to all families.
- vii) Parents will receive a copy of the "*Consumer Complaint Policy & Grievance Procedure*" on enrolment and will be expected to follow this procedure if they have a grievance.

3) Management Committee

- i) Parents will be informed of the role of the Management Committee and encouraged to attend meetings and/or to become involved in the Management Committee
- ii) All new Committee members will be given information on the roles of Committee members and will receive a Committee handbook
- ii) A summary of key issues discussed at Management Committee meetings will be made available to parents and staff via the Centre newsletter
- iii) The Management Committee will be responsible for the development and review of all Centre policies taking into account input from parents and staff and these will regularly be discussed at Management Committee meetings.

4) Social Occasions

- i) Regular social occasions will be held throughout the year involving families, committee and staff. eg Breakfasts, parent information evenings, BBQ's.
- ii) Informal social occasions for staff and Management Committee members will be organised at regular periods throughout the year.

Nut Free Policy

Dated	February 2003, Revised September 2003
Aim	To protect children in our care who may have allergies to peanuts and similar nut products.
Background	<p>The nut free policy is put into place because as a Centre we take responsibility for the health and well being of our children, staff, families and visiting community.</p> <p>We will provide this nut free policy and follow it through to protect those children that may suffer any type of allergy to peanut and similar products.</p>
Policy Statement	<p>No person should be placed in a situation and/or environment that may endanger their life, therefore it is our role to notify and educate staff and parents about the dangers that peanuts and other nut products may inflict on those who may suffer from these products.</p> <p>Parents will be advised of the policy and encouraged not to provide any peanut or similar nut product, even if it may not be harmful to their child.</p>
Implementation	<p>Staff will be educated about the dangers that can be associated with peanuts and similar nut products to children/adults with severe allergies.</p> <p>Information will also be passed on to parents to educate them about the increase in severe allergies to these products and the life threatening dangers they possess.</p> <p>Parents of children who have a known allergy to nuts/peanuts will be consulted prior to enrolment with regard to the severity of the child's allergy, the symptoms and the emergency procedures to be followed in case of an allergic reaction.</p> <p>The centre will provide information in the section handbook, as well as on notice boards about the Nut Free Policy and the reason the Centre enforces this policy.</p> <p>Products such as peanut butter, Nutella, nut food bars and any other products that have nuts or peanuts listed in the ingredients will not be allowed within the Centre to prevent allergies arising and to protect any children or staff that may suffer from these allergies – This does not include products that contain the warning "may contain traces of nuts"</p> <p>If any parents are unsure about a certain food, they are encouraged to discuss it with the staff.</p>

Immunisation Policy

- Date:** 1995, Revised 15/09/2004
- AIM:** To comply with the requirement of the ACT Public Health Regulations (2000) that the centre keeps an Immunisation Register.
- To ensure as far as possible that all children entering University Preschool & Childcare Centre are age appropriately immunised as per the schedule put out by ACT Health.
- To prevent the spread of diseases such as measles and whooping cough, throughout the centre when there is an outbreak, by excluding unimmunised children and those with the disease, until their return is approved by their Doctor or the ACT Public Health Department.
- To ensure that all staff have had all childhood immunisations and a current booster for tetanus and diphtheria.

EXPLANATION: Children in child care settings are at increased risk of infectious diseases compared to children cared for at home. Vaccine preventable diseases such as measles and whooping cough can have serious health side effects, especially in younger children. Children in child care settings should be age-appropriately immunised. Child care staff also appear to be at greater risk of some infections than most occupational groups and need protection against infectious diseases.

IMPLEMENTATION: Immunisation Register

1. All children must be age appropriately immunised on enrolment at University Preschool & Childcare Centre (except where a child has a pre-existing medical condition that prevents immunisation)
2. On enrolment parents must provide proof of the child's immunisation status. A photocopy of the record must be kept on file as per the ACT Public Health Regulations (2000)
3. An Immunisation Register will be kept with a separate record for each child. This will include those children who are fully immunised and those children who are behind in their immunisations
4. The Director is responsible for keeping and updating immunisation records.
5. Parents will be reminded in writing when the child appears not to be fully immunised and encouraged to rectify the situation.

Exclusion of Unimmunised Children

1. At enrolment, parents will be told that if their child is not up to date with age appropriate immunisations, the child will be excluded during outbreaks of some infectious diseases, even if their child is well, Parents will be required to sign a statement of agreement to these conditions, as part of enrolment procedures.
2. When the Centre is notified of a suspected disease preventable by immunisation all children not age-appropriately immunised will be immediately advised. In the interests of the child's health and safety these parents will be advised to exclude their children until official confirmation of the outbreak is received.
3. Once the Centre receives official notification of a vaccine preventable disease all children not age appropriately immunised will be excluded as per the ACT Public Health Regulations (2000) guidelines.
4. Advice will be sought from the ACT Public Health Unit on the exclusion of children too young to be immunised.
5. Full fees are payable in respect of excluded children under this policy unless the Management Committee determines otherwise.
6. Parents are encouraged to keep young babies at home for the day post-immunisation

Staff Immunisations

1. The Director should ensure that all workers employed by University Preschool & Childcare Centre have had all childhood immunisations, and require unimmunised staff to complete the courses of required vaccines for measles, mumps, rubella, polio, diphtheria and tetanus. (Vaccines against whooping cough (pertussis) cannot be given to anyone over 8 years of age.)(Amended August 1994 by NHMRC)
2. All staff should have current immunisation against tetanus and diphtheria, ie a booster of ADT every 10 years. *(Except in cases where a staff member has a pre-existing medical condition which prevents immunisation)*
3. All staff employed by University Preschool & Childcare Centre are strongly encouraged to be immunised against Hepatitis A & B.

Disease Notification Requirements

1. The Director is required to notify the Chief Health Officer ACT Public Health in the event of a vaccine-preventable disease occurring at University Preschool & Childcare Centre.

Reference:

Staying Healthy in Childcare, 3rd Edition, 2001

ACT Health, ACT Immunisation Requirements for entry into school, pre school and child care 2004 – Parents Guide

Nutrition Policy

Date: 1995, Revised 15/09/2004

AIM: To encourage and develop good nutrition practices in conjunction with parents in order to promote in each individual child, health and strong bodies.

BACKGROUND: Good nutrition is an essential ingredient of quality childcare. It is essential for normal physical and emotional growth and has implications for future healthy adulthood. A child develops life long eating habits as a result of early eating experiences.

We recognise that parents using our Centre have very busy lifestyles, juggling work and family commitments, and wherever possible use whatever short cuts they can to cut down on their workloads. We also recognise that as carers of children we have a commitment to each child to ensure that they are eating healthy nutritious food whilst in our care. We are not saying that children should never eat foods such as muesli bars, cordial, nutella etc., but that they should be eaten sparingly. The most important factor is to ensure that children are exposed to a variety of foods and that a balance of all types of foods is provided.

- SPECIFIC AIMS:**
1. To meet the nutritional needs of children whilst in our care.
 2. To provide where possible for children on different diets, eg religious, medical, vegetarian etc.
 3. To maintain good hygiene standards
 4. To provide attractive and well presented meals
 5. To ensure that mealtimes are relaxed, pleasant and timed to meet the needs of the children
 6. To incorporate nutrition education into the program appropriate to the age of the children.
 7. To prohibit the use of food as a reward, bribe or punishment.
 8. To encourage independence and social skills at mealtimes.
 9. To communicate with parents about their child's food intake
 10. To encourage parental involvement in the nutrition program
 11. To regularly evaluate the nutrition program
 12. To motivate staff to maintain good personal nutrition.
 13. To serve food with a high nutritional value.
 14. To promote socially acceptable behaviour and table manners.
 15. To encourage children to use eating utensils effectively, appropriate to their age.
 16. To respect the cultural and religious wishes of parents.

IMPLEMENTATION: *General Issues*

- The Centre will provide fruit for morning tea and milk and/or water throughout the day. Lunch and a snack for afternoon tea need to be provided by the families within the guidelines of this policy
- Water will be available at all times and will be provided to all children on waking.
- All dairy products used will be full cream.
- Children will wash their hands before handling food, eating meals and snacks and participating in cooking activities
- Foods that may be a choking hazard will not be served to the children and should not be brought in eg. Carrot Sticks, Popcorn and yoghurt sultanas
- Nuts and products such as peanut butter, Nutella, nut food bars and any other products that have nuts or peanuts listed in the ingredients will not be allowed within the Centre to prevent allergies arising and to protect any children or staff that may suffer from these allergies (Refer to Nut Free Policy)
- Afternoon Tea will be served no later than 3.30 pm and a snack will be available for the children at the Centre after 5.00 pm if required
- Information on nutrition and dental care will be available to parents
- Parents will be informed regularly of the importance of well balanced lunches and will be provided with information on suitable foods to pack for their children
- Parents will be discouraged from providing so called 'Junk foods' for their child. Staff will have some discretion as to what is considered "Junk Foods" and these will be sent home.
- Parents will be invited to at least one food occasion per year

- Multicultural differences will be recognised and accepted
- Food awareness activities will be chosen from a variety of cultures
- The policy will be distributed to parents at enrolment time
- Children will be provided with opportunities to participate in food preparation activities
- Nutrition awareness activities will be included in the teaching curriculum
- The foods being eaten by the children will be discussed with them
- The height and weight of infants will be measured as an activity to demonstrate physical growth
- Special occasions may be celebrated with culturally appropriate foods. Parents will be encouraged to bring birthday cakes to celebrate their children's birthdays. If sweets, lollies, balloons etc are provided, they will be distributed to the children at home time.

Meal Issues

- Food will never be used as a form of punishment
- No child will be forced to eat. Staff will consider reasons for their behaviour eg. medication, emotional trauma, tiredness etc. and communicate with parents to develop strategies to deal with this situation.
- All children will sit when eating and drinking at meal times. No child will be allowed to walk around with dummies/bottles. If a child's normal routine is to take a bottle to bed, the bottle will be removed from the child once they fall asleep.
- Staff will sit with children during meal times
- Children will be encouraged to rinse their mouths (Swish & Swallow) after meals
- Fruit will be provided by the Centre and offered to the children at various times throughout the day

Serving Food

- All children will be encouraged to pour their own drinks, wherever possible
- Gloves or tongs will be used at all times when serving foods
- No food will be served directly onto tables or floor. Food will be served on an appropriate surface, eg. Plates, serviettes, lunchboxes or directly onto child's hand.

Some foods are not appropriate to eat everyday, as they do not contain vitamins and nutrients useful for overall health. Children need nutritious meals and snacks as they have small stomachs and may eat as much at a snack-time as a meal. If children eat these foods on a daily basis they often do not eat enough of the basic foods needed, for example, fruit & vegetables and breads & cereals.

The following are examples of foods that are considered acceptable occasionally for variety, but should not be sent more than once per week.

Meat Pies, Sausage Rolls, Mini Pizzas, Instant Noodles, Jellies, Jam/Honey Sandwiches, Plain Sweet Biscuits Dairy Desserts eg. Chocolate Yogo, teletubby custard, bugs life

The following are examples of food that we consider to be unsuitable for children to eat while they are at University Preschool & Childcare Centre.

- | | | |
|------------------------------------|--|---|
| • Chocolate bars, Rice bubble bars | • Muesli bars that include chocolate and/or Health food bars | • Cheezels, Chips |
| • Popcorn | • Chocolate and or Sweet biscuits, Tiny Teddies etc | • Yogurt Sultanas |
| • Fruit Sticks, Roll Ups etc | • Nuts & products with nuts listed in their ingredients | • Lollies etc. |
| • Cream cakes, donuts, pastries | | • Poppers, Juice, Cordial Flavoured Milk drinks including in babies bottles |
| • Sprinkle sandwiches | | |

NB: University Preschool & Childcare Centre supplies all drinks for the children and parents are requested not to bring Poppers, Juice Bottles, Cordials, or flavoured milk drinks.

RELATED POLICIES Hygiene Policy, Food Preparation Policy, Nut Free Policy

HYGIENE POLICY

Date: 1995, Revised 10/08/2005

AIM To minimise the risk of infection through appropriate contamination prevention procedures and the routine application of effective cleaning routines.

BACKGROUND Many harmful micro-organisms survive in bodily secretions and can contaminate the environment of the Centre. These germs can be transmitted from the environment by staff or another child as a result of touching. The mouthing of toys or other objects can transmit infectious diseases.

IMPLEMENTATION *Personal Hygiene*
Disposable gloves will be worn during:

- Food Preparation
- First aid procedures
- Toileting
- Nappy change
- Handling body fluids
- Washing soiled clothing
- Nose wiping

Wash hands thoroughly with soap and cool running water and then dry thoroughly after the above procedures and before and after food preparation and meal times

Cleaning Duties

- A list of cleaning duties is to be displayed in every section.

Cleaning Toys and Equipment

- As far as possible, infants and toddlers are to be discouraged from sharing mouthed objects, even though this policy will require close supervision.
- Only washable toys are to be used. Personal non-washable toys will be kept in each child's cot for use by that child only.
- At least weekly all used toys will be soaked in very hot soapy water for three minutes and then washed, left to dry (preferably sun dried) before being used again.
- In the Nursery all toys will be washed daily. All material books and soft toys will be Machine washed. All other toys will be washed in a Milton Solution
- Toys which are mouthed during the day will be set aside in a container for soiled toys until they can be thoroughly washed as indicated in the paragraph above.
- Books which are visibly dirty will be wiped with hot soapy water.
- Dummies will not be shared. Each child's dummy will be stored in its own labelled container between uses, and out of reach of children.
- Centre feeding bottles and dummies are cleaned in a Milton solution which is changed daily.
- All dummies are stored in individual containers of cooled boiled water after sterilization in Milton

Cleaning Surfaces

- All surfaces which are touched frequently, such as tables, bench tops, taps, cots and floors, are physically cleaned with hot soapy water regularly. Table tops in playrooms are wiped clean with hot soapy water throughout the day, particularly before and after eating.
- Wherever possible, single-use cleaning materials such as wipes or paper towels are used and then disposed of appropriately. Alternatively, the cloths or sponges for use in each area are stored separately.

Cleaning Washroom and Nappy Change Areas

- Toilets and nappy change areas are washed and cleaned with hot soapy water at the end of each nappy change and at the end of the day. Body spills are to be dealt with in accordance with the procedures given later in the document under "Cleaning and Disposal of Body Fluids". (pg.9)
- Washroom surfaces – floors, taps, door knobs, basins, - are thoroughly cleaned on a regular basis.
- Washrooms are checked throughout the day and cleaned as necessary.
- Low shelves, door knobs and other surfaces less frequently touched by children are cleaned regularly, at least weekly.

Cleaning Linen and Clothing

- Tea towels, feeders and face washers are to be washed in hot soapy water. They should be sun dried where possible.
- Children's dress-up clothes should be washed regularly.
- No personal clothing or linen items are to be shared.
- Avoid contact with soiled linen en route to the laundry facility.
- Clean bed linen is to be provided weekly (or more often if soiled) from home.
- Laundering of borrowed Centre clothing before returning it to the Centre is mandatory.

Cleaning Kitchen Areas

- All kitchen surfaces, dishes and utensils are to be kept meticulously clean. Cloths used for dishes and utensils are to be soaked in Milton solution daily and disposed of within five days of use.
- Kitchen refuse is to be deposited in a lined bin with a close fitting lid and removed from the kitchen daily.
- Cutting boards are to be made from a non-porous material and washed daily in the Dish Washer.
- Cups and plates used by older groups are to be washed in a dish washer.
- Children will be encouraged not to use utensils which have been dropped on the floor or to eat food which has been handled by another child.
- Tables and chairs will be wiped down and floors will be swept and mopped after each mealtime.

Cleaning and Disposal of Body Fluids – urine, blood, vomit and faeces

- The procedure for dealing with and cleaning up spills of body fluids will be displayed in a prominent place.
- Disposable gloves must be worn when cleaning up any spill of body fluids.
- Care is to be taken by the person who is cleaning the contaminated area not to expose their own open skin wounds, sores or mucous membranes (eyes, mouth, or nose) to body fluids, secretions or excreta.
- Staff with skin cuts or dermatitis should take particular care, by covering wounds with a dressing. If necessary, explain to the children why the staff member is wearing gloves.
- The bulk of any spilt blood, faeces, vomit or urine will be first cleaned up with paper towels. The towels are then disposed of in sealed bags.
- The surface must be cleaned with hot soapy water, then disinfected with a 10% Milton solution and left for 30 minutes before being dried.
- Hands must then be washed and dried thoroughly.

Sandpit Requirements

- The sandpit will be securely covered when not in use to prevent contamination by cats and possums.
- The sand is to be renewed regularly and the old sand removed from the playground area.
- The sandpits will be checked by staff daily in the mornings for contamination by cats and possums.
- Should the sand be contaminated by faeces, blood or other body fluids, the affected sand will be totally removed and dumped before disinfecting the remaining sand by spreading and raking salt over the sand surrounding the contaminated area.
- All sandpits to be dug over and salted approximately every 3-4 months by the centre's Handy person

MEDICATION POLICY

Date: 1995, Revised 15/06/06

AIM To provide for the safe, accurate and controlled administration of medication to the children.

BACKGROUND The administration of medication carries obligations for both parents and staff. While parents must feel confident that the process is carried out efficiently and in accordance with medical prescription, staff must feel they are protected against any possibility that instructions have been misunderstood. For this reason, parents are expected to properly document their requirements and staff are expected to ensure that this has been done before any medication is administered. It is imperative that staff are told about any medication being administered while the child is not attending the Centre.

RELATED POLICY Management of Unwell Child Policy
Exclusion Policy
Immunisation Policy

IMPLEMENTATION *Medication Instruction Book*
Parents are to hand the medication to a staff member or leave in a nominated storage area.

Parents are to record details of the medication requirement in the Medication Instruction book and sign the entry.

A Team Leader is to verify that the entry has been fully completed and any discrepancy is to be resolved with the parent before the medication is administered. Where staff are in any doubt about the instructions given no medication will be administered.

The administration of medications will be administered by Team Leader or their delegated level 2 if the team leader is unavailable, in accordance with the information provided in the Medication Instruction book and witnessed by a permanent staff member from that section.

The Team Leader administering the dose will note the time it was given in the Medication Instruction book and sign the entry. This will be countersigned by the staff member who witnessed the administration of the medication.

Prescribed medication will be administered to the named child only.

Non-prescribed medications will only be administered if all three of the following conditions are met:

1. the medication is within the used-by date, and
2. a medical practitioner has so advised, and
3. multiple medications have been acknowledged by a medical practitioner.

After five days, parents will be asked to seek further advice from their medical practitioner to confirm that the medication should be continued.

Medication prescribed outside Australia will not be administered.

Any spill, reaction or refusal to take medication will be recorded.

Other Medications

Parents are to inform the Team Leader about any medication (including Paracetamol) being administered to the child outside the hours of attendance of the child at the Centre.

Procedure for staff to follow in the event of a rising temperature

1. If a child has a temperature of 38⁰C staff will contact parents and advise them that their child is unwell and that they need to come and get them.
2. Staff will continue to monitor the child's temperature and try to cool them by removing outer clothing and applying a cool damp cloth.
3. If a child's temperature rises above 38⁰C and the parents or emergency contact persons are not able to attend the Centre within 10 minutes the team leader will call an ambulance.

NB: Paracetamol will be kept in each section for administering only if advised by an appropriately qualified medical person, eg. Ambulance personnel, prior to the arrival of an ambulance at the Centre.

Exclusion

A child will be excluded from the Centre while on the following medications:

- Flagyl (when used for Giardia).
- Anti-diarrhoea medication.

Safety

Staff are to ensure that all medications are stored safely either in a securely sealed and labelled container in a refrigerator or in an authorised medication cabinet out of reach of children. Parents are to place medication in a nominated area, advise staff and document the medication

MANAGEMENT OF UNWELL CHILD POLICY

- Date:** 1995, Revised 14/09/05
- AIM** To ensure that an unwell child is noticed and cared for swiftly and that appropriate action is taken to prevent the possible spread of infection.
- BACKGROUND** It may not always be possible to determine why a child is unwell but prompt and effective action is needed to ensure the well-being of the child and to reduce the risk of possible infection to other children in the group. Parents are expected to react promptly to notification that their child appears to be unwell
- RELATED POLICY** Medication Policy
Exclusion Policy
- IMPLEMENTATION** *Practice*
Staff are to be alert to symptoms of illness throughout the course of day. A child exhibiting the following signs may need to see a medical practitioner:

• fretful and listless behaviour	• crying readily but not easily comforted
• loss of interest in play	• abnormally quiet and inactive
• loss of appetite	• hot to touch
• tired and flushed appearance	• feel cold and look pale
• vomiting	• diarrhoea or loose stools
• persistent cough	• difficulty in swallowing
• complain of headache or stiff neck	• unusual spots or a rash
• Frequent scratching of scalp or skin	• Discharge from eyes
• Very dark urine	• Gray or pale faeces
• Thick green or bloody discharge from nose	• Yellow skin or eyes
• less than four wet nappies in twenty-four hours	

If in the professional opinion of staff the child is unwell and is unable to cope with the daily program and routines and/or staff are not able to adequately care for the sick child they are to be sent home.

Parents will be advised of this policy and asked to consider what steps they will take in the event that their child becomes unwell while at University Preschool & Childcare Centre.

If a child is sent home unwell they must not return to the Centre until they have fully recovered, or are no longer infectious to other children and staff.

A Medical Certificate may be required in some circumstances before the child is re-admitted to the Centre.

If a child has been commenced on a course of 'Antibiotics', they will be excluded from the Centre for at least 1 full day after starting the course of Antibiotics. This is to allow time for the medication to take effect and to minimise the risk of infection for other children. If they start on a course of antibiotics part-way through one day it is recommended that they stay home for all of that day and the following day.

Children returning to the Centre after travelling internationally will be excluded for one full day after their arrival in Australia

ACT Department of Health rules will be strictly adhered to.

A child who appears to be unwell before leaving home should not be brought to the Centre under any circumstances and should be kept at home until fully able to cope with the routine and activity of the Centre.

Upon noticing signs and/or symptoms that a child is unwell, staff will:

- Inform director and parents/emergency contact of the child
- Separate the child from other children, until parent takes child home
- Take the child's temperature, and take action to bring fever down if necessary
- Record occurrence in illness register.
- Inform parent of conditions of exclusion and readmission
- Inform ACT Health if necessary

In the case of loose bowel motions or vomiting the following will occur:

- Parents will be informed by phone after one (1) instance of loose bowel motion or vomiting at the Centre. After the second instance of loose bowel motion or vomiting the parent will again be informed and asked to collect the child
- Children sent home with diarrhoea or vomiting will be excluded from the Centre 1 full day after the bowel motions have returned to normal consistency and/or the vomiting has stopped
- Parents who advise staff that a child has had diarrhoea or vomiting the previous day or night will be advised by that the child should be excluded for 1 full day after the vomiting has ceased and/or the bowel motions have returned to a normal consistency.

NB: The above procedure does not apply to children who experience loose bowel motions or vomiting due to teething, medication or other existing non-contagious medical conditions.

Asthma Management

Where a child has a management plan for asthma it will be updated every three months at least, to ensure that medication is appropriate to the child's current asthma status and that medication has not reached its expiry date. Details of routine, extra medications and the actions to be taken in the event of increased symptoms must be specified in the child's asthma management plan.

Parental consent for asthma treatment must cover administration of extra medication in the event of increased symptoms of asthma

Parents will be contacted and/or medical assistance sought if the child's asthma symptoms progress whilst at the Centre.

Severe Allergy Management

Where a child has a management plan for the use of an epipen this plan will be updated every 3 months at least.

Parents will provide the epipen and a detailed action plan for the child.

Staff will ensure the epipen is administered to the thigh area only

Parents will be contacted and an ambulance will be called if a child has a severe allergic reaction necessitating the staff to use the epipen.

NB A photograph of the child will be placed with that child's action plan. The photograph will be updated as the child moves to each section.

Raised Temperature

The child's temperature will be taken by placing a thermometer under the child's arm for one minute after the registering signal. A normal temperature taken by this method is a little over 36°C.

In the event of the temperature registering 38°C or greater per axilla (under the arm), staff will:

1. Notify the parent that their child has a temperature and that they need to come and collect them
2. attempt to lower the child's temperature by removing their clothing and sponging with lukewarm water.
3. encourage the child to drink water to prevent dehydration.

A child's body temperature can fluctuate markedly during the course of an infection. A very common pattern is for a child to develop a high temperature during the night and appear perfectly well the next morning. During the day however, the child's temperature may again rise.

If this should occur, the parent is expected to collect the child as soon as possible after being notified.

UNDER NO CIRCUMSTANCES WILL ANY CHILD ATTENDING THE CENTRE BE PUT TO BED WITH A TEMPERATURE REGISTERING 38°C OR GREATER WHEN TAKEN PER AXILLA (UNDER THE ARM).

NO BABY WILL BE PUT INTO A COT ROOM TO SLEEP WITH A TEMPERATURE REGISTERING 38°C OR GREATER WHEN TAKEN PER AXILLA (UNDER THE ARM). THEY WILL BE PLACED IN AN ISOLATION COT AND MONITORED TILL PARENTS ARE CONTACTED AND CHILD IS TAKEN FROM THE CENTRE.

Date for review: September 06

ACCIDENT PREVENTION POLICY

- DATE** 15/06/05
- AIM** To maintain effective health and safety procedures which will minimise the risk of accident to staff, children and others at the Centre.
- BACKGROUND** Wherever children play there is an ever present risk of accident. The Centre, and its grounds, must be seen as a potentially hazardous environment in which vigilance is the most effective safeguard.
- The Management Committee, the Director and members of staff are responsible for ensuring that the Centre provides a safe and protected environment and that any potential hazards are isolated until the danger has been removed. Parents have a role in ensuring that potentially hazardous items are not introduced into the Centre, eg. Toys from home that may be inappropriate due to their size
- RELATED POLICY** The Centre Occupational Health and Safety Policy contains important and relevant information and should be read in conjunction with this policy.
- Sleep Policy
Supervision Policy
- IMPLEMENTATION** *Staff and Management Responsibilities*
- Children will be adequately supervised at all times in accordance with the regulations on child/staff ratios for each section.
 - The equipment and facilities will be checked periodically by the occupational health and safety representative, to ensure they are safe. Defective or unsafe items will be isolated and immobilised until such time as the necessary repairs have been completed or the item replaced.
 - Any broken piece of indoor a outdoor equipment must be removed to handyman's room as soon as possible to ensure it is not put out for use.
 - All equipment at the Centre is to meet approved Australian safety standards.
 - The outdoor area is to be surrounded by a child safety fence.
 - Outdoor equipment is to be checked and relocated on a weekly basis.
 - Staff must check the outdoor environment daily in the morning for dangerous items and dispose of appropriately.
 - Pre-school garden mulched area is to be checked regularly, tuned over monthly and replaced yearly.
 - Dangerous products are to be stored correctly (according to Centre's policy).
 - The following numbers are to be displayed prominently by each telephone at the Centre;

Australia Wide Poisons Information: 13 11 26

Emergency: 0 000

Parent Responsibilities

Parents will be advised of the following child safety issues within the Centre and asked to follow Centre practice:

- Gates and doors that say they must be closed **MUST BE CLOSED** after use.
- Children are not allowed to play in equipment storage, bathrooms, laundry, chemical storage areas
- Medications to be administered at the Centre are to be handed to a staff member, not left in the child's lunch box.
- Children are not to arrive at the Centre attired in long skirts, capes, thongs or gumboots.
- To prevent the risk of scratching, children's fingernails and toenails must be checked at least weekly and kept trimmed
- If possible, all children's clothing and linen should be non-flammable.

Safety Information/Education

- Parents will be provided with information relating to current child health & safety issues via the newsletter and notice boards.
- Through the program, children will be made aware of safety issues including protective behaviours.

Sleeping Children

- All sleeping children are to be checked at frequent intervals.
- Babies are to be put to sleep on their back and not allowed to become overheated in accordance with SIDS advice.

Car-park

- Parents and staff are to drive carefully and adhere to the indicated speed limit.
- Children are to be closely supervised by parent(s) whilst entering and leaving the Centre through the car-parking areas.

Dangerous Items

The following items are not to be brought into the Centre under any circumstances:

- Plastic bags or wraps (including lunch wrap)
- Glass jars, glass bottles or crockery
- Ropes
- Balloons (except under supervision)
- Matches
- Peanuts or other nuts

Collecting Children

- If a parent has more than one child at the Centre in the mornings they should take the elder child to their room first, and when collecting their children they should collect the younger one first. This is especially important when the younger child is a baby. Because of the nature of the Nursery set-up and its furnishings, older children can present a danger to the babies.

Policy Review Date: 15/06/06

Emergency First Aid Policy

Date: 1995, Revised 14/09/05

AIM To ensure that appropriate first aid measures are applied promptly and efficiently as required by a qualified member of staff

BACKGROUND Despite health and safety precautions, injuries may be sustained by children, parents, staff or others while at the Centre. Arrangements are necessary to ensure that appropriate first aid is available throughout the Centre operating hours. Where first aid is administered, this must be done by a qualified member of staff. While the preservation of life will always be of first concern, members of staff must remain conscious of possible legal liability.

RELATED POLICY Accident Prevention Policy.

IMPLEMENTATION At least one member of staff with a current first aid certificate is to be on duty at all times. Sufficient funds are to be allocated each year to ensure that staff first aid certificates are kept current. Staff are required to retrain and requalify every year.

All staff are to be trained in the Centre's accident and emergency procedures.

Except in immediate and exceptional circumstances, first aid will only be administered by a member of staff holding a current first aid certificate. A qualified member of staff must be contacted immediately and will assume responsibility for continued first aid on reaching the Patient. An injured or sick child will only be transported to hospital by ambulance unless the parent organises other means of transportation.

A standard "C" First Aid Kit is to be kept fully stocked in each room, plus one for excursions and emergency evacuations. First aid kits will be checked and updated yearly by either St. John's or Parasol EMT. They are to be positioned safely out of reach of the children.

A notice showing emergency telephone numbers (hospital, ambulance, the poisons information Centre, police and fire brigade) is to be prominently displayed near, and easily seen from, each telephone in the Centre.

Children's parent contact numbers and emergency contact numbers will be kept near the phone in each room and updated regularly

Notices clearly setting out emergency procedures and resuscitation posters are to be prominently displayed.

Accident procedure

Assess the injury:

1. If minor,
 - 1.1 give appropriate first aid, complying with Centre's policy for handling spills of body fluids
 - 1.2 Notify parents and inform them of what has happened and treatment given
 - 1.3 If necessary refer injured or ill person to medical care.
 - 1.4 Complete a report of the incident
 - 1.5 Ensure parents receive copy of the report
2. If the incident is serious:
 - 2.1 Have trained staff apply their expertise in first aid.
 - 2.2 Notify parent, guardian or emergency contact, or if staff member their next-of-kin.
 - 2.3 Call an ambulance if necessary and have a staff member accompany child or adult in ambulance
 - 2.4 Complete a written report of the accident and of the action taken.
 - 2.5 A copy of the report should be made available to parent, guardian, emergency contact or next-of-kin on request.
 - 2.6 The Centre Director will notify the Management Committee and the Insurance Company in accordance with the requirements of the Insurance policy and the Office of Children, Youth & Family Services – Children's Services Branch.
 - 2.7 Counselling services are available from Pastoral care/ANU for staff if necessary.

Date for Review: September 2006

OUTBREAKS & EXCLUSION POLICY

Date: 1995, Revised 10/08/2005

AIM To minimise the risk of cross-infection throughout the Centre.

To effectively manage an outbreak of an infectious disease in the centre by appropriate exclusion of sick children and staff.

To notify the ACT Health when required by law.

BACKGROUND

Infants and young children are particularly vulnerable to childhood communicable diseases. If a child is excluded at the first appearance of illness and kept at home until completely recovered, both the other children in the Centre and the family involved will benefit. Quick exclusion means that fewer children will be infected.

Exclusion of infectious children and staff reduces the risk of infections to other children and staff. Exclusion periods are based on the time a person may be infectious to others.

In certain instances some children or staff who have been in the centre when a case of disease has occurred should be excluded for their own protection. (Exclusion of contacts) Where there is not a significant risk of infection to others an infected person may not be required to be excluded. However, the infected person may be unwell and need to stay home to recover. (Non-exclusion)

ACT Health will take action to control the spread of a notifiable infectious disease in the centre, and provide support and advice on management of any infectious disease. All notifications will remain confidential.

RELATED POLICY Medication Policy

IMPLEMENTATION

Under the Children's Services Act 1986, any child or person who is apparently suffering from an infectious disease should be excluded from child care.

Guidelines issued by Children's Day Care Services, ACT Housing and Community Services Bureau (the Licensing Authority), set the minimum requirement for the Centre Committee at its discretion.

A copy of the current exclusion rules are attached at Appendix A which forms part of this policy.

The Centre exclusion rules are non-negotiable and parents should note that staff members have no discretion to vary these unless staff discretion is specifically provided for in the rules.

Children returning to the Centre after travelling internationally will be excluded for one full day after their arrival in Australia

Parents are expected to make known to the Centre any specific health problems such as febrile convulsions and allergic reactions of any kind.

In the event of possible outbreaks of vaccine preventable diseases, children unimmunised or not age appropriately immunised will be excluded for the duration of the time specified in the Centre exclusion rules.

Any member of staff involved with food handling who has boils or other pustular infections of the skin on the arms or face, or is suspected of having any gastrointestinal infection, must be excluded from food handling duties for at least 5 days when sick or when having cuts, wounds or skin lesions on hands which cannot be adequately covered.

The Centre Director must notify ACT Health when any case of the following diseases occurs in the centre:

- * Diphtheria, measles, mumps, poliomyelitis, rubella, (German measles), whooping cough (pertussis) or tuberculosis, and
- * There is a food borne illness in two or more persons, or gastroenteritis affecting three or more persons.

As recommended by ACT Health, the centre Director should report:

- * Any single case of meningitis
- * Any of the following conditions affecting three or more persons - Chickenpox, cold sores, conjunctivitis, influenza, strep throat or any other condition of concern.

Additionally the NHMRC recommends that ACT Health be notified of any case of; arbovirus infection (Ross River virus, Dengue), brucellosis, campylobacteriosis, chlamydial infection, cholera, donovanosis, gonococcal infection, haemophilus influenza type B infection, hepatitis, hepatitis A, B & C, HIV infection, hydatid infection, legionellosis, leprosy, leptospirosis, listeriosis, lymphogranuloma venereum, malaria, ornithosis, plague, Q fever, rabies, salmonellosis, syphilis, typhoid, viral haemorrhagic fever, yellow fever, or yersiniosis.

A medical certificate is required before a child or adult having diphtheria, hepatitis A, polio, tuberculosis, typhoid or paratyphoid can return to the centre.

Parents will be advised of the onset of any communicable infection within their section.

Review by date: 10/08/06

**UNIVERSITY PRE SCHOOL AND CHILD CARE CENTRE INC.
INFECTIOUS DISEASES – EXCLUSION RULES**

Under the Children’s Services Act 1986, any child or person who is apparently suffering from an infectious disease should be excluded from child care.

DISEASE	PATIENT	CONTACTS	COMMENTS AND MANAGEMENT
Bronchiolitis	Until the child is well	No	Refer to <i>"Staying Healthy In Child Care"</i> , pg 2-3.
Bronchitis	Until the child is well	No	Refer to <i>"Staying Healthy in Child Care"</i> , pg 2-4.
Chickenpox	Exclude for at least 5 days after the rash first appears and all blisters are dry and the child feels well	No	Dispose of tissues soiled with nose and throat discharges, Wash hands carefully, Do not share eating utensils or drinking cups. If there is an outbreak, disinfect mouthed toys after washing them.
Cold sores (Herpes Simples virus – HSV)	Exclude any adult who has contact with babies under 2 months of age until the sore has completely dried. Exclude any child while the lesion is weeping and if unwell. Lesions should be covered by dressing where possible	No	Follow good hand washing and cleaning procedures. Do not allow kissing on or near infected area, sharing of food or drink containers, mouthing or toys. Dispose of tissues correctly. Rotate staff with cold sores away from Possum/Gumnut areas.
Common cold	May be excluded at the discretion of staff if symptoms become severe or the child is not well enough to cope with group situation.	No	Teach children to cover the mouth when sneezing or coughing and to wash their hands after blowing their noses. Dispose of tissues soiled with nose and throat discharges. Ensure staff wash hands after contact with soiled tissues or contact with nose and throat discharges
Conjunctivitis	Until discharge from eye has ceased. Should infection recur within 48 hours exclude for next full day	No	Discharge on waking must also have ceased.
Diarrhoea Non specific	Until bowel motions have returned to normal and at least 1 full day after the last abnormal bowel motion. In addition, the child has returned to a reasonable diet and is feeling well	No	Refer to <i>"Staying Healthy In Child Care"</i> , pg 3-1. Make sure that good hand washing procedures are being followed at the Centre and at home.
Campylobacter*	For at least 1 full day following abnormal bowel motion and until a medical certificate of recovery is produced.	No	Make sure that good hand washing procedures are being followed at the Centre and at home
Giardiasis*	Exclude until course of treatment is completed and returned to normal.	No	Make sure that good hand washing procedures are being followed at the Centre and at home. A child will not be accepted at the crèche while on medication for the treatment of Giardiasis.
Rotavirus	Exclude while condition persists and for at least 1 full day after bowel motions have returned to normal and vomiting has ceased.	No	Make sure that good hand washing procedures are being followed at the Centre and at home. A child with severe symptoms should be seen by a doctor.
Salmonella and Shigella	Until diarrhoea has stopped, bowel motions have been normal for at least 1 full day and a medical certificate of recovery is produced	No	A person with salmonella or shigella in their faeces must not be involved in food preparation. Staff may resume handling food when three separate faeces samples show that no salmonella/shigella is present. Make sure that good hand washing procedures are followed at the Centre and at home.
DISEASE	PATIENT	CONTACTS	COMMENTS AND MANAGEMENT
Ear infections	Exclude for any discharge from	No	Refer to <i>"Staying Healthy In Child Care"</i> , pg 2-7

	ear until this condition has cleared and child is feeling well		
Hand, foot and mouth disease (coxsackie)	Exclude until all blisters have dried.	No	Allow blisters to dry naturally. Do not pierce blisters deliberately because fluid in the blisters is infectious. Follow good hand washing techniques.
Head lice (pediculosis capitis)	Until the day after appropriate treatment has started.	No	Dead eggs may still be present but the child is no longer infested and nits need not be removed. Inspect close contacts regularly for signs of infestation.
Haemophilus * influenzae type b (Hib) – meningitis, epiglottitis, pneumonia, joint infection or cellulitis	Until the child is well and a medical practitioner confirms that the child has completed a course of the appropriate antibiotic	No	All children entering Child Care should receive vaccination against Hib. If appropriate, the Health department may arrange for other children and staff to be given a course of the appropriate antibiotic and/or arrange vaccination.
Hepatitis A*	Until one week (seven days) after onset of illness or jaundice and receipt of a medical certificate of recovery.	No	Make sure that good hand washing procedures are being followed at the Centre and at home. Refer to " <i>Staying Healthy In Child Care</i> ", pg 5-4
Hepatitis B	Exclusion is not necessary.	No	A child who feels unwell may need to stay away. Take precautions when handling blood contaminated items. Re-emphasise good hand washing, cleaning and disinfecting practices, prevent biting, scratching and violent behaviours. Cover open wounds, and cuts or abrasions that are weeping and moist. Refer to " <i>Staying Healthy In Child Care</i> ", pg 5-6
Hepatitis C	Exclusion is not necessary.	No	A child who feels unwell may need to stay away. Take precautions when handling blood contaminated items. Re-emphasise good hand washing, cleaning and disinfecting practices. Prevent biting, scratching and violent behaviour. Cover open wounds, cuts or abrasions that are weeping and moist. Refer to " <i>Staying Healthy In Child Care</i> ", pg 5-7
HIV, AIDS (Human immunodeficiency virus)	Exclusion is not necessary unless the child has a secondary infection.	No	A child who feels unwell may need to stay away. Take precautions when handling blood contaminated items. Re-emphasise good hand washing, cleaning and disinfecting practices. Prevent biting, scratching and violent behaviour. Cover open wounds, cuts or abrasions that are weeping and moist. Refer to " <i>Staying Healthy In Child Care</i> ", pg 7-8
Influenza	Until the child or staff member is well enough to cope with a routine day	No	Teach children to cover the mouth when sneezing or coughing and to wash their hands after blowing their noses. Dispose of tissues soiled with nose and throat discharges. Wash hands after contact with soiled tissues and articles and after contact with nose and throat discharges. Refer also to " <i>Staying Healthy In Child Care</i> ", pg 2-8
Measles*	Until at least four days after the onset of the rash and the child is feeling well.	No for immunised children	Exclude all unimmunised contacts for a minimum of 2 weeks unless immunised within 72 hours. Refer also to " <i>Staying Healthy In Child Care</i> ", pg 4-11 and notification protocol.

DISEASE	PATIENT	CONTACTS	COMMENTS AND MANAGEMENT
Meningococcal Infection* – meningitis or septicaemia	Until the child is well and medical practitioner confirms that the child has completed a course of the appropriate antibiotic	No	If appropriate, the Health Department may arrange for other children and staff to be given a course of the appropriate antibiotic and/or arrange vaccination.
Mouth Ulcers	If severe and the child is unwell	No	Inspect close contacts regularly for signs of infection. Do not share eating utensils, food or drinking cups. Disinfect toys that toddlers put in their mouths.
Mumps*	Until nine days after the onset of swelling and the child is feeling well.	No	Refer to " <i>Staying Healthy In Child Care</i> ", pg 5-13
Rashes	All significant rashes excluded until cleared or on production of medical certificate which confirms condition is not infectious.	No	Inspect close contacts regularly for signs of infection.
Ringworm	Until the day after appropriate treatment has started provided the affected area can be covered.	No	Inspect close contacts regularly for signs of infection. Make sure that good hand washing procedures are being practiced.
Roseola (exanthum subitum, sixth disease)	Not generally excluded but may be excluded because of raised temperature or rash	No	Follow good hand washing, cleaning and disinfection procedures.
Rubella* (German measles)	Until at least four days after the onset of the rash and the child is well.	No	The director must inform the ACT Health Department
Scabies and other mites causing skin disease	Until a medical certificate of recovery is produced.	No	Inspect close contacts regularly for signs of infestation. Refer also to " <i>staying Healthy in Child Care</i> ", pg 4-18
School sores (impetigo)	Until treatment has commenced.	No	Sores on exposed surfaces should be covered with a watertight dressing. Make sure that good hand washing procedures are being practised.
Streptococcal infection (including Scarlet fever)	Until antibiotics have been taken for at least 1 full day and the symptoms have improved significantly	No	Follow good personal cleanliness practices. Cover the nose and mouth when coughing or sneezing. Dispose of tissues used to wipe a runny nose. Always follow this with proper hand washing . Do not share eating utensils, food or drinking cups. Disinfect toys that toddlers put in their mouths.
Temperatures (Raised above 38°C)	Exclude until following day and until temperature has returned to normal.	No	Parents will be contacted & asked to take their child from the Centre
Thrush (Candida) (Oral)	Exclude until appropriate treatment has started and the baby is feeding well.	No	Make sure good hand washing and cleaning procedures are being practiced.
Tuberculosis*	Exclude until approval to return is given by the Medical Officer of Health. Child or staff member with active TB should be excluded until treatment has been given for one month. Children with inactive TB are not excluded.	No	Refer to " <i>Staying Healthy In Child Care</i> ", pg 2-11.
Vomiting	Exclude until at least 1 full day after vomiting has ceased and child is well	NO	

DISEASE	PATIENT	CONTACTS	COMMENTS AND MANAGEMENT
Whooping Cough* (pertussis)	Exclude until 21 days from start of cough, or for 5 days after starting antibiotic treatment.	No for immunised children	Exclude unimmunised close contacts from child care until they have commenced antibiotics. Any unimmunised child who does not take antibiotics should be excluded for 10 days after the last case of whooping cough has been detected. Refer also to " <i>Staying Healthy In Child Care</i> ", pg 2-12.
Worms (Intestinal)	Not excluded once treatment has been started.	No	Make sure that good hand washing procedures are being followed at the Centre and at home.

* These conditions must be notified by the Director to the Chief health Officer - Communicable Disease Control Section, ACT Department of Health
Telephone: 6205 2155 Fax: 6205 0711 (as at January 2004)

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Emergency Evacuation & Procedures Policy

Date: Friday, 4 June 1999, Revised February 2001, Revised 5/05/04

Aim: To ensure that:

- all staff are aware of their responsibilities during fire and emergency evacuation procedures
- staff are able to operate fire extinguishing equipment, so that no person is put at risk in the event of an emergency or fire.

Explanation: Evacuation may be necessary in the event of a fire, chemical spill, bomb scare, earthquake, gas leak, siege, flood, bushfire or other emergency.

In order to ensure that staff and children are familiar with Emergency Evacuation Procedures evacuation drills will be scheduled four times a year, will cover all staff and times of the day and will follow the Emergency Evacuation Procedure (*Refer to Emergency Evacuation Drill Policy*)

The emergency procedure will be short and simple, but cover all necessary steps. All members of staff will need to know the total plan and know their role within that plan. (*Refer Emergency Evacuation Procedure*)

Facilities: **1. Thermal fire detection system** – The indicator board is in the corridor near the main office.

In the case of a fire the system will do the following:

- 1) Ring the bells in the inner courtyard, Preschool Building and outside Office
- 2) Send a signal automatically to the Ainslie Fire Station
- 3) Show on the indicator board the area where the fire occurred

2 Manual call points – When fire is discovered without warning the glass should be broken, bell will then sound automatically: These are located in following areas:

- 1) in the fire alarm panel in the corridor outside Main Office
- 2) in the corridor between the Bilbies and Nursery
- 3) between the gumnuts and the back door to the Preschool Garden
- 4) in the passageway between the Wallabies and the Echidnas

3. Command points and Assembly areas shall be as follows:

COMMAND POINT - Office phone

FIRST STAGE ASSEMBLY POINT - Big playground near gate; or
- Rear Car Park

SECOND STAGE ASSEMBLY POINT - Grassy area at University House or Cellar area

4. Fire Cot

A cot that is small enough to fit through doorways and corridors, with wheels large enough to avoid jamming will be kept in the Nursery and will be used for the evacuation of babies.

5. Emergency provisions roll and contact numbers

A bag will be kept in the storage shed in the Preschool playground containing emergency supplies in the event of an emergency. This will contain, disposable nappies, blanket, paper cups, gloves, tissues, tarpaulin, storybooks, First Aid Kit.

A register containing emergency contact numbers will be maintained with up-to-date information that can be taken in case of evacuation. Copies of this register will be kept at the back of the sign in/out folders for each room.

6. Emergency evacuation procedure

A notice clearly marked "Emergency Evacuation Procedures" will be displayed in a suitable location near the main entrance and in each playroom, which shows:

- * the fire alarm signal
- * the method of operation of all fire fighting equipment
- * a floor plan marked with the location of all exits, direction of escape routes, and fire fighting equipment

7. Portable fire extinguishers

CO₂ fire extinguishers (red with black band) are located; Corridor opposite toddler/nursery non-contact room; Corridor opposite Nursery storeroom; Wall in Echidna kitchen area.

DCP Fire Extinguishers (red with white band) are located in; Director's office; Staff Kitchen.

W/A - Pressurised water fire extinguishers (all red) are located; Corridor near to Kookaburra room; Storeroom between Bilby and Nursery; Corridor leading from Bilby to Nursery; Near Wallaby entrance from courtyard; Wall in Wallabies near connecting door to Echidnas; wall next to door in Handyman room.

Fire Reels are located; Corridor near southern emergency exit – Toddlers, Corridor near northern emergency exit – nursery, External wall of preschool building near middle entrance.

All extinguishers and fire reels are installed and maintained in accordance with Australian standard 2444.

8. **Wardens** – On hearing fire alarm bell or sighting fire or smoke or other emergency the **Chief Warden is**

1. The Director
2. The Acting Director or Person in Charge

Duties

The Chief Warden is required to immediately respond to any emergency, determine the appropriate procedures that should be implemented and bring the emergency control organisation into operation

The Chief Warden on Notification of an emergency or activation of the Alarm will:

1. Ascertain the nature and extent of the emergency, dispatch a staff member to the affected area to identify the problem and report back
2. Determine if evacuation is necessary
3. If fire or smoke is present ensure ACT Fire Brigade (0-000) and ANU Security (52249) are contacted
4. Alert Wardens and if deemed necessary instruct them to search all areas and advise them to evacuate any personnel

Wardens are

1. Section leaders
2. Designated person in charge of the Section

Duties

Wardens Shall;

1. Familiarise themselves thoroughly with their floor.
2. Note all exits and alternative escape routes.
3. Be familiar with all obscure areas where people could be located.
4. Know the location of all fire fighting equipment.
5. Be familiar with the operation of equipment installed to assist in the safe evacuation of personnel from the building.
6. Be aware of any mobility impaired, sight or hearing impaired persons in their area

UPON EVACUATION ALARM Wardens shall;

1. Search all areas in designated area
2. Direct Children under their supervision to the assembly area
3. Advise Chief Warden that the area has been evacuated
4. Remain in control until "All Clear" signal is given by Brigade or emergency personnel

Reference: ANU Emergency Procedures

Emergency Evacuation Procedure

1. **Do Not**
 - a Take personal items except for wallets and car/house keys
 - b Allow re-entry into the building until the "All Clear" is given

2. **In an Emergency Situation requiring Evacuation of the Building the Chief Warden will:**
 - a Assume Control
 - b Collect emergency contact details from office and staff room
 - c Ensure all Wardens are aware of the nature of the emergency and the need to evacuate
 - d Assign staff to:
 - prevent anyone entering building and to direct emergency vehicles
 - inform neighbouring buildings of danger
 - e Direct children and staff to Secondary Assembly Point.
 - f Collect reports from the Wardens and Ensure everyone is accounted for
 - g Complete emergency checklist and hand over to emergency services on arrival, inform the services of any relevant information i.e. is there someone still in the building and liaise with emergency services

3. **Upon Evacuation Alarm Nursery Section Warden Shall**
 - a Coordinate movement as instructed by the Chief Warden
 - b Determine safest exit and assembly point and direct staff in their area to assist with evacuating children to the assembly area
 - c Locate children in all babies areas – Play Room, Sleep Rooms, Veranda and Playground
 - d Do a quick headcount of children
 - e Ensure Sign In/Out sheets are collected for the purpose of determining all staff and children are present and emergency contacts can be notified.
 - f Have all non walking babies placed into fire cot or into a blanket
 - g Instruct staff to walk push or carry all children from the building out to the main playground or to car park or closest safe assembly area
 - h Check all areas in section; storerooms, sleep rooms, playrooms, kitchen, etc or check that areas have been searched
 - i Close doors
 - j Once outside the building proceed to the assembly area and ensure all children and staff in your room are accounted for (NO children to be removed from staff members care under ANY circumstances unless advised to by Chief Warden)
 - k Report to Chief Warden when all children & staff are accounted for
 - l Remain in control until "All Clear" signal is given by Brigade or emergency personnel

4. Upon Evacuation Alarm Toddler Section Warden Shall

- a Coordinate movement as instructed by the Chief Warden
- b Determine safest exit and assembly point and direct staff in their area to assist with evacuating children to the assembly area
- c Locate children in all babies areas – Play Room, Sleep Rooms, Veranda and Playground
- d Do a quick headcount of children
- e Ensure Sign In/Out sheets are collected for the purpose of determining all staff and children are present and emergency contacts can be notified.
- f Instruct staff to walk children to safest exit and assembly point
- g Check all areas in section; storerooms, sleep room, playrooms, kitchens, toilet, etc or check that areas have been searched
- h Close doors
- i Once outside the building proceed to the assembly area and ensure all children and staff in your room are accounted for (NO children to be removed from staff members care under ANY circumstances unless advised to by Chief Warden)
- j Report to Chief Warden when all children & staff are accounted for
- k Remain in control until “All Clear” signal is given by Brigade or emergency personnel

5. Upon Evacuation Alarm Preschool Section Warden Shall

- a Coordinate movement as instructed by the Chief Warden
- b Determine safest exit and assembly point and direct staff in their area to assist with evacuating children to the assembly area
- c Locate children in all preschool areas – Play Rooms, Sleep Rooms, toilets, kitchens and Playground
- d Do a quick headcount of children
- e Ensure Sign In/Out sheets are collected for the purpose of determining all staff and children are present and emergency contacts can be notified.
- f Instruct staff to walk children to safest exit and assembly point
- g Check all areas in section; storerooms, sleep rooms, playrooms, kitchens, toilets, etc or check that areas have been searched
- h Close doors
- i Once outside the building proceed to the assembly area and ensure all children and staff in your room are accounted for (NO children to be removed from staff members care under ANY circumstances unless advised to by Chief Warden)
- j Report to Chief Warden when all children & staff are accounted for
- k Remain in control until “All Clear” signal is given by Brigade or emergency personnel

CLOTHING AND SUN PROTECTION POLICY

Date	April 2001, Revised 14/09/05
Aim	<p>To ensure that all children and staff at University Preschool & Childcare Centre are protected throughout the year from the sun's harmful ultraviolet radiation (UVR),</p> <p>To Promote sun safety and reduce exposure to UVR through a comprehensive approach considering sun protective behaviour, organisation of activities, the outdoor environment and education of children, staff and parents; and,</p> <p>To ensure that all children are adequately clothed for all weather conditions.</p>
Background	<p>Exposure to UV radiation from the sun causes sunburn, long-term skin damage and increases the risk of skin cancer. UV radiation levels begin to rise early in September and stay high until the end of April, so skin should be protected throughout this period. Sunburn can occur on bright sunny days as well as cool or cloudy days.</p> <p>Levels of UV radiation are particularly high in Canberra. This is due to our high number of hours of sunshine, our altitude and our clean air.</p> <p>The time of day when UV radiation is highest is 11-3 pm (daylight saving time).</p> <p>It is important that protection from both UVA and UVB should be provided. This is achieved through application of broad spectrum sunscreens with a Sun Protection Factor of 30+.</p> <p>UV radiation is at its lowest in Canberra during June and July. There is concern that during winter in the southern states of Australia (including the ACT), some people may not be producing sufficient levels of vitamin D. Vitamin D is made in the skin upon exposure to small amounts of ultra violet radiation, and sunlight is the main means by which Australians obtain vitamin D. Low levels of vitamin D are linked to osteoporosis and possibly other chronic diseases. The Cancer Council ACT does not recommend sun protection for the general population in the Canberra region during June and July.</p> <p>Due to its location Canberra is also subject to extremes of temperature experiencing high temperatures of over 30°C in the summer months and low temperatures of under 5°C in the winter months.</p>
Application	This policy therefore applies all year round however variable weather conditions, i.e., heaviness of cloud cover, cool temperatures, etc., mean that staff should use their common sense when implementing the policy.
Practise	SunSmart and Weather Smart Strategies <ol style="list-style-type: none"><i>All children will wear sun hats that protect the face, neck, ears and crown of the head for outdoor activities during September - April</i><ol style="list-style-type: none">Parents are required to provide a legionnaire or broad brimmed hat for their child. If parents forget to send a hat with their child, a new hat will be provided for them by the Centre and parents will be charged for this.Staff will ensure children are wearing legionnaire or broad brimmed hats when outdoors. To encourage this we will use the 'no hat / play in the shade' strategyAll staff will wear sun hats that protect the face, neck, ears and crown of the head for outdoor activities during September - April.<ol style="list-style-type: none">Staff will wear an appropriate sun hat when outdoors.Staff will provide their own hats.<i>Parents will be encouraged to dress children in clothing that gives protection from the expected weather conditions for the time of year.</i><ol style="list-style-type: none">Parents will be advised on enrolment of the requirement to dress children in sun protective clothing during the summer months, September - April, i.e., shirts or dresses with collars or high necks and sleeves; trousers, longer shorts or skirts that are made from closely woven material.Parents will also be advised on enrolment of the requirement to dress children in warm clothing during the winter months, May – September, i.e., beanies, jumpers, skirts and tights, trousers and Jackets.

- 3.3 Regular reminders about appropriate dress requirements for the children will be mentioned in the Centre newsletter
- 3.4 Spare clothing will be kept if children attend the service inadequately dressed and a reminder note concerning clothing requirements will be sent home that day.
4. *Staff will wear clothing that gives protection from the sun and weather conditions when outdoors.*
 - 4.1 Staff will wear sun protective clothing when outdoors, ie shirts or dresses with collars or high necks and sleeves; trousers, longer shorts or skirts made from closely woven material, during September – April.
5. *Parents will be requested to wear appropriate clothing and hats when involved in Centre activities.*
 - 5.1 Parents will be encouraged to wear sun protective clothing and hats when involved in service activities during the months September - April
6. *SPF 30+, broad spectrum, water-resistant sunscreen will be applied to all children before Morning and Afternoon outdoor play during the months September - April.*
 - 6.1 The service will provide SPF 30+, broad spectrum, water-resistant sunscreen for use by staff and children.
 - 6.2 Parents will be informed that sunscreen will be applied and will indicate their agreement to this by signing a statement at time of enrolment. Where a child requires a particular type/brand of sunscreen other than that supplied by the Centre, parents will be requested to provide sunscreen for their own child.
 - 6.3 If for some reason a child cannot wear sunscreen, they will be required to cover up with a long sleeved top with a collar or high neck and long pants and wear an appropriate hat.
 - 6.4 Staff will ensure sunscreen has been applied correctly to all children before morning and Afternoon outdoor play. In summer months when children are outside early in the morning parents will be asked to apply sunscreen to their child before bringing them to the Centre or on arrival at the Centre. Where possible sunscreen will be applied twenty minutes before exposure to the sun to ensure it is effective.
 - 6.5 Sunscreen will be applied in a way that avoids cross infection e.g., the children will be taught to apply sunscreen themselves, the staff will use disposable cloths etc.
7. *Staff will apply and re-apply SPF 30+, broad spectrum, water-resistant sunscreen to themselves before morning and afternoon outdoor activities.*
 - 7.1 Unless staff have an allergy to sunscreen preparations they will be expected to apply and re-apply sunscreen to themselves before outdoor activities.
8. *Children under 12 months of age will not be exposed to direct sunlight.*
 - 8.1 Children under 12 months of age will always remain in dense shade when outside.
 - 8.2 Sunscreen will not be applied to babies under 12 months of age unless directed in writing by parents
9. *Special care will be taken to avoid exposure to indirect UVR if babies are in shaded outdoor areas.*
 - 9.1 Exposure to indirect UVR should be minimised by placing babies away from the edge of the shade, i.e., in the middle of the shaded area.
 - 9.2 Parents will be required to dress babies in clothes that cover as much skin as possible as well as an appropriate hat with ties under chin.
 - 9.3 Sunscreen (SPF 30+, broad spectrum, water resistant) can be used on small areas of skin not covered by clothing eg. Feet, hands and face when outdoors. Permission for sunscreen use will be sought from parents.

Organisation of outdoor activities

10. *The Centre will minimise time outdoors in the sun between 10am and 2pm Eastern Standard Time (11am and 3pm daylight saving time). During the months September to April*
 - 10.1 UPCCC will schedule outdoor activities before and after peak UV periods of the day.

11. *Outdoor activities will be held in shaded areas wherever possible.*
 - 11.1 Use of available shade will be maximised by conducting activities in shaded areas and moving static play activities and portable equipment as the shade moves throughout the day.
 - 11.2 As far as possible, staff will encourage and model play in shaded/covered areas with the children while outdoors.
12. *Sun protection will be a specific consideration for excursions*
 - 12.1 Timing, sunscreen application/re-application and the use of shade will be considered. Parents will be informed of specific sun protection requirements, eg clothing and hat requirements.

A shaded environment

13. *The service will provide adequate shade for outdoor play.*
 - 13.1 UPCCC will endeavour to maximise shade by the provision of shade structures and shade trees as required. Priority will be given to areas where children play for extended periods, eg. Sandpit, water play, table activities, fixed play equipment.

Education

14. *Sun protection awareness activities will be included in teaching programs.*
 - 14.1 Sun Protection will be incorporated into the regular teaching program and specific sun protection activities and themes will be applied at appropriate times.
15. *Sun safety messages will be promoted to staff and parents.*
 - 15.1 Posters will be displayed and literature will be available to parents and carers.
 - 15.2 Sun protection will be incorporated in enrolment information, excursion notes and parent newsletters.
Information may need to be provided in various languages to ensure NESB parents and carers understand the need for sun protection for all children.
16. *Parents will be informed of UPCCC's Sun Protection Policy.*
 - 16.1 Parents will be informed of the sun protection policy and associated requirements on enrolment and will be informed of policy review eg. Through the notice board or newsletter.
 - 16.2 Special attention will be given to informing NESB parents and carers of the policy and related activities.

Policy Review

17. *The UPCCC Clothing and Sun Protection policy will be reviewed annually.*
 - 17.1 Date of next policy review September 2006
 - 17.2 The policy will be reviewed with reference to current source material, eg ACT Cancer Council guidelines.

Reference: NSW Cancer Council. *Keeping our children safe: SunSmart policy and support information for child care services*, Sydney, 1999

The Cancer Council ACT. *Sample SunSmart Sun Protection Policy Guide Early Childhood Centre*, Canberra, 2004

The Cancer Council ACT, *Sun Protection during June & July, A guide for Early Childhood Settings in the ACT region*, Canberra, 2005

FEES POLICY

Dated: April 2001, Reviewed June 2003, Revised September 2004, Revised 14/09/05

Aim: To ensure the smooth, orderly and regular payment of fees by parents.

Background: The centre's fees are calculated each year in a budget approved by the Management Committee. Every effort is maintained to provide affordable child care and preschool education for parents of children attending the Centre, however as we are a community based not for profit organisation fees need to be paid in a timely fashion to ensure the continued viability of the Centre.

Linked Policies Enrolment Policy

Implementation: **On enrolment at the Centre all parents will be notified:**

- 1. That the centre is dependent on the regular receipt of fee income to remain financially viable.**
2. That fees are payable from the Centre's opening date in January until it closes in December.
3. That normal daily fees are payable for public holidays and for the Staff Development Day even though the Centre is not open on these days.
4. That fees are payable regardless of whether the child is sick or absent.
5. That receipts will be provided for all payments.
- 6. That they are required to pay the full weekly fee fortnightly in advance.**
7. Of their ability to apply for Child Care Benefit.
8. Of their ability to apply for salary sacrifice or to have their child care fees deducted from their net pay if they are employed with the Australian National University.
9. Payments can be made by cheque, Direct Debit to our bank account or by cash.
10. If paying by cheque and there is no one in the Administration office you can slip the cheque under the door.
11. That where fees cheques are not honoured on two (2) separate occasions all future fees payments must be made in cash.
12. That those families wishing to use Direct Debit for payment of fees should see the Administration Assistant for our account details
- 13. Cash will only be received by the Director or the Administration Assistant and will be immediately receipted.**
14. That no cash is kept on the Centre. Where fees are paid by cash administrative staff are unable to provide change at time of payment.

15. That the following additional Fees will also be charged:

Fee for late collection of children - Where children are collected after the Centre's normal closing time of 5.45pm, fees will be charged in the following manner:

For the first instance

- a) \$20 per child after the first two (2) minutes and up to fifteen minutes
- b) \$20 per child for every additional fifteen minutes or part thereof

For the second and subsequent instances with in a calendar month

- a) \$50 per child after the first two (2) minutes and up to fifteen minutes
- b) \$50 per child for every additional fifteen minutes or part thereof

* After the second instance parents will also receive a letter explaining why it is necessary that they are punctual with regard to picking up their children and parents who are continually late collecting their children will be asked to meet with the Director discuss the reasons for this.

16. That if fees fall into arrears the following procedure will be followed:

- i) At the end of two (2) weeks the Administration Assistant will issue a reminder notice.
- ii) After four (4) weeks if no special arrangements have been made with the Director, the Director will inform the Treasurer and formal arrangements will be made with the parents to clear the outstanding fees. **This will include informing the parents that their child will be excluded from care until fees are brought up-to-date**
- iii) If arrangements to clear the outstanding fees are unsuccessful the Centre management will have no alternative but to give notice to cancel the child care arrangement.
- iv) In the event of unpaid fees upon leaving this service, the Centre management will take steps to recover the out standing money through the Small Claims court and inform the person/s responsible of its intention to do so.

This information will be made available in the following manner:

- 1. via information supplied in the Parent Information Booklet;
- 2. via the Centre Policy Book located in the office and each section; and,
- 3. by way of a summary by the Director at the time of enrolment

Review Date: September 2006

Late Collection of Children Policy

Date: Monday, 14 September 2005

Background: The Centre's hours of operation are 7.45am to 5.45pm and staff are employed between these hours. Outside of these hours staff must be paid overtime to comply with state award conditions. Consideration also needs to be given to personal or family inconvenience encountered by staff as a result of not being able to leave work on time.

To cover any overtime and to compensate for any inconvenience to staff as a result of children being collected late, a fine will be imposed on parents where they collect their children after the Centre's closing time of 5.45pm.

Aim: To establish clear guidelines for staff and parents in relation to the Centre's duty of care to children and staff of the Centre with regard to children being picked up after the Centre's closing time

Implementation: The following steps will be adhered to:

1. On initial enrolment parents will be advised of the Centre's late policy.
2. Where children are collected after the Centre's normal closing time of 5.45pm, fees will be charged in the following manner:

For the first instance

- c) \$20 per child after the first two (2) minutes and up to fifteen minutes
- d) \$20 per child for every additional fifteen minutes or part thereof

For the second and subsequent instances with in a calendar month

- c) \$50 per child after the first two (2) minutes and up to fifteen minutes
- d) \$50 per child for every additional fifteen minutes or part thereof

* After the second instance parents will also receive a letter explaining why it is necessary that they are punctual with regard to picking up their children and parents who are continually late collecting their children will be asked to meet with the Director discuss the reasons for this.

3. Staff will complete the late book on all occasions as a record.
4. Parents are required to sign the late collection book on arrival and again when payment of the late fee has been made.
5. Staff will remind parents who arrive at 5.45pm to collect their children that the building is about to be locked up and staff will be leaving the premises.

Policy Review Date:

Part Time Placement Policy

Date: Original Policy developed 1996 - Revised 19/08/2003 10:34 AM– Revised 1/06/04

Introduction: The University Preschool & Child Care Centre Inc. recognises the value to the University and the general community of providing part-time places.

Aim: To facilitate the efficient Management and operation of the Centre it is the policy of University Preschool & Childcare Centre to balance the amount of full time and part time places offered to families.

Linked Policies Waiting List Policy
Enrolment Policy

Implementation:

- Where there are vacancies that cannot be filled by fulltime children and the Centre is under – utilised, the Director may use discretion to grant further part-time places.
- Every effort will be made to match days for siblings of children already attending the Centre.
- Where possible consideration will be given to families preferences for days however where these preferences cannot be matched with another family, families will be offered the days that are available. They can then decide to accept these days or relinquish the place

Conditions

- Part-time places will be for 2 or 3 full days only.
- Current children at the Centre will have priority over new children to fill vacant part-time positions. Part-time positions will only be granted on written application through the Director.
- Two weeks notice in writing is required to vacate a part-time place.
- A parent holding a part-time position may move to a fulltime position by applying through the Director and subject to a vacancy occurring.

Filling of positions

The granting of part time places will be at the discretion of the Director.

Policy Review This policy will be reviewed at least annually or as deemed necessary by the Director & Management Committee

Behaviour Guidance Policy

Date: July 1995, Revised - March 2001, Revised - September 2004

Aim: To assist staff supervising children in the program to maintain a consistent, fair and reasonable approach to the management of child behaviour in order to provide a warm, safe, happy, secure environment in which learning can occur.

Rationale: Adults perform a significant role as a model for the behavioural education of children. Children learn to behave in a socially acceptable way through the role modelling and positive reinforcement of adults. Children learn from observation.

Behaviour Guidance teaches children to be self-disciplined and to have an understanding of how their actions affect themselves and more importantly, others around them. When expectations are clear and understood, self-esteem is improved resulting in happy, confident children.

A behaviour guidance policy ensures that all staff (permanent and relief) are clear and consistent about what behaviours are important for children to learn, for the protection and safety of themselves and others.

What is Behaviour Guidance?

Behaviour Guidance is an adult teaching/showing a child:

- * What is good to do
- * What is not good to do
- * What is safe
- * What angers or hurts
- * What pleases

It is essential that at all times, discipline is a positive experience for all involved. This occurs when discipline:

- * does not damage self-esteem, but allows children to feel capable, competent and pleasure to others.
- * takes into account the child's developmental understanding and abilities - recognising that needs and behaviours change as children grow.
- * praises and acknowledges caring, cooperative, desirable behaviour.
- * expresses itself positively - i.e. 'walk inside' - not 'don't run inside'.
- * teaches/gives simple explanations; offers alternative so that a child can make judgments/choices.... and thus, in time, wise choices
- * shows what to do - not just what not to do
- * is consistent.
- * is based on self-control - not coercion.
- * leads to self-discipline - recognising this is a long-term process.
- * is considered as a learning experience and consequently a normal part of a child's development.

Strategies: In order for behaviour guidance to be effective, it is important that the environment at the centre is organised in such a way that we prevent as far as possible, a situation occurring where discipline is required.

Techniques to be used by staff include:

- * Establishing trust and respect with all children - they are more likely to respond if they know we like them.
- * Ensuring that all children are treated equally being especially aware of those children who regularly display positive behaviours and who don't require disciplinary intervention, as well as those with challenging behaviours.
- * Ensuring that the centre is set up so as to minimise 'disruptive' behaviour, eg. enough and varied equipment offered to cater for each age level, clear traffic flows are used etc.
- * Planning a pattern of quiet and active activities to prevent over-excitement or over-tiredness.
- * Being alert to settle or redirect play at the beginning or ending of an activity (transitions times). Give sufficient notice that a change of activity is about to occur.
- * Model behaviours that we expect the children to use eg. providing examples of caring and cooperative behaviour, speaking appropriately to children and other staff members, listening to what children are saying, taking each other's feelings/opinions into account etc.
- * Be sure to give attention to appropriate behaviour with specific praise eg. 'You waited so well for your turn'; 'That was very kind of you to help Libby find her shoe'.
- * Avoiding using 'Don't' and 'No'

- * Constantly taking account the child's developmental needs, abilities, and behaviours, considering their background and possible reasons for behaviour.
- * Spending time discussing acceptable behaviours in small group times.

When Prevention doesn't work.

It is inevitable that there will be times when children behave in an inappropriate way and intervention is necessary.

- * Try first to distract/diffuse a situation - giving the child an 'out', eg. child is resisting sitting down... (pat chair)'your place is here, next to Naomi.' Or if a child is throwing sand.... "Let's fill this bucket to the top and then you can turn it over". Or when play in dolly's corner deteriorates... "What are we having for dinner? Is it nearly ready...? I'm hungry..."
- * Use 'do's' instead of 'do not's' giving a simple, brief explanation so that the child can make sense of them and later, apply them independently, eg. 'It's fine to run, but outside not inside - there are too many games on the floor and you could slip and hurt yourself or spoil someone's work'. Or 'It's good to whisper and talk gently, but not to be rude or swear - this hurts people's feelings.'
- * Use a firm, calm manner indicating what you expect from the child - presenting it to the child as a choice wherever possible, eg. "You can stay in the sandpit and play sensibly, or you can ride a bike - and come back to the sandpit when you feel calmer".
- * Be clear about the consequences for the child when behaviour differs from this explanation, eg. Denial of privileges, removal from the situation, help clean up the 'mess', time out.
- * Follow through with the consequences - If a child say's 'I don't care'- affirm that YOU do, eg. 'I care - I don't want to see another child unhappy'. Proceed to remove that child from the situation, let the child play alone; when you and the child have calmed down, return to the child and talk it over - or if the child is very angry, sit with the child, holding them reassuringly.
- * WHEN IT'S OVER...it is essential to restore a positive relationship between you and the child before either of you goes home, eg. Read a story, comment on a positive behaviour you observe the child carrying out.
- * Time Out - In certain instances it is appropriate that children are given time out, to enable the situation to cool down, the child to calm down or other children to be protected. In order to be effective, time out must be kept short. As a guide the length of time could be determined by the child's age i.e. one (1) minute for each year of the child's age.(Max. 5 mins.) after which time the child is asked to indicate verbally which activity they'd like to participate in or what the appropriate behaviour is for them to carry out upon returning to the room. eg.. lie quietly on the bed or not hit other children in the group. Ensure that the child carries out the nominated activity.

HOWEVER IT IS ESSENTIAL THAT INDIVIDUAL DEVELOPMENTAL LEVELS ARE TAKEN INTO ACCOUNT AT ALL TIMES.

Confidentiality: **At no time are specific children to be discussed in front of other children or adults (visitors, parents etc.) as general playroom discussion. This is to be kept for an area that is private such as the staffroom, office etc. Information concerning a child's behaviour is not to be conveyed to parents in front of a child. The child is to be removed from the situation or a time organised for a private discussion.**

Specific Inappropriate Behaviours

1. **Hitting, punching, kicking, scratching, attacking, throwing things...**

- * Give attention to the hurt child (Call another staff member if necessary)
- * Kneel and talk to the child engaged in the inappropriate behaviour directly. Explain what the unacceptable behaviour is and why. (Hold child if necessary) eg. 'You can't hit Tim because it hurts him'; or 'I cannot let you hit, you hurt people, and I cannot let them hurt you.'
- * If child is thrashing etc., move away from other children. Stand nearby and when child has calmed, you can put your arm around and reassure the child that it will be all right.
- * Praise
- * Use time-out, to allow child to calm down or think about actions.

2. **Biting**

- * Comfort hurt child - call another adult if necessary. Attend to hurt child and get interested in another activity.
- * 0 - 3's : break contact
: use verbal explanation, using simple words eg. 'No biting.'
- * 3 - 5's : Time out?

- : Explanation of why behaviour is not acceptable - 'I will not permit biting. It hurts. I want children to be safe here.'
 - : Soothing activity - Redirection
 - : Reinforce acceptable behaviour
 - * If ongoing, a closer look may need to be taken at the child's overall behaviour. Refer 'Dealing with Repeated Biting incidents' & 'Persistent Inappropriate Behaviour Guidance Policy'.
3. **Swearing**
- * Ignore if situation allows (eg. other children aren't within hearing)
 - * Let child know we are concerned eg. 'I don't like hearing those words at University Preschool & Childcare Centre.'
 - * Explain that we don't use those words at University Preschool & Childcare Centre.
4. **Spitting**
- * Stop child from spitting and say 'I will not let you spit at University Preschool & Childcare Centre. If you have to spit, do it in the toilet or a tissue, ie. Tell them where they can spit, but that they cannot spit at people. Older children can help clean up and disinfect the area.'
5. **What to do when children refuse to join in activities.**
- * Assess situation
 - * Simply accept them as they are. Move about with an air of gentle control. Make it clear you will help if the children want help, but do not press them. The children will usually respond when you say 'If you want to watch for a while, that's okay...and if you need help or want to talk, I'll be right here (or) you can join in when you're ready'.

Characteristics of Children

Babies

Behaviour Guidance begins at birth, along with other teaching and learning. Carers must be ready to distract, guide, re-direct attention and interest and remove temptation.

Toddlers

Toddlers are basically egocentric - the world revolves solely around them. They have little regard for others needs, rights and feelings therefore when they hurt or offend others, they usually do not understand what they have done.

They also usually do terrible things with good intentions! eg. A two year old gives a toy to a crying baby by dropping it on his head. Toddlers are exploring their world through hands on experience - poking, jabbing, pulling etc. Therefore they don't need to be stopped from interacting with other children but shown how to do it gently.

It is characteristic for under 3's to lack willpower or self control (they simply cannot stop themselves). Many acts that are labelled aggressive or impulsive are due to the child's inability to inhibit or stop.

THEREFORE...We should not expect them to share, play together or cooperate. We can avoid conflict by distracting them from a situation and ensuring that enough toys are available for all children. Disapproval of behaviour should come through the carer's tone of voice and manner and kept for situations that really matter, eg. biting, hurting someone - not necessarily taking things from other children.

3 - 5 year olds

Know more about appropriate ways of behaving

Have more self-control

Are fairly skilled in the use of language

Can understand language well

Are less egocentric than younger children

THEREFORE...We can reasonably expect them to share, deal with situations using language rather than physical force, respond to requests from both peers and adults, make choices and be responsible for their own actions by accepting the consequences, as well as be sympathetic towards other children and adults.

Behaviour Guidance - Persistent Inappropriate Behaviour Policy

- Date:** Wednesday, 15 September 2004
- Aim:** To provide a clear set of guidelines to be followed by staff in cases where a child's behaviour persists over a period of time and may result in harm to other children and/or staff of the Centre.
- Explanation:** These behaviours include aggressive behaviours such as hitting, biting, kicking, swearing and may be a result of a developmental stage that a child is going through or of environmental, psychological or emotional influences on the child.
- This policy is in addition to our Behaviour Guidance Policy and is used when inappropriate behaviours persist after the usual strategies outlined in our Behaviour Guidance Policy have been implemented.
- Implementation:**
1. At all times Staff will consider what is in the best interests of the individual child and the other children in the group and will offer ongoing support to the parents.
 2. At all times Staff will ensure that the child's parents are kept informed of any behavioural and developmental issues relating to their child
 3. Staff will attempt to modify the behaviours as per our Behaviour Guidance Policy and with consideration to the individual developmental stages of the children.
 4. If the behaviour is ongoing the child should be observed and instances of the inappropriate behaviour recorded to try and establish a pattern or cause. These observations should be signed by the person making the observation and verified by another staff member. At least one of these should be a level 4 or higher. Room staff should also notify the Director of the nature of the behaviour and where known possible reasons or causes for the behaviour.
 5. The Director will then contact the parents of the child and organise a meeting between them, the Director and the Group Leader to discuss the child's behaviour. This meeting will need to take place within two weeks and during this discussion input will be sought from the parents as to any background information they can supply that may help with establishing possible reasons for the behaviour. Appropriate strategies for dealing with the behaviour will also be discussed to ensure that management of the behaviour is consistent between the Centre and home. These strategies may include seeking additional support and resources from external referral agencies, ie. Resourcelink. At this meeting a followup meeting will also be organised to occur in approximately 3 weeks.
 6. Once staff and parents have agreed on strategies for dealing with the behaviour all staff will be informed of the situation. The strategies will then be implemented by all staff and the parents will also be required to act on the advice of staff & Director. Staff will continue to monitor the child's behaviour and record instances of the inappropriate behaviour. This will indicate whether instances of the behaviour are becoming less frequent.
 7. If at any time the child is deemed by staff to be a danger to themselves, the staff or other children, the family will be contacted and asked to take the child home for that day. Before this action is taken a written and signed observation of the behaviour and agreement by two staff members will be necessary.
 - 8. If by the second meeting with the parents there has been no progress it may be necessary to consider other alternatives. These may include referring the child for assessment with another agency or Paediatrician, to determine if there are any underlying health/medical reasons for the behaviour; and/or considering the benefits to the child of alternate care arrangements for all or some of the days that they attend University Preschool & Child Care Centre.**

HOWEVER IT IS ESSENTIAL THAT INDIVIDUAL DEVELOPMENTAL LEVELS ARE TAKEN INTO ACCOUNT AND THAT CONFIDENTIALITY IS MAINTAINED AT ALL TIMES

Inclusion of Children with Additional Needs Policy

- Date:** 27-Jul-2003 Revised 14/09/05
- Aim:** To ensure that children with Additional Needs are integrated into the Centre in such a way as to ensure minimal distress to the child;
To ensure that staff are familiar with the needs of the child; and,
To ensure that other children in the Centre are not adversely effected in any way.
- Background:** University Preschool & Child Care Centre has been established to facilitate physical access to buildings, bathrooms and all play areas for children and adults with disabilities however due to the nature of the buildings wheelchair access is not possible to all areas of the building.
- At University Preschool & Child Care Centre we try to ensure that all children are treated equally and that all children's individual needs are met. Sometimes when a child with additional needs is admitted to the Centre, the child requires a greater amount of individual care and attention, especially in the early integration phase. This policy therefore endeavours to ensure that steps are taken to:
- Allow the child to become familiar with the Centre, staff and other children;
- Provide staff with the opportunity to gain knowledge pertaining to the child's needs; and,
- Ensure that any disruptions that may occur as a result of a child with additional needs being admitted to the Centre are kept to a minimum.
- Implementation**
- 1) When a child is referred to the Centre the Director is to collect known facts relating to the child's additional needs. The Director will then speak to all staff members involved both in a group situation and on an individual basis. Staff are to be given a set time, to consider facts and raise any queries, etc. Further information is to be gained if required via discussions or meetings between other involved professionals and staff of the Centre.
 - 2) Following consultation with a representative from the Office of Childcare, if necessary, **a decision will be made regarding acceptance of child into centre.**
 - 3) Where necessary a meeting will be organised with the child's family/guardian, and representatives from all carers and professional personnel involved. At this meeting a plan will be devised to best meet the needs of the child, family and Centre. This involves ascertaining any special requirements, other care arrangements, what University Preschool & Child Care's options are and to provide an opportunity to inform others present of what University Preschool & Child Care can offer. Where applicable a spokesperson or contact from the Office of Childcare needs to be identified at this point for the Centre to contact if required. The Staff representative will report back to the Centre on the outcome of this meeting.
 - * It is to be noted that this step may be conducted in a less formal manner if the Director and staff deem it to be appropriate.
 - 4) Where possible and if required, an appropriate health professional or therapist is to be engaged to address/in-service all Centre staff on needs and handling techniques necessary prior to commencement date
 - 5) An orientation period is to be established to take the form of a signed agreement between University Preschool & Child Care and the child's parent/guardian. This agreement is to state details of orientation program, dates for reviews and any other special conditions.

If at any stage, it is felt that it is necessary to discuss the viability of the placement, the Centre will contact the parent/guardian/Office Of Childcare representative immediately to discuss the situation.

During the orientation period, discretion is to be used with regard to the undertaking of excursions.
 - 6) A review meeting with other involved personnel is to take place after the orientation process to discuss progress, future options, etc., with further time given to deal with staff questions or arrange further training/in-service.

After the review meeting, and if appropriate, the hours of attendance can be increased. This will depend on whether staff feel the child, themselves and other children are not being adversely affected

It is then recommended that regular reviews take place at least every three (3) months to assess the ongoing support needs of all concerned.

Date for Review: September 2006

ANTI BIAS POLICY

Date:	July 1995, Reviewed April 2001, Revised 17/05/05
Rationale:	<p>It is important that children have the opportunity to develop their full potential within safe environments and that they learn the knowledge, skills and attitudes which enable them to make informed and just decisions about themselves and others.</p> <p>Bias exists in our society and individuals may be discriminated against because of their gender, race, religion, ability or family structure. Such discrimination may lead to individuals not reaching their full potential.</p> <p>These biases can develop at a young age so it is important to encourage children to explore areas of bias, learning to treat other children/adult as special (every child is special).</p> <p>Policy Statement At our centre staff and management endorse the concept of a multi-cultural and anti-bias curriculum and believe that children be encouraged to explore areas of bias in an environment that offers diversity.</p>
Aim:	<p>Staff endeavour to treat all children, families and staff equally regardless of gender, race, religion, culture, ability and family structure</p> <p>Staff encourage children to treat others as equals with regard to gender, race religion, culture, ability and family structure.</p>
Objectives:	<p>Incorporate an anti-bias approach in all interaction with children, parents, families and staff</p> <p>Develop educational programs for children that support the four goals of an anti-bias program:</p> <ol style="list-style-type: none">1. To foster each child's construction of a knowledgeable, confident self identity.2. To foster each child's comfortable, empathetic interaction with diversity among people.3. To foster each child's critical thinking about bias, to question and enquire.4. To foster each child's ability to stand up for herself/himself and others in the face of bias (Derman-Sparkes). <p>Regularly assess the physical environment for inclusiveness and undertake to plan changes in the environment where appropriate.</p>
Procedure and Guidelines:	<ol style="list-style-type: none">1. Staff ensure that their language and daily practice are inclusive and non-discriminatory.2. Staff endeavour to provide an environment for experimenting broad learning which allows children to discover differences and similarities in readily apparent, concrete ways.3. Staff ensure that all equipment and materials provided are inclusive regarding gender, race, religion, culture, ability and family structure.4. Encourage children to explore other languages.5. Providing inclusive models when discussing family structure.6. Utilising parents expertise with regard to the culture, religion, background, work and education that is shared in their household.7. All staff have the opportunity to develop their understanding of areas they may not fully understand, to seek support or advice i.e. multi-cultural services. e.g. Interpreters, support workers for children with special needs, attendance at workshops8. Our centre endeavours where possible to employ a diversity of staffing to ensure that role models are inclusive of the broad society i.e. gender, age, background, nationality and family structure.

Date: April 2001, Revised 15/06/05

Rationale: All items in this policy refer to both care and education services catering for young children.

This policy is based on the following understandings of the term "culture".

- Culture is learned in families and communities
- Cultures belong to groups of people
- Culture is shared ways of knowing, doing and believing
- Culture is dynamic
- The ways people meet their material and non material needs is influenced by culture
- Language is a vital element of culture

Aim: To promote the principle of fairness for all Australians, valuing the individual and their different ethnic, cultural, religious and linguistic backgrounds, levels of ability and disability, gender, age, sexual preference, social and educational status and personality traits. To this end, Centre programmes will support the child and adult's self esteem and pride in family, community, ethnic and linguistic heritage.

To acknowledge, value and promote the human diversity that exists within our families, centre, community and the world in general.

- Objectives:**
- * To foster in each child and adult a confidence and knowledge of self-identity; to feel good about who they are.
 - * To foster a capacity for comfort and empathy in their interactions with a range of diverse people; to feel comfortable with similarities and differences in others.
 - * To foster acceptance of children and adults as individuals and also as members of families within a wider cultural network.
 - * To provide opportunities for children to explore diverse cultural contacts as represented within the Centre and community through cultural aspects such as food, language and religious beliefs.
 - * To raise awareness of non traditional work opportunities and gender roles through play and literature.
 - * To encourage positive interaction between children, families, staff and the community so that barriers can be recognised and counteracted.
 - * To assist children and adults to a realisation that racism, prejudice and discrimination act as barriers within the community

Procedures and Guidelines

1. Awareness, Acceptance and Advocacy

Australia is a culturally diverse society composed of people with different languages, beliefs and values.

Therefore it is essential that our program should support:

- 1.1 The awareness, acceptance and understanding of Aboriginal cultural heritage, languages and identities. As descendants of Australia's original inhabitants Aborigines have a special place in Australian culture. Therefore, special recognition and acknowledgment is to be given to Australia's indigenous cultures
- 1.2 Australia's cultural diversity and that this is acknowledged in the development and practices of University Preschool & Childcare Centre for the children and their families.
- 1.3 The concept that there are many ways of understanding childhood and child development.

- 1.4 The provision of opportunities for children and staff to develop positive attitudes towards others as well as themselves to ensure that our service is inclusive of the diversity of cultures, languages and identities regardless of the cultural composition of the service.
- 1.5 The premise that families have unique knowledge of their own child.

2. Access to University Preschool & Childcare Centre

The ability to different cultural groups within society to access our service is not equal.

Therefore it is essential that:

- 2.1 We recognise that every child, family and staff member has a right to access our Centre and that we support their cultural identity and their community.
- 2.2 Our program is planned, implemented and evaluated through ongoing discussion with our families and the wider community to reflect the diversity of that community.
- 2.3 Information about our Centre is provided in a variety of ways, for example oral, visual and written.
- 2.4 Information about the Centre for families is accessible. This is facilitated by multilingual translations and/or interpreter services relevant to the families.
- 2.5 Families who are disadvantaged by the particular circumstance of recent arrival in the country or community are provided with special consideration regarding access and support.

3. Language, Acquisition and Learning

In recognition of the pivotal role of language in learning and that English is the primary language spoken at University Preschool & Childcare Centre it is essential that:

- 3.1 All children have opportunities to listen to, use and learn English in a supportive environment where resources, materials and people are used to scaffold their learning of English
- 3.2 A diversity of language, literacy and communication styles is recognised, valued and used within University Preschool & Childcare Centre.
- 3.3 In consultation with parents, children with languages other than English are supported with resources and appropriate speakers of the relevant language to maintain, to develop and extend their language within University Preschool & Childcare Centre.

4. Bilingual/multilingual Staff

The presence of multilingual and bilingual staff is an asset to any children's service.

Therefore it is essential that:

- 4.1 University Preschool & Childcare Centre employs staff from diverse cultural and linguistic backgrounds where ever possible. Particularly where the culture and language of the staff is consistent with that of the local community and our program should explicitly recognise and incorporate these skills.

5. Program development

Programs developed to include cultural diversity benefit children, families and staff.

Therefore it is essential that:

- 5.1 Programs provide opportunities for all children, staff and families to use of a variety of communication forms including languages other than English.

- 5.2 Programs reflect the diversity of cultures represented by the broader community and both extend children's knowledge of their own culture and knowledge of cultures other than their own.
- 5.3 Programs, policies, practices and curricula are not only culturally inclusive but consciously work to avoid bias, combat racism and reject stereotyping.
- 5.4 Resources will depict the diversity of contemporary cultures in Australia avoiding cultural stereotyping, ethnocentric attitudes and cultural dominance.
- 5.5 Teaching and learning strategies reflect inclusive and multiple ways of knowing and expressing knowledge.
- 5.6 Parents and community are consulted in developing programs and value differences are clearly identified and discussed.
- 5.7 Staff will intervene where bias occurs to teach children how to advocate for justice and equity.

6. Staff development

Staff working in children's services potentially impact on children's developing attitudes towards cultural diversity more than any other people in a child's life other than their family. Professional development needs to support their ability to do this well.

Therefore it is essential that our staff have access to Inservice Training that:

- 6.1 Reflect and are responsive to the diversity of cultures that make up Australian.
- 6.2 Places particular emphasis on the understanding of how children develop language.
- 6.3 Recognise and reflect the differing beliefs about childhood held by different cultures.
- 6.4 Enables them to examine their own values and assumptions in relation to race, culture, class and gender and the impact these may have on their practice.

Programming Policy

Date:	March 2001, Revised 1/11/05
Aim:	Our centre aims to provide a program which encourages children to be actively involved in the learning process, to experience a variety of developmentally appropriate activities and materials, to pursue their own interests in the context of life in the community and world.
Explanation:	A high quality early childhood program provides a safe and nurturing environment that meets the needs and promotes the physical, social, emotional and cognitive development of the children involved in the program.
Linked Policies:	Anti Bias Policy Cultural Diversity Policy Inclusion of Children with Special Needs Policy
Implementation:	<ol style="list-style-type: none">1. All centre staff will work as a team in preparing and/or implementing the curriculum. The curriculum will be planned to reflect the centre philosophy and goals of children.2. Staff will plan realistic curriculum goals for children based on assessment of individual needs and interests. Staff will keep an individual developmental program on all children including regularly updated checklists.3. Each section will maintain and display daily journals that provide snapshots of the program for the parents' information and comment.4. Modifications will be made in the environment for children with special needs. Staff will make appropriate, professional referrals where necessary with parental permission.5. The daily schedule is planned to provide a balance of experiences on the following dimensions:<ol style="list-style-type: none">a) Indoor/outdoorb) Active/passivec) Individual/small group/large groupd) Large muscle/small musclee) Child initiated/teacher directed6. Materials and equipment will reflect the cultural diversity that exists in our society and will avoid Cultural and Gender stereotyping of any group.7. Staff will provide a variety of developmentally appropriate experiences and materials that are selected to achieve the following goals:<ul style="list-style-type: none">- Foster positive self concept;- Develop social skills;- Encourage children to think, reason, question and experiment;- Encourage language development;- Enhance physical development and skills;- Encourage and demonstrate sound health, safety and nutritional practises;- Encourage creative expression;- Respect cultural diversity of staff and children.- Respect gender diversity8. Children should be able to choose from among several experiences the staff have planned or the children initiate.9. Staff will respect the child's rights to choose not to participate at times.10. Staff will conduct smooth un-regimented transitions between activities. Transitions are to be integrated into the program as learning opportunities.

11. Staff will be flexible enough to change planned or routine experiences according to the needs and interests of the children, to cope with other situations, eg weather changes.
12. Routine tasks will be incorporated into the program as a means of furthering children learning self help and social skills.
13. Staff/child ratios, in caring for children, licensing Regulations will be adopted at the centre at all times.