



City of  
Whittlesea



# Family Day Care Policy Manual

# CITY OF WHITTLESEA FAMILY DAY CARE POLICY LIST



Quality area	Policy	Mandatory (M)	Links to Child Safe Standards
1-7	Introduction		
1	Educational Program		
1	Inclusion and Equity		√
2	Acceptance and Refusal of Authorisations	M	
2	Administration of First Aid	M	
2	Administration of Medication		
2	Anaphylaxis and Allergic Reactions	M	
2	Asthma	M	
2	Child Safe Environment and Wellbeing	M	√
2	Dealing with Infectious Diseases	M	
2	Dealing with Medical Conditions	M	
2	Delivery and Collection of Children	M	
2	Diabetes	M	
2	Emergency and Evacuation	M	
2	Epilepsy and Seizures		
2	Excursions and Service Events	M	
2	Family Violence Support		
2	Food Safety		
2	Hygiene		
2	Incident, Injury, Trauma and Illness	M	
2	Mental Health and Wellbeing		√
2	Nutrition, Oral Health and Active Play	M	
2	Road Safety and Safe Road Transport Policy	M	
2	Sleep and Rest	M	
2	Sun Protection	M	
2	Supervision of Children		
2	Tobacco, Alcohol and other Drugs		
2	Water Safety	M	
3	Occupational Health and Safety	M	
4	Assessment, Approval and Reassessment of Residence		√
4	Code of Conduct	M	√

Quality area	Policy	Mandatory (M)	Links to Child Safe Standards
4	Determining Responsible Person	M	
4	Monitoring, Support and Supervision of FDC Educators		
4	Participation of Volunteers and Students	M	
4	Selection and Registration of Educators	M	
5	Interactions with Children	M	√
6	Child Registration and Orientation	M	
6	Right of Access		
6	Child Swapping and Near Relative		
7	Compliments and Complaints	M	√
7	Fees – Family Day Care	M	
7	Governance and Management of the Service	M	
7	Grievances and Dispute Resolution		
7	Occupational Violence and Aggression		
7	Prevention of Harassment and Bullying		
7	Privacy and Confidentiality	M	√



## INTRODUCTION

Family Day Care is a community home based childcare service sponsored by the City of Whittlesea, licensed under the Education and Care Services National Regulations 2011 and Law 2010.

Family Day Care provides care for children in a safe family environment, with individual attention in a small group setting. The range of care options available within the Family Day Care service includes:

- Full time, part-time, and casual care
- Before and after school care
- School holiday care
- Respite care
- Care for children with additional needs

Educators are selected for their ability to provide education and care for the emotional and developmental needs of children in their care.

The Family Day Care Coordination Unit make regular, unannounced home visits at registered Educators' homes. Educators are trained in First Aid, Asthma and Anaphylaxis Management and attend ongoing professional development training.

All Educators sign an Annual License Agreement with Council and abide by the Education and Care Services Regulations 2011, Law 2010 and the Whittlesea Family Day Care Policy and Procedure Manual.

All Educators and their household members (over eighteen years of age) have a Working with Children Check and National Police Record Check before commencing. Frequent visitors to the Educators home or relatives staying for a short term maybe requested to obtain a National Police Record Check and/or a Working with Children Check. These checks are conducted in line with the Whittlesea Family Day Care Policy and Procedure manual.

All Family Day Care Coordination Unit staff members also have a Working with Children Check/VIT registration and National Police Record Check conducted in line with Council policy.

During the educators working hours, all visitors to the Family Day care residence are required to sign the visitors' log.



## VISION STATEMENT

Whittlesea Family Day Care is committed to providing high quality early childhood and care programs that will:

- create vibrant self-sustaining communities together
- champion children rights and value their contribution to our community

## VISION

Through valued partnership we will deliver professional education and care that is responsive to the needs of the children, their families and the community.

Children and families access excellence in education and care within the City of Whittlesea community.

## MISSION

We will achieve this by:

- ensuring open communication between the Coordination unit and all of its stakeholders.
- encouraging families to be active

participants in our service, collaborating and sharing information which supports their children's learning and development.

- maintaining a professional and responsive attitude to the families and children's changing needs.
- developing strong attachments with children which assist in individualised programs that meet the children's learning, development and well-being.
- allowing for intentional and spontaneous opportunities for children to develop their interest and skills as involved learners.
- regularly undertaking reflective practices.
- keeping a progressive work ethic and up to date knowledge of the industry.
- continuing to promote professional development for educators

## VALUES

Whittlesea Family Day Care values, respects, and supports:

- educators as independent, capable, and competent Early Childhood professionals
- the principles and ideologies of the Early Years Learning Framework to create holistic approaches towards the care of every child in our service
- diverse and rich cultures within our community
- the importance of Aboriginal connection to lands, community, kinship, and culture
- families are the children's primary teachers and caregivers
- equity and inclusion for all children
- children's participation in a sustainable environment
- an environment that allows children to explore endless opportunities to expand their development, knowledge, and skill



## BACKGROUND AND LEGISLATION

### BACKGROUND

Under the *Australian Children's Education & Care Quality Authority (ACECQA)*, a vision statement captures the values and beliefs of your team and helps define your service goals. An effective vision statement is short, simple and specific to provide clarity and understanding. Whittlesea Family Day Care philosophy supports the vision statement, and also relates to the purpose of services. It outlines what services aim to provide and endeavours to foster. The vision is a guide to support in making decisions for and with children that align with the service philosophy. The philosophy is a representation of the Whittlesea Family Day Care vision that outlines the purpose and principles under which services operates. It's another tool to assist with the navigation towards your shared desired outcomes.

### LEGISLATION AND STANDARDS

Relevant legislation and standards include but are not limited to:

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
- National Quality Standard, Quality Area 1: Educational Program and Practice
- National Quality Standard, Quality Area 7: Governance and Leadership

### EDUCATION AND CARE SERVICES NATIONAL LAW 2010 AND REGULATIONS 2011

The purpose of the Education and Care Services National Law is to create a jointly governed, uniform, and integrated national approach to the regulation and quality assessment of education and care services.

### NATIONAL QUALITY FRAMEWORK

The National Quality Framework has been designed to encourage continuous improvement of education and care services across Australia. One of its important features is that it sets out a series of National Quality

Standards (NQS) against which all early childhood education and care services will be assessed and given a rating.

The seven quality areas are:

1. Educational Program and Practice
2. Children's Health and Safety
3. Physical Environment
4. Staffing Arrangements
5. Relationships with Children
6. Collaborative Partnerships with Families and Communities
7. Governance and Leadership

All Whittlesea Family Day Care policies and procedures are built on these key seven areas. You can find more information about the NQF and NQS at <http://acecqa.gov.au>.

All Early Childhood Education and Care Services are required to have policies and related documents in relation to certain matters under Regulation 168 of the Education and Care Services National Regulations.

## **NATIONAL QUALITY STANDARDS**

### **1 - EDUCATIONAL PROGRAM AND PRACTICE**

The aim of Quality Area 1 of the National Quality Standard is to ensure that the educational program and practice is stimulating and engaging, and enhances children's learning and development. In school age care services, the program nurtures the development of life skills and complements children's experiences, opportunities and relationships at school, at home and in the community.

### **2 - CHILDREN'S HEALTH AND SAFETY**

The aim of Quality Area 2 under the National Quality Standard is to safeguard and promote children's health and safety, minimise risks and protect children from harm, injury and infection. All children have the right to experience quality education and care in an environment that provides for their physical and psychological wellbeing and provides support for each child's growing competence, confidence and independence.

### **3 - PHYSICAL ENVIRONMENT**

The aim of Quality Area 3 under the National Quality Standard is to ensure that the physical environment is safe, suitable and provides a rich and diverse range of experiences that promote children's learning and development.

The way that the environment is designed, equipped and organised determines the way that the space and resources are used and has the potential to maximise children's engagement and level of positive experience and inclusive relationships.

### **4 - STAFFING ARRANGEMENTS**

The aim of Quality Area 4 under the National Quality Standard is to ensure the provision of qualified and experienced educators, coordinators and nominated supervisors who are able to develop warm, respectful relationships with children, create safe and predictable environments and encourage children's active engagement in the learning program.

### **5 - RELATIONSHIPS WITH CHILDREN**

The aim of Quality Area 5 under the National Quality Standard is to promote relationships with children that are responsive, respectful and promote children's sense of security and belonging. Relationships of this kind free children to explore the environment and engage in play and learning.

### **6 - COLLABORATIVE PARTNERSHIPS WITH FAMILIES AND COMMUNITIES**

The aim of Quality Area 6 under the National Quality Standard is to recognise that collaborative relationships with families are fundamental to achieving quality outcomes for children and that community partnerships that are based on active communication, consultation and collaboration are also essential.

## **7 - GOVERNANCE AND LEADERSHIP**

The aim of Quality Area 7 under the National Quality Standard is to support effective leadership and management of the service that contributes to quality environments for children's learning and development.

Well-documented policies and procedures, well-maintained records, shared values, clear direction and reflective practices enable the service to function as a learning community.

An ongoing cycle of planning and review, including engagement with families, creates a setting for continuous improvement.

## **LEARNING FRAMEWORKS**

An early year's curriculum or learning framework is defined as a set of principles and practices to guide those working with young children. The Victorian Early Years Learning and Development Framework and Framework for School Age Care are essential resources for services implementing the National Quality Standard. Combined, these frameworks outline fundamental components to inform and guide the delivery of nationally consistent and high quality experiences and programs in children's education and care across Australia.

### **Early Years Learning Framework**

**Belonging, Being and Becoming:** The Early Years Learning Framework (EYLF) describes the principles, practice and outcomes essential to support and enhance young children's learning from birth to five years of age, as well as their transition to school. The EYLF has a strong emphasis on play-based learning and recognises the importance of communication and language (including early literacy and numeracy) and social and emotional development.

### **Victorian Early Years Learning and Development Framework.**

The Victorian Early Years Learning and Development Framework (VEYLDF) includes a range of discipline-specific guidelines and practice resources. It identifies five learning and development outcomes for all children from birth to eight years: Identity, Community, Wellbeing, Learning, and Communication. It provides practice principles to guide early childhood professionals to work together, with children and with families to achieve the best outcomes for every child.

### **Framework for School Age Care**

**My Time, Our Place:** Framework for School Age Care aims to extend and enrich then wellbeing and development of school age children in education and care settings. It acknowledges time and place as children engage in a range of play and leisure experiences that allow them to feel happy, safe and relaxed, interact with friends, practice social skills, solve problems, try new activities and learn life skills.

## **FAMILY, EDUCATOR AND COORDINATION UNIT COLLABORATION**

Families, Educators and Coordination Unit will be consulted in planning and reviewing service provision. Consultation may include, but not be limited to, email, letters, surveys and meetings. The service seeks to develop a collaborative approach and encourages feedback on any aspect of Family Day Care operations.

## **WHITTLESEA FAMILY DAY CARE POLICY REVIEW PROCESS**

To assess whether the values and purposes of the policy have been achieved, the Approved Provider or Persons with Management or Control will:

- regularly seek feedback from everyone affected by the policy regarding its effectiveness, particularly in relation to identifying and responding to child safety concerns
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service’s policy review cycle, or as required
- notify parents/guardians at least 14 days before making any changes to this policy or its procedures (Regulation 172(2)) unless a lesser period is necessary because of a risk.



## DEFINITIONS

The terms defined in this section relate specifically to this policy.

**Approved learning framework:** a guide which provides a vision for learning, pedagogical principles, practices and general goals or outcomes for children’s learning and how they might be attained. It provides a scaffold to assist educators to develop their own, more detailed curriculum relevant to their setting and the children and families attending. *The Early Years Learning Framework V2 (Belonging, Being & Becoming), the Victorian Early Years Learning and Development Framework and My Time, Our Place V2; Framework for School Age Care in Australia* are approved learning frameworks for use in Victoria (*refer to Sources*).



Victorian Early Years Learning and Development Framework



The Early Years Learning Framework 2022 V2 (Belonging, Being & Becoming)



My Time, Our Place; Framework for School Age Care in Australia 2022 V2

**Critical reflection:** is a meaning-making process that assists informing future practice in ways that demonstrate an understanding of each child’s learning, development and wellbeing and implications for equity and social justice. It involves examining and analysing events, experiences and practices from a range of perspectives to inform future planning and decision-making (*Early Years Learning Framework 2022 V2 – refer to Sources*).

**Educational program:** a program referred to in section 168 of the Law. An educational program is to contribute to the following outcomes for each child:

- the child will have a strong sense of identity;
- the child will be connected with and contribute to his or her world;
- the child will have a strong sense of wellbeing;
- the child will be a confident and involved learner;
- the child will be an effective communicator.

**Curriculum:** in the early childhood setting curriculum includes all the interactions, experiences, activities, routines and events, planned and unplanned, that occur in an environment designed to foster children’s learning, development and wellbeing (*Early Years Learning Framework 2022 V2– refer to Sources; adapted from Te Whariki*).



**Each child:** A phrase used in the *National Quality Standard* when an individualised approach is warranted, and educators are required to modify their response to meet the needs of an individual child. An example is ‘each child’s current knowledge, ideas, culture and interests provide the foundation for the program’.

**Educational Leader:** The approved provider of an education and care service must designate, in writing, a suitably qualified and experienced educator, co-ordinator or other individual to lead the development and implementation of educational programs at the service (*Regulation 118*). This person should have a thorough understanding of the *Early Years Learning Framework* (or other approved learning framework), be able to guide other educators in their planning and reflection, and mentor colleagues in the implementation of their practice.

**Learning:** is the process of gaining knowledge, skills and dispositions and from birth children naturally use exploration to expand their intellectual, physical, social, emotional and creative capacities. Life-long learning is acknowledged as a self-motivated process that extends intellectual, vocational and personal horizons which begins in early childhood and is continued throughout life. (*Early Years Learning Framework 2022 V2 – refer to Sources*).

**Learning framework:** Refer to approved learning framework above.

**Learning outcome:** A skill, knowledge or disposition that educators can actively promote in early childhood settings, in collaboration with children and families.

**Play-based learning:** a context and a process for learning through which children organise and make sense of their social worlds, as they engage actively with people, objects and representations.

## SOURCES AND RELATED POLICIES



### SOURCES

- Australian Children’s Education and Care Quality Authority (ACECQA): [www.acecqa.gov.au](http://www.acecqa.gov.au)
- *Belonging, Being & Becoming – The Early Years Learning Framework for Australia V2*: <https://www.acecqa.gov.au/nqf/national-law-regulations/approved-learning-frameworks>
- Department of Education (DE) Licensed Children’s Services, phone 1300 307 415 or email [licensed.childrens.services@edumail.vic.gov.au](mailto:licensed.childrens.services@edumail.vic.gov.au)
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011, ACECQA: [www.acecqa.gov.au](http://www.acecqa.gov.au)
- *Guide to the National Quality Standard*, ACECQA: [www.acecqa.gov.au](http://www.acecqa.gov.au)
- Marrung – Aboriginal Education Plan 2016 – 2026: [https://www.education.vic.gov.au/Documents/about/programs/aboriginal/Marrung\\_Aboriginal\\_Education\\_Plan\\_2016-2026.pdf](https://www.education.vic.gov.au/Documents/about/programs/aboriginal/Marrung_Aboriginal_Education_Plan_2016-2026.pdf)
- My Time Our Place, Framework for School age care in Australia V2: <https://www.acecqa.gov.au/nqf/national-law-regulations/approved-learning-frameworks>
- *Victorian Early Years Learning and Development Framework – Resources for Professionals*: <https://www.acecqa.gov.au/nqf/national-law-regulations/approved-learning-frameworks>



### ATTACHMENTS

- Attachment 1: Service Philosophy



### AUTHORISATION

This policy was adopted by the approved provider of Whittlesea Family Day Care on 07 May 2024.

**REVIEW DATE:** 07 May 2025

## ATTACHMENT 1: SERVICE PHILOSOPHY



# Whittlesea Family Day Care

## Our vision



We proudly acknowledge the Wurundjeri people of the Kulin Nation and the Taungurung people as the traditional custodians of the land on which our services are delivered. We are committed to embedding their ways of knowing, being, and doing—along with the importance of connection to Country—into our everyday practices to foster respect, inclusion, and a deep appreciation for the diverse cultures and histories that shape our community.

We respect and uphold to the United Nations Convention on the Rights of the Child, the Early Childhood Code of Ethics and the Child Safe Standards, ensuring a safe, ethical, and nurturing environment for all children in our care.

### Children

- We respect each child's unique strengths, needs, and interests.
- We believe children learn best through play, exploration, and positive interactions with peers and adults.
- We recognise the right of Aboriginal children and young people to learn, grow and play in safe environments that respect and promote their cultural identity, free from discrimination.
- We encourage children's agency to discuss, problem-solve, question, and take risks in a nurturing environment.
- We promote healthy habits early, including good nutrition, hydration, physical activity, and hygiene.
- We support children to feel safe, listened to, respected and happy through a child safe environment.

### Families

- We recognise families as the first teachers and value their insights about their children.
- We respect and value diversity of individual beliefs, race, culture, religion and choices.
- We provide information on local services, networks and schools to help families make informed decisions.
- We welcome family participation and input in our programs.
- We foster open, respectful communication and collaboration with families.

### Environment

- We value and promote environmental awareness and sustainability.
- We view the environment as the "third" educator, influencing how children learn and grow.
- We promote outdoor play in nature, encouraging creativity and curiosity.
- We support risky play, allowing children to explore and take safe risks.

### Professional Practice & Partnerships

- We are committed to creating a safe, respectful, and nurturing environment where children's well-being is prioritised, their voices are heard, and all educators uphold the child safe standards.
- We believe in open communication, respect, and collaboration with the educators and the Coordination Unit.
- We commit to continuous learning and sharing of knowledge through collaboration with each other and other professionals.
- We practice reflective thinking to improve our programs and interactions.

### Community

- We build connections with community organizations and promote children's understanding of their community.
- We facilitate smooth transitions to enhance children's sense of belonging and well-being.



### PURPOSE

This policy will provide guidelines to ensure that the educational program at Whittlesea Family Day Care is:

- based on an approved learning framework (EYLF, MTOP, VEYLDF)
- centred on child’s learning, development, wellbeing and safety
- designed to take into account the individual differences of each child; and
- based on the developmental needs, interests and experiences of each child



### POLICY STATEMENT

#### VALUES

Whittlesea Family Day Care is committed to:

- providing an educational program that is based on reflective practice, critical analysis and planning
- supporting each child to achieve learning outcomes consistent with the national *Early Years Learning Framework and/or the Victorian Early Years Learning and Development Framework (refer to Sources)*
- providing an educational program where children can learn through play and are supported to make decisions, problem-solve and build relationships with others
- creating an environment that supports, reflects and promotes equitable and inclusive behaviours and practices
- involving families in the development and review of educational program and practice

#### SCOPE

This policy applies to the approved provider, persons with management or control, nominated supervisor, persons in day-to-day charge, educators, students, volunteers, parents/guardians, children, and others attending the programs and activities of Whittlesea Family Day Care, including during offsite excursions and activities.

RESPONSIBILITIES	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Educators	Parents/guardians	Volunteers and students
Ensuring that the educational program is: <ul style="list-style-type: none"> <li>• is based on an approved learning framework (<i>refer to Definitions</i>);</li> <li>• is delivered in a manner that accords with the approved learning framework;</li> <li>• is based on the developmental needs, interests and experiences of each child;</li> </ul>	R	R	√		√

<ul style="list-style-type: none"> <li>• provides a balance of indoor and outdoor activities, active and quiet experiences, individual and group play and include activities that can be freely chosen by the child;</li> <li>• use intentional teaching methods, yet be flexible to take advantage of the spontaneous opportunities and events that happen each day;</li> <li>• provide daily opportunities for developing children’s self-help and language skills, including participating in household tasks (setting the table, hanging out washing, etc);</li> <li>• provide adequate equipment to support the engagement of all children</li> <li>• is designed to take into account the individual differences of each child (<i>National Law: Section 168</i>)</li> </ul>					
Ensure educators provide physically active play opportunities as a part of their daily program, especially outdoors	<b>R</b>	√	√		
Ensuring the educational program contributes to each child: <ul style="list-style-type: none"> <li>• developing a strong sense of identity</li> <li>• being connected with, and contributing to, their world</li> <li>• having a strong sense of wellbeing</li> <li>• being a confident and involved learner</li> <li>• being an effective communicator (<i>Regulation 73</i>)</li> </ul>	<b>R</b>	√	√		√
Educators are provided the opportunity to attend professional development session arranged by the Coordination Unit			√		
Educators understand the high-quality presentation of experiences, activities, resources and play spaces encourages enthusiasm for children to participate in the program			√		
Ensuring sustainability is embedded in programming, planning and day-to-day running of the service			√		
Designating a suitably qualified and experienced Educational Leader to direct the development and implementation of educational programs at the service ( <i>Regulation 118</i> )	<b>R</b>	√			
Ensuring that the service’s philosophy guides educational program and practice	√	√	√		√
Ensuring that assessments of each child’s learning, development, needs, interests, experiences and participation in the educational program are documented ( <i>Regulation 74(1)(a)(i)</i> )	<b>R</b>	√	√		√
Ensuring that assessments of the child’s progress against the outcomes of the educational program are documented ( <i>Regulation 74(1)(a)(ii)</i> )	<b>R</b>	√	√		√
Ensuring documentation of assessments includes reflection on the period of time the child is at the service, and how documented information will be used by educators at the service ( <i>Regulation 74(2)(a)(i)&amp;(ii)</i> )	<b>R</b>	√	√		√
Ensuring documentation is written in plain language and is easy to understand by both educators and families ( <i>Regulation 74(2)(b)</i> )	<b>R</b>	√	√		√

Ensuring that there is a record of learning and development for each child, and that it is updated and maintained on an ongoing basis	R	√	√		√
Ensuring a copy of the educational program is available at the service and accessible to families and the Coordination Unit through Harmony Web ( <i>Regulation 75</i> )	R	√	√		√
Ensuring that families are provided with information about the content and implementation of the educational program, their child's participation in the program and documentation relating to assessments or evaluations of their child ( <i>Regulation 76</i> )	R	√	√		√
Ensuring regular communication is established between the service and families, and they are informed about their child's learning, development and progress. Encourage parent participation and input around programming and planning for their child/ren.	√	√	√	√	√
Undertaking critical reflection on children's learning and development, both as individuals and in groups, drives program planning and implementation		√	√		√
Developing and evaluating the educational program in collaboration with the nominated supervisor, educators, children and families		√	√	√	√
Discuss and raise any concerns/issues with the Coordination Unit, and be receptive to strategies discussed to address the matter			√	√	√



## BACKGROUND AND LEGISLATION

*The Education and Care Services National Law Act 2010 (National Law)* requires services to deliver an educational program (curriculum) that is based on an approved learning framework. In Victoria, approved learning frameworks for the early childhood sector are the *Early Years Learning Framework 2022 V2 (Belonging, Being & Becoming)* (*refer to Sources*), the *Victorian Early Years Learning and Development Framework* (*refer to Sources*) and *My Time Our Place, Framework for School age care in Australia 2022 V2* (*refer to Source*). The Frameworks are underpinned by contemporary theory and research evidence and provide educators with a thorough understanding of the pedagogical approach to of early childhood curriculum in Australia.

Part 4.1 of the *Education and Care Services National Regulations 2011 (National Regulations)* outlines the operational requirements for educational program and practice within services, including the requirements for documentation of assessments in relation to the educational program. There is no prescribed method in the *National Law or National Regulations* for documenting assessment of children's learning. Educators daily practice and curriculum decision-making should be guided by an approved learning framework. An approved learning framework provides broad direction for educators to facilitate children's learning. Each service must determine a method that suits their individual circumstances. To meet the requirements of the *National Regulations*, the assessment must include an analysis of each child's learning. Collecting this information enables educators to plan effectively for each child's learning and development. It can also be used by

educators to stimulate reflection on their own values, beliefs and teaching practices, and to communicate about children’s learning with children and their families.

The *National Regulations* require the appointment of an Educational Leader to lead and support the development and implementation of the educational program (or curriculum) at the service (*Regulation 118*). This person will have suitable qualifications and experience, as well as a thorough understanding of the *Early Years Learning Framework V2 and/or the Victorian Early Years Learning and Development Framework*, enabling them to guide other educators in planning and reflection, and to mentor colleagues in implementation practices (*Guide to the Education and Care Services National Law and the Education and Care Services National Regulations, p85 – refer to Sources*).

The aim of *Quality Area 1: Educational Program and Practice* of the *National Quality Standard* is to ensure that the educational program and practice is stimulating and engaging and enhances children’s learning and development.

## LEGISLATION AND STANDARDS

Relevant legislation and standards include but are not limited to:

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
- National Quality Standard, Quality Area 1: Educational Program and Practice
- Standard 1.1: The educational program enhances each child’s learning and development
- Standard 1.2: Educators facilitate and extend each child’s learning and development
- Standard 1.3: Educators and co-ordinators take a planned and reflective approach to implementing the program for each child



The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: [www.legislation.vic.gov.au](http://www.legislation.vic.gov.au)
- Commonwealth Legislation – Federal Register of Legislation: [www.legislation.gov.au](http://www.legislation.gov.au)

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- the child will have a strong sense of identity;
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**Learning outcome:** A skill, knowledge or disposition that educators can actively promote in early childhood settings, in collaboration with children and families.

**Play-based learning:** a context and a process for learning through which children organise and make sense of their social worlds, as they engage actively with people, objects and representations.

## SOURCES AND RELATED POLICIES



### SOURCES

- *Belonging, Being & Becoming – The Early Years Learning Framework for Australia V2:* <https://www.acecqa.gov.au/nqf/national-law-regulations/approved-learning-frameworks>
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011, ACECQA: [www.acecqa.gov.au](http://www.acecqa.gov.au)
- *Guide to the National Quality Standard*, ACECQA: [www.acecqa.gov.au](http://www.acecqa.gov.au)
- Marrung – Aboriginal Education Plan 2016 – 2026: [https://www.education.vic.gov.au/Documents/about/programs/aboriginal/Marrung\\_Aboriginal\\_Education\\_Plan\\_2016-2026.pdf](https://www.education.vic.gov.au/Documents/about/programs/aboriginal/Marrung_Aboriginal_Education_Plan_2016-2026.pdf)
- My Time Our Place, Framework for School age care in Australia V2: <https://www.acecqa.gov.au/nqf/national-law-regulations/approved-learning-frameworks>
- Early Childhood Australia Professional Learning Modules <https://learninghub.earlychildhoodaustralia.org.au/modules/>
- *Victorian Early Years Learning and Development Framework – Resources for Professionals:* <https://www.acecqa.gov.au/nqf/national-law-regulations/approved-learning-frameworks>

### RELATED POLICIES

- Child Safe Environment and Wellbeing
- Code of Conduct
- Inclusion and Equity
- Interactions with Children
- Nutrition, Oral Health and Active Play
- Participation of Volunteers and Students
- Road Safety and Safe Transport
- Sun Protection
- Supervision of Children
- Water Safety



## EVALUATION

In order to assess whether the values and purposes of the policy have been achieved, the approved provider will:

- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures unless a lesser period is necessary due to risk ([Regulation 172 \(2\)](#)).



## ATTACHMENTS

- Nil



## AUTHORISATION

This policy was adopted by the approved provider of Whittlesea Family Day Care on 30 October 2024.

**REVIEW DATE:** 30 October 2025



# INCLUSION AND EQUITY

## QUALITY AREA 1



### PURPOSE

This policy will provide guidelines to:

- ensure all adults and children at Whittlesea Family Day Care are treated equitably and with respect, regardless of their background, ethnicity, culture, language, beliefs, gender, age, socioeconomic status, level of ability, additional needs, family structure or lifestyle
- promote inclusive practices and ensure the successful participation of all children at Whittlesea Family Day Care
- create a positive mental health and wellbeing environment for children, educators and families at Whittlesea Family Day Care.



### POLICY STATEMENT

#### VALUES

Whittlesea Family Day Care is committed to:

- acknowledging and respecting the rights of all children to be provided with and participate in a quality early childhood education and care program
- creating an environment that supports, reflects and promotes equitable and inclusive behaviours and practices
- creating a sense of belonging for all children, families and educators, where diverse identities, backgrounds, experiences, abilities and interests are respected, valued and given opportunities to be expressed and developed
- ensuring that programs are reflective of, and responsive to, the values and cultural beliefs of families using the service, and of those within the local community and broader society
- working to ensure children are not discriminated against on the basis of background, ethnicity, culture, language, beliefs, gender, age, socioeconomic status, health status, level of ability or additional needs, family structure or lifestyle.
- considering the mental health and wellbeing needs of all children, families and educators.

#### SCOPE

This policy applies to the approved provider, persons with management or control, nominated supervisor, persons in day-to-day charge, educators, students, volunteers, parents/guardians, children, and others attending the programs and activities of Whittlesea Family Day Care, including during offsite excursions and activities.

RESPONSIBILITIES	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Educators	Parents/guardians	Volunteers and students

Ensuring that all policies of Whittlesea Family Day Care, including <i>Inclusion and Equity, Code of Conduct and Privacy and Confidentiality Policy</i> , are adhered to at all times	R	R	√	√	√
Ensuring that the service provides a safe, inclusive and empowering environment which celebrates diversity through positive, respectful and appropriate behaviour when working with children and families ( <i>refer to Code of Conduct Policy and Interactions with Children Policy</i> )	R	R	√	√	√
Promoting cultural awareness in all children, including greater understanding of Aboriginal and Torres Strait Islander ways of knowing and being	R	√	√		√
Actively supporting and facilitating participation and inclusion at Whittlesea Family Day Care by Aboriginal and Torres Strait Islander children, young people and their families	R	√	√		√
Creating a culturally safe environment for Aboriginal and Torres Strait Islander children and young people	R	√	√		√
Ensuring that facilities are designed or adapted to support access by every child, family, and educators, including adaptive equipment to support the inclusion of all children	R	R	√		√
Encouraging collaborative, family-centred practice ( <i>refer to Definitions</i> ) at the service which facilitates the inclusion and active participation of both the child and the family at the service	R	√	√		√
Using family-centred practice ( <i>refer to Definitions</i> ) and working collaboratively with educators, parents/guardians, specialist services and other professionals to implement the program at the service and provide individualised support for children	R	R	√		√
Providing families with information about the support options available for children attending Whittlesea Family Day Care	R	√	√		
Ensuring that service programs are available and accessible to families from a variety of backgrounds ( <i>refer to Curriculum Development Policy</i> )	R	R	√		√
Ensuring that educational programs are delivered in accordance with an approved learning framework, are based on the developmental needs, and experiences of each child, and take into account the individual differences of each child ( <i>refer to Sources</i> )	R	R	√		√
Providing an educational program that is reflective of the service's values, beliefs and philosophy, and embraces the principles of fairness, equity, diversity and inclusion ( <i>refer to Sources</i> )	R	R	√		√
Ensuring that the program provides opportunities for all children to participate and interact with one another	√	√	√		√
Ensuring there are quiet and reflective spaces for children, educators and families	R	√	√		

Embedding social and emotional learning in the service program and practice, and teaching children to care for their own mental health ( <i>refer to Mental Health and Wellbeing Policy</i> )	√	√	√		√
Ensuring the diversity and interests of the children, families and educators are reflected in the physical environment	√	√	√		√
Actively supporting and encouraging children's ability to express their culture and enjoy their cultural rights	R	√	√		√
Recognising multilingualism as an asset and support children to maintain their first language, learn English as an additional language, and learn languages other than English	√	√	√		√
Critically reflecting on practice to ensure that interactions and programs embrace an approach in which children and families feel valued and respected, and that their contributions are welcomed	R	R	√		√
Providing opportunities for families to contribute to the program as key partners	R	R	√		√
Identifying and supporting children with additional needs and ensuring that service programs are inclusive of all children with additional needs	R	√	√		√
Ensuring that service programs are inclusive of all children with medical conditions	R	√	√		√
Ensuring that parents/guardians are consulted, kept informed and provide written consent, where individualised programs, action, support or intervention are planned and provided for their child	R	√	√	√	√
Ensuring that individualised programs incorporate opportunities for regular review and evaluation, in consultation with all people involved in the child's education and care	√	√	√	√	√
Responding to the needs and concerns of parents/guardians, and providing support and guidance, where appropriate	√	√	√		√
Responding to requests from educators for written permission to arrange for an assessment, collect reports on their child and to speak to service providers about their child				√	
Being involved in, keeping fully informed about, and providing written consent for any individualised intervention or support proposed/provided for their child				√	
Reviewing and evaluating individualised support programs in consultation with all people involved in the child's education and care	√	√	√		√
Implementing appropriate programs and practices to support vulnerable children and families, including working co-operatively with relevant services and/or professionals, where required ( <i>refer to Child Safe Environment Policy</i> )	√	√	√		√
Ensuring that cultural values and expectations about health and wellbeing are respected	R	√	√		√

Considering any issues regarding fees that may be a barrier to families enrolling at Whittlesea Family Day Care, and removing these barriers wherever possible ( <i>refer to Fees Policy</i> )	R	√			
Ensuring that all eligible three-year-old Aboriginal and Torres Strait Islander children, children from a refugee or asylum seeker background and children known to Child Protection are supported to access the Early Start Kindergarten program ( <i>refer to Definitions</i> )	R	R	√		
Ensuring that the enrolment process is fair and equitable, and facilitates access for all children ( <i>refer to Enrolment and Orientation Policy</i> )	R	√	√		
Tailoring the orientation process to meet the individual needs of children and families ( <i>refer to Enrolment and Orientation Policy</i> )	R	√	√		
Identifying the barriers to participation in service programs and activities, and developing strategies to overcome these barriers	√	√	√		
Understanding children’s diverse circumstances, and providing support and responding to those who are vulnerable	R	R	√		√
Attending to any adjustments to provide equal protection for all children ( <i>refer to Child Safe Environment Policy</i> )	R	R	R		R
Ensuring that educators have access to appropriate and accredited professional development activities that promote a positive understanding of diversity, inclusion and equity, and mental health and wellbeing, and provide skills to assist in implementing this policy	√	√			
Ensuring that the nominated supervisor and all educators are aware of the service’s expectations regarding positive, respectful and appropriate behaviour when working with children and families ( <i>refer to Code of Conduct Policy and Interactions with Children Policy</i> )	R	√	√		
Encouraging and supporting educators and families as role models to demonstrate positive and respectful relationships, and positive mental health and wellbeing	R	√	√		
Providing information to families about local parenting and family services, mental health and wellbeing and other resources that are available to support the health and wellbeing of children and families	√	√	√		
Providing service information in various community languages wherever possible	√	√			
Using language services ( <i>refer to Sources</i> ) to assist with communication where required and considering the engagement of multilingual people to meet the needs of culturally and linguistically diverse (CALD) families	√	√	√		
Working with the nominated supervisor and educators to ensure appropriate program planning and resourcing for children with additional needs ( <i>refer to Definitions</i> )	√	√	√		
Where practicable, accessing resources, support and professional development to facilitate inclusion of children with additional needs who are ineligible for specific support packages	√	√	√		

Organising appropriate resources and accredited professional development for educators to enable all children to be included at the service, and to understand when and how to refer children to additional support	√	√			
Developing partnerships with other education and care settings and schools to enable children to move successfully from one setting to another	√	√	√		
Ensuring collaborative relationships with specialised services and professionals to provide support and services for families and children with a disability, complex medical needs and/or developmental delay	√	√	√		
Ensuring racism within the programs is identified, confronted, and not tolerated	R	R	√		√
Ensuring that no educator, prospective educator, parent/guardian, child, volunteer or student at the service is discriminated against	R	R			
Ensuring that any behaviour or circumstances that may constitute discrimination or prejudice are dealt with in an appropriate manner ( <i>refer to Compliments and Complaints Policy</i> )	R	R			
Notifying the approved provider of any behaviour or circumstances that may constitute discrimination, bullying, harassment or prejudice		√	√	√	√
Ensuring there are clear referral options and pathways for children, educators, and families to access support services for mental health and wellbeing	R	R			
Developing links with other services and/or professionals to support mental health and wellbeing, children with additional needs and have referral pathways in place	√	√	√		
Ensuring that educators are supported to learn about and care for their own mental health and wellbeing	R	R			
Ensuring that mental health and wellbeing information and policy requirements are included in educator's orientation/induction	R	R			
Ensuring that the Coordination Unit practices an on-the-ground support to support an environment that minimises stress and promotes mental health and wellbeing for educators. ( <i>refer to Mental Health and Wellbeing Policy</i> )	R	R			



## BACKGROUND AND LEGISLATION

### BACKGROUND

The National Quality Framework (NQF) recognises all children's capacity and right to succeed regardless of diverse circumstances, cultural background and abilities. Education and care services must hold high expectations for the learning and development of all children, and at the same time recognise that every child follows an individual learning path and will progress in different and equally meaningful ways. Inclusion involves taking into account children's social, cultural and linguistic diversity (including learning styles,

abilities, disabilities, gender, family circumstances and geographic location) in curriculum decision-making processes. Early childhood education and care services must implement responsive, equitable, individualised opportunities and additional support whenever barriers are identified.

The NQF is underpinned by a commitment to 'Closing the Gap' and acknowledges Australia is a nation of great diversity, and an ancient land that has been cared for by Indigenous Australians for many thousands of years. Education and care services have a shared responsibility to support children, families, colleagues and the local community to understand, respect and value diversity.

State and Commonwealth laws prohibit discrimination based on personal characteristics, including race, age, gender, religious belief, disability or illness and parental status.

Under the Child Safe Standards, services are expected to provide environments and activities that encourage all children to participate in and celebrate their identity. The standards are underpinned by three overarching principles which require services to take into consideration the increased vulnerability of Aboriginal children, children from culturally and linguistically diverse backgrounds and children with disabilities.

A service's philosophy should reflect the values of inclusion and equity which are supported by developing and implementing an inclusion and equity policy. Developing professional knowledge and skills and using family-centred practice (*refer to Definitions*) to work in partnership with children, families, communities, and other services and agencies, will assist services to identify, include and support children with additional needs and their families.

## LEGISLATION AND STANDARDS

Relevant legislation and standards include but are not limited to:

- Age Discrimination Act 2004
- Charter of Human Rights and Responsibilities Act 2006 (Vic)
- Charter for Children in Out-of-home Care (Vic)
- Children, Youth and Families Act 2005 (Vic)
- Child Wellbeing and Safety Act 2005 (Vic)
- Child Safe Standards (Vic)
- Dardee Boorai: the Victorian Charter of Safety and Wellbeing for Aboriginal Children and Young People (Vic)
- Disability Act 2006 (Vic)
- Disability Discrimination Act 1992 (Cth)
- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
- Equal Opportunity Act 2010 (Vic)
- Health Records Act 2001 (Vic)
- Privacy and Data Protection Act 2014 (Vic)
- National Quality Standards Quality Areas 1-7
- Occupational Health and Safety Act 2004
- Privacy Act 1988 (Cth)
- Racial and Religious Tolerance Act 2001 (Vic)
- Racial Discrimination Act 1975 (Cth)
- Sex Discrimination Act 1984 (Cth)

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: [www.legislation.vic.gov.au](http://www.legislation.vic.gov.au)
- Commonwealth Legislation – Federal Register of Legislation: [www.legislation.gov.au](http://www.legislation.gov.au)



## DEFINITIONS

The terms defined in this section relate specifically to this policy.

**Additional needs:** A broad term relating to challenges experienced across a number of areas including physical health, mental health, disability, developmental concern, or emotional need (resulting from trauma, abuse or grief), family displacement (due to war or refugee status), domestic violence, mental illness, family separation or divorce, which affects a person's ability to participate or learn.

**Culture:** The values and traditions of groups of people that are passed from one generation to another.

**Culturally and linguistically diverse (CALD):** Refers to individuals and groups who are from diverse racial, religious, linguistic and/or ethnic backgrounds.

**Developmental delay:** A delay in the development of a child under the age of 6 years that:

- a) is attributable to a mental or physical impairment, or a combination of mental and physical impairments, and
- b) is manifested before the child attains the age of 6 years, and
- c) results in substantial functional limitations in one or more of the following areas of major life activity:
  - i. self-care
  - ii. receptive and expressive language
  - iii. cognitive development
  - iv. motor development, and
- d) reflects the child's need for a combination and sequence of special interdisciplinary or generic care, treatment or other services that are of extended duration and are individually planned and co-ordinated (Disability Act 2006 (Vic)).

**Disability:** In relation to a person, refers to:

- a sensory, physical or neurological impairment or acquired brain injury, or any combination thereof, that:
  - i. is, or is likely to be, permanent, and
  - ii. causes a substantially reduced capacity in at least one of the areas of self-care, self-management, mobility or communication, and
  - iii. requires significant ongoing or long-term episodic support, and
- is not related to ageing, or
- an intellectual disability, or
- a developmental delay (Disability Act 2006 (Vic)).

**Diversity:** Refers to all characteristics that make individuals different from one another, including race, religion, language, ethnicity, beliefs, age, gender, sexual orientation, level of ability, additional needs, socioeconomic status, educational attainment, personality, marital and/or parental status, family structure, lifestyle and general life/work experience.

**Early Start Kindergarten:** A funding program that enables three-year-old Aboriginal and Torres Strait Islander children, children from a refugee or asylum seeker background and children known to Child Protection, to attend a free kindergarten program that is planned and delivered by an early childhood teacher for a specific number of hours.

**Equity:** (In the context of human rights) is the behaviour of acting in a fair and just manner towards others.

**Family-centred practice:** Practice which:

- uses families' understanding of their children to support shared decision-making about each child's learning and development

- creates a welcoming and culturally-inclusive environment, where all families are encouraged to participate in and contribute to children’s learning and development
- actively engages families and children in planning children’s learning and development
- provides feedback to families on each child’s learning and provide information about how families can further advance children’s learning and development at home and in the community.

**Inclusion:** The engagement and involvement of children and families to ensure that all individuals have an equal opportunity to participate and achieve their maximum potential.

**Mental health:** in early childhood can be understood as a young child’s ability to experience, regulate and express emotions; form close and secure interpersonal relationships; and explore the environment and learn – all in the context of family, community and cultural expectations for young children. Infant mental health is synonymous with healthy social and emotional development (from Be You – refer to Sources).

**Out-of-Home Care:** Is the term used in Victoria when a child or young person is placed in care away from their parents. It includes placement in kinship care, home-based care such as foster care and residential care. For these children, the State of Victoria is their legal their parent, and with this comes the responsibilities of a parent to care for and protect them, and to ensure that they have access to all the services they need for their immediate and longer-term benefit (Early Childhood Agreement on Out-of-Home Care – refer to Sources).



## SOURCES AND RELATED POLICIES

### SOURCES

- Be You: [www.beyou.edu.au](http://www.beyou.edu.au)
- Commission for Children and Young People, Child Safe Standards: [www.cryp.vic.gov.au](http://www.cryp.vic.gov.au)
- Early Childhood Agreement for Children in Out-of-Home Care (January 2019). Endorsed by the Department of Education and Early Childhood Development, the Department of Human Services, Municipal Association of Victoria, Early Learning Association Australia, Victorian Aboriginal Child Care Agency, Victorian Aboriginal Children and Young People’s Alliance, Centre for Excellence in Child and Family Welfare, Community Child Care Association, Vic Tas Primary Health Network Alliance, Victorian Healthcare Association and Victorian Aboriginal Education Association Incorporated: [www.education.vic.gov.au](http://www.education.vic.gov.au)
- Early Childhood Australia (ECA) and Early Childhood Intervention Australia’s (ECIA) Position Statement on the Inclusion of Children with a Disability in Early Childhood Education and Care – available at: Search ‘statement on inclusion of children with disability’ at: <https://www.earlychildhoodaustralia.org.au/our-work/inclusion-resources/>
- fka Children’s Services: [www.fka.org.au](http://www.fka.org.au)
- Guide to the National Quality Framework: [www.acecqa.gov.au](http://www.acecqa.gov.au)
- Guide to the National Quality Standard: [www.acecqa.gov.au](http://www.acecqa.gov.au)
- The Kindergarten Funding Guide (DET): [www.education.vic.gov.au](http://www.education.vic.gov.au)
- Victorian Early Years Learning and Development Framework Principal Practice Guide: Equity and Diversity: [www.education.vic.gov.au](http://www.education.vic.gov.au)

### RELATED POLICIES

- Anaphylaxis and Allergic Reactions
- Asthma
- Child Safe Environment and Wellbeing
- Code of Conduct
- Compliments and Complaints
- Curriculum Development
- Dealing with Infectious Diseases
- Dealing with Medical Conditions
- Diabetes
- Enrolment and Orientation



- Epilepsy
- Excursions and Service Events
- Fees
- Interactions with Children
- Nutrition, Oral Health and Active Play
- Occupational Health and Safety
- Privacy and Confidentiality

## EVALUATION



In order to assess whether the values and purposes of the policy have been achieved, the approved provider will:

- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk ([Regulation 172 \(2\)](#)).



## ATTACHMENTS

- Nil



## AUTHORISATION

This policy was adopted by the approved provider of Whittlesea Family Day Care on 30 October 2024

**REVIEW DATE:** 30 October 2025

# ACCEPTANCE AND REFUSAL OF AUTHORISATIONS

QUALITY AREA 2



## PURPOSE

This policy outlines procedures to be followed when:

- obtaining written authorisation from a parent/guardian or person authorised and named in the enrolment record
- refusing written authorisation from a parent/guardian or person authorised and named in the enrolment record.



## POLICY STATEMENT

### VALUES

Whittlesea Family Day Care is committed to:

- ensuring the safety and wellbeing of all children attending the service
- meeting its duty of care obligations under the law.

### SCOPE

This policy applies to the approved provider, persons with management or control, nominated supervisor, persons in day-to-day charge, educators, students, volunteers, parents/guardians, children, and others attending the programs and activities of Whittlesea Family Day Care.

RESPONSIBILITIES	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Educators	Parents/guardians
Ensuring that parents/guardians are provided access to all service policies	R	√	√	
Ensuring that all educators and parents/guardians follow the policies and procedures of the service	R	√	√	√
Ensuring the authorisations are kept up-to-date	R	√		√
Ensuring that all parents/guardians have completed the authorised nominee section of their child's enrolment form ( <i>refer to Enrolment and Orientation Policy</i> ), and that the form is signed and dated before the child commences at the service <i>Regulation 161</i>	R	√	√	
Ensuring that permission forms for excursions are provided to the parent/guardian or authorised nominee <b>prior</b> to the excursion ( <i>refer to Excursions and Service Events Policy</i> )	R	R	√	
Ensuring educators allow a child to participate in an excursion or regular outings only with the written authorisation of a parent/guardian or authorised nominee ( <i>refer to Definitions</i> )	R	R	√	

including details required under <i>Regulation 102(4)(5), 161 (refer to Excursions and Service Events Policy)</i>				
Ensuring that where children require medication to be administered by educators, this is authorised in writing, signed and dated by a parent/guardian or authorised nominee, and included with the child's medication record ( <i>refer to Definitions</i> ) ( <i>refer to Administration of Medication Policy and Dealing with Medical Conditions Policy</i> ) <i>Regulations 92(3)(b)</i>	R	√	√	
Ensuring educators do not administer medication without the authorisation of a parent/guardian or authorised nominee, except in the case of an emergency, including an asthma or anaphylaxis emergency ( <i>refer to Administration of Medication Policy, Dealing with Medical Conditions Policy, Incident, Injury, Trauma and Illness Policy, Emergency and Evacuation Policy, Asthma Policy and Anaphylaxis Policy</i> )	R	√	√	
Ensuring that all parents/guardians have completed the authorised nominee section of their child's enrolment form ( <i>refer to Enrolment and Orientation Policy</i> ), for authorisation for seeking medical treatment and transportation of the child by an ambulance service <i>Regulation 160 (1) (b)</i>	R	√	√	√
Ensuring that all parents/guardians have completed the authorised nominee section of their child's enrolment form ( <i>refer to Enrolment and Orientation Policy</i> ), for authorisation for the transportation of the child or arranging transportation of the child <i>Regulation 120D, 160 (3) (vi)</i>	R	√	√	√
Ensuring that an attendance record ( <i>refer to Definitions</i> ) is maintained to account for all children attending the service	R	√	√	
Keeping a written record of all visitors to the service, including time of arrival and departure	R	√	√	
Ensuring the approved provider is informed when a written authorisation does not meet the requirements outlined in service policies		√	√	
Ensuring children depart from the service only with a person who is the parent/guardian or authorised nominee, or with the written authorisation of one of these, except in the case of a medical or other emergency ( <i>refer to Delivery and Collection of Children Policy and Child Safe Environment Policy</i> ) <i>Regulation 99, 160, National Law: Section 167</i>	R	R	√	
Ensuring the service is aware of any contact orders prohibiting an adult from contacting an enrolled child and keeping a copy of the court orders with the child's enrolment record ( <i>Regulation 160</i> ).	R	R	√	
Ensuring processes are in place for circumstances where authorisations are refused/not applicable. For example: <ul style="list-style-type: none"> <li>where the service is asked to administer medication that is not in its original container (<i>Regulation 95</i>)</li> <li>when leaving the service, the parent, authorised nominee or person as listed in <i>Regulation 99</i> does not appear to be fit to take the child</li> </ul>	R	√		
Ensuring that there are procedures in place if an inappropriate person ( <i>refer to Definitions</i> ) attempts to collect a child from the	R	R		

service ( <i>refer to Delivery and Collection of Children Policy and Child Safe Environment Policy</i> ) <i>National Law: Section 167</i>				
Enacting procedures for dealing with a written authorisation that does not meet the requirements outlined in service policies ( <i>refer to Procedures</i> )	R	√	√	
Completing and signing the authorised nominee section ( <i>refer to Definitions</i> ) of their child's enrolment form ( <i>refer to Enrolment and Orientation Policy</i> ) before their child commences at the service				√
Signing and dating permission forms for excursions				√
Signing the attendance record ( <i>refer to Definitions</i> ) as their child arrives at and departs from the service				√
Providing written authorisation where children require medication to be administered by educators, and signing and dating it for inclusion in the child's medication record ( <i>refer to Definitions</i> )				√

## PROCEDURES

Procedures for refusing a written authorisation



On receipt of a written authorisation from a parent/guardian that does not meet the requirements outlined in the related service policy and [Regulation 161](#), the approved provider will:

- immediately explain to the parent/guardian that their written authorisation contravenes service policy, and that it cannot be accepted
- ensure that the parent/guardian is provided with a copy of the relevant service policy and that they understand the reasons for the refusal of the authorisation
- request that an appropriate alternative written authorisation is provided by the parent/guardian that complies with the requirements of the relevant service policy
- ensure that procedures outlined in the relevant service policy are followed where a parent/guardian cannot be immediately contacted to provide an alternative written authorisation
- follow up with the parent/guardian, where required, to ensure that an appropriate written authorisation is obtained.



## BACKGROUND AND LEGISLATION

### BACKGROUND

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

- self-administration of medication (if applicable) ([Regulation 96](#))
- children leaving the service premises ([Regulation 99](#))
- children being taken on excursions ([Regulation 102](#))
- transport provided or arranged by the service ([Regulation 102D](#))
- seeking medical treatment for children and transportation by an ambulance service ([Regulation 161](#)).

Specific service policies (*including the Administration of Medication Policy, Delivery and Collection of Children Policy, Enrolment and Orientation Policy and Excursions and Service Events Policy*) should include details of the conditions under which written authorisations will be accepted. However, there may be instances when a service refuses to accept a written authorisation. The [Education and Care Services National Regulations 2011 \(Regulation 168\(2\) \(m\)\)](#) specify that services are required to develop a policy in relation to the acceptance

and refusal of authorisations to help educators and parents/guardians understand exactly what they need to do.

This policy outlines procedures to be followed when refusing a written authorisation from a parent/guardian or person authorised and named in the enrolment record.

## LEGISLATION AND STANDARDS

Relevant legislation and standards include but are not limited to:

- Children, Youth and Families Act 2005 (Vic)
- Child Wellbeing and Safety Act 2005 (Vic) (Part 2: Principles for Children)
- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
- Family Law Act 1975 (Cth)
- National Quality Standard, Quality Area 2: Children’s Health and Safety

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: [www.legislation.vic.gov.au](http://www.legislation.vic.gov.au)
- Commonwealth Legislation – Federal Register of Legislation: [www.legislation.gov.au](http://www.legislation.gov.au)

## DEFINITIONS

The terms defined in this section relate specifically to this policy.

**Inappropriate person:** A person who may pose a risk to the health, safety or wellbeing of any child attending the education and care service, or whose behaviour or state of mind make it inappropriate for them to be on the premises e.g. a person under the influence of drugs or alcohol (*National Law: Section 171(3)*)

## SOURCES AND RELATED POLICIES

### SOURCES

- Australian Children’s Education and Care Quality Authority (ACECQA): [www.acecqa.gov.au](http://www.acecqa.gov.au)

### RELATED POLICIES

- Administration of First Aid
- Administration of Medication
- Child Safe Environment and Wellbeing
- Dealing with Medical Conditions
- Delivery and Collection of Children
- Emergency and Evacuations
- Enrolment and Orientation
- Excursions and Service Events
- Governance and Management of the Service
- Incident, Injury, Trauma and Illness
- Nutrition, Oral Health and Active Play
- Road Safety Education and Safe Transport



## EVALUATION

In order to assess whether the values and purposes of the policy have been achieved, the approved provider will:

- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk ([Regulation 172 \(2\)](#)).



## ATTACHMENTS

- Nil



## AUTHORISATION

This policy was adopted by the approved provider of Whittlesea Family Day Care on 30 October 2024

**REVIEW DATE:** 30 October 2025

# ADMINISTRATION OF FIRST AID

QUALITY AREA 2



## PURPOSE

This policy will provide guidelines for the administration of first aid at Whittlesea Family Day Care.



## POLICY STATEMENT

### VALUES

Whittlesea Family Day Care is committed to:

- providing a safe and healthy environment for all children, early childhood educators, and others attending the service
- providing a clear set of guidelines in relation to the administration of first aid at the service
- ensuring that the service has the capacity to deliver current approved first aid, as required.

### SCOPE

This policy applies to the approved provider, persons with management or control, nominated supervisor, persons in day-to-day charge, educators, students, volunteers, parents/guardians, children and others attending the programs and activities of Whittlesea Family Day Care, including during offsite excursions and activities.

RESPONSIBILITIES	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Educators/ Nominated first aid officer	Parents/guardians
Ensuring that every reasonable precaution is taken to protect children, educators, and others at the service from harm and hazards that are likely to cause injury ( <i>National Law: Section 167</i> )	R	R	√	
Assessing the first aid requirements for the service ( <i>refer to Attachment 3</i> ). A first aid risk assessment can assist with this process ( <i>refer to Attachment 4</i> )	R	√	√	
Ensuring that at least one educator with current approved first aid qualifications ( <i>refer to Definitions</i> ) is in attendance and immediately available at all times that children are being educated and cared for by the service ( <i>Regulation 136(1) (a)</i> ). This can be the same	R	√	√	

person who has anaphylaxis management training and emergency asthma management training				
Ensuring that the prescribed educator-to-child ratios are met at all times ( <i>refer to Supervision of Children Policy</i> )	R	√	√	
All educators providing Family Day Care service are a nominated first aid officer	R		√	
Advising families that a list of first aid and other health products used by the service is available for their information and that first aid kits can be inspected on request	√	√	√	
Providing and maintaining an appropriate number of up-to-date, easily recognisable, readily accessible, suitably equipped first aid kits ( <i>refer to Attachment 3</i> ), with in-date products that meet Australian Standards ( <i>refer to Definitions</i> )	R	√	√	
Ensuring procedures are developed for the regular monitoring of all first aid kits	R	√	√	
If a service has a defibrillator, ensure defibrillators are maintained and regularly tested and serviced, including cyclical replacement of pads and batteries as per manufacturer specifications	R	√	√	
Ensuring a risk assessment is conducted prior to an excursion to identify risks to health, safety, or wellbeing and specifying how these risks will be managed and minimised ( <i>Regulations 100, 101, 102B, 102C</i> ). Refer to <i>Excursions and Service Events Policy and Road Safety and Safe Transport Policy</i>	R	√	√	
Ensuring that the Ambulance Victoria AV How to Call Card ( <i>refer to Sources</i> ) is displayed near all telephones or in a visible location.		√	√	
Providing and maintaining a portable first aid kit that can be taken offsite for excursions and other activities ( <i>refer to Attachment 3</i> )	R	√	√	
Ensuring that first aid training details, and renewal dates are recorded on each educator's record	R	√		
Ensuring safety signs showing the location of first aid kits are clearly displayed ( <i>refer to Attachment 3</i> )	R	√	√	
Ensuring at orientation all educators confirm information on the location of first aid kits and specific first aid requirements	R	√	√	
Ensuring that parents are notified within 24 hours if their child is involved in an incident, injury, trauma or illness at the service and recording details on the Incident, Injury, Trauma and Illness Record ( <i>refer to Definitions</i> )	R	√	√	



Notifying DET within 24 hours of a serious incident ( <i>refer to Definitions</i> ) occurring at the service	R	√	√	
Ensuring that educators are offered support and debriefing following a serious incident requiring the administration of first aid ( <i>refer to Incident, Injury, Trauma and Illness Policy</i> )	√	√		
Ensuring a resuscitation flow chart ( <i>refer to Definitions</i> ) is displayed in a prominent position in the indoor and outdoor environments of the service ( <i>refer to Attachment 1</i> )	√	√	√	
Keeping up to date with any changes in procedures for the administration of first aid and ensuring that all educators are informed of these changes	R	√	√	
Implementing appropriate first aid procedures when necessary ( <i>refer to Attachment 1 &amp; 2</i> )		√	√	
Maintaining current approved first aid qualifications, and qualifications in anaphylaxis management and emergency asthma management, as required		R	R	
Practicing CPR and administration of an auto-injector at least annually (in accordance with other service policies)		R	R	
Ensuring that all children are adequately supervised ( <i>refer to the Supervision of Children Policy</i> ) while providing first aid and comfort for a child involved in an incident or suffering trauma ( <i>refer to Attachment 2</i> )	R	√	√	
Ensuring that the details of any incident requiring the administration of first aid are recorded on the Incident, Injury, Trauma and Illness Record ( <i>refer to Definitions</i> ) no later than 24 hours after the occurrence ( <i>refer to Incident, Injury, Trauma and Illness Policy</i> )	R	√	√	
Ensuring the parent/guardian reads and signs the Incident, Injury, Trauma and Illness Record		√	√	
Notifying the approved provider or nominated supervisor six months prior to the expiration of their first aid, asthma or anaphylaxis accredited training			√	
Ensuring all out of date first aid kit contents are disposed of safely. The safest way to dispose of unused/out of date medicines is through the Return Unwanted Medicines (RUM) scheme which is run by a government funded organisation called The National Return & Disposal of Unwanted Medicines Limited: <a href="https://returnmed.com.au/">https://returnmed.com.au/</a>	√	√	√	
Providing the required information on the service's medication record ( <i>refer to Definitions</i> ) when a child requires administration of medication ( <i>refer to Administration of Medication Policy</i> )				R

Notifying the service of any medical conditions or specific medical treatment required for their child. Where necessary, in consultation with educators, develop appropriate medical management plans and risk minimisation plans (e.g. asthma, anaphylaxis). Providing any required medication. ( <i>refer to Asthma Policy and Anaphylaxis Policy</i> )				R
Providing written consent (via the enrolment record) for service educators to administer first aid and call an ambulance, if required				R
Being contactable, either directly or through emergency contacts listed on the child's enrolment record, in the event of an incident requiring the administration of first aid				√



## PROCEDURES

BASIC LIFE SUPPORT FLOW CHART PROCEDURE – *refer to Attachment 1*  
 FIRST AID RESPONDER'S ROLE – *refer to Attachment 2*



## BACKGROUND AND LEGISLATION

### BACKGROUND

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

Legislation that governs the operation of approved children's services is based on the health, safety and welfare of children, and requires that children are protected from hazards and harm. The *Education and Care Services National Regulations 2011* state that an approved provider must ensure that at least one educator with current approved first aid qualifications is in attendance and immediately available at all times that children are being educated and cared for by the service. Under the *Education and Care Services National Law Act 2010*, the *Australian Children's Education and Care Quality Authority* (ACECQA) are required to publish lists of approved first aid qualifications. These lists are available at: [www.acecqa.gov.au](http://www.acecqa.gov.au).

### LEGISLATION AND STANDARDS

Relevant legislation and standards include but are not limited to:

- Child Wellbeing and Safety Act 2005 (Vic) (Part 2: Principles for Children)
- Education and Care Services National Law Act 2010: Sections 167, 169
- Education and Care Services National Regulations 2011: Regulations 86, 87, 89, 98, 136, 137(1)(e), 147, 161(1) (a)(i) (ii), 168(2)(a)(iv), 174, 175, 176,
- National Quality Standard, Quality Area 2: Children's Health and Safety
- Occupational Health and Safety Act 2004

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: [www.legislation.vic.gov.au](http://www.legislation.vic.gov.au)
- Commonwealth Legislation – Federal Register of Legislation: [www.legislation.gov.au](http://www.legislation.gov.au)



## DEFINITIONS

The terms defined in this section relate specifically to this policy.

**Approved first aid qualification:** The list of approved first aid qualifications and anaphylaxis management and emergency asthma management training published on the ACECQA website: [www.acecqa.gov.au](http://www.acecqa.gov.au)

**First aid:** The provision of initial care in response to an illness or injury. It generally consists of a series of techniques to preserve life, protect a person (particularly if unconscious), prevent a condition worsening and promote recovery. First aid training should be delivered by approved first aid providers, and a list is published on the ACECQA website: [www.acecqa.gov.au](http://www.acecqa.gov.au)

**First aid kit:** *The Compliance Code: First aid in the workplace*, developed by WorkSafe Victoria, lists the minimum requirements for a first aid kit (*refer to Attachment 3*). *The Compliance Code: First aid in the workplace* is available at: [www.worksafe.vic.gov.au](http://www.worksafe.vic.gov.au).

**Resuscitation flowchart:** Outlines the six steps involved in resuscitation: danger, response, airways, breathing, compression and defibrillation. The Australian Resuscitation Council provides flowcharts for the resuscitation of adults and children free of charge at: <https://resus.org.au/guidelines/flowcharts-3/>

## SOURCES AND RELATED POLICIES



### SOURCES

- Ambulance Victoria: [www.ambulance.vic.gov.au](http://www.ambulance.vic.gov.au)
- Australian Children's Education and Care Quality Authority (ACECQA): [www.acecqa.gov.au](http://www.acecqa.gov.au)
- Australian Red Cross: [www.redcross.org.au](http://www.redcross.org.au)
- St John Ambulance Australia (Vic): [www.stjohnvic.com.au](http://www.stjohnvic.com.au)
- First aid in the workplace: [www.worksafe.vic.gov.au](http://www.worksafe.vic.gov.au)

### RELATED POLICIES

- Administration of Medication
- Anaphylaxis and Allergic Reactions
- Asthma
- Child Safe Environment and Wellbeing
- Dealing with Infectious Diseases
- Dealing with Medical Conditions
- Diabetes
- Emergency and Evacuation
- Epilepsy
- Excursions and Service Events
- Incident, Injury, Trauma and Illness
- Occupation Health and Safety
- Road Safety and Safe Transport



## EVALUATION

In order to assess whether the values and purposes of the policy have been achieved, the approved provider will:

- regularly check educator's files to ensure details of approved first aid qualifications have been recorded and are current
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- review the first aid procedures following an incident to determine their effectiveness
- regularly seek feedback from the nominated first aid officer and everyone affected by the policy regarding its effectiveness
- keep the policy up to date with current legislation, research, policy and best practice
- consider the advice of relevant bodies or organisations such as Australian Red Cross and St John Ambulance when reviewing this policy
- revise the policy and procedures as part of the annual policy review cycle, or as required
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk ([Regulation 172 \(2\)](#))



## ATTACHMENTS

- Attachment 1: Basic Life Support Flow Chart
- Attachment 2: First Aid responder's role
- Attachment 3: Minimum requirements for a first aid kit
- Attachment 4: Sample first aid risk assessment form

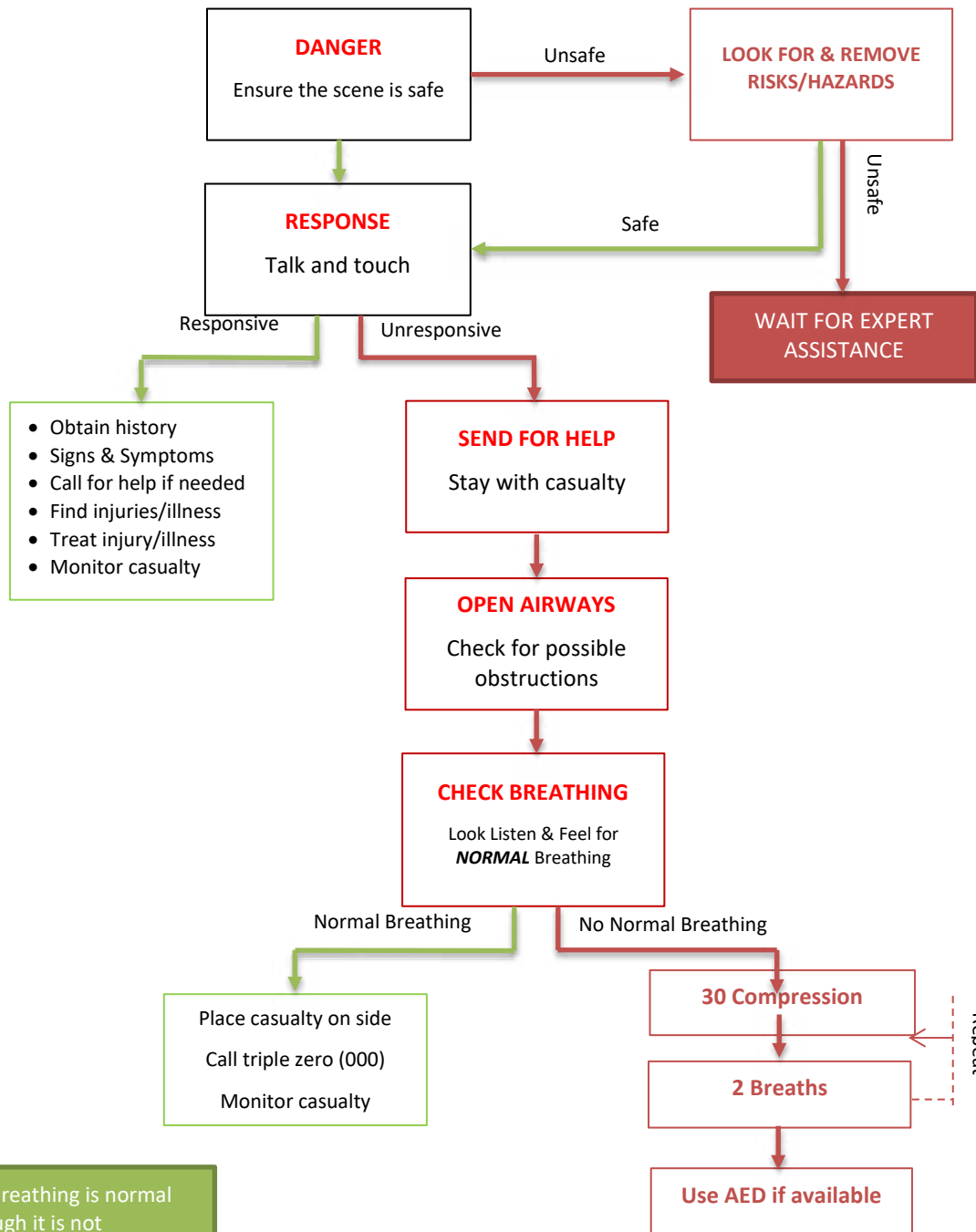


## AUTHORISATION

This policy was adopted by the approved provider of Whittlesea Family Day Care on 30 October 2024

**REVIEW DATE:** 30 October 2025

## ATTACHMENT 1. BASIC LIFE SUPPORT FLOW CHART



- If unsure if breathing is normal treat as though it is not
- Only stop to recheck casualty if they start breathing **NORMALLY**
- If possible, change first aiders every 1 to 2 mins to reduce fatigue
- Send or go for help as soon as possible.

## ATTACHMENT 2: FIRST AID RESPONDER'S ROLE

The following circumstances are examples of, but not limited to when first aid is required until assistance from a qualified health professional becomes available:

- Life threatening injury or illness
- Choking /blocked airway
- Anaphylactic reaction to an allergen, e.g. nuts, eggs
- Bleeding
- Bone fracture
- Convulsions and/or high temperature
- Injury to head, eye or back
- Asthma attack
- Excess vomiting or diarrhoea presenting a risk of dehydration
- Loss of consciousness
- Burns, which includes sunburn
- Poisoning from hazardous chemicals, plants, substances, and
- Bites from spiders, insects or snakes

In a medical emergency Educators/First Aid Responder needs to:

- Attend immediately to an injured/ill child or individual and implement appropriate first aid management.
- Assess if there is a need for an ambulance to attend and call 000 for attendance.
- Identify any risks in the immediate area and minimise/eliminate these.
- Implement any medical condition action plans that are required if a child with a diagnosed medical condition is involved.
- In the event of a child going into Anaphylactic shock who does **NOT** have a Medical Management Plan, if a service has an EpiPen, the service's EpiPen is to only be administered to a child with over the phone consent from an ambulance officer/medical practitioner
- Monitor the child's/individual's condition and maintain appropriate first aid support if required until further assistance is available from qualified health professionals.
- Ensure that arrangements are made to remove the child/individual as soon as possible in the interests of the health, safety and wellbeing of that child and others.
- Notify as soon as practicable the parents/guardians of a child involved in a serious medical emergency or accident.
- Document as soon as practicable the incident details on the Incident, Injury, Trauma and Illness Record as per the *Incident, Injury, Trauma and Illness Policy*
- Notify DE within 24 hours of a serious incident (*refer to Definitions*) occurring at the service
- In the case of a serious accident/injury of an adult, as far as practicable, the scene of the accident should not be touched as it may need to be inspected by an inspector from WorkSafe
- Notify WorkSafe if a serious workplace injury has occurred as soon as practicably possible and in writing within 48 hours of the accident occurring.
- In the event of an asthma attack, (if the service has a spacer and it the spacer was used) the used spacer must be provided to the family and a new spacer to be purchased for the service as soon as possible.
- In the event of anaphylaxis, the used adrenaline autoinjectors to be given to the ambulance officer attending the scene, with the date and time it was used.

## ATTACHMENT 3: FIRST AID KIT GUIDELINES

### First Aid kits should:

- not be locked.
- be appropriate for the educator and number of children and adequate for the immediate treatment of injuries at the service
- be easy to access and if applicable, located where there is a risk of injury occurring, with no longer than a minute to reach, including time required to access secure areas
- be constructed of resistant material, be dustproof and of sufficient size to adequately store the required contents
- be capable of being sealed and preferably be fitted with a carrying handle as well as have internal compartments
- contain a list of the contents of the kit.
- be regularly checked using the First Aid Kit Checklist Guidelines to ensure the contents are as listed and have not deteriorated or expired (*refer to First Aid Kit Checklist Guidelines*).
- have a white cross on a green background with the words 'First Aid' prominently displayed on the outside.
- display emergency telephone numbers, the phone number and location of the service
- be checked regularly (at beginning of each term) to ensure they are fully stocked, no products have expired and the contents replenished as necessary

First Aid kits must be taken on excursions and First Aid qualified educators must be in attendance.

### First Aid kit checklist guidelines

The below checklist is a framework to guide implementation. Home Safety Check completed yearly to determine First Aid content kits checklist

Suggested contents include, but are not limited to:

- basic first aid guide
- thermometer
- disposable gloves
- resuscitation mask/face shield
- individually wrapped sterile adhesive dressings (e.g. Band Aids)
- compression bandages
- sterile eye pads
- sterile coverings for serious wounds
- triangular bandages
- safety pins
- small sterile unmedicated wound dressings
- black permanent marker
- medium sterile unmedicated wound dressings
- instant cold pack
- large sterile unmedicated wound dressings
- non-allergenic tape
- crepe bandages
- emesis bag
- scissors
- tweezers
- notebook for recording details of first aid provided
- sterile saline solution
- plastic bags for disposal

### Kit may include:

- in-date adrenaline autoinjector stored in an insulated container; stored away from direct heat and/or cold.
- ASCIA First Aid plan for Anaphylaxis card
- a pair of disposable gloves
- note pad and a permanent marker.

## Standard portable First Aid Kit

Suggested contents include, but not limited to:

- basic first aid guide & CRP chart
- plastic bags for disposal
- gloves
- emesis bag
- sterile saline solution
- compression bandages individually wrapped sterile adhesive dressings (e.g. Band Aids)
- emergency accident blanket/space blanket
- resuscitation mask/face shield
- scissors
- instant cold pack
- notebook for recording details of first aid provided

## Emergency Backpack

Suggested contents include, but not limited to:

- parent contact information including authorisations
- children and educators with additional/medical needs list including medication
- facility keys (including gates/padlock keys)
- plastic garbage bags
- whistle
- copy of facility site plan and EMP including evacuation routes
- sunscreen
- educator's emergency contact information
- bottled water (use by date checked)
- toiletry supplies
- torch (batteries checked and/or charged)
- children's enrolment records



## ATTACHMENT 1. FIRST AID RISK ASSESSMENT FORM

This template can be used to assess the first aid requirements for the service. Consultation is an important aspect of first aid risk assessment and management. The Approved provider and educators should use this as a guide only and may identify other areas specific to their service.

1.	How many people work at the service (estimate for most days)?					
2.	How many children are enrolled at the service (write the number)?					
3.	Do people regularly work in the service after hours?					
4.	Do people work on their own after hours, including on weekends? If yes, approximately how many, how often and for how long at any one time?					
5.	Describe the nature of incidents, injuries or illnesses that have occurred in the service over the last 12 months (if possible, attach a summary of the incident reports)					
6.	Where is the nearest medical service and how long would it take to get an injured person to this service?					
7.	Where is the nearest major hospital with a 24-hour accident and emergency service? How long would it take to get an injured person to this hospital?					
8.	What type of, and how many, first aid kits are available at the service?					
9.	Are the contents of first aid kits complete and up to date as per the contents list?					
10.	Where are the first aid kits located?					
11.	How many current first aid officers are there at the service? (List the number, approved first aid qualifications and qualification expiry dates)					
12.	Identify and list specific hazards and where they may be located	<table border="1"> <thead> <tr> <th>Hazards</th> <th>Location</th> </tr> </thead> <tbody> <tr> <td>Cleaning products</td> <td>Storeroom</td> </tr> </tbody> </table>	Hazards	Location	Cleaning products	Storeroom
Hazards	Location					
Cleaning products	Storeroom					

13.	Are there any specific hazards or health concerns that require specific first aid kits or treatment (such as anaphylaxis, asthma etc.)? If yes, list the particular hazards or health concerns and where the specific first aid requirements are kept	<b>Hazards /health concerns</b>	<b>Specific first aid requirements</b>	<b>Specific training required</b>	<b>Educators have appropriate training</b>	<b>Location of first aid equipment</b>
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**Recommendations**

Reference number	Recommendation	Responsibility and time frame
e.g. 3 & 4	Develop safety procedures for educators working on their own/after hours	Approved provider within 2 months

**Names of those responsible for completing this form**

Name: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Date for next review: \_\_\_\_\_



### PURPOSE

This policy will clearly define the:

- procedures to be followed when a child requires medication while attending Whittlesea Family Day Care
- storage of medication
- responsibilities of nominated supervisor, educators, parents/guardians and the approved provider to ensure the safe administration of medication at Whittlesea Family Day Care.



### POLICY STATEMENT

#### VALUES

Whittlesea Family Day Care is committed to:

- providing a safe and healthy environment for all children, educators and other persons attending the service
- responding appropriately to the needs of a child who is ill or becomes ill while attending the service
- ensuring safe and appropriate administration and storage of medication in accordance with legislative and regulatory requirements
- protecting child privacy and ensuring confidentiality
- maintaining a duty of care to children at the service.

#### SCOPE

This policy applies to the approved provider, persons with management or control, nominated supervisor, persons in day-to-day charge, educators, students, parents/guardians, children, and others attending the programs and activities of Whittlesea Family Day Care, including during offsite excursions and activities.

RESPONSIBILITIES	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Educators	Parents/guardians
Ensuring that parents/guardians are provided with access to this policy	R	√	√	
Communicating with parents/guardians about the procedures outlined in this policy and the parent/guardian responsibilities when requesting medication be administered to their child, and making the medication record available for parents/guardians to record information during operational hours	R	√	√	

Ensuring that educators on duty have a current approved first aid qualification, anaphylaxis management training and asthma management training ( <i>Regulation 136</i> )	R	√	√	
Ensuring that all educators are familiar with the procedures for the administration of medication ( <i>refer to Attachment 1</i> )	R	√	√	
Ensuring that each child's enrolment form provides details of the name, address and telephone number of any person who is authorised to consent to medical treatment of, or to authorise administration of medication to the child ( <i>Regulation 160(3)(iv)</i> )	R	√	√	
Ensuring that medication is only administered to a child being educated and cared for by Whittlesea Family Day Care when it is authorised (written or verbal), except in the case of an anaphylaxis or asthma emergency ( <i>Regulations 93, 94</i> )	R	√	√	
Ensuring that a medication record ( <i>refer to Sources</i> ) meets the requirements set out in <i>Regulation 92(3)</i> and is always available for recording the administration of medication to children at the service	R	√	√	
Ensuring that all details in the medication record ( <i>refer to Sources</i> ) have been completed by parents/guardians/authorised persons in accordance with <i>Regulation 92(3)</i> prior to administering medication	R	√	√	
Ensuring that medication records are kept and stored securely until the end of 3 years after the last date on which the child was educated and cared for by the service ( <i>Regulation 183(2)(d)</i> )	R	√	√	
Ensuring that the medication is administered in accordance with <i>Regulation 95, and 96</i> if relevant ( <i>refer to Attachment 1</i> )	R	R	R	
Informing the educator if any medication has been administered to the child before bringing them to the service, and if the administration of that medication is relevant to or may affect the care provided to the child at the service				√
Physically handing the medication to an educator and informing them of the appropriate storage and administration instructions for the medication provided				√
Ensuring that no medication or over-the-counter ( <i>refer to Definitions</i> ) products are left in their child's bag or locker			√	√
Ensuring that medication is not accessible to children and is stored in a childproof container (including in the refrigerator for medications requiring refrigeration)	R	√	√	
Obtaining verbal authorisation for the administration of medication from the child's parents/guardians/authorised person (as recorded in the child's enrolment record), or a registered medical practitioner or medical emergency services when an authorised person cannot reasonably be contacted in an emergency ( <i>Regulation (93)(5)(b)</i> )	R	√	√	
Ensuring that parents/guardians are given written notice as soon as is practicable if medication has been administered in an emergency and where authorisation has been given verbally ( <i>Regulation 93(2)</i> )	R	√	√	

Ensuring that the parent/guardian of the child and emergency services are notified as soon as is practicable when medication has been administered in an anaphylaxis or asthma emergency ( <i>Regulation 94(2)</i> )	R	√	√	
Being aware of children who require medication for ongoing conditions or in emergencies, and ensuring that the medical management plans are completed and attached to the child's enrolment form ( <i>Regulation 162</i> ), and available for use by those caring for children (being sensitive to privacy requirements)	R	√	√	
Providing a current medical management plan when their child requires long-term treatment of a condition that includes medication, or their child has been prescribed medication to be used for a diagnosed condition in an emergency				√
Developing and reviewing procedures for the authorisation and administration of medication required for the treatment or management of long-term conditions ( <i>refer to Attachment 1</i> )	√	√	√	
Documenting situations in which an authorised person has provided verbal authorisation but has refused to confirm the authorisation in writing (these notes are to be kept with the child's enrolment record)	√	√		
Informing parents/guardians as soon as is practicable if an incident occurs in which the child was administered the incorrect medication or incorrect dose, educators forgot to administer the medication, or the medication was administered at the wrong time. Educators must also ensure that any medication that is accidentally dropped is not administered to a child or returned to the original container, and that parents/guardians are informed if an incident of this nature occurs	R	√	√	
Informing parents/guardians that non-prescribed medication (with the exception of sunscreen) will only be administered for a maximum of 48 hours, after which a medical management plan from a doctor will be required for its continued use	√	√	√	
Clearly labelling non-prescription medications and over-the-counter products (for example nappy cream) with the child's name. The instructions and use-by dates must also be visible		√	√	
Informing parents/guardians that paracetamol is not supplied by Whittlesea Family Day Care Educator and that the administration of paracetamol will be in line with the administration of all other medication ( <i>refer to Attachment 2</i> )	√	√	√	
Ensuring medication is taken home at the end of each session/day. Unless the medication is stored at the service as part of the child's medical management plan ( <i>refer to Dealing with Medical Conditions Policy</i> )		√	√	√
Ensuring that if a child over preschool age at the service is permitted to self-administer medication ( <i>Regulation 96</i> ), an authorisation for the child to self-administer medication is recorded in the medication record for the child	R	√	√	
Determining under what circumstances a child over preschool age will be allowed to self-administer their own medication and ensuring there are appropriate procedures in place for educators	R	√		

to follow in these instances (*Regulation 96*) (*refer to Dealing with Medical Condition Policy*)



## PROCEDURES

- **Procedures for the safe administration of medication** - *refer to Attachment 1*
- **Administration of paracetamol** - *refer to Attachment 2*



## BACKGROUND AND LEGISLATION

### BACKGROUND

#### Authorisation to administer medication

Medication (including prescription, non-prescription, over-the-counter and homeopathic medications) must not be administered to a child at a service without the authorisation of a parent/guardian or person with the lawful authority to consent to the administration of medical attention to the child.

In the case of an anaphylaxis or asthma emergency, where the child does not have a medical management plan or other form of authorisation, first aid treatment is provided as described in the *Anaphylaxis Policy* and *Asthma Policy*. In this circumstance, the child's parent/guardian and emergency services must be contacted as soon as possible after first aid has commenced (*Regulation 94*). In these instances, notifications of serious incidents (*refer to Definitions*) must be made to the regulatory authority (DE) (*refer to Definition*) as soon as is practicable but not later than 24 hours after the occurrence (*National Law: Section 174(2), Regulation 175, 176*) (*refer to Incident, Injury, Trauma and Illness Policy*).

In the case of all other emergencies, it is acceptable to obtain verbal consent from a parent/guardian, or to obtain consent from a registered medical practitioner or medical emergency services if the child's parent/guardian cannot be contacted.

#### Administration of medication

The approved provider must ensure that when educator administers medication, they must follow the guidelines of this policy and the procedures outlined in *Attachment 1*.

A medication record must be completed with the following information:

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

## Self-administration by a child over preschool age

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

- Where a child over preschool age can self-administer medication/medical procedures, written authorisation must be provided by the child's parent/guardian.
- Parents/guardians will provide written details of the medical information and administration protocols from the child's medical/specialist medical practitioner(s).
- The self-administration of medication or medical procedures by children over preschool age will be undertaken only under the supervision of an educator with current approved first aid qualifications
- Authorisation for the child to self-administer medication is recorded in the medication record for the child under Regulation 92 and
- The medical conditions policy (this policy) includes practices for self-administration of medication (Regulations 96).

## LEGISLATION AND STANDARDS

Relevant legislation and standards include but are not limited to:

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
- Health Records Act 2001 (Vic)
- National Quality Standard, Quality Area 2: Children's Health and Safety
- Occupational Health and Safety Act 2004 (Vic)
- Public Health and Wellbeing Act 2008 (Vic)
- Public Health and Wellbeing Regulations 2009 (Vic)
- Therapeutic Goods Act 1989 (Cth)

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: [www.legislation.vic.gov.au](http://www.legislation.vic.gov.au)
- Commonwealth Legislation – Federal Register of Legislation: [www.legislation.gov.au](http://www.legislation.gov.au)

## DEFINITIONS

The terms defined in this section relate specifically to this policy.

**Approved first aid qualification:** The list of approved first aid qualifications, anaphylaxis management and emergency asthma management training is published on the ACECQA website:

[www.acecqa.gov.au](http://www.acecqa.gov.au)

**Illness:** Any sickness and/or associated symptoms that affect the child's normal participation in the activities or program at the service.

**Infectious disease:** A disease that can be spread, for example, by air, water or interpersonal contact. An infectious disease is designated under Victorian Law or by a health authority (however described) as a disease that would require the infected person to be excluded from an education and care service.

**Injury:** Any harm or damage to a person.

**Medication:** Prescribed and non-prescribed medication as defined below.

**Non-prescribed/over-the-counter medication:** Refers to medicine that you can buy without a prescription, including vitamins and cultural herbs or homeopathic medications that may have been recommended by an alternative health care professional such as a naturopath.

**Prescribed medication:** Medicine, as defined in the *Therapeutic Goods Act 1989 (Cth)*, that is:



- authorised by a health care professional
- dispensed by a health care professional with a printed label that includes the name of the child being prescribed the medication, the medication dosage and expiry date.



## SOURCES AND RELATED POLICIES

### SOURCES

- Australian Children’s Education and Care Quality Authority (ACECQA), Medication Record sample template: <https://www.acecqa.gov.au/resources/applications/sample-forms-and-templates>
- Allergy & Anaphylaxis Australia: <https://allergyfacts.org.au/>
- Asthma Australia: [www.asthma.org.au](http://www.asthma.org.au)
- Department of Health: <https://www2.health.vic.gov.au/>
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011: [www.acecqa.gov.au](http://www.acecqa.gov.au)
- Guide to the National Quality Standard (ACECQA): [www.acecqa.gov.au](http://www.acecqa.gov.au)
- Healthdirect: [www.healthdirect.gov.au](http://www.healthdirect.gov.au)

### RELATED POLICIES

- Acceptance and Refusal of Authorisation
- Administration of First Aid
- Anaphylaxis and Allergic Reactions
- Asthma
- Dealing with Infectious Diseases
- Dealing with Medical Conditions
- Diabetes
- Enrolment and Orientation
- Epilepsy
- Excursions and Service Events
- Incident, Injury, Trauma and Illness
- Privacy and Confidentiality



## EVALUATION

In order to assess whether the values and purposes of the policy have been achieved, the approved provider will:

- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service’s policy review cycle, or as required
- notifying all stakeholders affected by this policy before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk (*Regulation 172 (2)*).



## ATTACHMENTS

- Attachment 1: Procedures for the safe administration of medication
- Attachment 2: Administration of paracetamol



## AUTHORISATION

This policy was adopted by the approved provider of Whittlesea Family Day Care 30 October 2024

**REVIEW DATE:** 30 October 2025



## ATTACHMENT 1. PROCEDURES FOR THE SAFE ADMINISTRATION OF MEDICATION

Medication can **only** be administered:

- if it has been prescribed by a registered medical practitioner, from its original container with the original label including the name of the child for whom it is prescribed, before the expiry or use-by date, or
- from its original container, with the original label and instructions and before the expiry or use-by date, and in accordance with any instructions attached to the medication or provided by a registered medical practitioner, either verbally or in writing.

The educator is responsible for the administration of any medication. Each educator holds a current approved first aid qualification.

Before administering any medication to a child, it is extremely important for educators to check if the child has any allergies to the medication being administered.

Procedure for administration of medication:

1. Wash and dry hands thoroughly before administering any medication. If appropriate, gloves are recommended wherever possible.
2. Check the medication record to confirm date, time, dosage and the child to whom the medication is to be administered.
3. Check that prescription medication:
  - is in its original container, bearing the original label and instructions
  - is the correct medication, as listed in the medication record
  - has the child's name on it (if the medication was prescribed by a registered medical practitioner)
  - is the required dosage, as listed in the medication record
  - has not passed its expiry date.
4. Check that non-prescription medication:
  - is in the original container, bearing the original label and instructions
  - is the correct medication, as listed in the medication record
  - has the child's name on it
  - is the required dosage, as listed in the medication record
  - has not passed its expiry date.
5. When administering the medication, ensure that:
  - the identity of the child is confirmed and matched to the specific medication
  - the correct dosage is given
  - the medication is administered in accordance with the instructions attached to the medication, or any written or verbal instructions provided by a registered medical practitioner
  - educators complete the medication record (*Regulation 92(3)(h)*) and store any remaining medication appropriately, such as in the refrigerator if required
  - inform the parent/guardian on arrival to collect the child that medication has been administered and ensure that the parent/guardian completes the required details in the medication record.

Administration of medication for ongoing medical conditions

Where a child is diagnosed with a condition that requires ongoing medication or medication to be administered in emergencies, parents/guardians may authorise the administration of the medication for a defined period. In these cases:

- The coordination Unit is to be notified where a child requires medication on an on-going basis.
- Medical management plans are required for on-going medical conditions including but not limited to:
  - Asthma
  - Allergies
  - Anaphylaxis
  - Epilepsy
  - Diabetes

- A medical management plan completed by the child’s doctor should be provided and attached to the child’s enrolment form (and on display, where appropriate). A new medical management plan is to be filled out if the medication changes or dosage requirements change and a medical practitioner will be required to specify these changes in writing. Medical management plans must be reviewed in collaboration with the child’s medical practitioner at 12-month intervals.
- the medical management plan should define:
  - the name of the medication, dosage and frequency of administration
  - conditions under which medication should be administered
  - what actions, if any, should be taken following the administration of the medication
  - when the plan will be reviewed.
- when medication is required under these circumstances, educators should:
  - follow the procedures listed above
  - ensure that the required details are completed in the medication record
  - notify the parents as soon as is practicable.

Refer to the *Dealing with Medical Conditions Policy* for further information.

## ATTACHMENT 2. ADMINISTRATION OF PARACETAMOL

There may be times when a child develops a fever and/or becomes unwell while at the service. It is advisable in the first instance to contact the parent/carer to discuss any concerns about the health status of the child, and taking a precautionary approach, request the parent/carer collect their child from the service as soon as possible.

If a child has any of the following symptoms of coronavirus (COVID-19) outlined below, however mild, they should get tested and must remain at home until they receive their results:

- Fever
- Chills or sweats
- Cough
- Sore throat
- Shortness of breath
- Runny nose
- Loss of sense of smell and taste
- In certain circumstances headache, muscle soreness, stuffy nose, nausea, vomiting and diarrhoea may also be considered.

While the service is waiting for the child who may be experiencing compatible symptoms with coronavirus (COVID-19) to be collected by the parent/guardian, educator will use precautionary measures, such as:

- isolate the unwell child in an appropriate space with suitable supervision
- encourage the intake of fluids, to keep the child cool, comfortable and well hydrated
- practice hand hygiene, physical distancing and where possible utilise a face mask
- face masks should not be used in situations where a child is unable to safely or practically tolerate a mask (e.g. a child with complex medical needs, including existing respiratory needs, and younger children)
- follow the cleaning protocols of your COVID Safe Plan to ensure the area the child was waiting is disinfected.

Children with persistent symptoms due to underlying conditions such as hay fever or asthma whose symptoms are clearly typical of their condition can continue to attend the service. Parents should consider getting a medical certificate from their GP to attend the service if they have persistent symptoms that may overlap with symptoms of COVID-19 such as cough or runny nose.

If a child requires paracetamol and has returned a COVID negative result, families will be required to provide written and signed consent for the administration of paracetamol.

- administer only to a child who has a temperature above 38.5°C and is in discomfort or pain
- administer only one dose of paracetamol in any instance and ensure that the child has not had any other medicine containing paracetamol in the last four hours
- use preparations that contain paracetamol only, not a 'cold and flu' or combined preparation
- use only single doses, disposable droppers or applicators and only use once per child
- be aware that there are numerous dose forms and concentrations in paracetamol for children and administer the most appropriate concentration and dose for the child who is being administered the paracetamol.

### References

Victorian State Government (February 2021), Managing illness in schools and early childhood:

<https://www.coronavirus.vic.gov.au/managing-unwell-child-or-educator-member>

Royal Children's Hospital Melbourne (July 2020), Fever in children:

[https://www.rch.org.au/kidsinfo/fact\\_sheets/Fever\\_in\\_children/](https://www.rch.org.au/kidsinfo/fact_sheets/Fever_in_children/)

Royal Children's Hospital Melbourne (July 2020), Pain relief for children – paracetamol and ibuprofen:

[https://www.rch.org.au/kidsinfo/fact\\_sheets/Pain\\_relief\\_for\\_children/](https://www.rch.org.au/kidsinfo/fact_sheets/Pain_relief_for_children/)

### PURPOSE

This policy provides a clear set of guidelines and procedures for Whittlesea Family Day Care to:



- minimise the risk of an allergic reaction including anaphylaxis occurring while children are in the care of Whittlesea Family Day Care
- ensure that service educators respond appropriately to allergic reactions including anaphylaxis by following the child's ASCIA Action Plan for Anaphylaxis and ASCIA Action Plan for Allergic Reactions
- raise awareness of allergies and anaphylaxis and appropriate management amongst all at the service through education and policy implementation.
- working with parents/guardians of children with either an ASCIA Action Plan for Anaphylaxis or ASCIA Action Plan for Allergic Reactions in understanding risks and identifying and implementing appropriate risk minimisation strategies and communication plan to support the child and help keep them safe.

This policy should be read in conjunction with the *Dealing with Medical Conditions Policy and Incident, Injury, Trauma and Illness Policy*.



### POLICY STATEMENT

#### VALUES

- ensuring that every reasonable precaution is taken to protect children from harm and from any hazard likely to cause injury
- providing a safe and healthy environment in which children at risk of anaphylaxis can participate fully in all aspects of the program
- raising awareness amongst families, educators, children and others attending the service about allergies and anaphylaxis
- actively involving the parents/guardians of each child at risk of anaphylaxis in assessing risks, and in developing appropriate risk minimisation and risk management strategies for their child
- ensuring all educators and other adults at the service have adequate knowledge of allergies, anaphylaxis and emergency procedures
- facilitating communication to ensure the safety and wellbeing of children at risk of anaphylaxis.

Whittlesea Family Day Care believes that the safety and wellbeing of children who have allergic reactions and/or are at risk of anaphylaxis is committed to:

#### SCOPE

This policy applies to the approved provider, persons with management or control, nominated supervisor, persons in day-to-day charge, educators, students, volunteers, parents/guardians, children, and others attending the programs and activities of Whittlesea Family Day Care, including during offsite excursions and activities.

This policy will apply regardless of whether a child diagnosed by a registered medical practitioner as being at risk of anaphylaxis is enrolled at the service.

RESPONSIBILITIES	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Educators	Parents/guardians
Ensuring that an anaphylaxis policy, which meets legislative requirements ( <i>Regulation 90</i> ) and includes a risk minimisation plan ( <i>refer to Definitions</i> ) ( <i>refer to Attachment 3</i> ) and communication plan ( <i>refer to Definitions</i> ), is developed and displayed at the service, and reviewed annually	R	√	√	√
Ensuring educators have current approved anaphylaxis management training ( <i>refer to Definitions</i> ), and is in attendance and immediately available at all times the service is in operation ( <i>Regulations 136, 137</i> )	R	√	√	
Ensuring that all educators approved first aid qualifications, anaphylaxis management training ( <i>refer to Sources</i> ) and emergency asthma management training are current, meet the requirements of the National Act ( <i>Section 169(4)</i> ) and National Regulations ( <i>Regulation 137</i> ), and are approved by ACECQA ( <i>refer to Sources</i> )	R	√	√	
Provide opportunities for Educators to undertake food allergen management training ( <i>refer to Sources</i> )	√	√		
Develop an anaphylaxis emergency response plan which follows the ASCIA Action Plan ( <i>refer to Attachment 4</i> ) and identifies educator's roles and responsibilities in an anaphylaxis emergency. Emergency response plans should be practised at least once a year. Separate emergency response plans must be developed for any off-site activities.	√	√	√	
Ensuring educators are aware of the procedures for first aid treatment for anaphylaxis ( <i>refer to Attachment 4</i> )	R	√	√	
Ensuring all educators, parents/guardians, contractors, volunteers and students are provided with and have read the <i>Anaphylaxis Policy and the Dealing with Medical Conditions Policy</i> ( <i>Regulation 91</i> )	R	√	√	
Ensuring that educators undertake ASCIA anaphylaxis refresher e-training ( <i>refer to Sources</i> ) practice administration of treatment for anaphylaxis using an adrenaline injector trainer ( <i>refer to Definitions</i> ) twice a year, and that participation is documented on the educator's record	R	√	√	
Ensuring the details of approved anaphylaxis management training ( <i>refer to Definitions</i> ) are included on the educator's record ( <i>refer to Definitions</i> ), including details of training in the use of an adrenaline injectors ( <i>refer to Definitions</i> ) ( <i>Regulations 145,146, 147</i> )	R	√	√	

Ensuring that parents/guardians or a person authorised in the enrolment record provide written consent to the medical treatment or ambulance transportation of a child in the event of an emergency ( <i>Regulation 161</i> ), and that this authorisation is kept in the enrolment record for each child	R	√		√
Ensuring that parents/guardians or a person authorised in the child's enrolment record provide written authorisation for excursions outside the service premises ( <i>Regulation 102</i> ) ( <i>refer to Excursions and Service Events Policy</i> )	R	√	√	√
Identifying children at risk of anaphylaxis during the enrolment process and informing educators	√	√	√	
In the case of a child having their first anaphylaxis whilst at the service, if a service has a general adrenaline injector, the general use adrenaline injector should be given to the child immediately, and an ambulance called. If the general use adrenaline injector is not available, educators will follow the ASCIA First Aid Plan ( <i>refer to Attachment 4</i> ) including calling an ambulance	√	√	√	
Following appropriate reporting procedures set out in the <i>Incident, Injury, Trauma and Illness Policy</i> in the event that a child is ill or is involved in a medical emergency or an incident at the service that results in injury or trauma ( <i>Regulation 87</i> )	R	√	√	
Displaying a notice prominently at the service stating that a child diagnosed as at risk of anaphylaxis is being cared for and/or educated by the service ( <i>Regulation 173(2)(f)</i> )	R	√		
Ensuring the enrolment checklist for children diagnosed as at risk of anaphylaxis ( <i>refer to Attachment 2</i> ) is completed	R	√		
Ensuring an ASCIA Action Plan for Anaphylaxis/ ASCIA Action Plan for Allergic Reactions completed by the child's doctor or nurse practitioner is provided by the parents are included in the child's individual anaphylaxis health care plan	R	√	√	√
Ensuring risk management plan ( <i>refer to Definitions</i> ) ( <i>refer to Attachment 3</i> ) and communications plan ( <i>refer to Definitions</i> ) are developed for each child at the service who has been medically diagnosed as at risk of anaphylaxis, in consultation with that child's parents/guardians and with a registered medical practitioner ( <i>refer to Attachment 3</i> ) and is reviewed annually	R	√	√	
Ensuring individualised anaphylaxis care plans are reviewed when a child's allergies change or after exposure to a known allergen while attending the service or before any special activities (such as off-site activities) ensuring that information is up to date and correct, and any new procedures for the special activity are included	√	√	√	
Ensuring that all children diagnosed as at risk of anaphylaxis have details of their allergy, their ASCIA Action Plan for Anaphylaxis or ASCIA Action Plan for Allergic Reactions and their risk minimisation plan filed with their enrolment record that is easily accessible to all educators ( <i>Regulation 162</i> )	R	√	√	
Ensuring an individualised anaphylaxis care plan is developed in consultation with the parents/guardians for each child ( <i>refer to Attachment 5</i> )	√	√	√	√

Ensuring that all educators are aware of children diagnosed as at risk of anaphylaxis, their signs and symptoms, and the location of their adrenaline injector and ASCIA Action Plan for Anaphylaxis or ASCIA Action Plan for Allergic Reactions	R	√	√	
Ensuring parents/guardians of all children at risk of anaphylaxis <b>provide an unused, in-date</b> adrenaline injector if prescribed at all times their child is attending the service. Where this is not provided, children will be unable to attend the service	√	√	√	√
Ensuring that the child's ASCIA Action Plan for anaphylaxis is specific to the brand of adrenaline injector prescribed by the child's medical or nurse practitioner	√	√	√	√
Following the child's ASCIA Action Plan for Anaphylaxis or ASCIA Action Plan for Allergic Reactions in the event of an allergic reaction, which may progress to anaphylaxis		√	√	
Following the ASCIA Action Plan/ASCIA First Aid Plan consistent with current national recommendations ( <i>refer to Attachment 4</i> ) and ensuring all educators are aware of the procedure	R	√	√	
Ensuring that the adrenaline injector is stored in a location that is known to all educators and is easily accessible to adults both indoors and outdoors (not locked away) but inaccessible to children, and away from direct sources of heat, sunlight and cold	R	√	√	
Ensuring adequate provision and maintenance of adrenaline injector kits ( <i>refer to Definitions</i> )	R	√	√	√
Ensuring the expiry date of adrenaline injectors (prescribed and general use) are checked regularly (quarterly) and replaced when required	R	√	√	
Ensuring that educators who accompany children at risk of anaphylaxis outside the service carry a fully equipped adrenaline injector kit ( <i>refer to Definitions</i> ) along with the ASCIA Action Plan for Anaphylaxis or ASCIA Action Plan for Allergic Reactions, for each child diagnosed as at risk of anaphylaxis ( <i>refer to Excursions and Service Events Policy</i> )	R	√	√	
Ensuring that medication is administered in accordance with <i>Regulations 95 and 96 (refer to Administration of Medication Policy and Dealing with Medical Conditions Policy)</i>	R	√	√	
Ensuring that emergency services and parents/guardians of a child are notified by phone as soon as is practicable if an adrenaline injector has been administered to a child in an anaphylaxis emergency without authorisation from a parent/guardian or authorised nominee ( <i>Regulation 94</i> )	R	√	√	
Ensuring that a medication record is kept that includes all details required by ( <i>Regulation 92(3)</i> ) for each child to whom medication is to be administered	R	√	√	
Ensuring that written notice is given to a parent/guardian as soon as is practicable if medication is administered to a child in the case of an emergency ( <i>Regulation 93 (2)</i> )	R	√	√	
Ensuring that children at risk of anaphylaxis are not discriminated against in any way	R	√	√	

Ensuring that children at risk of anaphylaxis can participate in all activities safely and to their full potential	R	√	√	
Ensuring programmed activities and experiences take into consideration the individual needs of all children, including children diagnosed as at risk of anaphylaxis	R	√	√	
Immediately communicating any concerns with parents/guardians regarding the management of children diagnosed as at risk of anaphylaxis attending the service	R	√	√	
Responding to complaints and notifying Department of Education, in writing and within 24 hours of any incident or complaint in which the health, safety or wellbeing of a child may have been at risk	R	√		
Displaying Ambulance Victoria's AV How to Call Card ( <i>refer to Definitions</i> ) near all service telephones	√	√		
Complying with the risk minimisation strategies identified as appropriate and included in individual anaphylaxis health care plans and risk management plans, from <i>Attachment 1</i>	R	√		
Providing age-appropriate education to all children including signs and symptoms of an allergic reaction and what to do if they think their friend is having an allergic reaction	√	√	√	
Providing information to the service community about resources and support for managing allergies and anaphylaxis	√	√		
Providing support (including counselling) for educators who manage an anaphylaxis and for the child who experienced the anaphylaxis and any witnesses	√	√	√	
In the situation where a child who has not been diagnosed with an allergy, but appears to be having an anaphylactic reaction, the steps outlined in are to be <i>Attachment 6</i> followed.	√	√	√	

## RISK ASSESSMENT

The National Law and National Regulations do not require a service to maintain a stock of adrenaline injectors at the service premises to use in an emergency.

If the service decides to maintain its own supply of adrenaline autoinjectors, it is the responsibility of the educator to ensure that:

- the Coordination Unit is informed stock of the adrenaline autoinjector is on hand, and that it is unused and in date
- appropriate procedures are in place to define the specific circumstances under which the device supplied by the service will be used
- the autoinjector is administered in accordance with the written instructions provided on it and with the generic ASCIA action plan for anaphylaxis
- the service follows the procedures outlined in the Administration of Medication Policy, which explains the steps to follow when medication is administered to a child in an emergency
- parents/guardians are informed that the service maintains a supply of adrenaline autoinjectors, of the brand that the service carries and of the procedures for the use of these devices in an emergency



## BACKGROUND AND LEGISLATION



### BACKGROUND

Anaphylaxis is a severe and life-threatening allergic reaction. Allergies, particularly food allergies are common in children. The most common causes of allergic reaction in young children are foods, bee or other insect stings, and some medications. A reaction can develop within minutes of exposure to the allergen and young children may not be able to identify or communicate the symptoms of anaphylaxis. With planning and training, many reactions can be prevented, however when a reaction occurs, good planning, training and communication can ensure the reaction is treated effectively by using an adrenaline injector (EpiPen® or Anapen®).

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

Legislation that governs the operation of approved children's services is based on the health, safety and welfare of children, and requires that children are protected from hazards and harm. The approved provider will ensure each educator has current approved anaphylaxis management training in accordance with the *Education and Care Services National Regulations 2011 (Regulation 136(1) (b))*.

Approved anaphylaxis management training is listed on the ACECQA website (*refer to Sources*). This includes ASCIA anaphylaxis e-training for Australasian children's education and care services, which is an accessible, evidence-based, best practice course. The ASCIA course is National Quality Framework (NQF) approved by ACECQA for educators working in ECEC services.

### LEGISLATION AND STANDARDS

Relevant legislation and standards include but are not limited to:

- Education and Care Services National Law Act 2010: Sections 167, 169
- Education and Care Services National Regulations 2011: Regulations 90–96, 102, 136, 137, 146, 147, 160–162, 168(2)(d), 173, 177, 181, 183, 184.
- Health Records Act 2001 (Vic)
- National Quality Standard, Quality Area 2: Children's Health and Safety
- Occupational Health and Safety Act 2004 (Vic)
- Occupational Health and Safety Regulations 2017
- Privacy and Data Protection Act 2014 (Vic)
- Privacy Act 1988 (Cth)
- Public Health and Wellbeing Act 2008 (Vic)
- Public Health and Wellbeing Regulations 2009 (Vic)



### DEFINITIONS

The terms defined in this section relate specifically to this policy.

**Adrenaline injector:** An intramuscular injection device containing a single dose of adrenaline designed to be administered by people who are not medically trained. Two brands of adrenaline injectors are currently available in Australia - EpiPen® or an Anapen®. As EpiPen® and Anapen® products have different administration techniques, only one brand should be prescribed per individual and their ASCIA Action Plan for Anaphylaxis (*refer to Definitions*) must be specific for the brand they have been prescribed. Educators should know how to administer both brands of adrenaline injectors.

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: [www.legislation.vic.gov.au](http://www.legislation.vic.gov.au)
- Commonwealth Legislation – Federal Register of Legislation: [www.legislation.gov.au](http://www.legislation.gov.au)

Used adrenaline injectors should be placed in a hard plastic container or similar and given to the paramedics. Or placed in a rigid sharps disposal unit or another rigid container if a sharps container is not available.

**Adrenaline injector kit:** An insulated container with an unused, in-date adrenaline injector, a copy of the child's ASCIA Action Plan for Anaphylaxis, and telephone contact details for the child's parents/guardians, doctor/medical personnel and the person to be notified in the event of a reaction if the parents/guardians cannot be contacted. If prescribed, an antihistamine should also be included in the kit. Adrenaline injectors must be stored away from direct heat and cold.

**Allergen:** A substance that can cause an allergic reaction.

**Allergy:** An immune system response to something in the environment which is usually harmless, e.g.: food, pollen, dust mite. These can be ingested, inhaled, injected or absorbed. Almost always, food needs to be ingested to cause a severe allergic reaction (anaphylaxis) however, measures should be in place for children to avoid touching food they are allergic to.

**Allergic reaction:** A reaction to an allergen. Common signs and symptoms include one or more of the following:

- difficult/noisy breathing
- swelling of the tongue
- swelling/tightness in the throat
- difficulty talking and/or hoarse voice
- wheeze or persistent cough
- persistent dizziness or collapse (child pale or floppy).
- hives or welts
- tingling mouth
- swelling of the face, lips & eyes
- abdominal pain, vomiting and/or diarrhoea are mild to moderate symptoms; however, these are severe reactions to insects

**Anapen®:** A type of adrenaline injector (*refer to Definitions*) containing a single fixed dose of adrenaline. The administration technique in an Anapen® is different to that of the EpiPen®. Three strengths are available: an Anapen® 250 and an Anapen® 300 and Anapen® 500, and each is prescribed according to a child's weight. The Anapen® 150 is recommended for a child weighing 7.5–20kg. An Anapen® 300 is recommended for use when a child weighs more than 20kg and Anapen® 500 may be prescribed for teens and young adults over 50kg. The child's ASCIA Action Plan for Anaphylaxis (*refer to Definitions*) must be specific for the brand they have been prescribed (i.e. Anapen® or EpiPen®).

**Anaphylaxis:** A severe, rapid and potentially life-threatening allergic reaction that affects normal functioning of the major body systems, particularly the respiratory (breathing) and/or circulation systems.

**Anaphylaxis management training:** Training that includes recognition of allergic reactions, strategies for risk minimisation and risk management, procedures for emergency treatment and facilitates practise in the administration of treatment using an adrenaline autoinjector (*refer to Definitions*) trainer. Approved training is listed on the ACECQA website (*refer to Sources*).

**ASCIA Action Plan for Anaphylaxis/Allergic Reactions:** A standardised emergency response management plan for anaphylaxis prepared and signed by the child's treating, registered medical or nurse practitioner that provides the child's name and confirmed allergies, a photograph of the child, a description of the prescribed anaphylaxis medication for that child and clear instructions on treating an anaphylactic episode. The plan must be specific for the brand of adrenaline injector prescribed for each child. Examples of plans specific to different adrenaline injector brands are available for download on the Australasian Society of Clinical Immunology and Allergy (ASCIA) website:

<https://www.allergy.org.au/hp/anaphylaxis/ascia-action-plan-for-anaphylaxis>

**At risk child:** A child whose allergies have been medically diagnosed and who is at risk of anaphylaxis.

**EpiPen®:** A type of adrenaline injector (*refer to Definitions*) containing a single fixed dose of adrenaline which is delivered via a spring-activated needle that is concealed until administration is required. Two

- Allergic and anaphylactic reactions (July 2019):  
[www.rch.org.au/kidsinfo/fact\\_sheets/Allergic\\_and\\_anaphylactic\\_reactions](http://www.rch.org.au/kidsinfo/fact_sheets/Allergic_and_anaphylactic_reactions)

strengths are available: an Epipen® and an Epipen Jr®, and each is prescribed according to a child's weight. The Epipen Jr® is recommended for a child weighing 10–20kg. An Epipen® is recommended for use when a child weighs more than 20kg. The child's ASCIA Action Plan for anaphylaxis (*refer to Definitions*) must be specific for the brand they have been prescribed.

**First aid management of anaphylaxis course:** Accredited training in first aid management of anaphylaxis including competency in the use of an adrenaline autoinjector.

**Intolerance:** Often confused with allergy, intolerance is an adverse reaction to ingested foods or chemicals experienced by the body but not involving the immune system.

**No food sharing:** A rule/practice in which a child at risk of anaphylaxis only eats food that is supplied/permitted by their parents/guardians and does not share food with, or accept food from, any other person.

**Nominated educator:** (In relation to this policy) an educator nominated to be the liaison between parents/guardians of a child at risk of anaphylaxis and the approved provider. This person also checks regularly to ensure that the adrenaline injector kit (*refer to Definition*) is complete and that the device itself is unused and in date and leads practice sessions for educators who have undertaken anaphylaxis management training.

## SOURCES AND RELATED POLICIES



### SOURCES

- ACECQA provides lists of approved first aid training, approved emergency asthma management training and approved anaphylaxis management training on their website: [www.acecqa.gov.au/qualifications/requirements/first-aid-qualifications-training](http://www.acecqa.gov.au/qualifications/requirements/first-aid-qualifications-training)
- All about Allergens for Children's education and care (CEC) training: <https://foodallergytraining.org.au/course/index.php?categoryid=5>
- The Allergy Aware website is a resource hub that includes a Best Practice Guidelines for anaphylaxis prevention and management in children's education and care and links to useful resources for ECEC services to help prevent and manage anaphylaxis. The website also contains links to state and territory specific information and resources: <https://www.allergyaware.org.au/>
- Allergy & Anaphylaxis Australia is a not-for-profit support organisation for individuals, families, children's education and care services and anyone needing to manage allergic disease including the risk of anaphylaxis. Resources include a telephone support line and items available for sale including adrenaline injector trainers. Many free resources specific to CEC are available: <https://allergyfacts.org.au>
- The Australasian Society of Clinical Immunology and Allergy (ASCIA): [www.allergy.org.au](http://www.allergy.org.au) provides information, and resources on allergies. ASCIA Action Plans can be downloaded from this site. Also available is a procedure for the First Aid Treatment for anaphylaxis (*refer to Attachment 4*).
- The Australasian Society of Clinical Immunology and Allergy (ASCIA) e-training for CEC: <https://etraining.allergy.org.au/>
- Department of Education and Training (DET) provides information related to anaphylaxis and anaphylaxis training: <https://www.education.vic.gov.au/childhood/providers/regulation/Pages/anaphylaxis.aspx>
- Department of Allergy and Immunology at The Royal Children's Hospital Melbourne ([www.rch.org.au/allergy](http://www.rch.org.au/allergy)) provides information about allergies and services available at the hospital. This department can evaluate a child's allergies and provide an adrenaline autoinjector prescription when required. Kids Health Info fact sheets are also available from the website, including the following:
- The Royal Children's Hospital has been contracted by the Department of Education (DE) to provide an Anaphylaxis Advice & Support Line to central and regional DE educators, school principals and representatives, school educators, children's services educators and parents/guardians wanting

support. The Anaphylaxis Advice & Support Line can be contacted on 1300 725 911 or 9345 4235, or by email: [carol.whitehead@rch.org.au](mailto:carol.whitehead@rch.org.au)

#### RELATED POLICIES

- Administration of First Aid
- Administration of Medication
- Asthma
- Child Safe Environment
- Dealing with Medical Conditions
- Diabetes
- Enrolment and Orientation
- Excursions and Service Events
- Food Safety
- Hygiene
- Incident, Injury, Trauma and Illness
- Inclusion and Equity
- Nutrition and Active Play
- Privacy and Confidentiality
- Supervision of Children



#### EVALUATION

In order to assess whether the values and purposes of the policy have been achieved, the approved provider will:

- selectively audit enrolment checklists (for example, annually) to ensure that documentation is current and complete
- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle or following an anaphylactic episode at the service, or as otherwise required
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk (*Regulation 172 (2)*).



#### ATTACHMENTS

- Attachment 1: Anaphylaxis risk minimisation strategies: <https://allergyaware.org.au/childrens-education-and-care/anaphylaxis-risk-minimisation-strategies>
- Attachment 2: Enrolment checklist for children diagnosed as at risk of anaphylaxis: <https://allergyaware.org.au/childrens-education-and-care/anaphylaxis-management-checklist>
- Attachment 3: Anaphylaxis risk minimisation plan template: <https://allergyaware.org.au/childrens-education-and-care/anaphylaxis-risk-management-plan-template>
- Attachment 4: First Aid Treatment for Anaphylaxis – download from the Australasian Society of Clinical Immunology and Allergy: <https://www.allergy.org.au/hp/ascia-plans-action-and-treatment>
- Attachment 6: In the situation where a child who has not been diagnosed with an allergy, but appears to be having an anaphylactic reaction, the following is to occur:
  - Call an ambulance immediately by dialling 000
  - Commence first aid measures
  - Contact the parent/guardian
  - Contact the child's emergency/authorised nominee if the parent/guardian cannot be contacted
  - Contact the coordination unit



### **AUTHORISATION**

This policy was adopted by the approved provider of Whittlesea Family Day Care on 30 October 2024

**REVIEW DATE:** 30 October 2025



## PURPOSE

This policy will outline the procedures to:

- ensure educators and parents/guardians are aware of their obligations and the best practice management of asthma at Whittlesea Family Day Care
- ensure that all necessary information for the effective management of children with asthma enrolled at Whittlesea Family Day Care is collected and recorded so that these children receive appropriate attention when required
- respond to the needs of children who have not been diagnosed with asthma and who experience breathing difficulties (suspected asthma attack) at the service
- ensure educators and parents/guardians follow the advice from Emergency Management Victoria associated with thunderstorm asthma event

This policy should be read in conjunction with the *Dealing with Medical Conditions Policy*.



## POLICY STATEMENT

### VALUES

Whittlesea Family Day Care is committed to:

- providing a safe and healthy environment for all children enrolled at the service
- providing an environment in which all children with asthma can participate to their full potential
- providing a clear set of guidelines and procedures to be followed with regard to the management of asthma
- educating and raising awareness about asthma among educators, parents/guardians and any other person(s) dealing with children enrolled at the service.

### SCOPE

This policy applies to the approved provider, persons with management or control, nominated supervisor, persons in day-to-day charge, educators, students, volunteers, parents/guardians, children, and others attending the programs and activities of Whittlesea Family Day Care, including during offsite excursions and activities.

Asthma management should be viewed as a shared responsibility. While Whittlesea Family Day Care recognises its duty of care towards children with asthma during their time at the service, the responsibility for ongoing asthma management rests with the child's family and medical practitioner

RESPONSIBILITIES	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Educators	Parents/guardians

Providing all educators with access to the service's <i>Asthma Policy</i> , and ensuring that they are aware of asthma management strategies ( <i>refer to Procedures</i> ) upon signing their license agreement	R	√	√	
Providing families with access of the service's <i>Asthma Policy</i> and <i>Medical Conditions Policy</i> upon enrolment of their child ( <i>Regulation 90, 91</i> )	R	√		
Ensuring all educators with current approved Emergency Asthma Management (EAM) training ( <i>refer to Definitions</i> ) are on duty at all times a Family Day Care program is operating	R	√	√	
Ensuring that all educators approved first aid qualifications, anaphylaxis management training and Emergency Asthma Management (EAM) training are current, meet the requirements of the <i>National Law (Section 169(4)) and National Regulations (Regulation 137)</i> , and are approved by ACECQA	R	√		
Maintaining current approved Emergency Asthma Management (EAM) ( <i>refer to Definitions</i> ) qualifications		R	R	
Ensuring the details of approved Emergency Asthma Management (EAM) training ( <i>refer to Definitions</i> ) are included on the educator's record ( <i>refer to Definitions</i> )	R	√	√	
Organising asthma management information sessions for families of children enrolled at the service, where appropriate	R	√	√	
Acting on advice and warnings from the Department's Emergency Management Division associated with a potential thunderstorm asthma activity, and implement a communication strategy to inform families	R	√	√	
Implementing procedures to avoid exposure, such as staying indoors with windows and doors closed associated with a potential thunderstorm asthma	R	√	√	
Identifying children with asthma during the enrolment process and informing educators	R	√		
Ensuring families provide a copy of their child's Asthma Care Plan ( <i>refer to Definitions and Attachment 2</i> ), in consultation with their registered medical practitioner, following enrolment and prior to the child commencing at the service ( <i>Regulation 90</i> ). The Asthma Care Plan should be reviewed and updated at least annually	R	√	√	√
Developing a Risk Minimisation and Communication Plan ( <i>refer to Definitions and Attachment 4</i> ) for every child with asthma, in consultation with families	R	√	√	√
Ensuring all details on their child's enrolment form and medication record ( <i>refer to Definitions</i> ) are completed prior to commencement at the service				√
Ensuring that all children with asthma have an Asthma Care Plan and Risk Minimisation Plan filed with their enrolment record	R	√	√	√
Notifying educators, in writing, of any changes to the information on the Asthma Care Plan, enrolment form or medication record				√

Providing an adequate supply of appropriate asthma medication and equipment for their child at all times and ensuring it is appropriately labelled with the child's name				√
Consulting with the families of children with asthma in relation to the health and safety of their child, and the supervised management of the child's asthma	R	√	√	√
Communicating any concerns to families if a child's asthma is limiting their ability to participate fully in all activities	√	√	√	
Compiling a list of children with asthma and placing it in a secure, but readily accessible, location known to all educators. This should include the Asthma Care Plan for each child	√	√	√	
Ensuring can identify children displaying the symptoms of an asthma attack and locate their personal medication, Asthma Care Plans and the asthma first aid kit	R	√	√	
Ensuring that medication is administered in accordance with the child's Asthma Care Plan and the <i>Administration of Medication Policy</i>	R	R	R	
Ensuring a medication record is kept for each child to whom medication is to be administered by the service ( <i>Regulation 92</i> )	R	√	√	
Ensuring families of all children with asthma provide reliever medication and a spacer (including a child's face mask, if required) at all times their child is attending the service	R	√		R
Implementing an asthma first aid procedure ( <i>refer to Procedures</i> ) consistent with current national recommendations	R	R	R	
Ensuring that all educators are aware of the asthma first aid procedure	R	√	√	
Ensuring adequate provision and maintenance of asthma first aid kits ( <i>refer to Definitions</i> )	R	√	√	
Ensuring the expiry date of reliever medication is checked regularly and replaced when required, and that spacers and face masks that are from the services first aid kits are replaced after every use	R	√	√	
Facilitating communication between management, educators and families regarding the service's <i>Asthma Policy</i> and strategies	R	√		
Identifying and minimising asthma triggers ( <i>refer to Definitions</i> ) for children attending the service as outlined in the child's Asthma Care Plan, where possible	R	√	√	
Ensuring that children with asthma are not discriminated against in any way	√	√	√	
Ensuring programmed activities and experiences take into consideration the individual needs of all children, including any children with asthma	√	√	√	
Ensuring that children with asthma can participate in all activities safely and to their full potential	√	√	√	



Immediately communicating any concerns with families regarding the management of children with asthma at the service	R	√	√	
Ensuring the Asthma Australia's Asthma First Aid poster is readily available in the service ( <i>refer to Sources and Attachment 3</i> )	R	√	√	
Ensuring that medication is administered in accordance with the <i>Administration of Medication Policy</i>	R	R	R	
Ensuring that when medication has been administered to a child in an asthma emergency without authorisation from the parent/guardian or authorised nominee, medical practitioner or emergency services the parent/guardian of the child and emergency services are notified as soon as is practicable ( <i>Regulation 94</i> )	R	R	R	
If administering Asthma First Aid, educators should follow the standard practices for supervision in any emergency			√	
Following appropriate reporting procedures set out in the <i>Incident, Injury, Trauma and Illness Policy</i> in the event that a child is ill, or is involved in a medical emergency or an incident at the service that results in injury or trauma	R	R	R	
Ensuring an asthma first aid kit ( <i>refer to Definitions</i> ) is taken on all excursions and other offsite activities ( <i>refer to Excursions and Service Events Policy</i> )	R	R	√	
Educators who hold a completed the accredited Emergency Asthma Management course are permitted to maintain a reliever inhaler in their first aid kit.			√	
Educators are responsible for effectively handling their own asthma.			√	



## PROCEDURES

Asthma Australia's Asthma First Aid 2022: <https://asthma.org.au/wp-content/uploads/2021/12/AAFA-First-Aid-2022-A4-CMYK-v7-Blue-1.pdf>



## BACKGROUND AND LEGISLATION

### BACKGROUND

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

Symptoms of asthma include wheezing, coughing (particularly at night), chest tightness, difficulty in breathing and shortness of breath, and symptoms may vary between children. It is generally accepted that children under six years of age do not have the skills and ability to recognise and manage their own asthma without adult assistance. With this in mind, a service must recognise the need to educate educators and parents/guardians about asthma and promote responsible asthma management strategies.

Any breathing difficulty can be life threatening. The first attack can occur at any time and at any age. This Asthma Policy does not ask Educators to diagnose what is causing the difficulty but to treat the symptoms with appropriate First Aid practices.

Legislation that governs the operation of approved children's services is based on the health, safety and welfare of children, and requires that children are protected from hazards and harm. The approved provider will ensure that there is at least one educator on duty at all times who has current approved emergency asthma management training in accordance with the *Education and Care Services National Regulations 2011 (Regulation 136(c))*.

### LEGISLATION AND STANDARDS

Relevant legislation and standards include but are not limited to:

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
- Health Records Act 2001 (Vic)
- National Quality Standard, Quality Area 2: Children's Health and Safety
- Privacy Act 1988 (Cth)
- Privacy and Data Protection Act 2014 (Vic)
- Public Health and Wellbeing Act 2008 (Vic)
- Public Health and Wellbeing Regulations 2009 (Vic)

The most current amendments to listed legislation can be found at:

Victorian Legislation – Victorian Law Today: [www.legislation.vic.gov.au](http://www.legislation.vic.gov.au)

Commonwealth Legislation – Federal Register of Legislation: [www.legislation.gov.au](http://www.legislation.gov.au)



## DEFINITIONS

The terms defined in this section relate specifically to this policy.

**Approved Emergency Asthma Management (EAM) training:** Training that is approved by the National Authority in accordance with Division 7 of the National Regulations and is listed on the ACECQA website: <http://www.acecqa.gov.au>. EAM training provides knowledge about the underlying causes of asthma, asthma triggers, and the recognition and treatment of an asthma attack.

**Asthma Care Plan:** A record of information on an individual child's asthma and its management, including contact details, what to do when the child's asthma worsens and the treatment to be administered in an emergency. An Asthma Care Plan template specifically for use in children's services can be downloaded from Asthma Australia's website: [www.asthma.org.au](http://www.asthma.org.au) (refer to Attachment 2)

**Asthma emergency:** The onset of unstable or deteriorating asthma symptoms requiring immediate treatment with reliever medication.

**Asthma first aid kit:** Kits should contain:

- reliever medication
- 2 small volume spacer devices
- 2 compatible children's face masks (for children under the age of four)
- record form
- asthma first aid instruction card.

**Asthma triggers:** Things that may induce asthma symptoms, for example, pollens, colds/viruses, dust mites, smoke and exercise. Asthma triggers will vary from child to child.

**Metered dose inhaler (puffer):** A common device used to administer reliever medication.

**Puffer:** The common name for a metered dose inhaler.

**Reliever medication:** This comes in a blue/grey metered dose inhaler containing salbutamol, an ingredient used to relax the muscles around the airways to relieve asthma symptoms. This medication is always used in an asthma emergency. Reliever medication is commonly sold by pharmacies as Airomir, Asmol, Ventolin or Zempreon.

**Risk minimisation plan:** Provides information about child-specific asthma triggers and strategies to avoid these in the service (refer to Attachment 3).

**Spacer:** A plastic chamber device used to increase the efficiency of delivery of reliever medication from a puffer. It should always be used in conjunction with a puffer device and may be used in conjunction with a face mask.

## SOURCES AND RELATED POLICIES



### SOURCES

- Asthma Australia: [www.asthma.org.au](http://www.asthma.org.au) or phone 1800 278 462 (toll free)
- Australian Children's Education and Care Quality Authority (ACECQA): [www.acecqa.gov.au](http://www.acecqa.gov.au)
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011, ACECQA.

### RELATED POLICIES

- Administration of Medication
- Anaphylaxis and Allergic Reactions
- Dealing with Medical Conditions
- Emergency and Evacuation
- Excursions and Service Events
- Incident, Injury, Trauma and Illness
- Privacy and Confidentiality



## EVALUATION

In order to assess whether the values and purposes of the policy have been achieved, the approved provider will:

- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk (*Regulation 172 (2)*).



## ATTACHMENTS

- Attachment 1: Asthma Care Plan – download from the Asthma Australia website: [https://asthma.org.au/wp-content/uploads/2021/09/AA2022\\_Care-Plan-for-Schools-A4\\_v2\\_editable.pdf](https://asthma.org.au/wp-content/uploads/2021/09/AA2022_Care-Plan-for-Schools-A4_v2_editable.pdf)
- Attachment 2: Asthma First Aid poster – download from the Asthma Australia website: [https://asthma.org.au/wp-content/uploads/2021/12/AAFA-First-Aid-2022-A4\\_CMYK\\_v7\\_Blue.pdf](https://asthma.org.au/wp-content/uploads/2021/12/AAFA-First-Aid-2022-A4_CMYK_v7_Blue.pdf)
- Attachment 3: Asthma Risk Minimisation Plan – download from the ELAA website: <https://elaa.org.au/wp-content/uploads/2020/02/asthma-risk-minimisation-plan.pdf>
- Attachment 4: Cleaning of Devices  
Devices can be easily cleaned by following these steps:
  1. Ensure the canister is removed from the puffer container (the canister must not be submerged) and the spacer is separated into two parts.
  2. Wash devices thoroughly in hot water and kitchen detergent.
  3. Do not rinse.
  4. Allow devices to 'air dry'. Do not rub dry.
  5. When dry, wipe the mouthpiece thoroughly with a 70% alcohol swab (for example. Medi-Swab™ available from pharmacies).
  6. When completely dry, ensure the canister is replaced into the puffer container and check the device is working correctly by firing a 'puff' into the air. A mist should be visible upon firing.
  7. If any device is contaminated by blood, throw it away and replace the device.



## AUTHORISATION

This policy was adopted by the approved provider of Whittlesea Family Day Care on 30 October 2024

**REVIEW DATE:** 30 October 2025



### PURPOSE

This policy provides a clear set of guidelines and procedures for Whittlesea Family Day Care to:

- provide a safe environment for all children which ensures their safety, health and wellbeing
- promote the cultural safety of all children
- identify, reduce and remove risks of child abuse
- intervene when a child may be at risk of abuse or neglect
- involve children in child safety including listening to children and incorporating their views about how to provide a safe environment
- make educators aware of their legal and duty of care obligations to report child abuse and neglect
- responding to requests, sharing and requesting information to promote child wellbeing or safety and/or manage risk of family violence.



### POLICY STATEMENT

#### VALUES

Whittlesea Family Day Care:

- is committed to the rights of all children to feel safe, and be safe at all times, including:
  - promoting the cultural safety of Aboriginal children
  - promoting the cultural safety of children from culturally and linguistically diverse backgrounds
  - promoting the safety of children with a disability
  - promoting the (right to) safety of trans and gender diverse children and their families in ECEC settings
  - ensuring that LGBTIQ+ children and families feel included
- values, respects and cares for children
- fosters opportunities for each child to participate, express their views and to learn and develop
- always acts in the best interests of each child and has zero tolerance of child abuse
- takes all reasonable steps to ensure the health, safety and wellbeing of children at all times, whilst also promoting their learning and development
- actively manages the risks of abuse or harm to each child, including fulfilling our duty of care (*refer to Definitions*) and legal obligations to protect children and prevent any reasonable, foreseeable risk of injury or harm
- continuously improves the way our service identifies risks of and responds to child abuse, and encourages reporting and improved responses to allegations of abuse.
- proactively sharing information with relevant authorities to promote the wellbeing and/or safety of a child or a group of children, consistent with their best interests.

#### SCOPE

This policy applies to the approved provider, persons with management or control, nominated supervisor, persons in day-to-day charge, educators, students, volunteers, parents/guardians, children and others attending the programs and activities of Whittlesea Family Day Care, including during offsite excursions and activities.

RESPONSIBILITIES	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Educators	Parents/guardians
Ensuring the learning environment provided considers appropriate child groupings, sufficient space, and includes carefully chosen and well-maintained resources and equipment ( <i>Regulations 103</i> ) (refer to <i>Injury Trauma and Illness Policy</i> )	R	R	√	
Creating a culturally safe environment for Aboriginal children	R	R	R	
Ensuring public commitment to the cultural safety of Aboriginal children is available and displayed for public access (refer to <i>Attachment 5</i> )	R	√		
Supporting and encouraging a child's ability to express their culture and enjoy their cultural rights	R	√	√	
Understanding children's diverse circumstances, and providing support and responding to those who are vulnerable	R	√	√	
Implement risk assessments of the service environment and equipment to ensure risks to safety, health and wellbeing are minimised ( <i>National Law: Sections 167</i> ) (refer to <i>Occupational Health and Safety and Injury Trauma and Illness Policy</i> )	R	R	√	
Implementing risk management plans, considering risks posed by service setting, activities, and the physical environment	R	R	√	
Complying with the legislated educator-to-child ratios at all times ( <i>National Law: Sections 169, Regulations 123</i> ) (refer to <i>Supervision of Children Policy</i> )	R	R	√	
Ensuring children are actively supervised at all times ( <i>Regulations 122</i> ) (refer to <i>Supervision of Children Policy</i> )	R	R	√	
Ensuring all educators, volunteers and students do not consume or are under the influence of alcohol or be affected by drugs ( <i>Regulations 82, 83</i> ) (refer to <i>Tobacco, Alcohol and other Drugs Policy</i> )	R	√	√	
Providing leadership for an organisational culture of accountability for child safety which is open to scrutiny and is continuously reviewed and improved	R	√	√	
Ensuring each educator providing care can lead discussions, answer questions and support child safety and wellbeing	R	√	√	
Advising educators of current child protection legislation, and their legal and duty of care obligations ( <i>Regulation 84</i> )	R	√		

Undertaking child safety reviews and developing an action plan to maintain Child Safe Standards ( <i>refer to Definitions</i> ) at Whittlesea Family Day Care	R	√	√	
Keeping up to date and complying with any relevant changes in legislation and practices in relation to this policy	R	√	√	
Contributing to an organisational culture of child safety	R	√	√	√
Ensuring continuous improvement in the implementation of the Child Safe Standards ( <i>refer to Definitions</i> ) at Whittlesea Family Day Care, promoting a culture of accountability for child safety which is open to scrutiny and is continuously reviewed and improved ( <i>refer to Sources</i> )	R	R	√	√
Conducting engagement and induction processes for educators in line with this policy ( <i>refer to Attachment 1</i> )	R	√		
Screening contractors, volunteers and students in line with their roles and this policy ( <i>refer to Attachment 2</i> )	R	R	√	
Ensuring that contractors, volunteers, students, parents/guardians and other visitors to the service are not left with sole supervision of individual children or groups of children	R	R	√	
Ensuring that contact is prevented or responding if it has occurred, when the service has been notified of a court order prohibiting an adult from contacting an enrolled child	R	R	√	
Validating Working with Children Clearance ( <i>refer to Definitions</i> ) or Victorian Institute of Teaching Registration before educators, contractors, volunteers and students commence working with children	R	√	√	
Identifying the potential for child abuse at Whittlesea Family Day Care, and developing and implementing effective prevention strategies	R	R	R	
Following processes for responding to and reporting suspected child abuse ( <i>refer to Attachment 3</i> )	R	R	R	√
Ensuring appropriate annual training on child safety, including recognising the signs and symptoms of child abuse ( <i>refer to Definitions</i> ), knowing how to respond, and understanding responsibilities and processes for reporting ( <i>refer to Attachment 3</i> )	R	R	R	
Ensuring systems are in place that cover all aspects of training each year ( <i>refer to Source</i> ). This could include refresher training and additional professional development where needed. Different roles in the service require specific training: <ul style="list-style-type: none"> <li>• New educators, volunteers and students on placement will need comprehensive induction and training</li> <li>• Leadership group needs training on their specific responsibilities in the service</li> </ul>	R	R	R	
Ensuring procedures for reporting and responding to suspected child abuse or neglect are promoted across the service and regularly reviewed in partnership with all stakeholders ( <i>refer to Attachment 3 and 4</i> )	R	√	√	√

Fulfilling legal obligations, including mandatory reporting and duty of care obligations ( <i>refer to Definitions</i> ) ( <i>refer to Attachment 3 and 4</i> )	R	R	R	
Being aware of this policy, the <i>Code of Conduct Policy, Privacy and Confidentiality Policy and the Interactions with Children Policy</i> and their ongoing obligations to behave in accordance with the policies	√	√	√	√
Communicating to educators about their obligations under the Information Sharing Schemes ( <i>refer to Definitions</i> ), and ensure they have read and understood the <i>Privacy and Confidentiality Policy</i>	R	R	√	
Promoting awareness and compliance with the Child Safe Standards ( <i>refer to Definitions</i> ) when disclosing information to promote the wellbeing and safety of a child or group of children	R	√	√	
Ensuring information sharing procedures abide by the <i>CISS Ministerial Guidelines</i> ( <i>refer to Source</i> ) and exercising professional judgment when determining whether the threshold for sharing is met, what information to share and with whom to share it ( <i>refer to Privacy and Confidentiality Policy</i> ).	R	R	R	
Ensuring confidential information is only shared with relevant authorities to the extent necessary to promote the wellbeing or safety of a child or group of children, consistent with the best interests of that child or those children	R	R	R	
Maintaining cooperative relationships with appropriate services and/or professionals (including Child FIRST/Orange Door) ( <i>refer to Definitions</i> ) in the best interests of children and their families	√	√	√	
Offering support to the child and their family, and to educators in response to concerns or reports relating to the safety, health and wellbeing of a child at Whittlesea Family Day Care	√	√	√	
Ensuring processes for responding to and reporting are followed when there are significant concerns for the safety, health or wellbeing of a child at the service ( <i>refer to Attachment 3 and 4</i> )	R	R	R	
Notifying DE within 24 hours of a serious incident ( <i>refer to Definitions</i> ) occurring at the service	R	√		
Notifying DE within 24 hours of becoming aware of a notifiable complaint ( <i>refer to Definitions</i> ) or allegation regarding the safety, health and/or welfare of a child at the service	R	√		
Notifying the nominated head of organisation ( <i>refer to Definitions</i> ) to the Commission for Children and Young People and maintaining the currency of the information	R	√		
Notifying the Commission for Children and Young People within 3 business days of becoming aware of a reportable allegation ( <i>refer to Definitions</i> ), under the Reportable Conduct Scheme ( <i>refer to Definitions</i> ) ( <i>refer to Attachment 3 and 4</i> )	R	√		



Investigating an allegation (subject to police clearance on criminal matters or matters involving family violence), advising the Commission for Children and Young People who is undertaking the investigation	R			
Managing the risks to children whilst undertaking the investigation	R	√	√	
Updating the Commission for Children and Young People within 30 calendar days with detailed information about the reportable allegation and any action	R			
Notifying the Commission for Children and Young People of the investigation findings and any disciplinary action taken (or the reasons no action was taken)	R			
Notifying the approved provider or person with management or control immediately on becoming aware of a concern, complaint or allegation regarding the safety, health and welfare of a child at Whittlesea Family Day Care		R	R	√
Maintaining confidentiality at all times ( <i>refer to Privacy and Confidentiality Policy</i> )	R	R	R	√
Providing appropriate resources and training to assist educators, contractors, volunteers and students to implement this policy ( <i>refer to Sources</i> )	R			
Protecting the rights of children and families, and encouraging their participation in decision-making	R	√	√	√
Keeping informed of any relevant changes in legislation and practices in relation to this policy	R	√	√	√
Abide by the <i>Code of Conduct Policy</i>	R	√	√	√
Ensuring an explicit statement of Whittlesea Family Day Care's commitment to child safety is included in all advertising promotion for the organisation	R			
Being aware of this policy, the <i>Code of Conduct Policy, Privacy and Confidentiality Policy</i> and the <i>Interactions with Children Policy</i> and their ongoing obligations to behave in accordance with the policies	R	R	R	R
Ensuring when sharing information giving precedence to the wellbeing and safety of a child or group of children over the right to privacy when sharing information under the CISS and the FVISS ( <i>refer to Privacy and Confidentiality Policy</i> )	R	R	R	
Seeking and taking into account the views of the child and the child's relevant family members, if it is appropriate, safe and reasonable to do so when sharing information under the CISS and the FVISS ( <i>refer to Definitions</i> )	√	√	√	
Being respectful of and have regard to a child's social, individual and cultural identity, the child's strengths and abilities and any vulnerability relevant to the child's safety or wellbeing when sharing information under the CISS and FVISS ( <i>refer to Definitions</i> )	√	√	√	
Promoting a child's cultural safety and recognising the cultural rights and familial and community connections of children who are Aboriginal, Torres Strait Islander or both when	√	√	√	

sharing information under the CISS and FVISS ( <i>refer to Definitions</i> )				
Educating and empowering children to talk about events and situations that make them feel uncomfortable	√	√	√	√
Providing support to educators who disclose harm	R	√		
Ensuring that children have access to information, support and handling complaints through processes that are culturally safe, accessible and easy to understand ( <i>refer to Compliments and Complaints Policy</i> )	√	√	√	
Identifying and mitigating risks in the online and physical environments without compromising a child's right to privacy, access to information, social connections and learning opportunities ( <i>refer to eSafety for Children Policy</i> )	R	√	√	
Reviewing this policy in consultation with stakeholders	R	√	√	√

## PROCEDURES

Refer to *Attachment 3* for the following procedures:

- Making a report/referral to specialised services
- Managing a disclosure
- Responding to incidents, disclosure and suspicions of child abuse
- Documentation for responding to incidents, disclosure and suspicions of child abuse
- Reportable Conduct Scheme

Refer to *Attachment 4* for the following procedure:

- Documentation for responding to incidents, disclosure and suspicions of child abuse

## BACKGROUND AND LEGISLATION

### BACKGROUND

A key requirement of the *Education and Care Service National Law Act 210* is to ensure every reasonable precaution is taken to protect children being educated and cared for by the service from harm and from any hazard likely to cause injury (*National Law: Section 167*). The approved provider must also ensure that each Nominated Supervisor and each person in day-to-day charge of the service has successfully completed the child protection training required by the Department of Education and Training (*National Law: Section 162A*).

Under the *Education and Care Services National Regulations 2011*, the approved provider of an education and care service must ensure that the nominated supervisors and educators at the service who work with children are advised of:

- the existence and application of the current child protection law
- any obligations that they may have under that law (Regulation 84).

Under the *National Quality Standards*, management and educators are required to be aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect (*element 2.2.3*). At all times, reasonable precautions and adequate supervision must be provided to ensure children are protected from harm and hazard (*element 2.2.1*).

Approved providers operating under the *Children's Services Act 1996* must ensure that every reasonable precaution is taken to protect children being cared for or educated by the service from harm and from any hazard likely to cause injury (*section 107*).

The approved provider, persons with management control, nominated supervisor, persons in day-to-day charge, educators, contractors, students and volunteers of early childhood services have legal and duty of care obligations to protect children under their supervision and care.

Duty of care obligations (*refer to Definitions*) require the approved provider, person with management or control, nominated supervisor, persons in day-to-day charge, and educators to take reasonable steps to protect children from injury that is reasonably foreseeable.

In addition, organisations have an organisational duty of care (*refer to Definitions*) to take reasonable precautions to prevent the abuse of a child by an individual associated with the organisation while the child is under its care, supervision or authority. The Victorian Reportable Conduct Scheme (*refer to Definitions*) seeks to improve organisations' responses to allegations of child abuse and neglect by their workers and volunteers. The scheme is established by the *Child Wellbeing and Safety Act 2005 (the Act)* and relates to individuals associated with an organisation.

*The Children, Youth and Families Act 2005* provides the legislative basis for the provision of services to vulnerable children, young people and their families, and places children's best interests at the heart of decision-making and service delivery.

In line with the Victorian Government's Roadmap for Reform, Education State reforms and broader child safety initiatives, *Part 6A* of the *Child Wellbeing and Safety Act 2005* was proclaimed in September 2018. The Act established the Child Information Sharing (CIS) Scheme, which enables sharing of confidential information between prescribed information sharing entities (*refer to Definitions*) in a timely and effective manner in order to promote the wellbeing and safety of children. Alongside the CIS Scheme, the *Family Violence Protection Act 2008* includes the Family Violence Information Sharing (FVIS) Scheme and the Family Violence Multi-Agency Risk Assessment and Management Framework, which enables information to be shared between prescribed entities to assess and manage family violence risk to children and adults. It will allow professionals working with children to gain a complete view of the children they work with, making it easier to identify wellbeing or safety needs earlier, and to act on them sooner.

Any person who forms a reasonable belief (*refer to Definitions*), that a child is in need of protection may report their concerns to the Child Protection (*refer to Definitions*).

Early childhood teachers are required to be registered with the Victorian Institute of Teaching and are mandatory reporters (*refer to Definitions*). In addition, all educators with post-secondary qualifications in the care, education or minding of children and employed or engaged in an education and care service or a children's service and all proprietors, nominees of a children's service, approved providers, and nominated supervisors of an education and care service are mandatory reporters.

All mandatory reporters must make a report to Victoria Police and/or Child Protection (*refer to Definitions*) as soon as practicable if, during the course of their roles and responsibilities they form a reasonable belief that:

- A child is likely to suffer, or has suffered, significant harm as a result of physical abuse and/or sexual abuse, and
- The child's parents have not protected, or are unlikely protect, the child from harm of that type.

Victorian organisations that provide services to children are required under the *Child Wellbeing and Safety Act 2005* to ensure that they implement compulsory minimum *Child Safe Standards* to protect children from harm. The standards aim to drive continuous improvement in the way services prevent and report child abuse and respond to allegations of child abuse. Standard 2 requires services to have a child safety and wellbeing policy or statement of commitment to child safety and wellbeing.

Three criminal offences in the *Crimes Amendment (Protection of Children) Act 2014* protect children from child abuse:

- Failure to disclose: All adults (not just those working with children) have a legal duty to report information about child sexual abuse to Victoria Police. The offence applies to any adult who forms a reasonable belief that a sexual offence has been committed by an adult against a child under 16 and fails to report that information to the Victoria Police.

- Failure to protect: The offence applies to people within organisations who hold positions of authority within an education and care service, such as the approved provider, person with management or control, the nominated supervisor or the person in day to day charge and who know of the substantial risk that another adult associated with the organisation may commit a sex offence and they have the power or responsibility to remove or reduce the risk but negligently fail to do so.
- Grooming offence: The offence targets predatory conduct by an adult with the intent of committing child sexual abuse. Conduct may include communication, including online communication, with a child under the age of 16 or their parents.

## LEGISLATION AND STANDARDS

Relevant legislation and standards include but are not limited to:

- Children, Youth and Families Act 2005 (Vic)
- Child Wellbeing and Safety Act 2005 (Vic)
- Child Wellbeing and Safety (Information Sharing) Amendment Regulations 2020
- Charter of Human Rights and Responsibilities Act 2006 (Vic)
- Child Safe Standards (Vic)
- Crimes Amendment (Protection of Children) Act 2014 (Vic)
- Education and Care Services National Law Act 2010 (Vic): including but not limited to Sections 165, 166, 167
- Education and Care Services National Regulations 2011 (Vic): including but not limited to Regulations 84, 85, 86, 99, 100, 101, 102, 168(2) (h), 145, 146, 149, 150
- Education Training and Reform Act 2006 (Vic) (As amended in 2014)
- Family Law Act 1975 (Cth)
- Family Violence Protection Amendment (Information Sharing) Act 2017
- National Quality Standard, including Quality Area 2: Children’s Health and Safety
- Reportable Conduct Scheme administered by the Commission for Children and Young People (Vic)
- Worker Screening Act 2020
- Worker Screen Regulations 2021 (Vic)
- Wrongs Act 1958 (Vic)

The most current amendments to listed legislation can be found at:

Victorian Legislation – Victorian Law Today: [www.legislation.vic.gov.au](http://www.legislation.vic.gov.au)

Commonwealth Legislation – Federal Register of Legislation: [www.legislation.gov.au](http://www.legislation.gov.au)



## DEFINITIONS

The terms defined in this section relate specifically to this policy.

**Abuse:** see Child abuse definition below.

**Child abuse:** (In the context of this policy) refers to an act or omission by an adult that endangers or impairs a child’s physical and/or emotional health or development. Child abuse can be a single incident but often takes place over time. Abuse, neglect and maltreatment (refer to Definitions) are generic terms used to describe situations in which a child may need protection. Child abuse includes any and all of the following:

**Physical abuse:** When a child suffers or is likely to suffer significant harm from an injury inflicted by a parent/guardian, caregiver or other adult. The injury may be inflicted intentionally, or be the consequence of physical punishment or the physically aggressive treatment of a child. Physical injury and significant harm to a child can also result from neglect by a parent/guardian, caregiver or other

adult. The injury may take the form of bruises, cuts, burns or fractures, poisoning, internal injuries, shaking injuries or strangulation.

**Sexual abuse:** When a person uses power or authority over a child, or inducements such as money or special attention, to involve the child in sexual activity. It includes a wide range of sexual behaviour from inappropriate touching/fondling of a child or exposing a child to pornography, to having sex with a child and grooming with the intent of committing child sexual abuse.

**Emotional and psychological abuse:** When a child's parent or caregiver repeatedly rejects the child or uses threats to frighten the child. This may involve name calling, put downs or continual coldness from the parent or caregiver, to the extent that it significantly damages the child's physical, social, intellectual or emotional development.

**Neglect:** The failure to provide a child with the basic necessities of life, such as food, clothing, shelter, medical attention or supervision, to the extent that the child's health and development is, or is likely to be, significantly harmed.

**Family violence:** When children and young people witness or experience the chronic, repeated domination, coercion, intimidation and victimisation of one person by another through physical, sexual and/or emotional means within intimate relationships. Contrary to popular belief, witnessing episodes of violence between people they love can affect young children as much as if they were the victims of the violence. Children who witness regular acts of violence have greater emotional and behavioural problems than other children.

**Racial, cultural, religious abuse:** Conduct that demonstrates contempt, ridicule, hatred or negativity towards a child because of their race, culture or religion. It may be overt, such as direct racial vilification or discrimination, or covert, such as demonstrating a lack of cultural respect (attitude and values) and awareness (knowledge and understanding) or failing to provide positive images about another culture.

**Bullying:** Repeated verbal, physical, social or psychological behaviour that is harmful and involves the misuse of power by an individual or group towards one or more persons. Bullying occurs when one or more people deliberately and repeatedly upset or hurt another person, damage their property, reputation or social acceptance.

**Child FIRST:** A Victorian community-based intake and referral service linked with Family Services. Child FIRST ensures that vulnerable children, young people and their families are effectively linked to relevant services, including Child Protection.

**Child Information Sharing Scheme (CISS):** enables Information Sharing Entities (ISE) (*refer to Definitions*) to share confidential information about any person to promote the wellbeing and/or safety of a child or group of children. The CISS works in conjunction with existing information sharing legislative provisions. All Victorian children from birth to 18 years of age are covered. Unborn children are only captured when there has been a report to Child First or Child Protection. Consent is not required from any person when sharing under CISS. The CISS does not affect reporting obligations created under other legislation, such as mandatory reporting obligations under the *Children, Youth and Families Act 2005*.

**Child Safe Standards:** Promotes the safety of children, prevent child abuse, and ensure organisations have effective processes in place to respond to and report all allegations of child abuse.

**Child sex offender:** Someone who sexually abuses children, and who may or may not have prior convictions.

**Child protection:** The term used to describe the whole-of-community approach to the prevention of harm to children. It includes strategic action for early intervention, for the protection of those considered most vulnerable and for responses to all forms of abuse.

**Child protection notification:** A notification to the Child Protection Service by a person who believes that a child is in need of protection.

**Child Protection Service (also referred to as Child Protection):** The statutory child protection service provided by the Victorian Department of Health and Human Services, to protect children and young

people at risk of abuse and neglect. This service also works closely with Family Services (including Child FIRST) to support the assessment and engagement of vulnerable children and families in community-based services.

**Code of conduct:** A set of rules or practices that establish a standard of behaviour to be followed by individuals and organisations. A code of conduct defines how individuals should behave towards each other and towards other organisations and individuals in the community (refer to Code of Conduct Policy).

**Contractor:** A person or company that undertakes a contract to provide materials or labour to perform a service or do a job. Examples include photographer, tradesperson, people contracted to provide an incursion.

**Department of Families, Fairness and Housing (DFFH):** The department is responsible for child protection, prevention of family violence, housing, disability, multicultural affairs, LGBTIQ+ equality, veterans, and the offices for Women and Youth.

**Disclosure:** (In the context of this policy) refers to a statement that a child or young person makes to another person that describes or reveals abuse.

**Family Violence Information Sharing Scheme (FVISS):** enables the sharing of relevant information between authorised organisations to assess or manage risk of family violence.

**Head of organisation:** The heads of organisations under the Reportable Conduct Scheme are required to have systems in place to prevent reportable conduct within their organisation, and systems to enable educators to make reportable allegations.

**Information Sharing Entities (ISE):** are authorised to share and request relevant information under the Child Information Sharing Scheme and the Family Violence Information Sharing Scheme (the Schemes) and required to respond to requests from other ISE's. All ISE's are mandated to respond to all requests for information.

**Maltreatment:** (In the context of this policy) refers to physical and/or emotional mistreatment, and/or lack of care of the child. Examples include sexual abuse, the witnessing of family violence and any non-accidental injury to a child.

**Mandatory reporting:** The legal obligation of certain professionals and community members to report when they believe, on reasonable grounds, that a child is in need of protection from harm. A broad range of professional groups are identified in the Children, Youth and Families Act 2005 as 'mandatory reporters', including:

- all educators with post-secondary qualifications in the care, education or minding of children and employed or engaged in an education and care service or a children's service
- all proprietors, nominees of a children's service, approved providers, and nominated supervisors of an education and care service.
- educators registered with the Victorian Institute of Teaching (VIT).
- Mandated educators must make a report to Victoria Police and/or Child Protection as soon as is practicable if, during the course of acting out their professional roles and responsibilities, they form a belief on reasonable grounds (refer to Definitions) that:
- a child has suffered, or is likely to suffer, significant harm as a result of physical and/or sexual abuse (refer to Definitions) and
- the child's parents/guardians have not protected, or are unlikely to protect, the child from harm of that type.

Mandatory reporters must also follow processes for responding to incidents, disclosures or suspicions of child abuse to fulfil all their legal obligations (refer to Attachment 4: Processes for responding to and reporting suspected child abuse).

**Neglect:** see Child abuse definition above.

**Negligence:** Doing, or failing to do something that a reasonable person would, or would not do in a certain situation, and which causes another person damage, injury or loss as a result

**Organisational duty of care:** The statutory duty organisations have to take reasonable precautions to prevent sexual and/or physical abuse of a child.

**Orange Door:** A free service for adults, children and young people who are experiencing or have experienced family violence and families who need extra support with the care of children

**Offender:** A person who mistreats and/or harms a child or young person.

**Perpetrator:** A person who mistreats and/or harms a child or young person.

**Reasonable belief/reasonable grounds:** A person may form a belief on reasonable grounds that a child or young person is in need of protection after becoming aware that the child or young person's safety, health or wellbeing is at risk and the child's parents/guardians are unwilling or unable to protect them. There may be reasonable grounds for forming such a belief if:

- a child or young person states that they have been physically or sexually abused
- a child or young person states that they know someone who has been physically or sexually abused (sometimes the child may be referring to themselves)
- someone who knows the child or young person states that the child or young person has been physically or sexually abused
- a child shows signs of being physically or sexually abused
- the person is aware of persistent family violence or parental substance misuse, psychiatric illness or intellectual disability or other factors that are impacting on the child or young person's safety, stability or development
- the person observes signs or indicators of abuse, including non-accidental or unexplained injury, persistent neglect, poor care or lack of appropriate supervision
- a child's/young person's actions or behaviour may place them at risk of significant harm and the parents/guardians are unwilling or unable to protect the child.

**Reportable allegation:** any allegation that an employee, volunteer or student has committed child abuse (*refer to Definitions*)

**Reportable Conduct Scheme:** aims to improve oversight of how organisations respond to allegations of child abuse and child-related misconduct by their workers and volunteers. There are five types of 'reportable conduct':

- sexual offences committed against, with or in the presence of a child
- sexual misconduct committed against, with or in the presence of a child
- physical violence against, with or in the presence of a child
- any behaviour that causes significant emotional or psychological harm to a child
- significant neglect of a child.

**Working with Children (WWC) Check:** is a legal requirement under the Worker Screening Act 2020 for those undertaking paid or voluntary child-related work in Victoria.

**Working with Children Clearance:** A WWC Clearance is granted to a person under working with children legislation if:

- they have been assessed as suitable to work with children
- there has been no information that, if the person worked with children, they would pose a risk to those children
- they are not prohibited from attempting to obtain, undertake or remain in child-related employment.

## SOURCES AND RELATED POLICIES



### SOURCES

- Australian Human Rights Commission: [www.humanrights.gov.au](http://www.humanrights.gov.au)
- Betrayal of Trust Implementation: [www.justice.vic.gov.au](http://www.justice.vic.gov.au)
- Charter of Human Rights and Responsibilities Act 2006 (Vic): [www.legislation.vic.gov.au](http://www.legislation.vic.gov.au)

- Child Information Sharing Scheme Ministerial Guidelines: [www.vic.gov.au/guides-templates-tools-for-information-sharing](http://www.vic.gov.au/guides-templates-tools-for-information-sharing)
- Commission for Children and Young People (CCYP): [Generic learning or training action plan and training materials](#)
- Commission for Children and Young People (CCYP): <https://ccyp.vic.gov.au>
- Cultural safety for Aboriginal children and combatting racism: [Keeping our kids safe: Understanding cultural safety in Child Safe Organisations](#)
- Department of Education and Training Mandatory Reporting eLearning Module: <https://www.education.vic.gov.au/childhood/professionals/health/childprotection/Pages/ec-onlinelearning.aspx>
- Ministerial Guidelines for the Family Violence Information Sharing Scheme: [www.vic.gov.au/family-violence-information-sharing-scheme](http://www.vic.gov.au/family-violence-information-sharing-scheme)
- National Children’s Commissioner: <https://humanrights.gov.au>
- Quality Assessment and Regulation Division’s online guidance: [Early Childhood Guidance on the Child Safe Standards](#)
- Service Agreement Information Kit for Funded Organisations: <https://fac.DFFH.vic.gov.au/service-agreement-requirements>
- Star Health’s ‘Being Equal’ model for change in early childhood services: [Gender Equality and Respect in Early Learning Services](#)
- The United Nations Convention on the Rights of the Child: [www.unicef.org](http://www.unicef.org)
- Victorian Institute of Teaching: [www.vit.vic.edu.au](http://www.vit.vic.edu.au)
- Working with Children (WWC) Check: [www.workingwithchildren.vic.gov.au](http://www.workingwithchildren.vic.gov.au)

#### RELATED POLICIES

- Acceptance and Refusal of Authorisations
- Code of Conduct
- Compliments and Complaints
- Delivery and Collection of Children
- Safety for Children
- Information Communication Technologies
- Incident, Injury, Trauma and Illness
- Inclusion and Equity
- Interactions with Children
- Mental Health and Wellbeing
- Occupational Health and Safety
- Participation of Volunteers and Students
- Privacy and Confidentiality
- Supervision of Children



#### EVALUATION

In order to assess whether the values and purposes of the policy have been achieved, the Approved Provider will:

- regularly seek feedback from everyone affected by the policy regarding its effectiveness, particularly in relation to identifying and responding to child safety concerns
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service’s policy review cycle, or as required
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk (*Regulation 172 (2)*).





## ATTACHMENTS

- Attachment 1: Guidelines for incorporation of child safety into recruitment and management of educators
- Attachment 2: Guidelines for incorporation of child safety into recruitment of contractors, volunteers and students
- Attachment 3: Processes for responding to incidents, disclosures and suspicions of child abuse
- Attachment 4: Responding to suspected child abuse: template for all Victorian early childhood services
- Attachment 5: Public commitment to the cultural safety of Aboriginal children template



## AUTHORISATION

This policy was adopted by the approved provider of Whittlesea Family Day Care on 30 October 2024

**REVIEW DATE:** 30 October 2025

## ATTACHMENT 1: GUIDELINES FOR INCORPORATION OF CHILD SAFETY INTO THE RECRUITMENT AND MANAGEMENT OF EDUCATORS

The following guidelines and processes for the incorporation of child safety into the engagement and management of contracted educators. Engagement processes demonstrate the Whittlesea Family Day Care's commitment to maximising the safety of children and deterring unsuitable and inappropriate persons from attempting to be engaged by our service.

### Preparation for engagement

- Include a statement of Whittlesea Family Day Care's commitment to maintaining a child safe environment
- Description of the contract clearly outlines responsibilities and accountability
- FDC advertisements clearly state our commitment to child safety
- Include requirement for a current Working with Children Check (WWCC) or Victorian Institute of Teaching registration
- The Licence Agreement includes a statement about what is expected of the educators in terms of commitment and responsibilities for child safety.

### Information shared to prospective educators

- Educators Application form
- Information Booklet for Prospective Educators

Applicants forward completed application forms to the Family Day Care Coordination Unit via the shared family day care inbox. If an application form is deemed successful, an interview time will be arranged with the applicant. Unsuccessful applicants are advised in writing.

### Selection process

- Preferably at least two people are on the interview panel including, where possible, a gender mix and a person external to the service or someone with interviewing experience
- Questions are behaviour-based and ask the interviewee to provide examples of their past behaviour in specific situations relevant to being an educator
- Questions regarding relationships with children are values-based and include a consideration of issues such as professional boundaries, resilience and motivation, teamwork, accountability, and ethics
- More detail is asked for when answers seem incomplete
- Confirm identity by sighting (and taking a copy of) a driver's licence or a passport
- Verify qualifications and, where relevant, Working with Children Clearance or Victorian Institute of Teaching registration
- Thorough reference checks:
  - at least two referees are contacted (including the current or most recent employer or direct line manager) in person or via telephone
  - all referees preferred to have observed the applicant working with children first-hand
  - referees are asked about the candidate's past behaviour including relationships with children, professional boundaries, resilience and motivation, teamwork, accountability and ethics
  - Post interview, successful applicants will be contacted to arrange a time for the home assessment. If unsuccessful, written notification will be sent to the applicants

The initial home assessment will be conducted by FDC Coordination Unit. Family Day Care Coordination Unit will conduct a further follow-up home visit to confirm the home assessment requirements have been rectified, if required. Following the home assessments, if unsuccessful, written notification will be sent to the applicants.

Applicants will be provided with the following; all need to be returned to Family Day Care Coordination Unit.

- Educators medical clearance
- Applicants and all household members over the age of 18 years will provide the Coordination Unit a National Police Record Check and Working With Children Check prior to the Educator commencing. (A NRPC is considered current if it is no more than 6 months old from when the Educator commences working).
- Educators must update WWC Check details to reflect they are operating under Whittlesea as their approved provider

- First Aid Course (Provide First Aid in an Education and Care Setting)
- First Aid Management Anaphylaxis training
- Emergency Management Asthma training
- An induction/orientation program is to be completed by the Coordination Unit with the Educator.
- Where an Educator will use a motor vehicle to transport Family Day Care children the Educator is required to complete Child Restraint Safety Training every year and an inspection of their vehicle must be completed (the cost of the training and inspection is to be met by the Educator)
- The Educator must have current Public Liability Insurance. Proof of insurance policy must be submitted to the Family Day Care Coordination Unit. This insurance must be paid before families visit the service and commence care
- Legal, personal accident and illness insurance coverage is recommended

Registered Educators are expected to abide by all specifications as listed in in their contract.

### Orientation and Induction

- Orientation and induction cover information about values, attitudes, expectations and workplace practices in relation to maintaining a child safe environment
- Information provided to the new educators on providing services at Whittlesea FDC includes *Child Safe Environment and Wellbeing Policy, Code of Conduct Policy, Compliments and Complaints Policy*
- Regular communication is shared between educators and the approved provider or the person with management or control (refer to yearly training calendar for scheduled sessions)
- A mentoring or buddy system for educators is in place
- Training and education with regard to child safety and child protection is provided for all educators
- Resources and support are provided for all educators to ensure a child safe environment.

### Ongoing Support from the Coordination Unit

- Regular meetings are held between educators and the approved provider or person with management or control and child safety is a regular item on the agenda (refer to yearly training calendar)
- Provide supervision to ensure clear expectations about the educator's obligations, adequate support as well as in-person monitoring of their performance
- Home visits (scheduled and unscheduled) consider the educators contribution to creating a child safe environment
- Regular training and education with regard to child safety, child protection and inclusive practices is provided for all educators
- Resources and support are provided for all educators to ensure a child safe environment
- Maintain a register of all educators with a WWCC card and regularly check the status of the WWCC cards of all educators to ensure that no one has been given a Negative Notice or had their card revoked or suspended or that it has expired
- Develop processes to deal with an educator who is given a Negative Notice including ensuring that they do not do any child-related work.

## ATTACHMENT 2: GUIDELINES FOR INCORPORATION OF CHILD SAFETY INTO THE RECRUITMENT AND MANAGEMENT OF CONTRACTORS, VOLUNTEERS AND STUDENTS

The following guidelines and processes for the engagement and management of contractors (*refer to Definitions*), volunteers (*refer to Definitions*) and students demonstrates Whittlesea Family Day Care's commitment to maximising the safety of children and deterring unsuitable and inappropriate persons from attempting to work, volunteer or be on student placement at our service.

- Consider whether a screening or recruitment process is relevant to the role and the risks to children
- Ensure a valid Working with Children Check or an exemption applies for people engaged in 'direct contact' in child-related work, including physical contact, face to face contact, oral, written or electronic communication.
- Inform contractors, volunteers and students of policies relevant to their role as part of their orientation to the service
- Provide supervision to ensure clear expectations about the role and responsibilities
- Do not leave contractors, volunteers or students (or visitors) alone with children
- Have conversations about child safety and wellbeing and how the service maintains and responds to issues of safety with contractors, volunteers and students.

## ATTACHMENT 3: PROCESSES FOR RESPONDING TO INCIDENTS, DISCLOSURE AND SUSPICIONS OF CHILD ABUSE

### OVERVIEW

The approved provider or educators, including those with mandatory reporting responsibilities (*refer to Definitions*) must act when they form a reasonable belief or have a suspicion that a child has been, or is at risk of being abused. Regardless of the suspected cause, all concerns about the wellbeing of a child (or an unborn child) should be taken seriously and acted upon. This includes concerns about the wellbeing of a child, which does not appear to be the result of abuse.

Educators must seek advice from the approved provider or person with management or control, DFFH Child Protection, Child First and/or Victoria Police if they are uncertain about whether they have sufficient grounds to form a reasonable belief.

If educators hold a reasonable belief that a child has been or is at risk of being abused, regardless of the advice of the Approved Provider or Person with Management or Control, or any other educators, they must still make a report to Child Protection and/or Victoria Police.

The steps outlined in the Department of Education's flowchart: Four critical actions for early childhood services: Responding to Incidents, Disclosures and Suspicions of Child Abuse, provides a summary of the critical actions which are to be followed

Records are kept about all child safety concerns or complaints. These records contain comprehensive descriptions of incidents/ issues of concern and provide evidence for actions taken, including reports made to statutory authorities or professional bodies and follow-up actions to be completed. The records are stored in accordance with the service's *Privacy and Confidentiality Policy*.

Privacy is maintained, and information is disclosed when it promotes the safety or wellbeing of a child.

Permission is not required from parents/guardians of a child to make a report where abuse is suspected.

### RESPONDING TO CONCERNS ABOUT THE WELLBEING OF A CHILD

When to report wellbeing concerns to Child FIRST (Family Information, Referral and Support Team)

A referral to Child FIRST or Orange Door (*refer to Definitions*) should be made if the approved provider/educator has significant concerns for a child's wellbeing and the child is not in immediate need of protection. This may include circumstances when there are:

- significant concern for a child's wellbeing
- parents who lack the skills to support their child's physical, emotional and cognitive development that may be affecting the child's development
- family conflict, including family breakdown
- families under pressure, due to a family member's physical or mental illness, substance misuse, disability or bereavement
- young, isolated and/or unsupported families
- families experiencing significant social or economic disadvantage that may adversely impact on a child's care or development.

### WHEN TO MAKE A REFERRAL TO ORANGE DOOR

Orange Door is a free service for women, children and young people who are experiencing family violence, or families who need assistance with the care and wellbeing of children to access the services they need to be safe and supported. Both services ensure that vulnerable children, young people and their families are linked effectively into relevant services, and this may be the best way to connect children, young people and their families with the services they need.

### WHEN TO REPORT WELLBEING CONCERNS TO VICTORIA POLICE

In addition to reporting suspected abuse to appropriate authorities, you must contact Victoria Police on 000 if the:

- child's immediate safety is compromised
- child is partaking in any risk taking activity that is illegal and extreme in nature or poses a high risk to their safety, or the safety of somebody else.

## WHEN TO REPORT WELLBEING CONCERNS TO DFFH CHILD PROTECTION

In addition to reporting suspected abuse to appropriate authorities, you should contact DFFH Child Protection if you have significant protective concerns for the wellbeing of a child, but the parents are unable or unwilling to address or resolve these concerns.

This includes all concerns that:

- have a serious impact on a child's safety, stability or development (including abandonment, death or incapacity, extreme risk-taking behaviour, or harm to an unborn child)
- are persistent and entrenched and likely to have a serious impact on a child's safety, stability or development
- relate to a parent/s who cannot or will not protect the child from significant harm
- include a belief that the family is likely to be uncooperative in seeking assistance.

## MANAGING A DISCLOSURE

It is very important to validate a child's disclosure, by listening to the child, taking them seriously and responding and acting on the disclosure by implementing the Whittlesea Family Day Care's reporting procedures.

Strategies include:

- let the child talk about their concerns in their own time and in their own words
- give them your full attention, the time and a quiet space in which to do this and be a supportive and reassuring listener
- remain calm and use a neutral non-judgmental tone
- comfort the child if they are distressed
- record the child's disclosure using the child's words.
- tell the child that telling you is the right thing to do and that what has happened is not their fault
- let them know that you will act on this information and that you will need to let other people know so that they can help the child
- it is the role of DFFH Child Protection and Victoria Police to investigate. DO NOT taking any steps to investigate. Avoid asking investigative or invasive questions which may cause the child to withdraw and may interfere with an investigation. Avoid going over information repeatedly.

## RESPONDING TO INCIDENTS, DISCLOSURE AND SUSPICIONS OF CHILD ABUSE

To make a report to child protection an educator needs to have formed a reasonable belief (*refer to Definition*) that a child has suffered or is likely to suffer significant harm as a result of abuse or neglect, and that their parent has not protected or is unlikely to protect the child from harm of that type.

It is strongly recommended that ALL early childhood service educators follow the **Four Critical Actions** as soon as they witness an incident, disclosure or form a reasonable belief that a child has or is at risk of being abused.

### ACTION 1: RESPONDING TO AN EMERGENCY

If a child has just been abused or is at immediate risk of harm you must take reasonable steps to protect them.

These include:

- separating the alleged victim and others involved, ensuring all parties are actively supervised
- arranging and providing urgent medical assistance where necessary by:
- administering first aid assistance
- calling 000 for an ambulance and following any instructions from emergency service officers/paramedics
- calling 000 for urgent police assistance if the person who is alleged to have engaged in the abuse poses an immediate risk to the health and safety of any person
- you should also identify a contact person at the service for future liaison with police
- taking reasonable steps to preserve evidence, such as the environment, clothing, other items, and potential witnesses until the police or other relevant authorities arrive on the premises.

### ACTION 2: REPORTING TO AUTHORITIES

As soon as immediate health and safety concerns are addressed you must report all incidents, suspicions and disclosures of child abuse as soon as possible. Failure to report physical and sexual child abuse may amount to a criminal offence.

### IF THE SOURCE OF SUSPECTED ABUSE IS FROM WITHIN THE FAMILY OR COMMUNITY:

## DFFH CHILD PROTECTION

You must report to DFFH Child Protection if a child is considered to be:

- in need of protection from child abuse
- at risk of being harmed (or has been harmed) and the harm has had, or is likely to have, a serious impact on the child's safety, stability or development.

## VICTORIA POLICE

You must also report all instances of suspected sexual abuse (including grooming) to Victoria Police.

## REPORT TO MANAGEMENT

You must report to your approved provider.

## NOTIFY THE REGULATOR

The Approved Provider early childhood services must notify the Quality Assessment and Regulation Division of any serious incidents, circumstances, or complaints which raise concerns about the safety, health and wellbeing of a child being educated and cared for by a service. Notifications may be made at National Quality Agenda IT System: <https://www.acecqa.gov.au>

If you believe that a child is not subject to abuse, but you still hold significant concerns for their wellbeing you must still act. This may include making a referral or seeking advice from Child FIRST (in circumstances where the family are open to receiving support), or to DFFH Child PROTECTION or Victoria Police.

### If the source of suspected abuse is from within the service:

If the source of suspected abuse comes from within the service (this includes any forms of suspected child abuse involving an educator, contractor, committee member or volunteer):

- you must contact Victoria Police via your local police station (where appropriate they will refer you on to the local Sexual Offences and Child Abuse Investigation Team)
- you must also report internally to the approved provider or person with management or control
- the approved provider must also notify the Quality Assessment and Regulation Division. Notifications made via the National Quality Agenda IT System: <https://www.acecqa.gov.au>
- The approved provider must notify the Commission for Children and Young People (CCYP) of within **three** business days of becoming aware of an allegation (*refer to Reportable Conduct Scheme*)
- a contact person must also be identified at the service for future liaison with Child Protection and Victoria Police and seek advice about contacting parents/carers.

## ACTION 3: CONTACTING PARENTS/CARERS

You must consult with Victoria Police or DFFH Child Protection to determine what information can be shared with parents/carers. They may advise:

- not to contact the parents/carers (e.g. in circumstances where the parents are alleged to have engaged in the abuse, or the child is a mature minor and has requested that their parent/carer not be contacted)
- to contact the parents/carers and provide agreed information as soon as possible (for approved provider's, it is a requirement that parents/carers are notified within 24 hours if the suspected abuse occurred at the service).

## ACTION 4: PROVIDING ONGOING SUPPORT

The Coordination Unit and educator will take reasonable steps to make a child feel safe and supported whilst they are attending your service.

- your service should also consider providing support for children impacted by abuse. Eg. Referral to wellbeing professionals.
- you must follow the **Four Critical Actions** every time you become aware of a further instance or risk of abuse. This includes reporting new information to authorities.

## THE REPORTABLE CONDUCT SCHEME

The Approved Provider must notify the Commission for Children and Young People (The Commission) of a reportable allegation (*refer to Definitions*) within **three** business days of becoming aware of an allegation. The Approved Provider must provide certain detailed information about the allegation and their proposed response within **30 calendar days**.

The approved provider must also investigate the reportable allegation and provide the findings of the investigation to the Commission. The service must also respond to the Commission when contacted for information.

The Commission provides guidance on the processes and documentation required when making a report: refer to <https://ccyp.vic.gov.au>

## CHILD PROTECTION IN EARLY CHILDHOOD: PRIVACY AND INFORMATION SHARING

The Child Information Sharing Scheme, and the Family Violence Information Sharing Scheme allow professionals working with children to gain a complete view of the children they work with, making it easier to identify wellbeing or safety needs earlier, and to act on them sooner.

Following a report to DFFH Child Protection, Victoria Police and/or ChildFIRST you should:

- consult with your approved provider before disclosing information about the report and the child and their family to another information sharing entity (except to verified Victoria Police and DFFH Child Protection workers in very urgent situations and/or if the information is required to protect the safety of that child) and/or
- seek consent from a child or their parents/carers before disclosing information about the report and the child and their family to anyone other than authorities and service educators (provided this does not place the child or another person at risk).

## PRIVACY LAWS ALLOW FOR EDUCATORS TO SHARE A CHILD'S PERSONAL AND HEALTH INFORMATION TO ENABLE THE SERVICES TO:

- provide and support the education of the child, plan for individual needs and address any barriers to learning
- support the social and emotional wellbeing and health of the child
- fulfil duty of care obligations to the child, other children, educators and visitors
- make reasonable adjustments if the child has a disability, including a medical condition or mental illness
- provide a safe and secure workplace.

## RESOURCES

Department of Education and Training PROTECT Portal: [www.education.vic.gov.au](http://www.education.vic.gov.au)

The Department of Education and Training's PROTECT portal provides tools and resources to assist professionals and early years services to respond to child abuse or potential child abuse, including:

- Early Childhood Guidance: This section supports early childhood providers to take action if they suspect, or are witness to, any form of child abuse.
- The flowchart: Four critical actions for early childhood services: Responding to Incidents, Disclosures and Suspicions of Child Abuse, provides a summary of the critical actions to take.
- Early Childhood Online Learning: This eLearning Module supports all professionals in early childhood settings to increase their capacity to respond effectively to children whose safety, health or wellbeing may be at risk.

Commission for Children and Young People: [www.ccyp.vic.gov.au](http://www.ccyp.vic.gov.au)



## ATTACHMENT 4: RESPONDING TO SUSPECTED CHILD ABUSE: TEMPLATE FOR ALL VICTORIAN EARLY CHILDHOOD SERVICES

This template has been adapted from the Department of Education and Training; Responding to Suspected Child abuse: Template for all Victorian Early Childhood Services

Under the National Quality Framework, the approved provider of an education and care service must ensure that an incident, injury, trauma and illness record is kept (*Regulation 87*). This template aligns with this requirement and it is strongly recommended that all early childhood service educators utilise this template for incidents, disclosures and suspicions of child abuse.

Completing this template should not impact on reporting times. If a child is in immediate danger educators should immediately contact Victoria Police on 000.

When completing this template, the aim should be to provide as much factual information as possible. This information will be critical and may be sought at a later date if the matter is the subject of Court proceedings.

Educator leading the response
Name:
Occupation:
Service address:
Relationship to the child:

### CRITICAL ACTION 1: IMMEDIATE RESPONSE TO AN INCIDENT

Responding to an emergency
Did the child require first aid? If YES, provide Details?
Who administered First aid? (Name and Title)
Did the child require further immediate medical assistance?
Current location and safety status: e.g. are all impacted children safe and not in any immediate danger? If a child is in immediate danger educators should report immediately to Victoria police on 000

### INFORMATION OF THE ALLEGED VICTIM

Child's personal details	
Name:	Gender:
Relationship to service: (eg 2 days, 3 year old kinder)	Date of Birth:

Residential Address:
Parent/Carer Name:
Parent/Carer contact number:
Language(s) spoken by child:
Disabilities, mental or physical health issues:

<b>Child's background</b>
Cultural status and religious background:
Previous history or indicators of suspected abuse:

<b>Family background</b>
Family composition (if know): <i>List parenting or carer arrangements and siblings' names and ages</i>
Any other people living with their child (if known):

<b>Family background</b>
Disability, mental or physical health issues in family (if known):
Likely reaction to report being made (if known):

**DETAILS OF THE INCIDENT DISCLOSURE OF SUSPICION**

<b>Grounds for your belief that a child has been or is at risk of abuse</b>
Indicators or instances which led you to believe that a child/children are subject to child abuse or at risk of abuse: <i>Detail any disclosures or incidents or suspicion including names times and dates documenting a child's exact words as far as possible include specific detail here on what led you to form a reasonable belief that a child has been or is in risk of being abused</i>

Any physical indicators of abuse:
Any behavioural indicators of abuse:
Any pattern of behaviour or prior concern leading up to an incident, disclosure or suspicion:

Details of person alleged to have committed they abuse if known	
Name:	
Gender:	Date of birth (if known):
Relationship to child:	
Address:	
Contact details:	

## CRITICAL ACTION 2: REPORTING

Reporting to authorities	
Tick the authority you have reported to:	
<input type="checkbox"/> Victoria police <input type="checkbox"/> Child first <input type="checkbox"/> DFFH child protection <input type="checkbox"/> Decision not to report	
If you have decided not to report list your reasons here also include any follow up actions undertaken by you below:	
Provide your report (option to type report and refer to attachment):	
Date:	Time:
Authority:	
Name of the person spoken to:	
Outcomes from the report:	

Reporting internally	
<b>Provide details of your discussion with approved provider</b>	
Time:	Date:
Name:	
Discussion outcomes:	
Notification to the regulator: All approved providers must notify the quality assessment and regulatory division if there is an incident at the service and/or the health safety or wellbeing of a child has been compromised while attending the service.	
Time:	Date:
Names:	
Discussion outcomes:	

### CRITICAL ACTION 3: CONTACTING PARENTS/CARERS

Actions taken (alleged victim)
Provide details of your discussion with parents/cares (if appropriate): You must consult with Victoria police and/or DFFH child protection to determine if it is deemed appropriate, parents must be contacted as soon as possible (within 24 hours of the incident, disclosure or suspicion)
Have you sought advice from DFFH child protection or Victoria police? <input type="checkbox"/> yes <input type="checkbox"/> no Is it appropriate to contact parent/carer: <input type="checkbox"/> yes <input type="checkbox"/> no List reasons if it is not appropriate to contact parent/carer:
<b>If contacting parent/carer, provide the following details:</b>
Name of educators member making the call:
Name of parent/carer receiving the call:
Discussion outcomes:

#### CRITICAL ACTION 4: PROVIDING ONGOING SUPPORT

<b>Planned actions:</b> Include details on what follow-up actions have occurred to support that child for example referral to specialised services:
Follow up actions:
Support:
Referrals:

#### PROCESS OF REVIEW

Complete this section between four to six weeks after an incident, suspicion or disclosure of abuse in conjunction with the approved provider. This will support you and your service to continue to protect children in your care and to reflect on your process and then need for any follow up action.

##### Safety and wellbeing

<b>Current safety and wellbeing of the child</b>
Is the child safe from abuse and harm? <input type="checkbox"/> yes <input type="checkbox"/> no If not consider the need to make a further report Does a child have any wellbeing issues that are not currently being addressed? <input type="checkbox"/> yes <input type="checkbox"/> no If so, consider how these can be addressed and captured within a child support plan

<b>Current wellbeing of other children who may be impacted by the abuser</b>
Are there any other children who may be impacted by the abuser? <input type="checkbox"/> yes <input type="checkbox"/> no If so have their wellbeing needs being met? <input type="checkbox"/> yes <input type="checkbox"/> no

<b>Current wellbeing of impact educators</b>
Does the educator who made the report/witnessed the incident, formed a suspicion or received a disclosure require any support? <input type="checkbox"/> yes <input type="checkbox"/> no If so has this been received? <input type="checkbox"/> yes <input type="checkbox"/> no

## Review of actions taken

Have the educators followed the four critical actions for early childhood services: responding to incidents disclosure for suspicion of child abuse?

Was an appropriate decision made in relation to when to act?

yes  no

Could the suspected abuse have been detected earlier?

yes  no

### Action 1

Did the stop take appropriate actions in an emergency?

yes  no

### Action 2

Was a report made to the appropriate authorities and internally?

yes  no

What where subsequent reports made if necessary?

yes  no

### Action 3

Did the service contact the parent carers as soon as possible?

yes  no

Have the parents continued to engage if appropriate?

yes  no

### Action 4

Has the service provided adequate ongoing support for the child?

yes  no

Have any complaints been received?

yes  no

Have the complaints been resolved?

yes  no

## ATTACHMENT 5: PUBLIC COMMITMENT TO THE CULTURAL SAFETY OF ABORIGINAL CHILDREN TEMPLATE



This template was reviewed by Victorian Aboriginal Education Association Incorporated

Whittlesea Family Day Care is committed to the cultural safety of Aboriginal children

We are committed to:

- actively supporting and facilitating participation and inclusion of Aboriginal children, young people and their families within our service
- the safety, participation and empowerment of Aboriginal children
- providing an educational program that strengthens Aboriginal children's culture and identity
- actively supporting and encouraging Aboriginal children to express their culture and enjoy their cultural rights
- supporting Aboriginal children and their families to identify as Aboriginal without fear of retribution or questioning
- supporting Aboriginal children to maintain connection to their kinship ties, land and country
- supporting Aboriginal children to be taught their cultural heritage by Elders
- facilitating regular training and education on Aboriginal cultural and cultural safety
- establishing policies, procedures, systems and processes to create a culturally safe and inclusive environment and meet the needs of Aboriginal children, young people and their families.

# DEALING WITH INFECTIOUS DISEASES

## QUALITY AREA 2



### PURPOSE

This policy will provide clear guidelines and procedures to follow when:

- a child attending Whittlesea Family Day Care shows symptoms of an infectious disease
- a child at Whittlesea Family Day Care has been diagnosed with an infectious disease
- managing and minimising the spread of infectious diseases, illnesses and infestations (including head lice)
- managing and minimising infections relating to blood-borne viruses
- managing and minimising infections relating to epidemics (*refer to Definitions*) and pandemics (*refer to Definitions*) (e.g. coronavirus (COVID-19)).



### POLICY STATEMENT

#### VALUES

Whittlesea Family Day Care is committed to:

- providing a safe and healthy environment for all children, educators and any other persons attending the service
- responding to the needs of the child or adult who presents with symptoms of an infectious disease or infestation while attending the service
- adhering to evidence-based practice infection prevention and control procedures
- preventing the spread of infectious and vaccine-preventable diseases
- complying with current exclusion schedules and guidelines set by the Department of Health (DH)
- complying with the advice of the Australian Health Protection Principal Committee (AHPPC), Victorian Chief Health Officer and DH
- providing up-to-date information and resources for families and educator regarding protection of all children from infectious diseases and blood-borne viruses, management of infestations and immunisation programs.

Whittlesea Family Day Care supports the Immunise Australia Program and National Immunisation Program (NIP), which is currently recommended by the National Health and Medical Research Council (NHMRC) and supported by the Commonwealth Government. All educators at Whittlesea Family Day Care are committed to preventing the spread of infectious diseases through simple hygiene practices such as hand washing, effective cleaning procedures and assessing acceptable immunisation documentation and complying with recommended exclusion guidelines and timeframes for children and educators.

#### SCOPE

This policy applies to the approved provider, persons with management or control, nominated supervisor, persons in day-to-day charge, educator, students, volunteers, parents/guardians, children, and others attending the programs and activities of Whittlesea Family Day Care including during offsite excursions and activities.



RESPONSIBILITIES	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Educators	Parents/guardians
Ensuring standard precaution practices ( <i>refer to Definitions</i> ) are carried out every day to minimise and, where possible, eliminate the risk of transmission of infection	R	√	√	
Ensuring that where there is an occurrence of an infectious disease at the service, reasonable steps are taken to prevent the spread of that infectious disease ( <i>Regulation 88(1)</i> )	R	√	√	√
Ensuring that where there is an occurrence of an infectious disease at the service, a parent/guardian or authorised emergency contact of each child at the service is notified of the occurrence as soon as is practicable ( <i>Regulation 88(2)</i> )	R	√	√	
Ensuring that information from the DH about the minimum exclusion periods ( <i>refer to Definitions</i> ) is displayed at the service and is available to all stakeholders	R	√	√	
Ensuring that a child is excluded from the service in accordance with the minimum exclusion periods ( <i>refer to Definitions</i> ) when informed that the child is infected with an infectious disease ( <i>refer to Definitions</i> ) or has been in contact with a person who is infected with an infectious disease ( <i>refer to Definitions</i> ) as required under <i>Regulation 111(1)</i> of the <i>Public Health and Wellbeing Regulations 2019</i>	R	√	√	√
Contacting the Communicable Disease Section, DH ( <i>refer to Definitions</i> ) if there is an outbreak of two or more cases of gastrointestinal illness in a 48-hour period ( <i>refer to Sources</i> )	R	√		
Ensuring obligations under No Jab No Play legislation ( <i>Public Health and Wellbeing Act 2008</i> ), including to request, assess and manage immunisation documentation are met, and to assist parents/carers and families who may face difficulties in meeting the requirements ( <i>refer to Enrolment and Orientation Policy</i> )	R	√		
Ensuring when directed by the Chief Health Officer, that a child who is at material risk of contracting a vaccine-preventable disease is excluded until the Chief Health Officer directs that attendance can be resumed ( <i>Regulation 111(2)(4) of the Public Health and Wellbeing Regulations 2019</i> )	R	√	√	√
Ensuring that a minimum of one educator with current approved first aid qualifications is in attendance and immediately available at all times the service is in operation ( <i>refer to Administration of First Aid Policy</i> ).	R	√	√	

Notifying DET within 24 hours of a serious incident ( <i>refer to Definitions</i> ) via the NQAITS	R	√		
Conducting a thorough inspection of the service on a regular basis, and consulting with educators to assess any risks by identifying the hazards and potential sources of infection	R	√	√	
Establishing and complying with good hygiene and infection prevention and control procedures ( <i>refer to Hygiene Policy</i> ) ( <i>refer to Attachment 4</i> )	R	√	√	√
Observing for signs and symptoms of an infectious disease in children, and taking appropriate measures to minimise cross-infection and inform management		√	√	√
Providing appropriate and current information and resources to all stakeholders regarding the identification and management of infectious diseases, blood-borne viruses and infestations	√	√	√	
Keeping informed of current legislation, information, research and evidence-based practice	√	√	√	√
Complying with the <i>Hygiene Policy</i> of the service and the procedures for infection prevention and control relating to blood-borne viruses ( <i>refer to Attachment 4</i> )	R	√	√	√
Communicating changes to the exclusion table or immunisation laws to all stakeholders in a timely manner	R	√	√	
Complying with the advice of the Australian Health Protection Principal Committee (AHPPC), Victorian Chief Health Officer and DH in an epidemic or pandemic event ( <i>refer to Attachment 5</i> ).	R	√	√	√
Notifying everyone at the service of any outbreak of infectious disease at the service including information about the nature of the illness, incubation and infectious periods, and the service's exclusion requirements for the illness, and displaying this information in a prominent position	R	√	√	
Advising parents/guardians on enrolment that the minimum exclusion periods will be observed in regard to the outbreak of any infectious diseases or infestations ( <i>refer to: <a href="http://www2.health.vic.gov.au/public-health/infectious-diseases/school-exclusion/school-exclusion-table">www2.health.vic.gov.au/public-health/infectious-diseases/school-exclusion/school-exclusion-table</a></i> ).	R	√	√	
Providing information to educators and families about child and adult immunisation recommendations ( <i>refer to Attachment 6</i> )	√	√		
Advising the parents/guardians of a child who is not fully immunised on enrolment and/or is undertaking the 16 weeks grace period, that they will be required to keep their child at home when a vaccine-preventable disease is diagnosed at the service, and until there are no more occurrences of that disease and the exclusion period has ceased	R	√	√	
Ensuring that parents/guardians understand that they must inform the approved provider or nominated supervisor as soon as practicable if the child is infected with an infectious disease or infestation, or has been in contact with a person infected with a condition for which the exclusion of contacts is specified ( <i>Regulation 110, Public Health and Wellbeing Regulations 2019</i> )	R	R	R	R

Providing information and resources to parents/guardians to assist in the identification and management of infectious diseases and infestations	√	√	√	
Ensuring all families have completed a Consent form to conduct head lice inspections ( <i>refer to Attachment 1</i> ) on enrolment	R	√	√	
Conducting head lice inspections whenever an infestation is suspected, which involves visually checking children's hair and notifying the approved provider and parents/guardians of the child if an infestation of head lice is suspected		√	√	
Providing a head lice action form ( <i>refer to Attachment 2</i> ) to the parents/guardians of a child suspected of having head lice	R	√	√	
Providing a head lice notification letter ( <i>refer to Attachment 3</i> ) to all parents/guardians when an infestation of head lice has been detected at the service	R	√	√	
Maintaining confidentiality at all times ( <i>refer to Privacy and Confidentiality Policy</i> )	R	R	R	√
Keeping their child/ren at home if they are unwell or have an excludable infectious disease or infestation ( <i>refer to Definitions</i> )				R
Informing service management as soon as practicable if their child has an infectious disease or infestation ( <i>refer to Definitions</i> ) or has been in contact with a person who has an infectious disease ( <i>Regulation 110 of the Public Health and Wellbeing Regulations 2019</i> )				R
Complying with the minimum exclusion periods ( <i>refer to Definitions</i> ) or as directed by the approved provider or nominated supervisor after the Chief Health Officer directed them to exclude a child enrolled whom the Chief Health Officer has determined to be at material risk of contracting a vaccine-preventable disease ( <i>Regulation 111(2) of the Public Health and Wellbeing Regulations 2019</i> )				R
Display a notice stating that there has been an occurrence of an infectious disease at the service premises, FDC residence or approved venue ( <i>Regulation 173</i> )( <i>refer to Attachment 7</i> )	R	√	√	√



## PROCEDURES

Refer to [Attachment 4](#). Infection control relating to blood borne viruses

Refer to [Attachment 5](#) Actions for early childhood and care services in an epidemic or pandemic event

## BACKGROUND AND LEGISLATION



### BACKGROUND

Infectious diseases such as the chickenpox, common cold, measles and mumps, are common in children and adults may also be susceptible.

Children are at a greater risk of exposure to infections in a children's service than at home due to the amount of time spent with a large number of other children.

The DH publishes the Minimum Period of Exclusion from Primary Schools and Children's Services Centres for Infectious Diseases Cases and Contacts, to assist in protecting the public by preventing, or containing, outbreaks of infectious conditions common in schools and children's services and is regulated by the [Public Health and Wellbeing Regulations 2019](#).

During an epidemic or pandemic, further instruction and guidance may be issued by the DH and the Australian Health Protection Principal Committee (AHPPC).

An approved provider must take reasonable steps to prevent the spread of infectious diseases at the service, and ensure that the parent/guardian, authorised nominee or emergency contact of each child enrolled at the service is notified of the occurrence of an infectious disease as soon as possible. The service must have policies and procedures in place for dealing with infectious diseases ([Regulation 88 of the Education and Care Services National Regulations 2011](#)). The service has a duty of care to ensure that everyone attending the service is provided with a high level of protection during all hours that the service is in operation. Protection can include:

- notifying (as soon as practicable) children, families and educators when an excludable illness/disease is detected at the service
- complying with relevant health department exclusion guidelines, advice and information
- increasing educator awareness of cross-infection through physical and close contact with others.

The Victorian Government offers an immunisation program for children to assist in preventing the spread of infectious diseases. There is also the Immunise Australia Program and National Immunisation Program (NIP), which is currently recommended by the National Health and Medical Research Council (NHMRC) and supported by the Commonwealth Government.

Early childhood education and care services that are regulated under the [Education and Care Services National Law Act 2010](#) have obligations under No Jab No Play legislation ([Public Health and Wellbeing Act 2008](#)), including to request, assess and manage immunisation documentation and to assist parents/carers and families who may face difficulties in meeting the requirements ([refer to Enrolment and Orientation Policy](#)).

### LEGISLATION AND STANDARDS

Relevant legislation and standards include but are not limited to:

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011: Regulation 88
- Family Assistance Legislation Amendment (Jobs for Families Child Care Package) Act 2017 (Cth)
- Health Records Act 2001 (Vic)
- National Quality Standard, Quality Area 2 & 6
- Public Health & Wellbeing Amendment (No Jab No Play) Act 2015 (Vic)

- Occupational Health and Safety Act 2004 (Vic)
- Privacy and Data Protection Act 2014 (Vic)
- Privacy Act 1988 (Cth)
- Public Health and Wellbeing Act 2008 (Vic)

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: [www.legislation.vic.gov.au](http://www.legislation.vic.gov.au)
- Commonwealth Legislation – Federal Register of Legislation: [www.legislation.gov.au](http://www.legislation.gov.au)



## DEFINITIONS

The terms defined in this section relate specifically to this policy.

**Blood-borne virus (BBV):** A virus that is spread when blood from an infected person enters another person's bloodstream and include human immunodeficiency virus (HIV), hepatitis B, and hepatitis C. Where basic hygiene, safety, infection prevention and control and first aid procedures are followed, the risks of contracting a blood-borne virus are negligible.

**Communicable Disease Section:** Responsibility for communication and advice in relation to infectious diseases on behalf of the Secretary of the Victorian DH.

**Epidemic:** is an outbreak of a contagious disease that spreads rapidly and extensively and affects many individuals simultaneously in an area or population.

**Exclusion:** Inability to attend or participate in the program at the service.

**Illness:** Any sickness and/or associated symptoms that affect the child's normal participation in the program at the service.

**Infection:** The invasion and multiplication of micro-organisms in bodily tissue.

**Infestation:** The lodgement, development and reproduction of arthropods (such as head lice), either on the surface of the body of humans or animals, or in clothing.

**Infectious disease:** An infectious disease designated by the Communicable Disease Section (*refer to Definitions*), Department of Health Victoria (DH) as well as those listed in Schedule 7 of the *Public Health and Wellbeing Regulations 2019*, the Minimum Period of Exclusion from Primary Schools, Education and Care Service Premises and Children's Centres for Infectious Diseases Cases and Contacts.

**Medication:** Any substance, as defined in the *Therapeutic Goods Act 1989* (Cwlth), that is administered for the treatment of an illness or medical condition.

**Minimum exclusion period:** The minimum period for excluding any person from attending a children's service to prevent the spread of infectious diseases as specified in Schedule 7: Minimum Period of Exclusion from Primary Schools and Children's Services for Infectious Diseases Cases and Contacts of the *Public Health and Wellbeing Regulations 2019*. An infringement penalty for failure to exclude a child with, or exposed to, a specified infectious disease applies (applicable to a person in charge). The exclusion period table, published by the DH, can be accessed at [www2.health.vic.gov.au/public-health/infectious-diseases/school-exclusion/school-exclusion-table](http://www2.health.vic.gov.au/public-health/infectious-diseases/school-exclusion/school-exclusion-table).

**Pandemic:** is an epidemic (*refer to Definitions*) occurring worldwide, or over a wide geographic area and affecting a large proportion of the population.

**Pediculosis:** Infestation of head lice that is transmitted by having head-to-head contact with another person who has head lice. Pediculosis does not contribute to the spread of any infectious diseases, and outbreaks of this condition are common in schools and childcare facilities.

**Standard precautions:** work practices that achieve a basic level of infection prevention and control. Using standard precautions aims to minimise and, where possible, eliminate the risk of transmission of infection, particularly those caused by blood-borne viruses. Standard precautions include but are not limited to: hand hygiene, cleaning equipment and the environment, respiratory hygiene and cough etiquette and appropriate use of PPE.



## SOURCES AND RELATED POLICIES

### SOURCES

- Communicable Disease Section, Victorian Department of Health & Human Services (2019), *A guide to the management and control of gastroenteritis outbreaks in children's centres*. Victorian Government, Melbourne:  
<https://www2.health.vic.gov.au/about/publications/researchandreports/A-guide-to-the-management-and-control-of-gastroenteritis-outbreaks-in-childrens-centres>
- Department of Health, Victoria (2012) *Head lice management guidelines*:  
<https://www2.health.vic.gov.au/about/publications/policiesandguidelines/Head-lice-management-guidelines>
- *Guide to the National Quality Standard* (2023), ACECQA:  
<https://www.acecqa.gov.au/sites/default/files/2023-03/Guide-to-the-NQF-March-2023.pdf>
- Immunisation Enrolment Toolkit for early childhood services:  
<https://www2.health.vic.gov.au/public-health/immunisation/vaccination-children/no-jab-no-play/immunisation-enrolment-toolkit>
- Information about immunisations, including immunisation schedule, DH:  
<https://www.health.gov.au/health-topics/immunisation/when-to-get-vaccinated/national-immunisation-program-schedule>
- Increase in gastroenteritis outbreaks in childcare:  
<https://www2.health.vic.gov.au/about/news-and-events/healthalerts/gastro-outbreaks-childcare>
- National Health and Medical Research Council (2013) *Staying Healthy: Preventing infectious diseases in early childhood education and care services* (5<sup>th</sup> edition):  
<https://www.nhmrc.gov.au/about-us/publications/staying-healthy-preventing-infectious-diseases-early-childhood-education-and-care-services>
- National Immunisation Program, Department of Health, Australian Government:  
<https://www.health.gov.au/initiatives-and-programs/national-immunisation-program>
- Statements Section for statements on health emergencies, AHPPC. Available at:  
<https://www.health.gov.au/committees-and-groups/australian-health-protection-principal-committee-ahppc>
- Victorian Department of Health. *Disease information and advice*. Available at:  
<https://www2.health.vic.gov.au/public-health/infectious-diseases/disease-information-advice>
- WorkSafe, Victoria (2008) *Compliance code: First aid in the workplace*:  
<https://www.worksafe.vic.gov.au/resources/compliance-code-first-aid-workplace>

### RELATED POLICIES

- Administration of First Aid
- Administration of Medication
- Child Safe Environment and Wellbeing
- Dealing with Medical Conditions
- Enrolment and Orientation
- Hygiene
- Incident, Injury, Trauma and Illness
- Inclusion and Equity

- Occupational Health and Safety
- Privacy and Confidentiality

## EVALUATION



In order to assess whether the values and purposes of the policy have been achieved, the approved provider will:

- regularly seek feedback from educators, parents/guardians, children, management and all affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints, and incidents in relation to this policy
- ensure that all information related to infectious diseases on display and supplied to parents/guardians is current
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk (*Regulation 172 (2)*).

## ATTACHMENTS



- Attachment 1: Consent form to conduct head lice inspections
- Attachment 2: Head lice action form
- Attachment 3: Head lice notification letter
- Attachment 4: Procedures for infection control relating to blood-borne viruses
- Attachment 5: Actions for early childhood and care services in an epidemic or pandemic event
- Attachment 6: Child and adult immunisation recommendations
- Attachment 7: Notice of infectious disease at the Service

## AUTHORISATION



This policy was adopted by the approved provider of Whittlesea Family Day Care on 30 October 2024

**REVIEW DATE:** 30 October 2025

# ATTACHMENT 1. CONSENT FORM TO CONDUCT HEAD LICE INSPECTIONS

Dear parents/guardians,

Whittlesea Family Day Care Family Day Care is aware that head lice infestation can be a sensitive issue and is committed to maintaining children’s confidentiality and avoiding stigmatisation at all times. However, management of head lice infestation is most effective when all children and their families actively support our policy and participate in our screening program.

All inspections will be conducted in a culturally appropriate and sensitive manner, and information about why the inspections are conducted and the benefits of preventing infestations will be explained to children prior to conducting the inspections.

Only the Family Day Care Educator or an external person approved by the service, such as a nurse employed by the local council, will be permitted to carry out inspections on children at the service. Where there is concern about a potential infection, a child’s hair will be inspected for the presence of head lice or lice eggs.

Where live head lice are found, Whittlesea Family Day CareWhittlesea Family Day Care will notify the parents/guardians and will provide them with relevant information about the treatment of head lice. Other families will be provided with a notice to inform them that head lice have been detected in the group and to encourage them to be vigilant and carry out regular inspections of their own child.

Please note that while head lice do not spread disease, they are included in the *Minimum Period of Exclusion from Primary Schools and Children’s Services for Infectious Diseases Cases and Contacts* published by the Department of Health (DH) which defines the minimum period of exclusion from a children’s service for children with infectious diseases. According to this table, where a child has head lice, that child must be excluded until the day after appropriate treatment has commenced.

-----  
Child’s name: \_\_\_\_\_ Educator: \_\_\_\_\_

I hereby give my consent for Whittlesea Family Day Care, or a person approved by Whittlesea Family Day Care, to inspect my child’s head when an infestation of head lice is suspected in the service.

Full name of parent/guardian: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

I do not give consent for my child’s head to be inspected. I request that educator contact me when an infestation of head lice is suspected at the service, and I agree to come to the service to complete the inspection myself.

Full name of parent/guardian: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_



## ATTACHMENT 2. HEAD LICE ACTION FORM

Dear parents/guardians,

We have detected head lice or lice eggs on your child, and it is very important for you to treat your child as soon as possible, using safe treatment practices. Please read the attached pamphlet Treating and controlling head lice from the Department of Health (DH). This contains guidelines regarding detecting and treating head lice and lice eggs.

Please note that while head lice do not spread disease, they are included in the Minimum Period of Exclusion from Primary Schools and Children's Services for Infectious Diseases Cases and Contacts published by the DH which defines the minimum period of exclusion from a children's service for children with infectious diseases. According to this table, where a child has head lice, that child must be excluded until the day after appropriate treatment has commenced.

Please keep your child at home until appropriate treatment has commenced and use the form provided below to notify Whittlesea Family Day Care, when your child returns to the service, of the action taken by you to treat the head lice/eggs.

### Head lice treatment – action taken

### Parent/guardian response form

To Whittlesea Family Day Care

CONFIDENTIAL

Child's name: \_\_\_\_\_ Educator: \_\_\_\_\_

I understand that my child must not attend the service with untreated head lice or lice eggs.

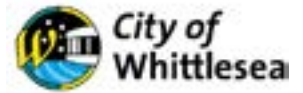
I have used the following recommended treatment for head lice or lice eggs for my child:

\_\_\_\_\_ "[write name of treatment used]" .

Treatment commenced on: \_\_\_\_\_ [write date treatment was first used].

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

# ATTACHMENT 3. HEAD LICE NOTIFICATION LETTER



Dear parents/guardians,

It has come to our attention that head lice or lice eggs have been detected in your child's group at Whittlesea Family Day Care and we seek your co-operation in checking your child's hair regularly throughout this week, \_\_\_\_\_ (Date).

Head lice are common in children and are transmitted by having head-to-head contact with someone who has head lice, but they do not transmit infectious diseases.

## **What can you do?**

We seek your co-operation in checking your child's hair and, in instances where head lice or lice eggs are found, treating your child's hair.

We also ask that you ensure your child does not attend the service until the day after appropriate treatment has occurred in line with the Department of Health's (DH) minimum period of exclusion required for head lice.

## **How do I treat my child for head lice?**

Please read the attached pamphlet Treating and controlling head lice from the DH. This contains guidelines regarding detecting and treating head lice and lice eggs. Additional information is also available by contacting the service.

## **Who do I contact if my child has head lice?**

If head lice or lice eggs are found in your child's hair, you must inform:

- the service, and use the attached form to advise when treatment has commenced
- parents/guardians and carers of your child's friends so that they can also check these children for head lice or lice eggs and commence treatment if necessary.

## **When can my child return to the service?**

DH regulations require that where a child has head lice, that child must be excluded until the day after appropriate treatment has commenced.

Whittlesea Family Day Care is aware that head lice can be a sensitive issue and is committed to maintaining your confidentiality.

Kind regards,

Family Day Care Coordination Unit

# ATTACHMENT 4. PROCEDURES FOR INFECTION PREVENTION AND CONTROL RELATING TO BLOOD-BORNE VIRUSES AND BODY FLUIDS

The use of standard precaution practice (*refer to Definitions*) is the best way to prevent transmission of blood borne viruses and body fluids.

The procedures are based on information available from the Department of Education and Training (DET), the Victorian Government's Better Health Channel and the National Health and Medical Research Council.

## Important note on blood spills

A person responding to an incident involving blood at the service must first cover any cuts, sores or abrasions on their own hands and arms with waterproof dressings.

## MANAGING EXPOSURES TO BLOOD AND/OR BODY FLUIDS

Exposures include sharps injuries (including needlestick) and splashes into or onto mucous membranes (such as eyes, nose, mouth) or non-intact skin (cuts, sores or abrasions).

- Remove contaminated clothing (if applicable) and thoroughly wash exposed area with soap and water.
- Affected mucous membranes should be flushed with large amounts of water.
- Eyes should be flushed gently (no soap)
- The exposed person must report any occupational exposures immediately.
- Seek medical attention for an assessment of the risk of infection and appropriate treatment

## CLEANING AND REMOVAL OF BLOOD SPILLS AND BODY FLUIDS

### Equipment (label clearly and keep in an easily accessible location)

- Disposable gloves
- Disposable plastic bags/zip lock bags/biohazard container (if available)
- Detergent/bleach
- Disposable towels
- Access to warm water

### Procedure

1. Put on disposable gloves.
2. Cover the spill with paper towels.
3. Remove any contaminated clothing from children and place in a sealed bag, to be sent home with the parent/guardian for laundering
4. Carefully remove the paper towel and contents.
5. Place the paper towels in an appropriate disposable plastic bag/zip lock bag/biohazard container.
6. Clean the area with warm water and detergent/bleach, then rinse and dry.
7. Remove and place gloves in an appropriate disposable plastic bag/zip lock bag/biohazard container, seal and place it in a rubbish bin inaccessible to children.
8. Wash hands in warm, soapy water and dry (follow the Handwashing guidelines in the *Hygiene Policy*).

## NEEDLE STICK INJURIES

If you get pricked by a discarded needle and syringe (often referred to as 'needle stick injury') the following steps should be taken:

- Flush the injured area with flowing water.
- Wash the wound well with soap and warm water.
- Dry the wound and apply a waterproof dressing
- Seek medical attention for an assessment of the risk of infection and appropriate treatment.

- If the needle and syringe cannot be retrieved, mark the area so others are not at risk and contact the Disposal Helpline.

## SAFE DISPOSAL OF DISCARDED NEEDLES AND SYRINGES

### Equipment (label clearly and keep in an easily accessible location)

- Disposable gloves
- Long-handled tongs
- Disposable plastic bags
- 'Sharps' syringe disposal container, or rigid-walled, screw-top, puncture-resistant container.

### Procedure

1. Put on disposable gloves.
2. Do not try to re-cap the needle or to break the needle from the syringe.
3. Place the 'sharps' syringe disposal container on the ground next to the needle/syringe and open the lid.
4. Using tongs, pick the syringe up from the middle, keeping the sharp end away from you at all times.
5. Place the syringe, needle point down, in the 'sharps' syringe disposal container and close the lid securely on the container.
6. Repeat steps 3 to 5 to pick up all syringes and/or unattached needles.
7. If appropriate, clean the area with warm water and detergent/bleach, then rinse and dry.
8. Remove and place gloves in a disposable plastic bag, seal and place it in a rubbish bin inaccessible to children.
9. Wash hands in warm, soapy water and dry (follow the Handwashing guidelines in the Hygiene Policy).

Under no circumstances should children, work-experience students or volunteers be asked or encouraged to pick up needles/syringes.

If the needle/syringe is not accessible and cannot be collected, mark and supervise the area so that others are not at risk and contact the Syringe Disposal Helpline on 1800 552 355.

Advice on the handling and disposal of needles/syringes can be accessed from:

- the Syringe Disposal Helpline on 1800 552 355 (24 hours a day, 7 days a week) for the location of the nearest needle exchange outlet or public disposal bin
- the environmental officer (health surveyor) at your local municipal/council offices
- local general practitioners
- local hospitals.

**Note:** 'Sharps' syringe disposal containers and/or needles/syringes must not be put in normal waste disposal bins. To dispose of the container, take it to your local Needle and Syringe Program or council office or contact the Disposal Helpline (1800 552 355) for further advice

# ATTACHMENT 5. ACTIONS FOR EARLY CHILDHOOD AND CARE SERVICES IN AN EPIDEMIC OR PANDEMIC EVENT

Early childhood education and care services should consider a variety of strategies to support physical distancing and good hygiene practices to reduce the risk of infection transmission within the practical limitations of an early learning environment.

## ACTIONS

The following actions are to be considered, adapted and implemented as necessary according to the education setting and the individual needs of the educator, children and the wider service community:

- Display educational materials, which can be downloaded and printed from the Department of Health's (DH) website
- Comply with National Health and Medical Research Council (NHMRC) guidance, Staying healthy: Preventing infectious diseases in early childhood education and care services
- Alert your approved provider about any child or educator absenteeism due to an infectious disease outbreak
- Keep parents and educator informed of the actions you are taking.
- All unwell educator and children must stay home. Perhaps the most important action early childhood services can take to reduce the risk of infection transmission is to ensure that any unwell educator and children remain at home.
- Educator or children most at risk of severe illness should individually assess appropriateness for on-site attendance at this time, with support from their medical practitioner. Parents/carers of children with complex medical needs (including those with compromised immune systems), should seek advice from the child's medical practitioner to support decision-making about whether on-site education and care is suitable, noting that this advice may change depending on the status of the pandemic in Victoria.
- It is important that visitors to early childhood services are limited to those delivering or supporting essential services and operations during a pandemic situation.
- Additional educator, including parent volunteers, should be discouraged from attending the service at this time. Ensure vigilance is maintained through the use of the visitor signing in and out record book including their contact details.
- Parent information sessions and interviews should meet physical distancing requirements of 1.5 metres between adults, or else be replaced with virtual alternatives.

## HYGIENE

Everyone can protect themselves and prevent the spread of infection by continuing effective hand hygiene.

- All educator and children should undertake regular hand hygiene, particularly on arrival to the service, preparing food, before and after eating, after blowing/wiping their nose, coughing, sneezing, after contact with any body fluids, after a nappy change or after using the toilet. You are a good role model for the children and their parents/carers, so actively talk about why everyone needs to wash their hands and the importance of everyone doing this.
- Make sure liquid soap and running water, or alcohol-based hand sanitiser, is available at the entrance of the home and throughout, and on excursions a wet wipe or sanitiser when running water and soaps is not available. Babies or young children who developmentally cannot reach the tap or complete the task should have their hands washed with a wet wipe or wet soapy face washer. Hands should be dried on disposable paper towel. Communal hand towel must not be used.
- Tissues should be readily accessible with bins provided in each room and in outdoor areas for easy disposal.
- It is recommended that children do not drink directly from drinking fountains at this time. Children should bring their own water bottle for use (and refilling) at the service.
- Ensure the highest hygiene practices amongst food handlers as per NHMRC guidance Staying healthy: Preventing infectious diseases in early childhood education and care services. Sharing of food should not occur.
- Use of mobile phones by educator during work hours should be discouraged. Educator should be reminded to clean their phones regularly.

## ARRIVAL AND DEPARTURE

To assist in minimising the spread of infection, procedures to reduce close proximity between attendees at the service should be considered.

- Consider the arrival and departure procedures for children and, where possible, minimise opportunities for parents and carers to gather in groups, especially in children's play areas.
- It may be possible, for example, for children to be dropped off and picked up in the service entrance.
- While staggered start and finish times occur naturally in some early childhood education and care service types, other services will often have one arrival and pick up time (School/Kinder drop off/pick up). Consider how the arrival and pick up time could be spread out. One example may be to divide the group and allocate times, noting that it is not expected that session times are extended to accommodate additional arrival and departure procedures.
- Greeting parents and children at the front door in the morning and during pick up times will allow for one-on-one communication with families while practising physical distancing and providing opportunities to consider whether children are showing any signs of being unwell.

## CONSIDERATIONS FOR TEACHING AND LEARNING ENVIRONMENTS

Maintaining physical distance requirements between educator and children is not practical in early childhood services. In the case of coronavirus (COVID-19) physical distancing is most important between adults.

Reducing mixing between different age or room groups is recommended as a precautionary measure to minimise risk of spread of transmission and aid containment.

- Consider small group play, staggered mealtimes and indoor/outdoor play opportunities whenever possible.
- Windows should be open during the day to promote air flow where possible.
- Consider the setup of the room and the placement of the activities and limit the number of whole group activities.
- Rather than having group times where everyone is sitting on the mat, consider using informal opportunities to engage with the children/read books/do storytelling with small groups of children at a time.
- For younger children, particularly consider the rotation of toys more often and increase the frequency of cleaning toys. Sharing of toys that have been placed in mouths should be monitored and avoided.
- Whilst considering active supervision, consider operating an indoor/outdoor program.
- A greater range of activities will encourage children and educator to spread out more broadly.
- Mixing of educator and children between services should be minimised where possible.

## CLEANING AND FACILITIES MANAGEMENT

- Environmental cleaning, coupled with regular hand hygiene, remains important to reduce the risk of infection transmission.
- Services should maintain full adherence to the NHMRC childcare cleaning guidelines, in addition:
  - clean and disinfect high-touch surfaces at least twice daily (e.g. play gyms, tables, hard-backed chairs, doorknobs, light switches, phones, remotes, handles, desks, toilets, sinks, kitchenware).
  - wash and launder play items and toys (avoid using plush toys that are shared among children), as appropriate, in accordance with the manufacturer's instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely.
  - **Note:** In an epidemic/pandemic disinfecting and cleaning of toys and equipment should be done after every use before another child uses the toy/item
- Hand hygiene before and after use of shared equipment is recommended (for example, prior to a new activity).
- Excursions should not be undertaken other than to local parks.

## PROVISION OF ROUTINE CARE AND FIRST AID

Physical distancing is not practical when providing direct care. In this situation, standard precautions, including hand hygiene, are important for infection prevention and control.

- Standard precautions (*refer to Definitions*) are advised when coming in to contact with someone for the purpose of providing routine care, assistance or first aid. Also see NHMRC guidance Staying healthy: Preventing infectious diseases in early childhood education and care services.
- Always wash hands with soap and water or use a hand sanitiser before and after performing routine care or first aid.

- Additional personal protective equipment (PPE), for example face masks, is not required (unless specified otherwise from the Department of Health) to provide routine care or first aid (unless coming into contact with blood or body fluids) for children who are well.

### **MANAGEMENT OF AN UNWELL CHILD OR EDUCATOR MEMBER**

It is important that any educator member or child who becomes unwell while at an early childhood service returns home. Sensible steps services can take while a child awaits collection by a parent or carer as a precaution include the following.

- Educator or children should be isolated in an appropriate space with suitable supervision and collected by a parent/carer as soon as possible.
- Where educator or children are experiencing compatible symptoms important actions to take include hand hygiene, physical distance and where possible putting a face mask on the person who is unwell. Educator caring for or supervising an unwell child should also wear a face mask.
- Face masks should not be used in situations where an individual is unable to safely or practically tolerate a mask (e.g. a child with complex medical needs, including existing respiratory needs, and younger children).
- Urgent medical attention should be sought where indicated.
- Health care plans, where relevant, should be updated to provide additional advice on monitoring and identification of the unwell child in the context of an epidemic or pandemic.
- If an educator is unsure whether a child is unwell, it is advisable in the first instance to contact the parent/carer to discuss any concerns about the health status of the child and, taking a precautionary approach, request the parent/carer to collect their child if concerns remain. An educator could take the temperature of the child, where appropriate, to support decision making.
- Educator or children experiencing compatible symptoms with the infection should be encouraged to seek the advice of a healthcare professional who can advise on next steps. A medical certificate is not required to return to an early childhood setting after a period of illness, however educator and children should not return until symptoms resolve.
- Follow cleaning guidance according to the situation of the case. If a child spreads droplets (for example by sneezing, coughing or vomiting), clean surfaces immediately with disinfectant wipes while wearing gloves.

### **SOURCE**

Health and safety advice for early childhood education and care services in the context of coronavirus (COVID-19), Department of Education and Training and DH.

# ATTACHMENT 6. CHILD AND ADULT IMMUNISATION RECOMMENDATION

Immunisations are an effective means of reducing the risk of vaccine preventable diseases. Early childhood education and care services which are regulated under the *Education and Care Services National Law Act 2010* and *Education and Care Services National Regulations 2011* have legislative responsibilities under the *Public Health and Wellbeing Act 2008* to only offer a confirmed place in their programs to children with an Australian Immunisation Register (AIR) Immunisation History Statement (*refer to Definitions*). To meet the Child Care Subsidy immunisation requirements, children must be immunised according to the National Immunisation Program Schedule (*refer to Sources*) set out by the Australian Government Department of Health.

Routine childhood immunisations help to protect children against:

- diphtheria
- tetanus
- whooping cough (pertussis)
- polio
- pneumococcal disease
- meningococcal ACWY disease
- hepatitis B
- Aboriginal and Torres Strait Islander infants are also protected against meningococcal B disease.
- Haemophilus influenzae type b (Hib)
- rotavirus
- chickenpox (varicella)
- measles
- mumps
- rubella (German measles)
- influenza

For more information visit: <https://www2.health.vic.gov.au/public-health/immunisation>

People who work with children are at an increased risk of catching and passing on infectious diseases. Infected educator, especially people working in early childhood education and care, may transmit infections to susceptible people. This has potential for serious health outcomes. Many infectious diseases are highly infectious several days before symptoms appear. Vaccination can protect the educator member who is at risk of acquiring the disease, and also reduce the risk of disease transmission to people who the worker is in contact with.

These infections may include:

- influenza
- rubella
- measles
- mumps
- varicella
- pertussis

All people who work with children are recommended to receive vaccines:

- influenza
- measles, mumps, rubella (MMR)
- pertussis (dTpa)
- varicella

In addition to the vaccines for all people who work with children, hepatitis A vaccine is recommended for educator working in early childhood education and care. Additional vaccinations are recommended for special categories of educators and other educator:

- hepatitis B for educator who care for children with intellectual disabilities
- Japanese encephalitis for those who work in the outer Torres Strait islands for 1 month or more during the wet season.

For more information visit: <https://immunisationhandbook.health.gov.au/vaccination-for-special-risk-groups/vaccination-for-people-at-occupational-risk>



To reduce the risk to educators of acquiring a vaccine-preventable disease or transmitting such a disease to other educator, children or their families, Whittlesea Family Day Care:

- Support the immunisation of all Educators whilst recognising that is a personal choice, not a compulsory action
- Educators can contact the Whittlesea Council Health Department for further information and are encouraged to discuss their immunisation needs with their family doctor.
- May exclude educators who are not vaccinated from the workplace in the event of an outbreak of a vaccine-preventable disease.

# NOTICE OF INFECTIOUS DISEASE AT THE SERVICE

There has been an occurrence of an infectious disease at the premises:

Exclusion period:

If your child is currently showing signs of symptoms, please report to your FDC Educator and consult with your doctor.

# DEALING WITH MEDICAL CONDITIONS

## QUALITY AREA 2



### PURPOSE

This policy provides guidelines for Whittlesea Family Day Care to ensure that:

- clear procedures exist to support the safety, health, wellbeing and inclusion of all children enrolled at the service
- service practices support the enrolment of children and families with specific health care requirements
- information is provided to educators and volunteers about managing individual children's medical conditions
- requirements for medical management plans are provided by parents/guardians for the child
- risk-minimisation and communication plan are developed in conjunction with Whittlesea Family Day Care and parents/guardians.



### POLICY STATEMENT

#### VALUES

Whittlesea Family Day Care is committed to recognising the importance of providing a safe environment for children with specific medical and health care requirements. This will be achieved through:

- fulfilling the service's duty of care requirement under the *Occupational Health and Safety Act 2004*, the *Education and Care Services National Law Act 2010* and the *Education and Care Services National Regulations 2011* to ensure that those involved in the programs and activities of Whittlesea Family Day Care are protected from harm
- informing educators, volunteers, children and families of the importance of adhering to the *Dealing with Medical Conditions Policy* to maintain a safe environment for all users, and communicating the shared responsibility between all involved in the operation of the service
- ensuring that educators have the skills and expertise necessary to support the inclusion of children with specific health care needs, allergy or relevant conditions.

#### SCOPE

This policy applies to the approved provider, persons with management or control, nominated supervisor, persons in day-to-day charge, educators, students, volunteers, parents/guardians, children, and others attending the programs and activities of Whittlesea Family Day Care, including during offsite excursions and activities.

This policy should be read in conjunction the following policies:

- Anaphylaxis and Allergic Reactions
- Asthma
- Diabetes
- Epilepsy

RESPONSIBILITIES	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Educators	Parents/guardians
Ensuring that parents/guardians who are enrolling a child with specific health care needs are provided with a copy of this and other relevant service policies ( <i>Regulation 91, 168</i> )	R	√	√	
Ensuring families provide information on their child's health, medications, allergies, their registered medical practitioner's name, address and phone number, emergency contact names and phone numbers ( <i>Regulations 162</i> ), and a medical management plan signed by their medical practitioner, following enrolment and prior to the child commencing at the service ( <i>Regulation 90</i> )	R	√	√	√
Ensuring families provide a medical management plan, signed by their medical practitioner, following enrolment and prior to the child commencing at the service ( <i>Regulation 90</i> )	R	√	√	√
Ensuring that a risk minimisation plan ( <i>refer to Definitions</i> ) is developed in consultation with parents/guardians to ensure that the risks relating to the child's specific health care need, allergy or relevant medical condition are assessed and minimised, and that the plan is reviewed at least annually ( <i>Regulation 90 (iii)</i> )	R	√	√	√
Developing and implementing a communication plan ( <i>refer to Definitions</i> ) and encouraging ongoing communication between parents/guardians and educators regarding the current status of the child's specific health care need, allergy or other relevant medical condition, this policy and its implementation ( <i>Regulation 90 (c) (iii)</i> )	R	√	√	√
Ensuring a copy of the child's medical management plan is available and known to educators in the service. ( <i>Regulations 90 (iii)(D)</i> ).	R	√	√	
Notifying the educator of any changes to the status of a child's medical condition and providing a new medical management plan in accordance with these changes.				√
Informing the approved provider/Coordination Unit of any issues that impact on the implementation of this policy		√	√	√
Ensuring families and educators understand and acknowledge each other's responsibilities under these guidelines	√	√		

Ensuring educators undertake regular training in managing the specific health care needs of children at the service including asthma, anaphylaxis, diabetes, epilepsy and other medical conditions. This includes training in the management of specific procedures that are required to be carried out for the child's wellbeing and specific medical conditions	√	√	√	
Ensuring that at least one educator with current approved first aid qualifications ( <i>refer to Definitions</i> ) is in attendance and immediately available at all times that children are being educated and cared for by the service ( <i>Regulation 136(1) (a)</i> ). This can be the same person who has anaphylaxis management training and emergency asthma management training	R	√	√	
Ensuring that if a child is diagnosed as being at risk of anaphylaxis, ensure that a notice is displayed in a position visible from the main entrance to inform families and visitors to the service ( <i>refer to Anaphylaxis and Allergic Reactions Policy</i> )	R	√	√	
Ensuring each child's health is monitored closely and being aware of any symptoms and signs of ill health, with families contacted as changes occur. Inform the Approved Provider/Coordination Unit if any changes are noted.		√	√	
Administering medications as required, in accordance with the procedures outlined in the <i>Administration of Medication Policy (Regulation 93)</i>	R	R	√	
Ensuring opportunities for a child to participate in any activity, exercise or excursion that is appropriate and in accordance with their risk minimisation plan	√	√	√	
Maintaining ongoing communication between educators and parents/guardians in accordance with the strategies identified in the communication plan to ensure current information is shared about specific medical conditions within the service	R	√	√	√
Following appropriate reporting procedures set out in the <i>Incident, Injury, Trauma and Illness Policy</i> in the event that a child is ill, or is involved in a medical emergency or an incident at the service that results in injury or trauma	R	√	√	
Ensuring that the Ambulance Victoria How to Call Card ( <i>refer to Sources</i> ) is available	√	√		
Ensuring children do not swap or share food, drink, food utensils or food containers	√	√	√	
Ensuring food preparation, food service and educators are informed of children and educators who have specific medical conditions or food allergies, the type of condition or allergies they have, and the service's procedures for dealing with emergencies involving allergies and anaphylaxis ( <i>Regulation 90 (iii)(B)</i> )	R	√	√	

Providing information to the community about resources and support for managing specific medical conditions while respecting the privacy of families enrolled at the service	√	√		
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## BACKGROUND AND LEGISLATION



### BACKGROUND

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

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

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

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

- with written authorisation from the parent/guardian or a person named in the child's enrolment record as authorised to consent to administration of medication ([Regulation 92\(3\)\(b\)](#))
- if the medication is in its original container bearing the child's name, dose, and frequency of administration.

Refer to the [Administration of Medication Policy](#) for more information.

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

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

If a child with a chronic illness or medical condition that requires invasive clinical procedures or support is accepted by the service, it is vital that prior arrangements are negotiated with the parent/guardian, authorised nominees or appropriate health care workers to prepare for the event that the child will require a procedure while in attendance at the service. Parents/guardians and the service should liaise with either the child's medical practitioner or other appropriate service providers to establish such an arrangement. Arrangements must be formalised following enrolment and prior to the child commencing at the service.

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

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

- Where a child over preschool age can self-administer medication/medical procedures, written authorisation must be provided by the child's parent/guardian.
- Parents/guardians will provide written details of the medical information and administration protocols from the child's medical/specialist medical practitioner(s).
- The self-administration of medication or medical procedures by children over preschool age will be undertaken only under the supervision of an educator with current approved first aid qualifications
- Authorisation for the child to self-administer medication is recorded in the medication record for the child under Regulation 92 and
- The medical conditions policy (this policy) includes practices for self-administration of medication (Regulations 96).

### LEGISLATION AND STANDARDS

Relevant legislation and standards include but are not limited to:

- Education and Care Services National Law Act 2010: Section 173
- Education and Care Services National Regulations 2011: Regulations 90, 91, 96
- Health Records Act 2001 (Vic)
- National Quality Standard, Quality Area 2: Children's Health and Safety
- National Quality Standard, Quality Area 7: Governance and Leadership
- Occupational Health and Safety Act 2004 (Vic)
- Public Health and Wellbeing Act 2008 (Vic)
- Public Health and Wellbeing Regulations 2009 (Vic)

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: [www.legislation.vic.gov.au](http://www.legislation.vic.gov.au)
- Commonwealth Legislation – Federal Register of Legislation: [www.legislation.gov.au](http://www.legislation.gov.au)



### DEFINITIONS

The terms defined in this section relate specifically to this policy.

**Hygiene:** The principle of maintaining health and the practices put in place to achieve this.

**Medical condition:** In accordance with the Education and Care Services National Regulations 2011, the term medical condition includes asthma, diabetes or a diagnosis that a child is at risk of anaphylaxis, and the management of such conditions.

**Medical management plan:** A document that has been prepared and signed by a doctor that describes symptoms, causes, clear instructions on action and treatment for the child's specific medical condition, and includes the child's name and a photograph of the child. An example of this is the Australasian Society of Clinical Immunology and Allergy (ASCIA) Action Plan.



## SOURCES AND RELATED POLICIES

### SOURCES

- Staying Healthy: Preventing infectious diseases in early childhood education and care services (5th edition, 2013) National Health and Medical Research Council: <https://www.nhmrc.gov.au/about-us/publications/staying-healthy-preventing-infectious-diseases-early-childhood-education-and-care-services>
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2020: [www.acecqa.gov.au](http://www.acecqa.gov.au)
- Ambulance Victoria: How to call card: <https://www.ambulance.vic.gov.au/wp-content/uploads/2019/08/How-To-Call-Card.pdf>
- Dealing with medical conditions in children policy and procedure guidelines - [www.acecqa.gov.au](http://www.acecqa.gov.au)

### RELATED POLICIES

- Administration of First Aid
- Administration of Medication
- Anaphylaxis and Allergic Reactions
- Asthma
- Dealing with Infectious Diseases
- Diabetes
- Epilepsy
- Incident, Injury, Trauma and Illness
- Privacy and Confidentiality
- Supervision of Children



## EVALUATION

In order to assess whether the values and purposes of the policy have been achieved, the approved provider will:

- regularly seek feedback from educators, parents/guardians, children, management and all affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- ensure that all information on display and supplied to parents/guardians regarding the management of medical conditions is current
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk (*Regulation 172 (2)*).



## ATTACHMENTS

- Attachment 1: Risk Assessment and Communication Plan Guideline





#### **AUTHORISATION**

This policy was adopted by the approved provider of Whittlesea Family Day Care on 30 October, 2024.

**REVIEW DATE:** 30 October 2025

## ATTACHMENT 1. RISK MANAGEMENT AND COMMUNICATION PLAN GUIDELINES

When developing a risk minimisation plan ensure:

- that risks relating to the child's specific health care needs, allergy or relevant medical condition are assessed and minimised;
- if relevant, policies and procedures in relation to safe handling, preparation, consumption, and service of food, are developed and implemented;
- if relevant, policies and procedures to ensure parents are notified of any known allergens posing a risk to a child, and strategies for minimising risks, are developed and implemented;
- policies and procedures ensuring all educators and volunteers can identify the child, the child's medical management plan, and the locations of the child's medication, are developed and implemented;
- if relevant, policies and procedures to ensure the child does not attend the service without medication prescribed by the child's medical practitioner in relation to the child's specific health care need, allergy or relevant medical condition, are developed and implemented;

When developing a communication plan ensure:

- educators and volunteers are informed about the medical conditions policy, and the medical management plans, and risk minimisation plans for the child;
- educators must sign the Risk Minimisation and Communication Plan to indicate they understand the triggers, allergens and risk involved;
- the child's parents/guardians can communicate any changes to the medical management plan, and risk minimisation plan for the child, and set out how that communication can occur;
- to advise parents/guardians when a medical management plan has been implemented in response to a child's medical condition;
- the medication and incident, injury, illness and trauma records are completed as soon as practicable after a medical management plan has been implemented and medication was administered;
- that the nominated supervisor is notified when a medical action plan has been implemented;
- all relevant children's medical management plans (with photo), allergens, food restrictions, condition triggers, and any other relevant information, are accessible to all educators and volunteers at the service;

Ensure that all medications prescribed for children with medical management plans are:

- stored in a location that is known and easily accessible to all educators;
- a copy of the medical management plan is with the medication;
- not locked away;
- inaccessible to children; and
- away from a direct source of heat.

Ensure all educators have knowledge of the regular medications and method of administration of these for all children with medical management plans. These may include, but is not limited to asthma puffers, spacers, and adrenaline auto injection devices such as EpiPen®

Educators, regardless of whether they have a child diagnosed at risk of anaphylaxis, are to complete training in the administration of the auto injection device, asthma and CPR every 12 months, and record this in the educator's records.

Display a list of children with medical conditions, including known triggers or allergens, doctor's contact details, and emergency contact details. This list also needs to be included in the Evacuation Backpacks.

Promptly communicate to parents/guardians any concerns, should it be considered that a child's medical condition is impacting on his/her ability to participate fully in all activities.



## PURPOSE

This policy will provide clear guidelines to ensure the safe delivery and collection of children attending Whittlesea Family Day Care by ensuring:

- children are given into the care of a parent/guardian or authorised nominee named in the child’s enrolment record, or a person authorised by the parent/guardian or authorised nominee
- children leave in accordance with the written authorisation of the child’s parent or authorised nominee
- Children are taken on an excursion or on transportation provided or arranged by the service, with written authorisation from the parent or authorised nominee
- Children are given into the care of a person, or taken outside the premises, because the child requires medical, hospital or ambulance care or treatment, or because of another emergency



## POLICY STATEMENT

### VALUES

Whittlesea Family Day Care is committed to:

- the safety, health and wellbeing of the children at our service
- ensuring all Whittlesea Family Day Care policies and procedures safeguard the safe delivery and collection of children being educated and cared for at the service
- ensuring that service leaders and educators are provided with the necessary training and support to implement the policies and procedures for the delivery of children to, and collection from, the service premises
- meeting its duty of care obligations under the law

### SCOPE

This policy applies to the approved provider, persons with management or control, nominated supervisor, persons in day-to-day charge, educators, students, volunteers, parents/guardians, children, and others attending the programs and activities of Whittlesea Family Day Care, including during offsite excursions and activities.

<b>RESPONSIBILITIES</b>	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Educators	Parents/guardians	Contractors, volunteers and students
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Ensuring that obligations under the <i>Education and Care Services National Law and National Regulations</i> are met	R	√	√	√	√
Ensuring parents/guardians have completed the authorised nominee ( <i>refer to Definitions</i> ) section of their child's enrolment form, and that the form is signed and dated ( <i>refer to Enrolment and Orientation Policy</i> ) <i>Regulation 160, 161</i>	R	√	√	√	
Providing an attendance record ( <i>refer to Definitions</i> ) that meets the requirements of <i>Regulation 158(1)</i> and ensure the arrival and departure times are recorded by the parent/guardian or authorised nominee on delivery and collection of their child from the service every day	R	√	√		
Ensuring the arrival and departure times are recorded in the attendance record is by the parent/guardian, authorised nominee, nominated supervisor or an educator, detailing the child's time of arrival and departure from the service ( <i>Regulation 158(1)</i> )	R	√	√	√	√
When an Educator accepts before and after school care, they accept the responsibility of delivering to and collecting the child/ren from school as part of the care arrangement. Educators are required to accompany all FDC children to and from the schoolyard gate. Educators may charge a travel fee for each trip to and from the school where the Educator uses a vehicle.			√	√	
When the Educator delivers child/ren to a Primary School/Kindergarten or similar service, the Educator must record the time the child out through Harmony Web. This records the time the Educator relinquishes responsibility for the child to the school.	R	R	R		
When an Educator collects child/ren from school the Educator must record the time the child/ren are collected from the school through the third party software provider, Harmony Web. This records the time the Educator becomes responsible for the care of the children.	R	R	R		
Developing safety procedures for the mass arrival and departure of children from the service	R	√	√		
Ensuring educators and parents are aware that their child has arrived at/been collected from the service and to have procedures in place to ensure this process			√	√	√
Ensuring a child does not leave the service except with a parent/guardian or authorised nominee, or with the written authorisation of one of these ( <i>refer to Attachment 2</i> ) or in the case of a medical or other emergency ( <i>Regulation 99</i> ) ( <i>refer to Acceptance and Refusal of Authorisations Policy, Dealing with Medical Conditions Policy, Incident, Injury Trauma and Illness Policy and Child Safe Environment Policy</i> )	R	√	√		√
Refusing to allow a child to depart from the service with a person who is not the parent/guardian or authorised nominee, or where there is no written authorisation of one of these ( <i>refer to Attachment 2</i> ) ( <i>refer also to Acceptance and Refusal of Authorisations Policy</i> )	R	√	√	√	√

Not allowing collection of a child/ren that breaches a Parenting order ( <i>refer to Right of Access Policy</i> )	R		√	√	
Ensuring a child is not taken outside the service premises on an excursion or regular outing except with the written authorisation of a parent/guardian or authorised nominee ( <i>refer to Excursions and Service Events Policy</i> )	R	√	√	√	√
Ensuring authorisation procedures are in place for excursions, regular outings, and other service events ( <i>refer to Excursions and Service Events Policy</i> ), including the authorisation for transporting children ( <i>Regulation 102D</i> )	R	R	√		
Ensuring that there are procedures in place when a child is given into the care of another person, such as for a medical or other emergency ( <i>refer to Emergency and Evacuation Policy and Incident, Injury, Trauma and Illness Policy</i> )	R	√			
Implementing the authorisation procedures outlined in <i>Attachment 1</i> in the event that a parent/guardian or authorised nominee telephones the service to advise that a person not listed on their child's enrolment form will be collecting their child	R	√	√		
Ensuring that parents/guardians or authorised nominees are contacted in the event that an unauthorised person arrives to collect a child from the service, and that appropriate procedures are followed ( <i>refer to Attachment 1</i> )	R	√	√		
Following the authorisation procedures ( <i>refer to Attachment 1</i> ) and contacting the parents/guardians or authorised nominees if an unauthorised person arrives to collect a child from the service	R	√	√		
Following the procedures to ensure the safe collection of children ( <i>refer to Attachment 3</i> )	R	√	√	√	√
Following procedures in the event that an inappropriate person ( <i>refer to Definitions</i> ) attempts to collect a child from the service ( <i>refer to Attachment 3</i> )	R	√	√		√
Informing the approved provider as soon as is practicable, but within 24 hours, if a child has left the service unattended by an adult or with an unauthorised person ( <i>refer to Definitions</i> )		√	√		√
Keeping a written record of all visitors to the service, including time of arrival and departure	R	√	√		
Ensuring procedures are in place for the care of a child who has not been collected from the service on time ( <i>refer to Attachment 4</i> )	R	√			
Following procedures for the late collection of children ( <i>refer to Attachment 4</i> )	R	√	√	√	√
Collecting their child on time at the end of each session/day				√	
Children must arrive and depart from care accompanied by either the parent/guardian or authorised person/s over the age of 18 years named in the child's registration record, and nominated by the parent			√	√	
Alerting the service if they are likely to be late collecting their child				√	

A non-core rate may apply to late collection of children <i>Fees Policy</i>				√	
Ensuring that the educator-to-child ratios are maintained at all times children are in attendance at the service (including when children are collected late from the service) according to the requirements of <i>Regulations 123 and 360 (refer also to Supervision of Children Policy)</i>	R	√	√		√
Should any incidents occur relating to the delivery of children to, or collection from, the service premises, ensuring that the response meets all regulatory requirements, including implementing the <i>Incident, injury, trauma and illness policy (Regulations 86 and 87)</i>	R	√	√		√
Ensuring children are adequately supervised at all times ( <i>refer to Supervision of Children Policy</i> )	R	√	√		√
Supervising their own child before signing them into the program and after they have signed them out of the program				√	
Supervising other children in their care, including siblings, while attending or assisting at the service				√	
Ensuring the entry/exit doors and gates are kept closed during program hours	R	√	√	√	√
Notifying DET in writing within 24 hours, and the parents as soon as is practicable, in the event of a serious incident ( <i>refer to Definitions</i> ), including when a child has left the service unattended by an adult or with an unauthorised person ( <i>Regulations 12, 86, 176</i> )	R	√	√		
Providing parents/guardians with information regarding procedures for delivery and collection of children prior to their child's commencement at the service	R	√			
Ensuring that educators and parents/guardians comply with the service's <i>Road Safety and Safe Transport Policy</i>	R	√	√	√	√
Displaying an up-to-date list of the telephone numbers of the Approved Provider, DET, Child FIRST, DHS Child Protection Service and the local police station	R	√	√		



## BACKGROUND AND LEGISLATION

### BACKGROUND

A duty of care exists at all times the child is attending a children's service. In addition, the service has a duty of care to a child while they are on the service's premises even if they haven't yet been signed into the service or has been signed out of the service and is legally under the care and supervision of the parent/guardian (*refer to Supervision of Children Policy*).

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

## LEGISLATION AND STANDARDS

Relevant legislation and standards include but are not limited to:

- Children, Youth and Families Act 2005 (Vic)
- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
- Family Law Act 1975 (Cth)
- National Quality Standard, Quality Area 2: Children’s Health and Safety

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: [www.legislation.vic.gov.au](http://www.legislation.vic.gov.au)
- Commonwealth Legislation – Federal Register of Legislation: [www.legislation.gov.au](http://www.legislation.gov.au)



## DEFINITIONS

The terms defined in this section relate specifically to this policy.

**Inappropriate person:** A person who may pose a risk to the health, safety or wellbeing of any child attending the education and care service, or whose behaviour or state of mind make it inappropriate for him/her to be on the premises e.g. a person under the influence of drugs or alcohol (*National Law: Section 171(3)*).

**Unauthorised person:** (in relation to this policy) is any person who has not been listed as an authorised nominee on the child’s enrolment form.



## SOURCES AND RELATED POLICIES

### SOURCES

- Australian Children’s Education and Care Quality Authority (ACECQA): [www.acecqa.gov.au](http://www.acecqa.gov.au)
- Department of Education and Training (DET) Licensed Children’s Services, phone 1300 307 415 or email [licensed.childrens.services@edumail.vic.gov.au](mailto:licensed.childrens.services@edumail.vic.gov.au)

### RELATED POLICIES

- Acceptance and Refusal of Authorisations
- Child Safe Environment and Wellbeing
- Dealing with Medical Conditions
- Emergency and Evacuation
- Enrolment and Orientation
- Excursions and Service Events
- Fees
- Incident, Injury, Trauma and Illness
- Privacy and Confidentiality
- Road Safety and Safe Transport
- Right of Access
- Supervision of Children



## EVALUATION

In order to assess whether the values and purposes of the policy have been achieved, the approved provider will:

- regularly seek feedback from everyone affected by the policy regarding its effectiveness

- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk (*Regulation 172 (2)*).



## ATTACHMENTS

- Attachment 1: Authorisation procedures
- Attachment 2: Authorisation Form
- Attachment 3: Procedures to ensure the safe collection of children
- Attachment 4: Procedures for the late collection of children

## AUTHORISATION

This policy was adopted by the approved provider of Whittlesea Family Day Care on 30 October 2024

**REVIEW DATE:** 30 October 2025





## ATTACHMENT 1. AUTHORISATION PROCEDURES

These procedures are to be followed when a child is collected by an unauthorised person, including where a parent/guardian or authorised nominee telephones the service to notify that such a person will be collecting their child.

The nominated supervisor will:

- request that the parent/guardian or authorised nominee email/text the authorisation if it is possible to do so, detailing the name, address and telephone number of the person who will be collecting the child
- accept a verbal authorisation if it is not possible for the parent/guardian or authorised nominee to provide authorisation via email or text, provided the following procedure is followed:
  - all details of the person collecting the child, including the name, address and telephone number of the person must be obtained
  - the verbal authorisation is documented and stored with the child's enrolment record for follow-up
  - photo identification is obtained to confirm the person's identity on arrival at the service
  - ensure that parents/guardians or authorised nominees follow up a verbal authorisation by completing an Authorisation Form (*refer to Attachment 2*) when next at the service, or by adding details of the new authorised nominee to the child's enrolment form
  - ensure that text or email authorisation is stored with the child's enrolment record
  - ensure the attendance record is completed prior to child leaving the service
  - refuse to release a child where authorisation is not/cannot be provided by the parent/guardian or authorised nominee
  - contact police if the safety of the child or service educators are threatened
  - A non-core rate may apply to late collection of children (*refer to Attachment 4*) if required
  - notify the approved provider in the event that written authorisation is not provided for further follow-up

## ATTACHMENT 2. AUTHORISATION FORM

### Authorisation form

To be used as a follow-up to a verbal/email authorisation when the parent/guardian or authorised nominee is next at the service

I \_\_\_\_\_ authorised by telephone/email (please circle)

for my child/ren (write name/s) \_\_\_\_\_ to be

collected from Whittlesea Family Day Care on \_\_\_\_\_ by \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

This was a one-off occasion and this person is **not** to be included on my child's enrolment form as an authorised nominee to collect my child on an ongoing basis.

Signed: \_\_\_\_\_ (Parent/guardian or authorised nominee)

Date: \_\_\_\_\_

This form will be attached to the child's enrolment form.

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### Authorisation form

To be used where the parent/guardian or authorised nominee is able to provide prior written authorisation

I \_\_\_\_\_ authorise

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

to collect my child/ren (write name/s) \_\_\_\_\_

from Whittlesea Family Day Care on \_\_\_\_\_.

This will be a one-off occasion and this person is **not** to be included on my child's enrolment form as an authorised nominee to collect my child on an ongoing basis.

Signed: \_\_\_\_\_ (Parent/guardian or authorised nominee)

Date: \_\_\_\_\_

This form will be attached to the child's enrolment form.

### ATTACHMENT 3. PROCEDURES TO ENSURE THE SAFE COLLECTION OF CHILDREN

Early childhood professionals have a duty of care not to endanger children at the service by knowingly placing them in a situation that could reasonably be expected to be dangerous, including releasing a child into the care of an inappropriate person (*refer to Definitions*) including a person who may pose a risk to the safety, health or wellbeing of any child/ren at the service.

Where an educator believes that the parents/guardians or authorised nominee may be ill, affected by alcohol or drugs, or not able to safely care for the child, the following procedures must be followed.

- Consult with the nominated supervisor or the approved provider, if possible.
- Advise the person collecting the child of their concerns and suggest contacting an alternative authorised nominee to collect the child.
- If the nominated supervisor or the approved provider fears for the safety of the child, themselves or other educators at any time, call 000 or contact the police immediately.
- Complete the Incident, Injury, Trauma and Illness Record and file with the child's enrolment form.
- Inform the approved provider as soon as is practicable, and at least within 24 hours of the incident.
- Inform the Regulatory Authority (DET) within 24 hours of a serious incident occurring (*refer to Definitions*).

## ATTACHMENT 4. PROCEDURES FOR THE LATE COLLECTION OF CHILDREN

### Scenario 1: The service has been notified of the late collection

Where a parent/guardian or authorised nominee has notified the service that they will be late collecting their child, the nominated supervisor is responsible for:

- ensuring that the educator-to-child ratios are maintained at all times children are in attendance at the service
- contacting parents/guardians or the authorised nominee if the child has not been collected by the agreed time, and informing the approved provider of the situation
- following the steps listed in scenario 3 (below) if parents/guardians or the authorised nominee do not arrive to collect the child and cannot be contacted.

### Scenario 2: The service has not been notified of the late collection

Where a parent/guardian or authorised nominee is late collecting their child and has not notified the service that they will be late, the nominated supervisor is responsible for:

- ensuring that the educator-to-child ratios are maintained at all times children are in attendance at the service
- contacting parents/guardians or the authorised nominee to request collection
- informing the approved provider of the situation
- following the steps listed in scenario 3 (below) if the parents/guardians or authorised nominee cannot be contacted.

### Scenario 3: The child has not been collected and a parent/guardian/authorised nominee is unable to be contacted

Where the parent/guardian or authorised nominee is late collecting their child and is unable to be contacted, the nominated supervisor is responsible for:

- ensuring that the educator-to-child ratios are maintained at all times children are in attendance at the service
- contacting Child FIRST or the local police if a child has not been collected within a set time period (to be determined by the service)
- notifying DE as soon as is practicable
- informing the approved provider of the situation.
- To minimise the impact on the child of not being collected by their parent/guardian,
- Educators will continue to care for the child for as long as practicably possible.
- A child is deemed to be abandoned after 3 hours have passed since the agreed collection time and the parent/guardian has not made contact.

The following strategies will be implemented to ensure the child is reunited with their families, where appropriate, as soon as possible.

#### **Educators will:**

- Attempt to contact the parents/guardians at work or home.
- If unable to contact a parent attempt to contact the authorised people nominated as
- emergency contacts.
- Inform the FDC Coordination Unit, or emergency/afterhours contact person on 0428 791 075 when the child has not been collected one hour passed the agreed time.
- Continue to care for the child for a period as discussed and agreed upon with the Coordinator of Early Years Service Delivery.
- The Educator's commitments and family situation will be considered when discussing the continuation of care.
- If the child is still uncollected, the Educator must contact the FDC Coordination Unit, to discuss the situation.
- The FDC Coordination Unit will:
  - Discuss the continuation of care with the Educator, taking into consideration the Educators commitments, and family situation.
  - If still unable to contact the parent or nominated emergency contacts after three hours, or less if Educator is unable to continue the care, contact the Police and DE to notify them of an abandoned or uncollected child.
  - If it is not possible for the child to remain in the care of the Educator then the Educator must discuss the situation with the FDC Coordinator, or the after hours emergency contact person.
  - The FDC Coordination Unit will endeavour to find alternative care.
  - Call the local Police Station for their suburb, which will make alternative care arrangements.



## PURPOSE

To ensure that enrolled children living with type 1 diabetes and their families are supported, while children are being educated and cared for by the service.

This Diabetes Policy should be read in conjunction with the Dealing with Medical Conditions Policy of Whittlesea Family Day Care.



## POLICY STATEMENT

### VALUES

Whittlesea Family Day Care believes in ensuring the safety and wellbeing of children living with type 1 diabetes, and is committed to:

- Providing a safe and healthy environment in which children can participate fully in all aspects of the program
- Actively involving parents/guardians in developing a risk minimisation plan for the service for each child to minimise health risk
- Ensuring that all educators and other adults at the service have adequate knowledge of diabetes and procedures to be followed in the event of a diabetes-related emergency
- Facilitating ongoing communication between the service and family to ensure the safety and wellbeing of children living with type 1 diabetes.

### SCOPE

This policy applies to the approved provider, persons with management or control, nominated supervisor, persons in day-to-day charge, educators, students, volunteers, parents/guardians, children, and others attending the programs and activities of Whittlesea Family Day Care, including during offsite excursions and activities.

RESPONSIBILITIES	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Educators	Parents/guardians
Ensuring that a <i>Diabetes Policy</i> is developed, implemented and complied with by all educators, parents/guardians, students and volunteers at Whittlesea Family Day Care <i>Regulation 90</i>	R	√	√	√
Ensuring that at least one educator with current approved first aid qualifications ( <i>refer to Definitions</i> ) is in attendance and immediately available at all times that children are being educated and cared for by the service ( <i>Regulation 136(1) (a)</i> ).	R	√	√	

This can be the same person who has anaphylaxis management training and emergency asthma management training				
Ensuring that the nominated supervisor, educators, parents/guardians, students and volunteers at the service are provided with a copy of the <i>Diabetes Policy</i> , including the section on management strategies ( <i>refer to Attachment 1</i> ), and the <i>Dealing with Medical Conditions Policy (Regulation 91)</i>	R	√	√	√
Ensuring that all educators and volunteers can identify the child living with diabetes, the child's medical management plan and the location of the child's medication are developed and implemented ( <i>Regulation 90</i> )	R	√	√	
Ensuring that the programs delivered at the service are inclusive of children living with type 1 diabetes ( <i>refer to Inclusion and Equity Policy</i> ), and can participate in all activities safely and to their full potential	R	√	√	
Ensuring that the nominated supervisor, educators and volunteers at the service are aware and have discussed the child's diabetes action and management plan with their parents/guardians. This plan details the strategies to be implemented for the child's diabetes management at the service ( <i>refer to Attachment 1</i> )	R	√	√	
Following and implementing the diabetes management strategies detailed on the child's diabetes action and management plan while at the service ( <i>refer to Attachment 1</i> )		√	√	
Administering medications as required, in accordance with the procedures outlined in the <i>Administration of Medication Policy (Regulation 93)</i>	R	R	√	
Ensuring that educators have access to appropriate professional development opportunities and are adequately resourced to work with children living with type 1 diabetes and their families	√	√	√	√
Compiling a list of children (including their photograph) living with type 1 diabetes and placing it in a secure but readily accessible location known to all educators, such as the diabetes action and management plan for each child	R	√	√	√
Ensuring that each enrolled child who is diagnosed with diabetes has a current diabetes action and management plan prepared specifically for that child by their diabetes medical specialist team, at enrolment or prior to commencement <i>Regulation 90</i>	R	√		√
Ensuring that the nominated supervisor, educators, students, volunteers and others at the service follow the child's diabetes action and management plan in the event of an incident at the service relating to their diabetes	R	√	√	
Ensuring that a risk minimisation plan is developed for each enrolled child living with type 1 diabetes in consultation with the child's parents/guardians, in accordance with <i>Regulation 90(iii)</i>	R	√		√
Providing the service with a current diabetes action and management plan prepared specifically for their child by their diabetes medical specialist team				√

Working with the educator to develop a risk minimisation plan for their child				√
Ensuring that a communication plan is developed for educators and parents/guardians at enrolment in accordance with <a href="#">Regulation 90(iv)</a> , and encouraging ongoing communication between parents/guardians and educators regarding the management of the child's medical condition	R	√	√	√
Working with the educator to develop a communication plan				√
Communicating regularly with parents/guardians regarding the management of their child's diabetes		√	√	√
Ensuring that parents/guardians provide the service with any equipment, medication or treatment, as specified in the child's individual diabetes action and management plan.	R	√		√
Ensuring that programmed activities and experiences take into consideration the individual needs of all children, including children living with type 1 diabetes		√	√	
Ensuring that children living with type 1 diabetes are not discriminated against in any way and are able to participate fully in all programs and activities at the service	R	√	√	
Following appropriate reporting procedures set out in the <a href="#">Incident, Injury, Trauma and Illness Policy</a> in the event that a child is ill or is involved in a medical emergency or an incident at the service that results in injury or trauma ( <a href="#">Regulation 86</a> ).	R	√	√	

## BACKGROUND AND LEGISLATION



### BACKGROUND

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

- The management of medical conditions including administration of prescribed medications
- Procedures requiring parents/guardians to provide a medical management plan if an enrolled child has a relevant medical condition (including diabetes)
- Development of a risk minimisation plan in consultation with a child's parents/guardians
- Development of a communication plan in consultation with educators and the child's parents/guardians.

Diabetes is considered a disability under the [Disability Standards for Education 2005 \(Cth\)](#) and the [Equal Opportunity Act 2010 \(Vic\)](#).

Educators and volunteers must be informed about the practices to be followed in the management of specific medical conditions at the service. Parents/guardians of an enrolled child with a specific health care need, allergy or other relevant medical condition must be provided with a copy of the [Dealing with Medical Conditions Policy](#) (in addition to any other relevant service policies). The [Education and Care Services National Regulations 2011](#) states that an approved provider must ensure that at least one educator with current approved first aid qualifications is in attendance and immediately available at all times that children are being educated and cared for by the service.

Services must ensure that each child with pre-existing type 1 diabetes has a current diabetes action and management plan prepared specifically for that child by their diabetes medical specialist team, at or prior to enrolment, and must implement strategies to assist children with type 1 diabetes. A child's

diabetes action and management plan provides educators with all required information about that child's diabetes care needs while attending the service.

The following lists key points to assist service educators to support children with type 1 diabetes:

- Follow the service's *Dealing with Medical Conditions Policy* (and this *Diabetes Policy*) and procedures for medical emergencies involving children with type 1 diabetes.
- Parents/guardians should notify the service immediately about any changes to the child's individual diabetes action and management plan.
- The child's diabetes medical specialist team may include an endocrinologist, diabetes nurse educator and other allied health professionals. This team will provide parents/guardians with a diabetes action and management plan to supply to the service. Examples can be found here: [www.diabetesvic.org.au/resources](http://www.diabetesvic.org.au/resources)
- Contact Diabetes Victoria for further support, information and professional development sessions.

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

## LEGISLATION AND STANDARDS

Relevant legislation and standards include but are not limited to:

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
- Health Records Act 2001 (Vic)
- National Quality Standard, Quality Area 2: Children's Health and Safety
- Occupational Health and Safety Act 2004 (Vic)
- Privacy and Data Protection Act 2014 (Vic)
- Privacy Act 1988 (Cth)
- Public Health and Wellbeing Act 2008
- Public Health and Wellbeing Regulations 2009 (Vic)

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: [www.legislation.vic.gov.au](http://www.legislation.vic.gov.au)
- Commonwealth Legislation – Federal Register of Legislation: [www.legislation.gov.au](http://www.legislation.gov.au)

## Definitions

The terms defined in this section relate specifically to this policy.

The terms defined below have been reviewed in comparison with their definition as per the Diabetes Australia website. To find more information or an updated definition of the below terms please refer to the [Diabetes Australia website](http://www.diabetesaustralia.com.au)

**Type 1 diabetes:** An autoimmune condition that occurs when the immune system damages the insulin producing cells in the pancreas. Type 1 diabetes is treated with insulin replacement via injections or a continuous infusion of insulin via a pump. Type 1 diabetes is not linked to modifiable lifestyle factors. Currently there is no cure nor can be prevented. Type 1 diabetes can be life threatening. - [Type 1 diabetes - Diabetes Australia](http://www.diabetesaustralia.com.au)

**Type 2 diabetes:** Type 2 diabetes in children is a chronic disease that affects the way your child's body processes sugar (glucose) for fuel. Type 2 diabetes occurs more commonly in adults. If a child at your service is diagnosed with type 2 diabetes, please refer to the *Dealing with Medical Conditions Policy*. For more information about type 2 diabetes visit: [Type 2 Diabetes - Diabetes Australia](http://www.diabetesaustralia.com.au)



**Hypoglycaemia or hypo (low blood glucose):** Hypoglycaemia refers to having a blood glucose level that is lower than normal i.e., below 4 mmol/L, even if there are no symptoms. Neurological symptoms can occur at blood glucose levels below 4 mmol/L and can include sweating, tremors, headache, pallor, poor co-ordination and mood changes. Hypoglycaemia can also impair concentration, behaviour and attention, and symptoms can include a vague manner and slurred speech.

Causes of hypoglycaemia (hypo) are:

- taking too much insulin
- delaying a meal
- consuming an insufficient quantity of carbohydrate at a meal
- undertaking unplanned or unusual exercise
- illness

It is important to treat hypoglycaemia promptly and appropriately to prevent the blood glucose level from falling even lower, as very low levels can lead to loss of consciousness and possibly convulsions. Never leave the child alone during a hypo episode.

The child's diabetes action and management plan will provide specific guidance for services in preventing and treating a hypo. - [Hypoglycaemia - Diabetes Australia](#)

**Hyperglycaemia (high blood glucose):** Hyperglycaemia occurs when the blood glucose level rises above 15 mmol/L. Hyperglycaemia symptoms can include increased thirst, tiredness, irritability and extra toilet visits, affect thinking, concentration, memory, problem-solving and reasoning. Common causes include but are not limited to:

- taking insufficient insulin/or missed insulin does
- eating more carbohydrate than planned
- common illnesses or infections such as a cold
- excitement of stress.

The child's diabetes action and management plan will provide specific guidance in preventing and treating a high glucose level (hyperglycaemia). - [Hyperglycaemia - Diabetes Australia](#)

**Insulin:** Medication prescribed and administered by injection or continuously by a pump device to lower the blood glucose level. In the body, insulin allows glucose from food (carbohydrates) to be used as energy and is essential for life. - [Insulin - Diabetes Australia](#)

**Blood glucose meter:** A compact device used to check a small blood drop sample to determine the blood glucose level. - [Blood glucose monitors - Diabetes Australia](#)

**Continuous Glucose Monitor:** Continuous Glucose Monitoring (CGM) is a means of measuring glucose levels continuously, in contrast to a blood glucose meter that measures a single point in time. A Continuous Glucose Monitoring System sensor is inserted into the skin separately to the insulin pump and measures the level of glucose in the interstitial fluid (fluid in the tissue).

The sensor continuously sends real-time glucose readings wirelessly to a receiver (the insulin pump, a smart phone or dedicated device) so the user can view the information. The CGM receiver and/or compatible smart device can usually be set to send custom alerts to the user when certain glucose thresholds are reached or if levels are changing rapidly, reducing or eliminating the need for blood glucose finger prick tests and enabling early intervention to prevent the person becoming 'hypo' or 'hyper'. Children in Australia with type 1 diabetes have free access to CGM technology. - [Continuous glucose monitoring - Diabetes Australia](#)

**Flash Glucose Monitor:** Flash Glucose Monitoring (FGM) uses a sensor attached to the skin, much like a continuous glucose monitor, to measure glucose levels without finger pricks. In contrast to CGM, the FGM sensor will not continuously send readings to a device. The reader (certain blood glucose monitors and smart phones) is scanned over the sensor to obtain the data. [Flash glucose monitoring - Diabetes Australia](#)

**Insulin pump:** An insulin pump is a small battery-operated electronic device that holds a reservoir of insulin. It is about the size of a mobile phone and is worn 24 hours a day. The pump is programmed to deliver insulin into the body through thin plastic tubing known as the infusion set or giving set. The

pump is worn outside the body, in a pouch or on your belt. The infusion set has a fine needle or flexible cannula that is inserted just below the skin where it stays in place. - [Insulin pumps - Diabetes Australia](#)

**Ketoacidosis:** Ketoacidosis is related to hyperglycaemia, it is a serious condition associated with illness or very high blood glucose levels in type 1 diabetes. It develops gradually over hours or days. It is a sign of insufficient insulin. High levels of ketones can make children very sick. Extra insulin is required (given to children by parents/guardians) when ketone levels are >0.6 mmol/L if insulin is delivered via a pump, or >1.0 mmol/L if on injected insulin.

Symptoms of ketoacidosis may include high blood glucose levels and moderate to heavy ketones in the urine with rapid breathing, flushed cheeks, abdominal pain, sweet acetone (similar to paint thinner or nail polish remover) smell on the breath, vomiting and/or dehydration.

This is a serious medical emergency and can be life threatening if not treated properly. If the symptoms are present, contact a doctor or call an ambulance immediately. - [Ketoacidosis - Diabetes Australia](#)



## SOURCES AND RELATED POLICIES

### SOURCES

- Caring for Diabetes in Children and Adolescents, Royal Children's Hospital Melbourne: <http://www.rch.org.au/diabetesmanual/>
- Diabetes Victoria, multiple resources available to download here: [www.diabetesvic.org.au/resources](http://www.diabetesvic.org.au/resources)
- Information about professional learning for teachers (i.e. *Diabetes in Schools* one day seminars for teachers and early childhood educators), sample management plans and online resources.
- Diabetes Victoria, Professional development program for schools and early childhood settings: [https://www.diabetesvic.org.au/how-we-help-detail?tags=Left-Mega-Nav%2FSchools&content\\_id=a1R9000000HsgqyEAB&bdc=1](https://www.diabetesvic.org.au/how-we-help-detail?tags=Left-Mega-Nav%2FSchools&content_id=a1R9000000HsgqyEAB&bdc=1)
- Diabetes in Schools - Resources and Information: <https://www.diabetesinschools.com.au/resources-and-information/>

### RELATED POLICIES

- Administration of First Aid
- Administration of Medication
- Child Safe Environment and Wellbeing
- Dealing with Medical Conditions
- Enrolment and Orientation
- Excursions and Service Events
- Food Safety
- Hygiene
- Incident, Injury, Trauma and Illness
- Inclusion and Equity
- Nutrition, Oral Health and Active Play
- Occupational Health and Safety
- Privacy and Confidentiality
- Supervision of Children

## EVALUATION

In order to assess whether the values and purposes of the policy have been achieved, the approved provider will:

- selectively audit enrolment checklists (for example, annually) to ensure that documentation is current and complete



- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service’s policy review cycle, or following a hypo emergency at the service, to identify any changes required
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk (*Regulation 172 (2)*).



## ATTACHMENTS

- Attachment 1: Strategies for the management of diabetes in children at the service



## AUTHORISATION

This policy was adopted by the approved provider of Whittlesea Family Day Care on 30 October 2024

**REVIEW DATE:** 30 October 2025

## ATTACHMENT 1. STRATEGIES FOR THE MANAGEMENT OF DIABETES IN CHILDREN AT THE SERVICE

Strategy	Action
<b>Monitoring of glucose levels</b>	<ul style="list-style-type: none"> <li>• Checking of glucose levels is performed using either a fingerpick blood glucose monitor, continuous glucose monitoring or a flash glucose monitoring (refer to Definitions). The child's diabetes action and management plan should state the times that glucose levels should be checked, the method of relaying information to parents/guardians about glucose levels and any intervention required if the glucose level is found to be below or above the child's target glucose range. A communication book can be used to provide information about the child's glucose levels between parents/guardians and the service at the end of each session.</li> <li>• Children will need assistance with checking their glucose levels and if required to do a fingerpick blood glucose check.</li> <li>• Parents/guardians should be asked to teach service educators about glucose checking procedures.</li> <li>• Parents/guardians are responsible for supplying a fingerpick blood glucose monitor and in-date test strips if required for their child while at the service.</li> </ul>
<b>Managing hypoglycaemia (hypos)</b>	<ul style="list-style-type: none"> <li>• Hypos should be recognised and treated promptly, according to the instructions provided in the child's diabetes action and management plan.</li> <li>• Parents/guardians are responsible for providing the service with oral hypoglycaemia treatment (hypo food) for their child in an appropriately labelled container.</li> <li>• This hypo container must be securely stored and readily accessible to all educators.</li> </ul>
<b>Administering insulin</b>	<ul style="list-style-type: none"> <li>• Administration of insulin during service hours may be required; this will be specified in the child's diabetes action and management plan.</li> <li>• As a guide, insulin for service-aged children may be administered via: <ul style="list-style-type: none"> <li>○ Twice daily injections: before breakfast and dinner at home</li> <li>○ multiple daily injections: either before meals or other specified times as indicated on the child's diabetes management plan</li> <li>○ by a small insulin pump worn by the child</li> <li>○ If insulin is required to be administered by the educators, then it is recommended that they receive skills-based training from the child's diabetes treating team.</li> </ul> </li> </ul>
<b>Managing ketones</b>	<ul style="list-style-type: none"> <li>• Fingerpick blood ketone checking may be required when their blood glucose level is greater than or equals 15.0 mmol/L.</li> <li>• Refer to the child's diabetes action and management plan.</li> </ul>
<b>Off-site excursions and activities</b>	<ul style="list-style-type: none"> <li>• With good planning, children should be able to participate fully in all service activities, including attending excursions.</li> <li>• The child's diabetes action and management plan should be reviewed prior to an excursion, with additional advice provided by the child's parents/guardians, as required.</li> </ul>
<b>Infection control</b>	<ul style="list-style-type: none"> <li>• Infection control procedures must be developed and followed. Infection control measures include being informed about ways to prevent infection and cross-infection when checking fingerpick blood glucose levels ensure child's hands are washed and dried prior to check</li> </ul> <p>Ensure educators checking fingerpick blood glucose level:</p> <ul style="list-style-type: none"> <li>• wear disposable gloves</li> <li>• use the child's own lancet device</li> </ul>

	<ul style="list-style-type: none"> <li>ensure it is stored safely so it cannot be used by other children; if more than one child living with type 1 diabetes at the service, never share lancet devices; educators should not remove the lancet from the device</li> <li>safely disposing of all medical waste.</li> <li>if insulin injections are administered at the service, educators should be instructed on the safe removal of the pen needle (without manually handling it) by the child's diabetes treating team, to avoid a possible needlestick injury.</li> <li>a sharps' container to be supplied by parents/guardians if insulin injections are administered at the service, for the disposal of used pen needles.</li> </ul>
<b>Timing meals</b>	<ul style="list-style-type: none"> <li>Most meal requirements will fit into regular service routines.</li> <li>Children living with type 1 diabetes require extra supervision at meal and snack times to ensure that they eat all their carbohydrates. If an activity is running overtime, children with diabetes <u>cannot have delayed mealtimes. Missed or delayed carbohydrate is likely to induce hypoglycaemia (hypo).</u></li> </ul>
<b>Physical activity</b>	<ul style="list-style-type: none"> <li>Some children living with diabetes may require carbohydrate food before planned extra physical activity. Their diabetes management plan will provide specific guidance</li> <li>Refer to the child's diabetes action and management plan for specific requirements in relation to physical activity.</li> </ul>
<b>Participation in special events</b>	<ul style="list-style-type: none"> <li>The service should seek parents/guardians' advice regarding foods for special events such as parties/celebrations</li> </ul>
<b>Communicating with parents</b>	<ul style="list-style-type: none"> <li>Services should communicate directly and regularly with parents/guardians to ensure that their child's individual diabetes action and management plan is current.</li> <li>Services should establish a mutually agreeable home-to-service means of communication to relay health information and any health changes or concerns.</li> <li>Setting up a communication book is recommended and, where appropriate, make use of emails and/or text messaging.</li> </ul>

# EMERGENCY AND EVACUATION

QUALITY AREA 2



## PURPOSE

This policy will provide a framework for:

- the development of specific emergency and evacuation procedures, practices and guidelines at Whittlesea Family Day Care
- being informed by a risk assessment that identifies potential emergencies at Whittlesea Family Day Care
- raising the awareness of everyone attending Whittlesea Family Day Care about potential emergency situations and appropriate responses.



## POLICY STATEMENT

### VALUES

Whittlesea Family Day Care is committed to:

- providing a safe environment for all children, educators and persons participating in programs at Whittlesea Family Day Care
- having a plan to manage emergency situations in a way that reduces risk to those present on the premises,
- ensuring effective procedures are in place to manage emergency incidents at the service,
- ensuring an appropriate response during and following emergency incidents to meet the needs of the children, their families, educators and others at the service,
- informing parents/guardians how communication will be provided in a case of emergency.

### SCOPE

This policy applies to the approved provider, persons with management or control, nominated supervisor, persons in day-to-day charge, educators, students, volunteers, parents/guardians, children, and others attending the programs and activities of Whittlesea Family Day Care, including during offsite excursions and activities.

RESPONSIBILITIES	Approved provider and persons with management or control	Nominated supervisor and persons in charge day-to-day	Educators	Parents/guardians
Ensuring the <i>Emergency and Evacuation Policy</i> and procedures are in place	R	√	√	
Taking reasonable steps to ensure that nominated supervisors, educators and volunteers follow the policy and procedures and are aware of their responsibilities ( <i>Regulations 170</i> )	R	√		

Completing the DE Emergency Management Plan ( <i>refer to Definitions</i> ) ( <i>refer to Attachment</i> ), and attaching a copy to this policy	R	√	√	
Ensuring the service's emergency management contact details are up to date on <a href="#">NQA ITS</a> online portal	R	√		
Identifying if the service is in a Bushfire zone, keeping a record of all services in a Bushfire zone and notifying the local CFA	R	√		
Conducting a risk assessment ( <i>refer to Definitions</i> ) to identify potential emergencies that the service may encounter ( <i>Regulation 97(2)</i> ) ( <i>refer to Attachment</i> )	R	√	√	
Conducting a risk assessment ( <i>refer to Definitions</i> ) of emergency evacuation routes and assembly points	R	√	√	
Developing instructions for what must be done in the event of an emergency ( <i>Regulation 97(1)(a)</i> ) ( <i>refer to Attachment</i> )	R	√	√	
Appointing an Incident Management Team (IMT) to oversee safety at the service in the event of an emergency ( <i>refer to Attachment</i> )	R	√	√	
Developing an emergency and evacuation floor plan ( <i>refer to Definitions</i> ) ( <i>Regulation 97(1)(b)</i> ) ( <i>refer to Attachment</i> )	R	√		
Developing instructions for what must be done in the event of an emergency ( <i>Regulation 97(1)(a)</i> ) ( <i>refer to Attachment</i> )	R	√	√	
Ensuring that a copy of the emergency and evacuation floor plan ( <i>refer to Definitions</i> ) and instructions are displayed in a prominent position near each exit at the service premises, and near each exit that forms part of the evacuation route out of the service ( <i>Regulation 97(4)</i> )	R	√	√	
Ensuring that the emergency and evacuation drills ( <i>refer to Definitions</i> ) are rehearsed and documented at least once every 3 months by everyone attending the service. If the service has more than one emergency and evacuation procedure (evacuation and lockdown) all procedures must be rehearsed over the course of the year. ( <i>Regulation 97(3)(a)</i> ) ( <i>refer to Attachment</i> )	R	√	√	
Ensuring that all educators, students, volunteers and visitors are aware of emergency evacuation points	R	√	√	
Ensuring up-to-date portable emergency contact lists are held in each room within the service and that evacuation procedures state who will carry this list during evacuation	R	√	√	
Developing procedures that consider collecting children's medication and managing children's medical conditions	R	√	√	
Providing feedback regarding the effectiveness of emergency and evacuation procedures to inform policy, procedures and manuals etc.	√	√	√	√
Testing alarms (for example smoke alarms) and communication systems regularly	R	√	√	
Ensuring that those working at, or attending the service, have access to a phone for immediate communication with	R	√	√	

parents/guardians and emergency services ( <i>Regulation 98</i> ), and that phone numbers of emergency services are displayed				
Identifying potential onsite hazards and taking action to manage and minimise risks ( <i>refer to Attachment</i> )	R	√	√	
Ensuring all Family Day Care home infrastructure and service equipment are regularly checked for condition and maintenance, including emergency exit signage	R	√	√	
Ensuring the location of first aid kits, fire extinguishers and other emergency equipment are clearly accessible	R	√	√	
Ensuring all emergency equipment is maintained on a regular basis in accordance with requirements specified by regulations, such as the Australian Standards Building Code e.g. fire extinguishers, smoke detectors, evacuation kits	R	√	√	
Providing a fully-equipped portable first aid kit ( <i>refer to Administration of First Aid Policy</i> )	R	√	√	
Ensure that designated emergency exits/routes are kept clear at all times to ensure that everyone can exit safely in the event of an evacuation	R	√	√	
Keeping lock-down ( <i>refer to Definitions</i> ) areas in a state of readiness so they are safe for children, educators and visitors to use	√	√	√	
Attending regular training to ensure that they are able to deal with emergency situations e.g., first aid ( <i>Regulation 136</i> )	R	R	√	
Regularly reviewing, evaluating and updating emergency management plans, manuals and procedures (at least annually or following an emergency incident)	R	√	√	
Developing procedures to debrief educators following emergency incidents ( <i>refer to Incident, Injury, Trauma and Illness Policy</i> )	√	√	√	
Providing support to children before, during and after emergencies		√	√	
Conducting checks of documentation and practices to ensure all requirements of this policy are being complied with	R	√	√	
Informing the nominated supervisor or persons in day-to-day charge or, in their absence, the approved provider or person with management and control, about any serious incidents or notifiable incidents ( <i>refer to Definitions</i> ) at the service			√	
Notifying DE in writing within 24 hours of a serious incident ( <i>refer to Definitions</i> )	R	√		
Completing the Incident, Injury, Trauma and Illness Record ( <i>refer to Definitions</i> ) where required	R	√	√	
Notifying DE within 7 days of an incident that required the service to be closed, or a circumstance that posed a significant risk to the health, safety or wellbeing of a child attending the service ( <i>National Law: Section 174(2)(c); Regulations: 175(2)(b) &amp; (c), 176</i> )	R	√		



Reporting notifiable incidents ( <i>refer to Definitions</i> ) in the workplace to WorkSafe Victoria ( <i>refer to Definitions</i> )	R	√	√	
Engaging with Fire Rescue Victoria and/or Country Fire Authority ( <i>refer to Definitions</i> ) regarding fire safety awareness and training for the service, including demonstrations of fire equipment, basic fire safety, smoke alarm, fire blankets and escape plans	R	√	√	
Identifying educators and children requiring additional assistance in the event of an emergency ( <i>refer to Attachment</i> )	√	√	√	
Ensuring that emergency contact details are provided on each child's enrolment form and that these are kept up to date	R	R	√	√
Ensuring that an attendance record ( <i>refer to Definitions</i> ) is completed and maintained to account for all children attending the service ( <i>Regulation 158</i> )	R	R	R	R
Keeping a written record of all visitors to the service, including time of arrival and departure	R	R	√	
Ensuring all educators, parents/guardians, children, volunteers and students on placement understand the procedures to follow in the event of an emergency	R	R	√	√
Ensuring there are induction procedures in place to inform new educators of the emergency and evacuation policy and procedures	R	√		
Ensuring all educators, parents/guardians, children, volunteers, students on placement and others attending the service are accounted for in the event of an evacuation	R	√	√	
Developing procedures to deal with loss of critical functions, such as power/water shut off	R	√		
Ensuring that children are adequately supervised at all times and protected from hazards and harm ( <i>refer to Supervision of Children Policy</i> )	R	R	R	
Raising children's awareness about potential emergency situations and appropriate responses.		√	√	√

## PROCEDURES

Every service is different; therefore, unique emergency and evacuation procedures are developed for each Family Day Care residence.

Whittlesea Family Day Care Program refer to the Department of Education and Training's Emergency management in early childhood services process. Further information can be located at: [www.education.vic.gov.au/childhood/providers/regulation/Pages/emergencymanagementrequirements.aspx](http://www.education.vic.gov.au/childhood/providers/regulation/Pages/emergencymanagementrequirements.aspx)

## BACKGROUND AND LEGISLATION

### BACKGROUND

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

Comprehensive emergency management includes prevention, preparedness, response and recovery. Services are required to have policies and procedures in place detailing what needs to be done in an emergency,



including an emergency and evacuation floor plan. These policies and procedures must be based on a risk assessment that identifies potential emergencies relevant to the service ([Regulation 97](#)).

Policy and procedures should account for various emergency scenarios. These emergencies can encompass fires, smoke, personal injuries, threats, bomb threats, suspicious mail, biohazards, chemical spills, gas leaks, floods, and other natural disasters. In such situations, it may be necessary to evacuate or implement a lockdown. The policy and procedures must include comprehensive information to effectively handle all potential emergency situations within each specific service environment. Various emergency scenarios can entail varying levels of risk and demand different responses, depending on the location of the service. It is crucial to address these distinctions adequately in the policy and procedures. Every service is different, so it is not sufficient to apply generic policies and procedures to multiple services. You will need to contextualise your policies and procedures to your service's operations and its unique context.

Early childhood services have a duty of care to all attending the facility including the children, educators, volunteers, students, visitors, and contractors.

All services in Victoria are required to have an Emergency Management Plan (EMP) ([refer to Definitions](#)) as part of their everyday operations and are required to regularly rehearse their emergency and evacuation procedures ([Regulation 97](#)). They must:

- Rehearse the procedures every 3 months and document it,
- Involve everyone present at the service at the time of the rehearsal. This includes all educators, volunteers, children, and the responsible person who is present at the time of the rehearsal.

A copy of the service's emergency and evacuation policy and procedures must be available for inspection at the service premises at all times or on request.

DE provides Emergency Management Plan Guidelines and an Emergency Management Plan template ([refer to Sources](#)) to assist services to develop and review their EMP ([refer to Sources](#)). A copy should also be attached to this policy.

## LEGISLATION AND STANDARDS

Relevant legislation and standards include but are not limited to:

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011 including Regulations 97, 98, 168(2)(e)
- National Quality Standard, including Quality Area 2: Children's Health and Safety
- Occupational Health and Safety Act 2004

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: [www.legislation.vic.gov.au](http://www.legislation.vic.gov.au)
- Commonwealth Legislation – Federal Register of Legislation: [www.legislation.gov.au](http://www.legislation.gov.au)



## DEFINITIONS

The terms defined in this section relate specifically to this policy.

**Country Fire Authority (CFA):** CFA respond to a variety of fire and emergency incidents. They are also involved in a range of other activities including:

- fire safety building inspections
- delivering community awareness, education and safety programs
- post-incident analysis and fire investigation
- fire prevention planning and land use planning at a municipal level

**Bushfire at Risk Register (BARR):** Kindergartens and childcare facilities assessed to be at the highest risk of fire are placed on the department's BARR. Inclusion on this register is a trigger for the kindergarten or

childcare facility to pre-emptively close on days determined Catastrophic in their Bureau of Meteorology district, as well as other pre-emptive and preparedness actions in line with their fire risk category.

**Emergency drill/rehearsal:** A process to rehearse anticipated emergency scenarios or events, designed to help clarify roles and responsibilities, provide training and verify the adequacy of the emergency response

**Emergency Management Plan (EMP):** A written set of instructions for the service to prepare for and respond to emergencies. A guide to preparing an emergency plan and an Emergency Management Plan templates are available on the DE website (*refer to Sources*)

**Emergency services:** Includes ambulance, fire brigade, police and state emergency services.

**Evacuation floor plan:** An evacuation plan is used where it is deemed necessary to evacuate the immediate area or building to ensure the safety and wellbeing of children and adults. It may also have the name 'evacuation diagram'

**Evacuation route:** Continuous path of travel (including exits, public corridors and the like) from any part of a building to a safe place

**Fire Rescue Victoria (FRV):** (previously known as Metropolitan Fire Brigade) respond to fires, complex rescues, road crashes, emergency medical calls and hazardous chemical spills. The FRV aims to reduce the incidence and impact of fire and other emergencies on the community. This is achieved through the delivery of educational strategies that assist the community to become more self-reliant, including:

- delivering expert fire and rescue services to the community they serve
- driving systemic change to the built environment through reforms to building design, regulations and legislation, and
- educating the community through fire prevention programs that improve community safety and build resilience

**Fire safety adviser:** A specified role in some jurisdictions. May coordinate fire safety management plans, fire and evacuation plans, procedures, review, and practice, and give or arrange instruction to those on site on evacuation and the operation of firefighting equipment.

**Hazard:** A source or situation with a potential for harm in terms of human injury or ill health, damage to property, damage to the environment or a combination of these

**Incident Management Team (IMT):** Is the group of incident management personnel comprising of the incident controller and other personnel appointed to be responsible for the functions of operations, planning, and logistics

**Lock down:** A security measure taken during an emergency to prevent people from leaving or entering a building or premises until the threat or risk has been resolved

**Lock in:** A security measure taken during an emergency to prevent people from leaving a building or premises until the threat or risk has been resolved.

**Lock out:** A security measure taken during an emergency to prevent people from entering a building or premises until the threat or risk has been resolved

**Planned closure:** services identified as being at high fire risk and on the DE's Bushfire At-Risk Register will close on days determined to have a fire danger rating of Code Red by the Emergency Management Commissioner. Where possible, four to seven days' notice of a planned closure will be provided. Services not on the Department's Bushfire At-Risk Register will remain open, unless directly threatened by fire or another emergency

**Risk assessment:** A systematic process of evaluating the potential risks that may be involved in a projected activity or undertaking and determining suitable mitigations.

**Risk management:** A structured approach to managing uncertainty related to a threat; a sequence of activities including the identification, assessment and prioritisation of risks followed by co-ordinated and economical application of resources to minimise, monitor and control the probability and/or impact of those risks.

**WorkSafe Victoria:** The manager of Victoria’s workplace safety system.



## SOURCES AND RELATED POLICIES

### SOURCES

- Community Early Learning Australia – CELA’s Simple Guide to bushfire advice for children’s services: [cela.org.au/2020/12/04/bushfire-advice-2020](https://cela.org.au/2020/12/04/bushfire-advice-2020)
- Department of Education and Training, Bushfire At-Risk Register: <https://www.education.vic.gov.au/about/programs/health/pages/bushfirerisk.aspx>
- Department of Education and Training, Emergency Management Requirements: [www.education.vic.gov.au/childhood/providers/regulation/Pages/emergencymanagementrequirements.aspx](https://www.education.vic.gov.au/childhood/providers/regulation/Pages/emergencymanagementrequirements.aspx)
- Fire Rescue Victoria: [www.frv.vic.gov.au](http://www.frv.vic.gov.au)
- Country Fire Authority: [www.cfa.vic.gov.au](http://www.cfa.vic.gov.au)
- State Emergency Service: [www.ses.vic.gov.au](http://www.ses.vic.gov.au)
- WorkSafe Victoria: [www.worksafe.vic.gov.au](http://www.worksafe.vic.gov.au)

### RELATED POLICIES

- Administration of First Aid
- Administration of Medication
- Child Safe Environment and Wellbeing
- Enrolment and Orientation
- Excursions and Service Events
- Delivery and Collection of Children
- Incident, Injury, Trauma and Illness
- Occupational Health and Safety
- Supervision of Children

### EVALUATION



In order to assess whether the values and purposes of the policy have been achieved, the approved provider will:

- review the policy to determine whether it adequately addresses a range of potential emergency situations
- regularly seek feedback from everyone affected by the policy regarding its effectiveness particularly following an emergency
- review procedures, including evacuation procedures, to determine their effectiveness, including timing and processes
- use information gained from checks on documentation and practices and the Incident, Injury, Trauma and Illness Record to inform proposed changes to this policy
- revise the policy and procedures as part of the service’s policy review cycle, or as required by legislation, research, policy and best practice
- consult with emergency services such as the FRV and CFA, to ensure the policy and procedures meet current best practices
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk (*Regulation 172 (2)*).



## ATTACHMENTS

- Emergency Management Plan template:  
[https://www.education.vic.gov.au/Documents/childhood/providers/support/ECS\\_EMP\\_Template\\_2022-23.docx](https://www.education.vic.gov.au/Documents/childhood/providers/support/ECS_EMP_Template_2022-23.docx)



## AUTHORISATION

This policy was adopted by the approved provider of Whittlesea Family Day Care on 30 October 2024

**REVIEW DATE:** 30 October 2025

# EPILEPSY AND SEIZURES

QUALITY AREA 2



## PURPOSE

This policy will outline the procedures to:

- ensure that educators, volunteers and parents/guardians are aware of their obligations and required strategies in supporting children with epilepsy and non-epileptic seizures to safely and fully participate in the program and activities of Whittlesea Family Day Care
- ensure that all necessary information for the effective management of children with epilepsy and non-epileptic seizures enrolled at Whittlesea Family Day Care is collected and recorded so that these children receive appropriate attention when required.

This policy should be read in conjunction with the *Dealing with Medical Conditions Policy*



## POLICY STATEMENT

### VALUES

Whittlesea Family Day Care is committed to:

- providing a safe and healthy environment for all children enrolled at the service
- providing an environment in which all children with epilepsy and non-epileptic seizures can participate to their full potential
- involving parents/guardians in developing the policy and management plan for children with epilepsy or non-epileptic seizures
- providing a clear set of guidelines and procedures to be followed with regard to supporting children with epilepsy and the management of seizures
- educating and raising awareness about epilepsy and non-epileptic seizures, its effects and strategies for appropriate management, among educators, educators, parents/guardians and others involved in the education and care of children enrolled at the service

### SCOPE

This policy applies to the approved provider, persons with management or control, nominated supervisor, persons in day-to-day charge, educators, students, volunteers, parents/guardians, children, and others attending the programs and activities of Whittlesea Family Day Care, including during offsite excursions and activities.

<b>RESPONSIBILITIES</b>	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Educators	Parents/guardians	Contractors, volunteers and students

Providing all educators with a copy of the service's <i>Epilepsy and Seizures Policy</i> and ensuring that they are aware of all enrolled children living with epilepsy or non-epileptic seizures	R	√	√		√
Providing parents/guardians of children with epilepsy or non-epileptic seizures with a copy of the service's <i>Epilepsy and Seizures Policy (Regulation 91)</i> and <i>Administration of Medication Policy, upon</i> enrolment/diagnosis of their child	R	√	√	√	
Facilitating communication between management, educators, educators and parents/guardians regarding the service's <i>Epilepsy and Seizures Policy</i>	√	√	√	√	√
Ensuring that all educators' first aid qualifications, including CPR training, are current, meet the requirements of the <i>National Law: Section 169(4)</i> and <i>National Regulations 137</i> , and are approved by ACECQA	R	√	√		√
Informing educators, either on enrolment or on initial diagnosis, that their child has epilepsy or non-epileptic seizures				√	
Providing a copy of their child's Epilepsy Management Plan (including an Emergency Medication Management Plan where relevant) to the service at the time of enrolment. This plan should be reviewed and updated at least annually				√	
Ensuring that all children with epilepsy have an Epilepsy Management Plan, seizure record and, where relevant, an Emergency Medical Management Plan, filed with their enrolment record. Records must be no more than 12 months old	√	√		√	
Providing educators with a new updated Epilepsy Management Plan and medication record when changes to the order have been made (signed by the child's doctor/neurologist)				√	
Communicating regularly with educators in relation to the ongoing general health and wellbeing of their child, and the management of their child's epilepsy or non-epileptic seizures				√	
Developing a risk minimisation plan for every child with epilepsy or non-epileptic seizures, in consultation with parents/guardians/ their state epilepsy organisation/medical practitioner	R	√	√	√	√
Identifying and, where possible, minimising possible seizure triggers ( <i>refer to Definitions</i> ) as outlined in the child's Epilepsy Management Plan	R	√	√	√	√
Taking all personal Epilepsy Management Plans, seizure records, medication records, Emergency Medication Plans and any prescribed medication on excursions and to other offsite events	R	√	√		√
Ensuring that all educators have current CPR training and are aware of seizure first aid procedures ( <i>refer to Attachment 1</i> ) when a child with epilepsy or non-epileptic seizures is enrolled at the service	R	√	√		√
Ensuring that medication is administered in accordance with the <i>Administration of Medication Policy</i> and information provided in the EMMP (method of administration, dose, time frame, frequency, maximum doses in a 24-hour period)	R	√	√		√

Ensuring a medication record is kept for each child to who medication is to be administered by the service ( <i>Regulation 92</i> )	R	√	√		√
Ensuring that emergency medication is stored correctly, as outlined in the training provided by the state/ territory- based epilepsy organisation, and that it remains within its expiration date	R	√	√	√	√
Where emergency medication has been prescribed, providing an adequate supply of emergency medication for their child at all times				√	
Being aware of, and sensitive to, possible side effects and behavioural changes following a seizure or changes to the child's medication regime or following administration of emergency medication following an emergency event.	R	√	√	√	√
Compiling a list of children with epilepsy and non-epileptic seizures and placing it in a secure, but readily accessible, location known to all educators. This should include the Epilepsy Management Plan, seizure record and Emergency Medical Management Plan for each child with epilepsy	R	√	√		
Ensuring that induction procedures for casual and relief educators include information about children attending the service who have been diagnosed with epilepsy and non-epileptic seizures, and the location of their medication and management plans	R	√			
Ensuring programmed activities and experiences take into consideration the individual needs of all children, including any children with epilepsy and non-epileptic seizures	R	√	√		√
Ensuring that children with epilepsy and non-epileptic seizures are not discriminated against in any way	R	√	√		√
Ensuring that children living with epilepsy and non-epileptic seizures can participate in all activities safely and to their full potential	R	√	√		√
Encouraging their child to learn about their epilepsy and non-epileptic seizures, and to communicate with service educators if they are unwell or experiencing symptoms of a potential seizure				√	
Immediately communicating any concerns with parents/guardians regarding the management of children with epilepsy at the service	R	√	√		√
Communicating any concerns to parents/guardians if a child's epilepsy is limiting his/her ability to participate fully in all activities	√	√	√	√	√
Following appropriate reporting procedures set out in the <i>Incident, Injury, Trauma and Illness Policy</i> in the event that a child is ill, or is involved in a medical emergency or an incident at the service that results in injury or trauma	R	R	R		R





## BACKGROUND AND LEGISLATION

### BACKGROUND

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

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

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

Epilepsy smart Australia (ESA) (*refer to Sources*) has a range of resources and can assist with the development of an Epilepsy Management Plan. ESA and its national partners in every state/territory provides training and support to families and educators in the management of epilepsy, and in the emergency administration of midazolam or rectal Valium.

Legislation that governs the operation of approved children’s services is based on the health, safety and welfare of children, and requires that children are protected from hazards and harm. *Regulation 136 of the Education and Care Services National Regulations 2011* requires the approved provider to ensure that there is at least one educator on duty at all times who has a current approved first aid qualification. Services who are caring for children living with epilepsy are advised that educators may need to undertake epilepsy emergency medication training and seizure first aid training for educators depending on the child’s needs. The *Education and Care Services National Regulations 2011* states that an approved provider must ensure that at least one educator with current approved first aid qualifications is in attendance and immediately available at all times that children are being educated and cared for by the service.

### LEGISLATION AND STANDARDS

Relevant legislation and standards include but are not limited to:

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
- Health Records Act 2001 (Vic)
- *National Quality Standard, Quality Area 2: Children’s Health and Safety*
- Privacy and Data Protection Act 2014 (Vic)
- Privacy Act 1988 (Cth)
- Public Health and Wellbeing Act 2008 (Vic)
- Public Health and Wellbeing Regulations 2009 (Vic).

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: [www.legislation.vic.gov.au](http://www.legislation.vic.gov.au)
- Commonwealth Legislation – Federal Register of Legislation: [www.legislation.gov.au](http://www.legislation.gov.au)



## DEFINITIONS

The terms defined in this section relate specifically to this policy.

**Absence seizure:** Occurring mostly in children, this consists of brief periods of loss of awareness, most often for less than 10 seconds. Some children can experience these types of seizures multiple times during the day which may compromise learning. Absence seizures can be mistaken for day-dreaming. They are no longer called 'petit mals'.

**ASMs:** Anti-seizure medications used for the treatment of many epilepsy syndromes. AEDs do not cure epilepsy but most seizures can be prevented by taking medication regularly one or more times a day. For many people, medication makes it possible to live a normal, active life, free of seizures. Others may continue to have seizures, but less frequently.

**Emergency epilepsy medication:** Medication that has been prescribed for the treatment of prolonged seizures or a cluster of seizures. The most common type of emergency medication prescribed is buccal or nasal midazolam. Rectal Valium has been used in the past but is not often prescribed for use as an emergency epilepsy medication. Medication information is included in a child's Emergency Medication Management Plan, and this must be kept up to date. Only educators who have received child-specific training in the emergency administration of midazolam can administer this medication.

**Emergency Medication Management Plan (EMMP):** Completed by the prescribing doctor in consultation with the individual and/or their family/carer. This medication plan must be attached to the individual's Epilepsy Management Plan which has been signed by the child's treating doctor. The preferred template to be used by the prescribing doctor can be found at: [www.epilepsyfoundation.org.au](http://www.epilepsyfoundation.org.au)

**Epilepsy:** A neurological disorder marked by sudden recurrent (two or more) episodes of sensory disturbance, loss of consciousness, or convulsions associated with abnormal electrical activity in the brain.

**Epilepsy Management Plan (EMP):** Designed to help people recognise when seizures are occurring, and gives clear directions about appropriate first aid. The plan is developed by the person who has the most knowledge and experience of the individual's epilepsy and seizures, and should be less than 12 months old. The management of epilepsy requires a team approach and the plan should be reviewed and signed by the individual's treating doctor. An Epilepsy Management Plan and Support Package has been designed by The Epilepsy Foundation: [www.epilepsyfoundation.org.au](http://www.epilepsyfoundation.org.au)

**Epileptic seizures:** Epileptic seizures are caused by a sudden burst of excess electrical activity in the brain resulting in a temporary disruption in the normal messages passing between brain cells. Seizures can involve loss of consciousness, a range of unusual movements, odd feelings and sensations or changed behaviour. Most seizures are spontaneous and brief. However, multiple seizures known as seizure clusters can occur over a 24 hour period.

**Non-epileptic seizures (NES):** also known as dissociative seizures. There are 2 types of non-epileptic seizures:

- organic NESs which have a physical cause
- psychogenic NESs which are caused by mental or emotional processes

**Focal (previously called simple or complex partial) seizures:** Focal seizures (previously called partial seizures) start in one part of the brain and affect the area of the body controlled by that part of the brain. The symptoms experienced will depend on the function that the focal point controls (or is associated with). Focal seizures may or may not cause an alteration of awareness. Symptoms are highly variable and may include lip smacking, wandering behaviour, fiddling with clothes and feeling sick, 'edgy' or strange.

Focal seizures where a person has full awareness were previously called simple partial seizures. Focal seizures where a person has an altered sense of awareness were previously called complex partial seizures. Focal seizures can progress into a generalised seizure.

**Generalised seizure:** Both sides of the brain are involved and the person will lose consciousness. A Tonic-Clonic seizure is one type of generalised seizure.

**Ketogenic diet:** A high fat, low carbohydrate, restricted-calorie diet that may be prescribed as additional therapy. This is an effective therapy for some children, although its mechanisms are not well understood. When introducing this diet, a child is usually hospitalised, as such radical dietary changes have the potential to cause serious problems for the child. Once the child is stabilised on a ketogenic diet, they can return home, with the diet managed by the parents/guardians or carers.

**Midazolam:** Also known as Hypnovel, midazolam belongs to a group of pharmaceuticals called benzodiazepines. Its main purpose is as a sedative or hypnotic, and it is used for medical and surgical procedures. In epilepsy, midazolam is used for emergency management of seizures, as it has the ability to stop the seizures quickly. Once absorbed into the blood, midazolam travels to the brain, attaching to brain receptors that control electrical impulses that are firing at an unusually rapid rate. Midazolam also works by relaxing muscles, which is particularly beneficial in many types of seizures. The effect of midazolam should occur rapidly.

Not all individuals living with epilepsy require emergency medication, but for a small group of people whose seizures are difficult to control, or for people who are isolated from emergency care, midazolam is an excellent medication. It is most commonly administered buccally or nasally.

Midazolam is fast-acting and can be easily administered by family and carers in a variety of settings. Only educators specifically trained to the requirements of a child's Emergency Medication Management Plan can administer midazolam.

**Midazolam kit:** An insulated container with an unused, in-date midazolam ampoule/s, a copy of the child's Emergency Medication Management Plan and Epilepsy Management Plan (which includes a picture of the child), and telephone contact details for the child's parents/guardians, doctor/medical personnel and the person to be notified in the event of a seizure requiring administration of midazolam if parents/guardians cannot be contacted. Midazolam must be stored away from light (cover with aluminium foil) and in temperatures of less than 25°C. EFV Administration flyer – e.g., buccal, gloves, tissues, pen and paper, +/- stopwatch.

**Seizure record:** An accurate record of seizure activity, which is important for identifying any seizure patterns and changes in response to treatment.

**Seizure triggers:** Seizures may occur for no apparent reason, but common triggers include: forgetting to take medication, lack of sleep, other illness, heat, stress/boredom, missing meals and dehydration. Flashing or flickering lights can trigger seizures in about 5% of people living with epilepsy

## SOURCES AND RELATED POLICIES



### SOURCES

- The National Epilepsy Support Service phone 1300 761 487 Monday – Saturday, 9.00am to 7.00pm (AEST) provides support and information across Australia.
- Epilepsy Foundation: [www.epilepsyfoundation.org.au](http://www.epilepsyfoundation.org.au) or phone (03) 9805 9111 or 1300 852 853
- Australian Children's Education and Care Quality Authority (ACECQA): [www.acecqa.gov.au](http://www.acecqa.gov.au)
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011, ACECQA
- Epilepsy Smart Schools initiative and resources: [www.epilepsysmartschools.org.au](http://www.epilepsysmartschools.org.au)

### RELATED POLICIES

- Administration of First Aid
- Administration of Medication
- Dealing with Medical Conditions
- Emergency and Evacuation
- Excursions and Service Events
- Incident, Injury, Trauma and Illness

- Inclusion and Equity
- Privacy and Confidentiality
- Staffing

## EVALUATION



In order to assess whether the values and purposes of the policy have been achieved, the approved provider will:

- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk (*Regulation 172 (2)*).



## ATTACHMENTS

- Attachment 1: Seizure first aid
- Attachment 2: Enrolment checklist for children prescribed midazolam
- Attachment 3: Sample risk minimisation plan for children prescribed midazolam



## AUTHORISATION

This policy was adopted by the approved provider of Whittlesea Family Day Care on 30 October 2024

**REVIEW DATE:** 30 October 2025

## ATTACHMENT 1. SEIZURE FIRST AID

### Tonic-Clonic seizure

A convulsive seizure with loss of consciousness, muscle stiffening, falling, followed by jerking movements.

- Note the time the seizure started and time until it ends.
- Protect the head – use a pillow or cushion, if available.
- Remove any hard objects that could cause injury.
- **Do not** attempt to restrain the person, stop the jerking or put anything in their mouth.
- As soon as possible, roll the person onto their side – you may need to wait until the seizure movements have ceased.
- Talk to the person to make sure they have regained full consciousness.
- Stay with and reassure the person until they have recovered.

### Absence seizure

Occurring mostly in children, this consists of brief periods of loss of awareness. Can be mistaken for day-dreaming.

- Timing can be difficult – count how many happen daily.
- Reassure the person and repeat any information that may have been missed during the seizure.

### Focal seizure

A non-convulsive seizure with outward signs of confusion, unresponsiveness or inappropriate behaviour. Can be mistaken for alcohol or drug intoxication.

- Note the time the seizure started and time until it ends.
- Avoid restraining the person and guide safely around objects.
- Talk to the person to make sure they have regained full consciousness.
- Stay with and reassure the person until they have recovered.

### Call an ambulance:

- for any seizure if you don't know the person or if there is no Epilepsy Management Plan,
- if the seizure continues for more than five minutes,
- if the seizure stops but the person does not regain consciousness within five minutes, or another seizure begins,
- when a serious injury has occurred, if a seizure occurs in water, or if you believe a woman who is having a seizure is pregnant.

Emergency services: 000

### National Epilepsy Support Service

- The National Epilepsy Support Service is available Mon – Sat, 9:00am – 7:00pm (AEST) to provide support and information across Australia. Phone: 1300 761 487. Email: [support@epilepsysmart.org.au](mailto:support@epilepsysmart.org.au)
- The National Epilepsy Support Service is not a medical emergency line. If you are experiencing a medical emergency, call 000.

### Epilepsy Smart Australia

- A [national partnership](#) working together to bring you the best knowledge and resources about the management of epilepsy. There's help for people with epilepsy, those who support them, and for broader community organisations and companies.
- Please contact the National Epilepsy Support Service for details of your state/territory epilepsy organisation.

## ATTACHMENT 2. ENROLMENT CHECKLIST FOR CHILDREN PRESCRIBED MIDAZOLAM

- A risk minimisation plan is completed in consultation with parents/guardians prior to the attendance of the child at the service, and is implemented, including following procedures to address the particular needs of each child prescribed midazolam.
- Parents/guardians of a child prescribed midazolam have been provided with a copy of the service's *Epilepsy Policy and Dealing with Medical Conditions Policy*.
- The Emergency Medication Management Plan (EMMP) and Epilepsy Management Plan (EMP) of the child is completed and signed by the child's registered medical practitioner and is accessible to all educators (sample documents can be accessed at: <https://www.epilepsyfoundation.org.au/epilepsy-management-plans/>).
- A copy of the child's EMMP is included in the child's midazolam kit (*refer to Definitions*).
- The midazolam kit (within a visible expiry date) is available for use at all times the child is being educated and cared for by the service, and includes a picture of the child.
- Midazolam is stored in an insulated container (midazolam kit), in a location easily accessible to adults but inaccessible to children, and away from light (cover with aluminium foil) and direct sources of heat.
- All educators who are trained in the administration of midazolam for a particular child, are aware of the location of each midazolam kit and the location of each child's EMMP.
- Educators consider undertaking epilepsy training through their state/territory epilepsy organisation, which includes strategies for epilepsy management, risk minimisation, recognition of seizures and emergency first aid treatment. Details regarding attendance at this training are to be recorded on the educator's record (*refer to Definitions*).
- Educators consider undertaking practise with a mock midazolam ampoule at some time in the last 12 months. Details regarding participation in practice sessions are to be recorded on the educator's record (*refer to Definitions*).
- A procedure for first aid treatment for seizures is in place and all educators understand requirements (*refer to Attachment 1*).
- Contact details of all parents/guardians and authorised nominees are current and accessible.

### ATTACHMENT 3. SAMPLE RISK MINIMISATION PLAN FOR CHILDREN PRESCRIBED MIDAZOLAM

The following information is not a comprehensive list, but contains some suggestions to consider when developing/reviewing your service's risk minimisation plan template in consultation with parents/guardians.

How well has the service planned for meeting the needs of children with epilepsy, and those children who are prescribed emergency midazolam?	
Who are the children?	<input type="checkbox"/> List the name and room location of each child diagnosed with epilepsy and ensure appropriate privacy is maintained in identifying these names to non-educators.
What are their seizure triggers?	<input type="checkbox"/> What are the seizure triggers for the children? <input type="checkbox"/> List strategies that will minimise these triggers occurring (e.g., avoiding flickering lights, blowing into wind chimes (hyperventilating), sudden noise, becoming over-excited etc.).
Do educators know what the child's seizures look like and how to support the child?	<input type="checkbox"/> List the strategies for ensuring that all educators, including casual and relief educators, recognise what the child's seizures look like and what support the child may need. <input type="checkbox"/> If the child is prescribed midazolam for emergency use, ensure that trained educators know where the midazolam kit is located.
Do educators know what constitutes an emergency and do they know what to do?	<input type="checkbox"/> All educators have read and understood the child's Epilepsy Management Plan (EMP), and know: <ul style="list-style-type: none"> <li>• what constitutes an emergency and when to call an ambulance</li> <li>• how to provide support to the child during and after a seizure.</li> </ul>

If midazolam is prescribed, how does the service ensure its safe administration and storage?

- Record the date on which each family of a child with epilepsy (and who is prescribed midazolam) is provided a copy of the service's *Epilepsy Policy*.
- Record the date that parents/guardians provide an unused, in-date and complete midazolam kit.
- Record the date and name of educators who have attended child-specific training in the administration of midazolam.
- Test that all trained educators know the location of the midazolam kit and Emergency Medication Management Plan (EMMP) for each child.
- Ensure that there is a procedure in place to regularly check the expiry date of each midazolam ampoule.
- Ensure the midazolam kit is maintained according to the instructions in this *Epilepsy Policy (refer to Definitions: midazolam kit)*.
- Display the Epilepsy First Aid poster in educators areas.
- The midazolam kit, including a copy of the EMMP, is carried by an educator/educators member when a child prescribed midazolam is taken outside the service premises e.g., for excursions.

Do trained people know *when and how* to administer midazolam to a child who is prescribed it?

- Know the contents of each child's EMMP and EMP and implement the procedures.
- Know:
  - who will administer the midazolam and stay with the child
  - who will telephone the ambulance and the parents/guardians of the child
  - who will ensure the supervision of other children at the service
  - who will let the ambulance officers into the service and take them to the child.
- Ensure that all educators have undertaken training through your Epilepsy Smart Australia state/territory epilepsy organisation.



# ESAFETY FOR CHILDREN

QUALITY AREA 2



## PURPOSE

This policy provides guidelines for Whittlesea Family Day Care to:

- provide a safe online environment for all children which ensures their safety, health and wellbeing
- support young children to develop an understanding of digital networks and to using digital networks in safe and appropriate ways.
- incorporate technology into early learning environment in an age appropriate and safe way
- support and communicate with families about safe online practices at home and in the community.



## POLICY STATEMENT

### VALUES

Whittlesea Family Day Care:

- is committed to the rights of all children to feel safe, and be safe at all times
- fosters opportunities for each child to participate in the digital environment, express their views and to learn safely
- always acts in the best interests of each child and has zero tolerance of online abuse
- supports families in creating a safe on-line environment both at home and at the service.

### SCOPE

This policy applies to the approved provider, persons with management or control, nominated supervisor, persons in day-to-day charge, educators, students, volunteers, parents/guardians, children, and others attending the programs and activities of Whittlesea Family Day Care.

RESPONSIBILITIES	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Educators	Parents/guardians
Designating educators to champion online safety and be a first point of contact for parents/guardians and children to report online safety issues	R	√		
Ensuring the online environment is used in accordance with <i>Code of Conduct, Child Safe Environment and Wellbeing and Mental Health and Wellbeing Policy</i>	R	R	√	
Providing educators with regular opportunities to engage in ongoing, informal professional learning so they have up-to-date information about the risks and changing practices in online safety	√	√		

Engaging in professional learning to build capacity and support the implementation of online safety education	√	√	√	
Ensuring that early childhood educators are aware of and compliant with <i>Information and Communication Technology</i> and <i>Privacy and Confidentiality policies</i>	R	R		
Undertake a risk assessment of all online tools and platforms prior to children's use	R	R	√	
Considering risk management plans when engaging with third party contractors to assess whether, and the extent to which, the engagement of third-party contractors poses risks of child abuse and harm	R	R	√	
Ensuring safety procedures are developed and implemented when using digital communication platforms ( <i>refer to Definitions</i> ) with children and their families ( <i>refer to Attachment 1</i> )	R	R	√	
Ensuring when using digital documentation platforms, educators consider the security of their digital data and the privacy of children and families ( <i>refer to Privacy and Confidentially Policy and Information and Communication Technology Policy</i> )	R	R	√	
Ensuring there are procedures and processes around the capturing, storing and sharing of children's images and videos ( <i>refer to Information and Communication Technology and Privacy and Confidentiality policy</i> )	R	R	√	√
Creating a shared understanding between Whittlesea Family Day Care, families and educators about digital technology use, by adults, in front of children	√	√	√	√
Ensuring that appropriate filtering ( <i>refer to Definitions</i> ) and monitoring are in place for all devices used at the service	R	R	√	
Reviewing online safety education annually to identify strengths and weaknesses and update to ensure relevance to online safety issues, risks, and harms	R	√	√	√
Ensuring parents/guardians are involved in the development and review of the eSafety policy	R	√	√	√
Providing families with information on where to go for help with online safety issues, including the eSafety Commissioner ( <i>refer to Sources</i> )	√	√	√	
Regularly discussing concepts of 'being online' or 'the internet' and online safety with children ( <i>refer to Sources</i> )		√	√	√
Providing children with the opportunity to engage in digital play through communicating, creating and consuming digital content in safe and age-appropriate ways	√	√	√	√
Providing proactive supervision when young children are using digital technology ( <i>refer to Supervision of Children policy</i> )	R	√	√	√
Developing and implementing a digital learning environment and opportunities that are accessible to and relevant for all age groups	√	√	√	

Using digital technologies to promote social interactions between children, peers and early childhood educators	√	√	√	
Teaching digital citizenship ( <i>refer to Definitions</i> ) and digital/media literacy ( <i>refer to Definitions</i> ) to support critical thinking		√	√	
Developing social and emotional learning skills to support children's understanding and management of emotions, respectful online relationships and resilience		√	√	
Providing opportunities for children to explore and experiment with the functions of a diverse range of digital technologies ( <i>refer to Definitions</i> ) alongside adult modelling and instruction in digital technology use		√	√	
Considering the needs of all children including those with disability, Aboriginal and Torres Strait Islander students, LGBTQI students, those from diverse linguistic and cultural backgrounds, children experiencing family breakdown or in out of home care and others who may be more vulnerable and susceptible to online harms	R	√	√	
Modelling self-regulated ( <i>refer to Definitions</i> ) digital technology use with children and families that recognises the importance of sustained social interactions between children and adults		√	√	
Respecting children and family's diversity and strive to meet their needs for online safety education inclusive of gender, age, culture, ability, appearance, socioeconomic status, family background, geographical location, and access	R	R	√	√
Ensuring processes are in place to ensure children and parents/guardian who speak languages other than English understand this policy	R	√		
Upholding children's rights to provision, participation and protection in digital environments	R	√	√	
Ensuring children know what to do if they encounter inappropriate materials online	R	√	√	
Asking children for their permission before taking photos or videos	√	√	√	
Implementing the uses of technologies in everyday life and use real or imaginary technologies as props in children's play		√	√	
Supporting the use of digital technologies ( <i>refer to Definitions</i> ) in the curriculum as tools for designing, drawing, editing, reflecting and composing		√	√	
Modelling internet use with children for learning purposes and providing opportunities for assessing the quality and relevance of information		√	√	
Providing opportunities for children to explore and experiment with the functions of a diverse range of digital technologies ( <i>refer to Definitions</i> ) alongside adult modelling and instruction in digital technology use		√	√	

Modelling active decision making regarding digital technology use with, by and for young children that provides a balance of digital and non-digital experiences and activities at the service		√	√	
Providing digital technology experiences for young children that promote movement opportunities		√	√	
Ensuring that screen-based digital technology ( <i>refer to Definitions</i> ) use while sitting is only for short periods and does not replace periods of active physical movement		√	√	
Promoting postural awareness and change by providing a variety of spaces and heights for children to use digital technologies		√	√	
Helping children develop self-regulation ( <i>refer to Definitions</i> ) for using digital technologies and support them to transition from digital to non-digital activities		√	√	
Encouraging the use of digital technologies ( <i>refer to Definitions</i> ) in the curriculum for children to access images and information, explore diverse perspectives and make sense of their world		√	√	
Teaching children skills and techniques that encourage them to use technologies to explore new information and represent their ideas		√	√	
Developing strategies for families to communicate and raise online issues	R	R		
Supporting families to understand that exposure to disturbing or arousing content and screens in the hour before sleep time decreases the length and quality of children's sleep		√	√	
Direct families towards government and/or not-for-profit organisations for advice and resources on controls and the selection of digital media, content, apps and games that are appropriate for use by young children ( <i>refer to Sources</i> )	√	√	√	



## BACKGROUND AND LEGISLATION

### BACKGROUND

Young children are growing up in a technological world and need to be supported to understand how technology works and the impact it has on their lives. Technology is now used by young children in early childhood services, and at home for gaming, socialising and learning. When used wisely technology can support children's learning and relationships. Enjoyable and engaging shared experiences that optimise the potential for children's learning and development can support children's relationships both with adults and their peers

The Early Years Learning Framework (the Framework) was developed to extend and enrich children's learning from birth to five years. The Framework assists early childhood teachers and educators' in providing young children with opportunities to maximise their potential and develop a foundation for future success in learning. Outcome 4 of the Framework talks about how children are confident and involved learners. It encourages early learning services to introduce children to appropriate tools, technologies and media and provide the children with skills, knowledge and techniques to enhance their learning. Outcome 4 also states that children should experiment with different types of technologies to investigate, and problem solve.

Outcome 5 of the Framework talks about how children are effective communicators and provides guidance to early childhood teacher and educators in supporting children to use information and communication technologies to access information, investigate ideas and represent their thinking.

That being the case, the early childhood sector plays an important role in supporting children’s learning and development in relation to technology and staying safe online. Importantly, young children need to be provided the opportunity to learn about online safety and use technology in appropriate ways.

Young children and their families participate in digital contexts in different ways according to their access to digital technologies, the internet, and the views they hold about the role digital technology plays in their lives. Research indicates that internet access and digital technology is influenced by socioeconomic resources, geographic location, gender and age (Judge, Puckett & Cabuk, 2004). Families’ beliefs and attitudes about digital technology also influence the access their children have to different types of digital technologies (Blackwell, Lauricella, Wartella, Robb & Schomburg, 2013). Therefore, the experience of growing up in digital contexts is not universally the same, as not every child and family will use, value or understand digital technologies in the same way. However, all children have the right to actively participate online, this includes the right to be heard, the right to be respected and the right to feel safe.

Educators are accustomed to working in partnership with families in many areas of children’s development. Now that young children are growing up in digital contexts, it’s also important for educators and families to work in partnership regarding the use of digital technologies with, by and for young children. An educator’s role is not necessarily to teach children about the technology itself, but to create learning environments where educators and children think, talk and learn about technology and online safety together.

## LEGISLATION AND STANDARDS

Relevant legislation and standards include but are not limited to:

- Child Safe Standards
- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
- Early Childhood Australia Code of Ethics
- Information Privacy Act 2000 (Vic)
- National Quality Standard, Quality Area 2: Children Health and Safety and Quality Area 7: Governance and Leadership
- Occupational Health and Safety Act 2004 (Vic)
- Online Safety Act 2021
- Privacy Act 1988 (Cth)
- United Nations Convention on the Rights of the Child

The most current amendments to listed legislation can be found at:

Victorian Legislation – Victorian Law Today: [www.legislation.vic.gov.au](http://www.legislation.vic.gov.au)

Commonwealth Legislation – Federal Register of Legislation: [www.legislation.gov.au](http://www.legislation.gov.au)



## DEFINITIONS

The terms defined in this section relate specifically to this policy.

**Co-playing:** When two or more children and/or an adult and child(ren) engage in play together, communicating about their actions, about the content, or interacting in any way.

**Co-viewing:** Occurs as two or more people view the same content together, promoting an opportunity for conversation and communication about the content they are viewing.

**Digital citizenship:** Citizenship in digital contexts recognises that young children are active participants in their communities now and into the future

**Digital communication platforms:** video teleconferencing software program such as Zoom, Goggle Classroom, Microsoft Teams, Webex Meetings, Skype

**Digital contexts:** involve both actual access to digital technologies and the ways in which people think about and value the use of digital technologies in their lives.

**Digital data:** Information that is transmitted digitally, including (but not limited to) text, audio, images and video.

**Digital documentation:** Recording and analysing children’s engagement and learning using digital tools. This can include photos, text and video and may be communicated via an online platform.

**Digital literacy:** The ability to identify and use technology confidently, creatively and critically to meet the demands and challenges of living, learning and working with digital technologies like internet platforms, social media, and mobile devices.

**Digital technology:** Microprocessors or small ‘chips’ that convert information into numbers, digital technology enables large amounts of data to be stored and shared so that it can be accessed, created and used by people anywhere, at any time. Digital technologies are frequently networked or connected, enabling people to share, communicate, store, retrieve and manipulate digital data for education, entertainment, recreational, organisational and work purposes. There many types of digital technologies used by people in daily life include computers, tablets, smart televisions, smartphones and smart watches

**eSafety Commissioner:** Australia’s national independent regulator for online safety. purpose is to help safeguard Australians at risk from online harms and to promote safer, more positive online experiences

**Filtering:** Software designed to automatically sort incoming emails into folders, block access to certain web pages, etc., according to present rules or conditions.

**Interactive media:** refers to digital and analog materials, including software programs, applications (apps), broadcast and streaming media, some children’s television programming, e-books, the Internet, and other forms of content designed to facilitate active and creative use by young children and to encourage social engagement with other children and adults.

**Screen time:** A general term that includes any time a child engages with an electronic screen, including (but not limited to) watching television, engaging with educational games or creating digital books.

**Sedentary behaviour:** Sitting or lying down; awake but relatively inactive or stationary.

**Self-regulation:** The capacity for children (and adults) to regulate their behaviour in response to their emotions and thinking.

**Technology:** The development of new objects or tools by people that help them in their lives. Three broad types of technology are mechanical technology (e.g. wheels, blocks, levers, gears); analogue technology (e.g. film-based photography, drawing, painting); and digital technology (e.g. mobile phones and computers).

**Wearable technologies:** Digital technologies that can be worn, e.g. watches, fitness tracking devices, jewellery and clothes made with electronic textiles.

## SOURCES AND RELATED POLICIES



### SOURCES

- Early Childhood Australia Statement on young children and digital technology: <http://www.earlychildhoodaustralia.org.au/wp-content/uploads/2018/10/Digital-policy-statement.pdf>
- Early Year Learning and Development Framework: <https://www.acecqa.gov.au/nqf/national-law-regulations/approved-learning-frameworks>
- eSafety Commissioner: <https://www.esafety.gov.au/>
- eSafety’s professional learning modules: <https://www.esafety.gov.au/educators/training-for-professionals/early-years>
- Online Safety Agreement: <https://www.esafety.gov.au/educators/early-years-program/online-safety-agreement>
- The eSafety Guide: <https://www.esafety.gov.au/key-issues/esafety-guide>
- The Playing IT Safe Framework and Alignment: <https://playingitsafe.org.au/>

- Victorian Early Years Learning and Development Framework:  
<https://www.acecqa.gov.au/nqf/national-law-regulations/approved-learning-frameworks>

#### RELATED POLICIES

- Child Safe Environment and Wellbeing
- Compliments and Complaints
- Curriculum Development
- Enrolment and Orientation
- Inclusion and Equity
- Information Communication Technology
- Interactions with Children
- Occupational Health and Safety
- Privacy and Confidentiality
- Supervision of Children



#### EVALUATION

In order to assess whether the values and purposes of the policy have been achieved, the approved provider will:

- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk (*Regulation 172 (2)*).



#### ATTACHMENTS

- Attachment 1: Digital communication platform safety guidelines



#### AUTHORISATION

This policy was adopted by the approved provider of Whittlesea Family Day Care on 30 October 2024

**REVIEW DATE:** 30 October 2025

## ATTACHMENT 1. DIGITAL COMMUNICATION PLATFORM SAFETY GUIDELINES

Using digital communication platform can be a great way for children to learn and explore, but it can also put them at risk. It is important for educators to understand the risks associated with children using the internet. The eSafety Commissioner provides early years professional learning and resources to help services in keeping children while safe online:

[www.esafety.gov.au](http://www.esafety.gov.au)

Prior to using a digital communication platform:

Educators to complete eSafety learning module (*refer to Sources*)

Educators to email digital communication platform guidelines and gain written consent from families

Educators be familiar with using digital communication platform and its functions

### Guidelines for educators

1. Be the host and have full control throughout the session
2. Dress appropriately and ensure background is presentable and professional
3. Ensure the use of the “waiting room” function so to monitor attendees
4. Decline or remove unauthorised participants immediately
5. Follow *Child Safe Environment and Wellbeing and Code of Conduct Policy* at all times

### Guidelines for families

1. The educator is the host of the [inset name of the digital communication platform] session and will have control of the platform.
2. All participants must join with the child/family first and last name for identification purposes
3. A parent/guardian to be present online at all times
4. All participants to dress appropriately
5. Unauthorised participants will be immediately by removed by the host
6. Keep private information for 1:1 discussion with the educator. If you wish to speak about a private matter, you can contact the educator via email or call to make a time to discuss the matter
7. We ask families not to record, take photos during [inset name of the digital communication platform] digital sessions or share content with others.
8. We ask families to not share links inviting others to access the [inset name of the digital communication platform]
9. We encourage families to read the eSafety Commissioner’s [Online safety for under 5’s booklet](#) with their child/ren as part of our commitment to keep children safe while online



# EXCURSIONS AND SERVICE EVENTS

QUALITY AREA 2



## PURPOSE

This policy will provide guidelines for Whittlesea Family Day Care to plan and conduct safe and appropriate excursions, routine outings, and service events.



## POLICY STATEMENT

### VALUES

Whittlesea Family Day Care is committed to:

- providing opportunities through the educational program for children to explore and experience the wider environment and broader community
- ensuring that all excursions, routine outings and service events are accessible, affordable and contribute to children's learning and development
- ensuring the health, safety and wellbeing of children at all times, conducting risk assessments and ensuring authorisations are obtained from parents/guardians
- providing adequate supervision of all children during excursions, regular outings and service events
- promoting road safety education and safe active travel for children.

### SCOPE

This policy applies to the approved provider, persons with management or control, nominated supervisor, persons in day-to-day charge, educators, students, volunteers, parents/guardians, children, and others attending the programs and activities of Whittlesea Family Day Care, including during offsite excursions and activities.

<b>RESPONSIBILITIES</b>	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Educators	Parents/guardians
Developing an <i>Excursions and Service Events Policy</i> in consultation with the nominated supervisor, educators, and parents/guardians at the service ( <i>Regulation 168</i> )	R	√	√	√
Ensuring that educators, volunteers, students and others at the service are provided with a copy of the <i>Excursions and Service Events Policy</i> and comply with its requirements ( <i>Regulation 171</i> )	R	√	√	√
Ensuring that all parents/guardians have completed, signed and dated their child's enrolment form ( <i>refer to Enrolment and Orientation Policy</i> ) including details of persons able to authorise	R	√	√	√

an educator to take their child outside the service premises ( <i>Regulation 99, 160, 161</i> )				
Ensuring that parents/guardians or persons named in the enrolment record have provided written authorisation ( <i>Regulation 99</i> ) within the past 12 months where the service is to take the child on regular, routine outings ( <i>refer to Definitions</i> ), and that this authorisation is kept in the child's enrolment record ( <i>Regulation 161</i> )	R	√	√	√
Ensuring that a child does not leave the service premises on an excursion unless prior written authorisation has been provided by the parent/guardian or person named in the child's enrolment record, and that the authorisation includes all details required under <i>Regulation 99, 102(4)</i>	R	√	√	
Ensuring that the number of children attending an excursion does not exceed the number for which service approval has been granted on that day	R	√	√	
Ensuring that educator-to-child ratios are maintained at all times, including during excursions, regular outings and service events ( <i>Regulations 123</i> )	R	√	√	
Ensuring that children are adequately supervised ( <i>refer to Definitions</i> ) at all times ( <i>Regulation 122</i> ) ( <i>National Law: Section 165</i> )	R	√	√	
Ensuring that parents/guardians, volunteers, students and all adults participating in an excursion are adequately supervised at all times and are not left with sole supervision of individual children or groups of children ( <i>refer to Participation of Volunteers and Students Policy</i> )	R	√	√	
Ensuring that a risk assessment is carried out for an excursion or routine outing location ( <i>in accordance with Regulation 101</i> ) before authorisation is sought from parents/guardians ( <i>Regulation 100</i> ), including suitability of venue	R	√	√	
Ensuring the risk assessment identifies and assesses the risks, specifies how these will be managed and/or minimised, and includes all details required by <i>Regulation 101</i>	R	√	√	
Developing strategies to improve children's safety in high-risk situations such as excursions near water or near a road ( <i>refer to Supervision of Children Policy, Water Safety Policy and Road Safety and Safe Transport Policy</i> )	R	√	√	
Ensuring a new risk assessment is completed when circumstances change for regular outings	R	√	√	
Ensuring that educators comply with the service's <i>Road Safety and Safe Transport Policy</i>	R	√	√	√
Encouraging parents/guardians to comply with the service's <i>Road Safety and Safe Transport Policy</i>	R	√	√	√
Providing road safety education as part of the curriculum		√	√	
Where appropriate, taking walking excursions in the local community to promote physical activity, safe active travel and community connectedness		√	√	

Ensuring that excursions and service events are based on an approved learning framework, the developmental needs, interests and experiences of each child, and take into account the individual differences of each child ( <i>refer to Curriculum Development Policy</i> )		√	√	
Ensuring that there is a clear purpose and educational value to each excursion or service event, and that this is communicated to parents/guardians		√	√	
Discussing the aims and objectives of the excursion or service event, and items of special interest, with children prior to undertaking the activity		√	√	
Involving children in consultation and decision-making processes		√	√	
Considering the financial ability of families before deciding on an excursion/service event that would require an additional charge.	√	√	√	
Ensuring that proposed excursions/service events are inclusive of all children regardless of their abilities, additional needs or medical conditions ( <i>refer to Inclusion and Equity Policy, Dealing with Medical Conditions Policy, Asthma Policy, Anaphylaxis Policy, Diabetes Policy and Epilepsy Policy</i> )	R	√	√	
Utilising Harmony Web E-Signatures to obtain accurate attendance record ( <i>refer to Definitions</i> ) for children attending an excursion, or being collected from care while an excursion is happening	R	√	√	
Ensuring strategies are in place to ensure that there is an accurate list of all adults participating in an excursion, including parents/guardians, volunteers and students, with contact details for each individual	R	√	√	
Ensuring that each child's personal medication and current medical management plan is taken on excursions and other offsite activities ( <i>refer to Dealing with Medical Conditions Policy, Asthma Policy, Anaphylaxis Policy, Diabetes Policy and Epilepsy Policy</i> )	R	√	√	√
Understanding that, if they participate in an excursion or service event as a volunteer, they will be always under the immediate supervision of an educator or the approved provider				√
If participating in an excursion, regular outing or service event, informing an educator immediately if a child appears to be missing from the group				√
Supervising and caring for siblings and other children in their care who are not enrolled in the program				√
Taking a portable first aid kit (including required medication for dealing with medical conditions) on excursions and other offsite activities ( <i>Regulation 89</i> )	R	√	√	
Ensuring that each child's personal medication and current medical management plan is taken on excursions and other offsite activities ( <i>refer to Dealing with Medical Conditions Policy, Asthma Policy, Anaphylaxis Policy, Diabetes Policy and Epilepsy Policy</i> ) ( <i>Regulation 90</i> )	R	√	√	√

Ensuring a mobile phone, the emergency contact details for each child and the contact details of their medical practitioner are taken on excursions for notification in the event of an incident, injury, trauma or illness ( <i>Regulation 98</i> )	R	√	√	
Ensuring sunscreen and hats (if required) is taken on excursions and is available as required for service events and that outdoor excursion venues provide adequate shade	R	√	√	
Informing parents/guardians of items required by children for the excursion, adventure activities or service event e.g., snack/lunch, sunscreen, coat, gumboots etc	√	√	√	
Ensuring all permission forms and risk assessments for excursion have been viewed, signed and forwarded to the coordination unit at least 5 working days prior to the excursion taking place			√	√
Ensuring families view and sign the routine outing permission form when registering their child in care, and a copy of the signed document forwarded to the coordination unit			√	√
When transporting children, appropriate child restraints must be used according to state law	R		√	



## BACKGROUND AND LEGISLATION

### BACKGROUND

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

When planning excursions and service events, it is important to ensure that they are inclusive of all members of the service community. Consideration must be given to any extra costs involved and the ability of families to pay these costs. Consideration must also be given to ensuring that all children can attend regardless of their abilities, additional needs or medical conditions (*refer to Inclusion and Equity Policy, Dealing with Medical Conditions Policy, Asthma Policy, Anaphylaxis Policy, Diabetes Policy and Epilepsy Policy*). Clear procedures must be developed and followed, and these should be communicated to parents/guardians (*refer to Attachment 1*).

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

Active travel excursions near the service have a range of benefits including:

- children and educators being physically active
- providing the opportunity to practice road safety
- engaging with the community

Early childhood road safety education aims to reduce the risk of serious injury and death from road trauma. It also aims to lay the foundations for children to become safe and independent road and transport users in the future. Road safety education is an important part of a holistic approach to keeping children safe around traffic and in the road environment. Effective traffic skills are best learnt if they occur in a real environment i.e., using crossings and traffic lights.

## LEGISLATION AND STANDARDS

Relevant legislation and standards include but are not limited to:

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
- *National Quality Standard*, including Quality Area 1: Educational Program and Practice and Quality Area 2: Children's Health and Safety

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: [www.legislation.vic.gov.au](http://www.legislation.vic.gov.au)
- Commonwealth Legislation – Federal Register of Legislation: [www.legislation.gov.au](http://www.legislation.gov.au)



## DEFINITIONS

The terms defined in this section relate specifically to this policy.

**Adequate supervision:** (In relation to this policy) **supervision** entails all children (individuals and groups) in all areas of the service, being in sight and/or hearing of an educator at all times including during toileting, sleep, rest and transition routines. Services are required to comply with the legislative requirements for educator-to-child ratios at all times. Supervision contributes to protecting children from hazards that may emerge in play, including hazards created by the equipment used.

Adequate supervision refers to constant, active and diligent supervision of every child at the service. Adequate supervision requires that educators are always in a position to observe each child, respond to individual needs and immediately intervene if necessary. Variables affecting supervision levels include:

- number, age and abilities of children
- number and positioning of educators
- current activity of each child
- areas in which the children are engaged in an activity (visibility and accessibility)
- developmental profile of each child and of the group of children
- experience, knowledge and skill of each educator

**Attendance Record:** Kept by the service to record details of each child attending the service including name, time of arrival and departure, signature of person delivering and collecting the child or of the nominated supervisor or educator (*Regulation 158(1)*).

**Excursion:** An outing organised by the education and care service. The written permission of parents/guardians or a person named on the child's enrolment record as having lawful authority must be obtained before educators take children outside the service premises.

**Risk assessment:** (In the context of this policy) a risk assessment must identify and assess any hazard that poses a risk to a child's health, safety and/or wellbeing while on an excursion, and specify how these risks will be managed and/or minimised (*Regulation 101*). Risk assessments must consider:

- the proposed route and location of the excursion
- any water hazards (*refer to Water Safety Policy*)
- any risks associated with water-based activities (*refer to Water Safety Policy*)
- transport to and from the proposed location of the excursion (*refer to Occupational Health and Safety Policy*)
- the number of adults and children participating in the excursion
- the number of educators or other responsible adults who will be providing supervision given the level of risk, and whether or not specialised skills are required (e.g., lifesaving skills)
- the proposed activities, and the impact of this on children with varying levels of ability, additional needs or medical conditions

- the proposed duration of the excursion, and the impact of this on children with varying levels of ability, additional needs or medical conditions
- any items/information that should be taken on the excursion e.g., first aid kit, emergency contact details for children, medication for children with known medical conditions (such as asthma, anaphylaxis and diabetes) and a mobile phone.

**Routine/regular outing:** (In relation to education and care services) means an excursion (*refer to Definitions*) such as a walk, drive or trip to/from a location that the service visits regularly as part of its educational program, and where the circumstances covered by the risk assessment are the same on each trip. If an excursion is a regular outing, an authorisation from parents/guardians is only required to be obtained once every 12 months. A new authorisation is required if there is any change to the circumstances of the regular outing.

**Service event:** A special activity, event, visitor or entertainment organised by the education and care service that may be conducted as part of a regular session at the service premises or as an excursion.

**Supervision:** refer to adequate supervision in *Definitions* above.



## SOURCES AND RELATED POLICIES

### SOURCES

- Belonging, Being & Becoming – The Early Years Learning Framework for Australia: [www.acecqa.gov.au](http://www.acecqa.gov.au)
- *Guide to the National Quality Standard*, ACECQA: [www.acecqa.gov.au](http://www.acecqa.gov.au)
- ELAA's Road Safety Education program [www.childroadsafety.org.au](http://www.childroadsafety.org.au)
- *Victorian Early Years Learning and Development Framework*: [www.education.vic.gov.au](http://www.education.vic.gov.au)
- VicRoads: [www.vicroads.vic.gov.au](http://www.vicroads.vic.gov.au)
- Child Health Promotion Research Centre & Edith Cowan University (2012) *National Practices for Early Childhood Road Safety Education*: <https://childroadsafety.org.au/assets/Research/National-Practices-for-EC-RSE.pdf>

### RELATED POLICIES

- Acceptance and Refusal of Authorisations
- Administration of First Aid
- Administration of Medication
- Anaphylaxis
- Asthma
- Code of Conduct
- Curriculum Development
- Dealing with Medical Conditions
- Delivery and Collection of Children
- Diabetes
- Emergency and Evacuation
- Enrolment and Orientation
- Epilepsy
- Fees
- Food Safety
- Hygiene
- Incident, Injury, Trauma and Illness
- Inclusion and Equity
- Interactions with Children
- Nutrition and Active Play
- Occupational Health and Safety
- Participation of Volunteers and Students
- Privacy and Confidentiality
- Road Safety and Safe Transport

- Sun Protection
- Supervision of Children
- Water Safety

### EVALUATION



In order to assess whether the values and purposes of the policy have been achieved, the approved provider will:

- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk (*Regulation 172 (2)*).



### ATTACHMENTS

- Attachment 1: Developing an excursion/service event authorisation form



### AUTHORISATION

This policy was adopted by the approved provider of Whittlesea Family Day Care on 30 October 2024

**REVIEW DATE:** 30 October 2025

## ATTACHMENT 1. DEVELOPING AN EXCURSION/SERVICE EVENT AUTHORISATION FORM

The *Education and Care Services National Regulations 2011 (Regulation 102 (4))* specify that written authorisations for excursions, given by a parent/guardian or person authorised on the child's enrolment record, must include the following details:

- the child's name
- the reason the child is to be taken outside the service premises
- the date the child is to be taken on the excursion (unless the authorisation is for a regular outing (refer to Definitions))
- a description of the proposed location of the excursion
- the method of transport to be used
- proposed activities to be undertaken as part of the excursion
- the period of time that the child will be away from the service premises
- the anticipated number of children attending the excursion
- the anticipated ratio of educators to children attending the excursion
- the anticipated number of educators , and any other adults who will accompany and supervise children on the excursion
- confirmation that a risk assessment has been prepared and is available at the service.

The authorisation form should require parents/guardians to include contact details for two people and for the child's medical practitioner in the event that the child experiences an incident, injury, trauma or illness while on the excursion.

The form must be signed and dated by the parent/guardian or a person authorised on the child's enrolment form.

Services should also include information about:

- additional costs involved, if any, and
- whether parents/guardians/siblings are able to participate in the excursion and, if so, details of the supervision requirements for additional family members.



# FAMILY VIOLENCE SUPPORT

QUALITY AREA 2



## PURPOSE

This policy outlines the range of supports available to children, families and other persons affected by family violence and outlines Whittlesea Family Day Care's reporting requirements in relation to family violence.



## POLICY STATEMENT

### VALUES

Whittlesea Family Day Care is committed to:

- zero tolerance to family violence
- promoting collaborative, multi-agency practice and information sharing
- promoting a shared understanding of family violence across the community, including Aboriginal and diverse communities
- providing a culturally safe response, recognising victim survivor as the expert in their own experience and including and supporting them to make decisions about their own safety and wellbeing.

### SCOPE

This policy applies to the approved provider, persons with management or control, nominated supervisor, persons in day-to-day charge, educators, students, volunteers, parents/guardians, children, and others attending the programs and activities of Whittlesea Family Day Care.

RESPONSIBILITIES	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Early childhood educators	Parents/guardians	volunteers and students
Fulfilling legal obligations, including mandatory reporting and duty of care obligations ( <i>refer to Definitions</i> ) ( <i>refer to Attachment 1</i> )	R	R	R		R
Undertaking child safety reviews and developing an action plan to maintain Child Safe Standards ( <i>refer to Definitions</i> ) at Whittlesea Family Day Care	R	√	√		√
Following processes in identifying family violence ( <i>refer to Attachment 2</i> )	R	R	R		R

Ensuring processes for responding to and reporting are followed when there are significant concerns for the safety, health or wellbeing of a child at the service	R	R	R		R
Creating a culturally safe environment ( <i>refer to Definitions</i> ) for safe disclosure of family violence and respond to disclosures sensitively, with empathy and without judgement	√	√	√		
Collaborating with specialist services to make an informed decision and promote collaborative practice around children and families where relevant ( <i>refer to Attachment 2</i> )	√	√	√		
Sharing relevant information under privacy law or other legislative authorisation ( <i>refer to Privacy and Confidentiality policy</i> ).	R	R	R		
Engaging with specialist services or professionals who are appropriately qualified to support the particular needs of the child or family ( <i>refer to Attachment 2</i> )	√	√	√		
Ensuring confidential information is only shared with relevant authorities to the extent necessary to promote the wellbeing or safety of a child or group of children, consistent with the best interests of that child/ren ( <i>refer to Privacy and Confidentiality policy</i> ).	R	R	R		R
Maintaining co-operative relationships with appropriate services and/or professionals in the best interests of children and their families	√	√	√		
Notifying the approved provider or person with management or control immediately on becoming aware of a concern, complaint or allegation regarding the safety, health and welfare of a child at Whittlesea Family Day Care		R	R	R	R
Maintaining confidentiality at all times ( <i>refer to Privacy and Confidentiality Policy</i> )	R	R	R	√	R
Keeping up to date and complying with any relevant changes in legislation and practices in relation to this policy	R	√	√		√



## BACKGROUND AND LEGISLATION

### BACKGROUND

Family violence is a widespread and serious problem in Australia, which can have serious consequences for individuals, families and the community. Family violence has profoundly negative effects on children, whether they are directly targeted, witness the violence or are aware of the violence in the family. Children can suffer from a variety of physical, spiritual, emotional, mental and developmental effects as a result of family violence. Long term effects of trauma from family violence can be carried into adulthood and result in a range of detrimental emotional, mental and behavioural problems.

Family violence differs from other forms of violence; it is generally underpinned by a pattern of coercion, control and domination by one person over another. While family violence can begin at the start of a relationship, it can also increase and change over time. There are times where there is increased risk, including pregnancy and separation (or attempted separation). Family violence is generally part of a longer-term pattern, rather than a one-off event.

The Royal Commission into Family Violence (the Commission) delivered its report in March 2016, with 227 recommendations. The Commission recommended the review and redevelopment of the Family Violence Risk Assessment and Risk Management Framework (also known as the Common Risk Assessment Framework [CRAF]), and to embed it into the Family Violence Protection Act 2008 (Vic) (FVPA). The Victorian Family Violence Multi-Agency Risk Assessment and Management Framework (MARAM) updates and replaces the CRAF and is informed by consultations with more than 1650 practitioners, subject matter experts, and evidence-base reviews.

The MARAM Framework outlines:

- an approach to practice which is underpinned by the framework principles
- four conceptual 'pillars' for organisations to align their policies, procedures, practice guidelines and tools
- information to support a shared understanding of the experience of risk and its impact on individuals, families and communities
- expectations of practice that are underpinned by a shared understanding of the range of roles across the service system, and consistent and collaborative practice
- an expansion of the range of organisations and sectors who will have a formal role in family violence risk assessment and risk management practice.

The MARAM Framework can be used by all services that come into contact with individuals and families experiencing family violence. The MARAM Framework creates a shared responsibility between individual professionals, services and whole sectors. This allows the service to provide more options to keep victim survivors safe, and for a stronger, more collaborative approach that can keep perpetrators in view and accountable for their actions and behaviours.

The Family Violence Information Sharing Scheme (FVISS) (*refer to Definitions*) has been established under Part 5A of the Family Violence Protection Act 2008, enabling relevant information to be shared between prescribed information sharing entities [ISEs] (*refer to Definitions*) to assess and manage family violence risk. The Child Information Sharing Scheme [CISS] (*refer to Definitions*), established under Part 6A of the Child Wellbeing and Safety Act 2005, enables prescribed ISEs (*refer to Definitions*) to share information with each other in order to promote the wellbeing and safety of children, including in situations where family violence is suspected or established as being present. Guidelines issued under each of the information sharing schemes require ISEs (*refer to Definitions*) to refer to the MARAM Framework where family violence is present.

The Information Sharing Scheme does not change child safety obligations. It complements existing privacy laws (*refer to Privacy and Confidentiality Policy*) and will enhance the ability of early education and care services to meet child wellbeing and safety responsibilities under the Child Safe Standards (*refer to Definitions*) and comply with mandatory reporting and other reporting obligations.

The Information Sharing Scheme will enable services to request and share information and collaborate earlier and more proactively to support outcomes for children and their families and streamline their experience across services. It removes barriers for ISEs (*refer to Definitions*) to share information as they allow information to be shared before serious risk or threat occurs, allowing earlier identification of needs or issues and early support for children and families. Furthermore, while mandatory reporting is often a one-way information exchange, CISS (*refer to Definitions*) and FVISS (*refer to Definitions*) allow ISEs (*refer to Definitions*) to request information back and have an ongoing dialogue to promote the wellbeing and safety of children and manage dynamic risks.

Child Link will be a web-based platform that displays information about a child to authorised key professionals who have responsibility for child wellbeing and safety. Child Link will show limited but critical information, such as a child's participation in early childhood and education services. Information displayed on Child Link will only be accessible to authorised users. Most users will be professionals who have regular contact with children and families and will be able to identify and intervene early where there is a wellbeing or safety concern. Professionals will need to be authorised by a designated senior member within their service to gain access to Child Link. Child Link will become operational by December 2021, with authorised professionals progressively onboarded from 2022 onward. Professionals will have to undertake mandatory training before gaining access to Child Link.

## LEGISLATION AND STANDARDS

Relevant legislation and standards include but are not limited to:

- Child Safe Standards (Vic)
- Child Wellbeing and Safety Act 2005
- Child Wellbeing and Safety (Information Sharing) Regulations 2018 (Vic)
- Children, Youth and Families Act 2005 (Vic)
- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
- Family Violence Protection Act 2008
- Family Violence Protection (Information Sharing and Risk Management) Regulations 2018
- National Quality Standard, Quality Area 2: Children’s Health and Safety and Quality Area 6: Collaborative Partnerships with Families and Communities
- Privacy and Data Protection Act 2014 (Vic)

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: [www.legislation.vic.gov.au](http://www.legislation.vic.gov.au)
- Commonwealth Legislation – Federal Register of Legislation: [www.legislation.gov.au](http://www.legislation.gov.au)



## DEFINITIONS

The terms defined in this section relate specifically to this policy.

**Child:** a person who is under the age of 18 years (which includes infants and adolescents).

**Child FIRST:** A Victorian community-based intake and referral service linked with Family Services. Child FIRST links vulnerable children, young people and their families to support services, including where required Child Protection

**Child Information Sharing Scheme (CISS):** enables Information Sharing Entities (ISEs) (refer to Definitions) to share information to promote the wellbeing or safety of children.

**Child Protection Service (also referred to as Child Protection):** The statutory child protection service provided by the Victorian Department of Families, Fairness and Housing to protect children and young people at risk of abuse and neglect. This service also works closely with Family Services (including Child FIRST) to support the assessment and engagement of vulnerable children and families in community-based services

**Child Safe Standards:** Promotes the safety of children, prevent child abuse, and ensure organisations have effective processes in place to respond to and report all allegations of child abuse.

**Culturally safe:** to practice in a culturally safe way means to carry out practice in collaboration with the service user, with care and insight for their culture, while being mindful of one’s own. A culturally safe environment is one where people feel safe and where there is no challenge or need for the denial of their identity.

**Duty of Care:** a common law concept that refers to the responsibilities of organisations and to provide people with an adequate level of protection against harm and all reasonably foreseeable risks of injury. In the context of this policy, duty of care refers to the responsibility of education and care services and their to provide children with an adequate level of care and protection against foreseeable harm and injury.

**Family violence:** behaviour that occurs in family, domestic or intimate relationships that is physically or sexually abusive; emotionally or psychologically abusive; economically abusive; threatening or coercive; or is in any other way controlling that causes a person to live in fear for their safety or wellbeing or that of another person. In relation to children, family violence is also defined as behaviour by any person that causes a child to hear or witness or otherwise be exposed to the effects of the

above behaviour. This definition includes violence within a broader family context, such as extended families, kinship networks and communities.

**Family Violence Information Sharing Scheme (FVISS):** enables Information Sharing Entities (refer to Definitions) to share information to facilitate assessment and management of family violence risk to children and adults.

**Information Sharing Entities (ISEs):** are authorised to share and request relevant information under the Child Information Sharing Scheme and the Family Violence Information Sharing Scheme (the Schemes) and required to respond to requests from other ISEs. All ISEs are mandated to respond to all requests for information.

**Mandatory reporting:** The legal obligation of certain professionals and community members to report when they believe, on reasonable grounds, that a child is in need of protection from harm.

A broad range of professional groups are identified in the Children, Youth and Families Act 2005 as 'mandatory reporters', including:

- all educators with post-secondary qualifications in the care, education or minding of children and employed or engaged in an education and care service or a children's service
- all proprietors, nominees of a children's service, approved providers, and nominated supervisors of an education and care service.
- educators registered with the Victorian Institute of Teaching (VIT).



## SOURCES AND RELATED POLICIES

### SOURCES

- Child protection in early childhood (PROTECT): [www.education.vic.gov.au](http://www.education.vic.gov.au)
- Family Violence Multi Agency Risk Assessment and Management Framework Practice Guides: [www.vic.gov.au](http://www.vic.gov.au)
- Family Violence Multi-Agency Risk Assessment and Management Framework: [www.vic.gov.au](http://www.vic.gov.au)
- Foundation Knowledge Guide: [www.vic.gov.au](http://www.vic.gov.au)
- Information Sharing and Family Violence Reforms Contextualised Guidance: [www.vic.gov.au](http://www.vic.gov.au)
- MARAM Framework: summary for organisational leaders: [www.vic.gov.au](http://www.vic.gov.au)

### RELATED POLICIES

- Child Safe Environment and Wellbeing
- Compliments and Complaints
- Delivery and Collection of Children
- Incident, Injury, Trauma and Illness
- Inclusion and Equity
- Interactions with Children
- Participation of Volunteers and Students
- Privacy and Confidentiality
- Supervision of Children
- Child Safe Policy



## EVALUATION

In order to assess whether the values and purposes of the policy have been achieved, the approved provider will:

- seeking feedback from early childhood educators, parents/guardians, children, management and all affected by the policy regarding its effectiveness. This can be done via surveys, questionnaires and formal or informal interviews with stakeholders
- monitoring implementation, compliance, complaints and incidents in relation to the policy and procedures

- keeping up to date with current legislation, research, policy and best practice
- observing changes to the service environment e.g. increased/decreased enrolments
- revising the policy and procedures in light of the above
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk ([Regulation 172 \(2\)](#)).



### ATTACHMENTS

- Attachment 1: Mandatory reporting
- Attachment 2: Identifying family violence



### AUTHORISATION

This policy was adopted by the approved provider of Whittlesea Family Day Care on 30 October 2024

**REVIEW DATE:** 30 October 2025

## ATTACHMENT 1. MANDATORY REPORTING

Early childhood Education and Care services are well placed to identify family violence risk, respond to disclosures, and support affected students and families.

Mandatory reporters include early childhood workers, other persons in licensed and approved early childhood services are also mandatory reporters. This includes:

- all educators with post-secondary qualifications in the care, education or minding of children and employed or engaged in an education and care service or a children's service
- the proprietor or primary nominee of a children's service, or the approved provider or nominated supervisor of an education and care service.

All mandatory reporters must make a report to Victoria Police and/or DFFH Child Protection (*refer to Definitions*) as soon as practicable if, during the course of carrying out their professional roles and responsibilities, they form a belief on reasonable grounds that:

- a child has suffered, or is likely to suffer, significant harm as a result of physical injury and/or sexual abuse; and
- the child's parents have not protected, or are unlikely to protect, the child from harm of that type.

It is a criminal offence not to report in these circumstances.

Mandatory reporting requirements, duty of care and the Child Safe Standards (*refer to Definitions*) must be followed as outlined on the [PROTECT website](#).

Refer to the *Child Safe Environment Policy* and/or the [Four Critical Actions for early childhood services](#) as a reference guide on how to report and respond to disclosures, suspicions or allegations of child abuse including family violence.

For more detailed information and guidance on responding to child abuse and family violence under PROTECT, refer to: [Identifying and Responding to All Forms of Abuse in Early Childhood Services](#).

## ATTACHMENT 2. IDENTIFYING FAMILY VIOLENCE

The below information has been adapted from the Department of Education and Training Family Violence Support School Operations Policy.

The Family Violence Protection Act 2008 (Vic) defines family violence as behaviour towards a family member where the behaviour:

- is physically or sexually abusive
- is emotionally or psychologically abusive
- is economically abusive
- is threatening or coercive or
- in any other way controls or dominates the family member and causes that family member to feel fear for the safety or wellbeing of that family member or another person.

A child can be the victim to any of these behaviours.

Family violence includes any behaviour by a family member that causes a child to hear or witness, or otherwise be exposed to the effects of family violence, including violence between adults and/or adolescents in the home. Coercive and controlling behaviours are common across all experiences of victim-survivors. These behaviours add up to a pattern of abuse and violence which build and maintain fear of escalation to physical and sexual violence.

### What to look out for in children

Awareness of family violence and child safety risk indicators form part of your professional judgement and inform your decision about what action to take. While most of the risk indicators listed below do not necessarily mean that family violence or abuse is present, it is important to recognise they may indicate that family violence is occurring, or other child wellbeing issues are present. Any concerns, doubts or observations need to be shared with the approved provider and /or nominated supervisors.

The below information has been adapted from the MARAM? Practice Guides, Responsibility 2: Identification of family violence risk, the Victorian State Government, 2020

Family violence risk indicators include:

#### **General observable signs of trauma for a child or young person that may indicate family violence is occurring**

**Signs of trauma can manifest as either physical, emotional or behavioural and can include:**

**Being very passive and compliant**

**Showing wariness or distrust of adults**

**Demonstrating fear of particular people and places**

**Poor sleep patterns and emotional dis-regulation**

**Becoming fearful when other children cry or shout**

**Developmental regression (i.e. reverting to bed-wetting)**

**Bruises, burns, sprains, dislocations, bites, cuts**

**Fractured bones, especially in an infant where a fracture is unlikely to have occurred accidentally**

**Poisoning**

**Internal injuries**

**Wearing long-sleeved clothes on hot days in an attempt to hide bruising or other injury**

**Being excessively friendly to strangers**



**Being excessively clingy to certain adults**

**A strong desire to please or receive validation from certain adults**

**Excessive washing or bathing**

**Unclear boundaries and understanding of relationships between adults and children**

**Excessive sexualised behaviour/advanced sexual knowledge**

**Violence or sexualised behaviour to other children.**

Signs of trauma for a child (unborn to young child)

**Observable signs of trauma that may indicate family violence for:**

<b>an unborn child</b>	<b>a baby (under 18 months)</b>	<b>a toddler</b>
Poor growth and neural development caused by rushes of maternal adrenalin and cortisol  Injuries sustained via injury to mother or by the perpetrator targeting the unborn child directly (such as inflicting blows to mother's stomach)	Excessive crying  Excessive passivity  Underweight for age  Significant sleep and/or feeding difficulties  Reactions to loud voices or noises  Extreme wariness of new people  No verbal 'play' (such as imitating sounds)  Frequent illness  Anxiety, overly clingy to primary caregiver	As for baby (under 18 months), and also:  Excessive irritability  Excessive compliance  Poor language development  Delayed mobility  Blood in nappy, underwear

Age-related signs of trauma that may indicate family violence in a child or young person

Many indicators may be expressions of trauma that may be observed through the presentation, behaviour or circumstances of a child or young person. Some indicators are related to trauma from specific forms of family violence, including sexual abuse (indicated by #) or emotional abuse (indicated by \*), or indicate signs of neglect

**Observable signs of trauma that may indicate family violence for:**

<b>a pre-schooler</b>	<b>a primary school-aged child</b>	<b>an adolescent</b>
Extreme clinginess  Significant sleep# and/or eating difficulties  Poor concentration in play  Inability to empathise with other people  Frequent illness  Poor language development and/or significant use of 'baby talk'	Rebelliousness, defiant behaviour  Limited tolerance and poor impulse control  Temper tantrums or irritability, being aggressive or demanding*  Physical abuse or cruelty of others, including pets  Avoidance of conflict  Showing low self-esteem*  Extremely compliant behaviour, being passive, tearful or withdrawn*	As for primary school aged children, and also:  School refusal/avoidance (absenteeism/disengagement)  Criminal or antisocial behaviours, including using violence against others  Eating disorders  Substance abuse  Depression  Suicidal ideation  Risk-taking behaviours

<p>Displaying maladaptive behaviour such as frequent rocking, sucking and biting#</p> <p>Aggression towards others</p> <p>Adjustment problems (for example, significant difficulties moving from kindergarten to school)</p> <p>Anti-social play or lack of interest in engaging with others</p>	<p>Excessively oppositional or argumentative behaviour</p> <p>Risk-taking behaviours that have severe or life-threatening consequences</p> <p>Lack of interest in social activities</p> <p>Delayed or poor language skills*</p> <p>Experiencing problems with schoolwork#</p> <p>Poor social competence (few or no friends, not getting on well with peers, difficulties relating to adults)*#</p> <p>Acting like a much younger child*</p> <p>Poor school performance</p> <p>Poor coping skills</p> <p>Sleep issues#</p> <p>Bed wetting#</p> <p>Excessive washing</p> <p>Frequent illness</p> <p>Complaining of headaches or stomach pains#</p> <p>Self-harm</p> <p>Displaying maladaptive behaviour#</p> <p>Displaying sexual behaviour or knowledge unusual for the child's age#</p> <p>Telling someone sexual abuse has occurred#</p> <p>Complaining of pain going to the toilet</p> <p>Enacting sexual behaviour with other children</p> <p>Excessive masturbation</p>	<p>Anxiety</p> <p>Pregnancy</p> <p>Controlling or manipulative behaviour</p> <p>Obsessive behaviour</p> <p>Homelessness or frequent changes in housing arrangements</p>
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Source: Victoria State Government, 2021. Family Violence Multi Agency Risk Assessment and Management Framework: Practice Guide. Melbourne, p.102 - 105

Further information about the identification of family violence, including a more extensive list of physical and behavioural indicators, can be found in Child Protection and Child Safe Standards (PROTECT), [under Identify signs of child abuse.](#)

Known risk factors relating to severe risk of family violence for families are:

- physical harm or threatened to harm a member of household, including pets
- recent separation of parents, including separation under the same roof
- harm of, or threat to harm a child
- mother/carer/partner (e.g. for adolescent) is pregnant
- child under one years of age in the household
- isolation
- financial difficulties
- Child Protection previous or current involvement
- behaviour indicating non-return of child
- threat of suicide or previous attempts
- unemployment of person perpetrating family violence
- alcohol or drug misuse of person perpetrating family violence.

### Supporting children and families experiencing family violence

It is important to be aware that family violence is likely to be an issue in your community and to address the violence and affirm the right of those affected to live free from violence. If you notice signs or indicators of family violence, or a child, parent or carer discloses family violence, accept this and provide appropriate information and support (*refer to the External resources section below*)

Information for parents about family violence, including family violence supports, can be found on the [Family violence page](#)

### Family violence support during emergency and traumatic situations

Family violence incidents and risk can increase during emergency and traumatic situations and in the aftermath of these situations.

During these times family violence and other wellbeing and safety issues for children and their families can be impacted by

- isolation from support networks
- inability to seek and access support services
- difficulty telling someone what is happening at home (disclosing)
- family violence or abuse for the first time
- increased unemployment, financial and housing insecurity
- limited ability for community members, peers or services to monitor known issues.

Mandatory reporting requirements, duty of care and the Child Safe Standards continue to apply during or following emergency or traumatic situations and should be followed as outlined on the [PROTECT website](#).

External resources — advice and support for services and for parent/guardian experiencing of disclosing family violence

### SAFE STEPS (24/7)

This Victorian state-wide family violence crisis support service for women and children includes accommodation (refuge) options and information in 10 languages. You can contact safe steps by phone or email at anytime or online chat through their website Monday to Friday 9am to 9pm.

- 1800 015 188
- [safesteps@safesteps.org.au](mailto:safesteps@safesteps.org.au)
- [www.safesteps.org.au](http://www.safesteps.org.au)

### 1800RESPECT (24/7)

This national service can provide counselling advice and support for people experiencing family violence. The website has resources in 29 languages. The service also provides debriefing to those providing to support to people experiencing family violence including family, friends and professionals.

- 1800 737 732
- [www.1800respect.org.au](http://www.1800respect.org.au)

## THE ORANGE DOOR

The Orange Door is a free service for all adults, children and young people who are experiencing or have experienced family violence and families who need extra support with the care of children.

Early childhood teachers/Educators can also seek expert advice, other relevant information and referral options from area-based specialist family violence services. To locate your local specialist family violence service visit:

- [Orange Door website](#)

## INTOUCH

State-wide family violence support for Multicultural women and men, their families and communities. They can provide information and referral options for family violence, support relating to visas, family court issues and case management.

- 1800 755 988
- [www.intouch.org.au](http://www.intouch.org.au)

## DJIRRA

Djirra is an Aboriginal Family Violence Legal Service supporting Aboriginal people who are experiencing or have experienced family violence (women and men). Djirra also assists non-Aboriginal people experiencing family violence who are parents of Aboriginal children.

- 1800 105 303
- Legal Services team: [info.afvls@djirra.org.au](mailto:info.afvls@djirra.org.au)

## MEN'S REFERRAL SERVICE

State-wide phone service providing support and information for men who are concerned about their behaviours or have used violence.

- 1300 766 491
- [www.ntv.org.au](http://www.ntv.org.au)

# FOOD SAFETY

QUALITY AREA 2



## PURPOSE

This policy will provide guidelines for:

- effective food safety practices at Whittlesea Family Day Care that comply with legislative requirements and meet best practice standards
- minimising the risk to children of scalds and burns from hot drinks.

This policy should be read in conjunction with *Nutrition, Oral Health and Active Play Policy*.



## POLICY STATEMENT

### VALUES

Whittlesea Family Day Care is committed to:

- ensuring the safety of all children and adults attending the service
- taking all reasonable precautions to reduce potential hazards and harm to children attending the service
- ensuring adequate health and hygiene procedures are implemented at the service, including safe practices for handling, preparing, storing and serving food
- promoting safe practices in relation to the handling of hot drinks at the service
- educating all service users in the prevention of scalds and burns that can result from handling hot drinks
- complying with all relevant legislation and standards, including the *Food Act 1984 and the Australia New Zealand Food Standards Code*.

### SCOPE

This policy applies to all individuals involved in handling, preparing, storing and serving food for consumption at Whittlesea Family Day Care, and to the approved provider, persons with management or control, nominated supervisor, persons in day-to-day charge, educators, students, volunteers, parents/guardians, children and others attending the programs and activities of the service.

RESPONSIBILITIES	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Educators	Parents/guardians
Ensuring that the nominated supervisor, educators and volunteers at the service implement adequate health and hygiene practices, and safe practices for handling, preparing and storing food, to minimise risks to children being educated and cared for by the service ( <i>Regulation 77(1)(2)</i> )	R	√	√	

Contacting the local council in the service's area of operation to determine the service's food safety risk classification and requirements under the <i>Food Act 1984</i>	R	√	√	
Complying with all requirements of the service's food safety risk classification under the <i>Food Act 1984</i> , as outlined by local council, including implementing a food safety program and employing a food safety supervisor if required ( <i>refer to Background and Sources</i> )	R	√	√	
Providing parents/guardians with a copy of this policy, and with up-to-date information on the safe provision of food for their children ( <i>refer to Sources</i> )	R	√	√	
Ensuring that the nominated supervisor and all educators are provided with a copy of this policy and are kept up-to-date with current legislation, standards, policies, information and resources relating to food safety	R			
Ensuring students, volunteers, and casual and relief educators at the service are informed of this policy.	R	√	√	
Ensuring that educators undergo training in safe food handling, as required	R	√	√	
Monitoring educators compliance with food safety practices ( <i>refer to Sources</i> )	R	√	√	
Encouraging volunteers to complete training in safe food handling techniques as required ( <i>refer to Sources</i> )	R	√	√	
Ensuring that good hygiene practices are maintained at the service ( <i>refer to Sources</i> and <i>Hygiene Policy</i> )	R	√	√	
Being aware of safe food practices and good hygiene practices ( <i>refer to Source</i> and <i>Hygiene Policy</i> ), and undergoing training if required	R	√	√	
Having hygiene guidelines/posters and food safety guidelines/posters available at the service for the reference of educators and families involved in the preparation and distribution of food to children ( <i>refer to Sources</i> and <i>Hygiene Policy</i> )	R	√	√	
Ensuring that this policy is referred to when undertaking risk assessments for excursions and other service events	R	√	√	
Ensuring measures are in place to prevent cross-contamination of any food given to children with diagnosed food allergies ( <i>refer to Anaphylaxis and Allergic Reactions Policy</i> and <i>Asthma Policy</i> )	R	√	√	
Identifying potential hazards that may reasonably be expected to occur at each stage of the food-handling and preparation cycle and developing procedures to minimise these hazards. Stages of the cycle include ordering, delivery, storage, thawing, preparation, cooking, cooling, handling post-cooking, reheating and serving	R	√	√	
Ensuring that all facilities and equipment for food preparation and storage are clean, and in good repair and working order	R	√	√	

Ensuring that children's lunchboxes are kept indoors, away from heat sources (including direct sunlight) and refrigerated if necessary	R	√	√	
Packing a cold item, such as a frozen water bottle, with perishable foods in a child's lunchbox, or using an insulated lunchbox or cooler				√
Providing a calibrated thermometer in good working order, suitable for monitoring the temperature of the fridge/freezer in food preparation areas. Glass thermometers containing mercury are not recommended in or near food preparation areas	R	√	√	
Monitoring pests and vermin from the premises	R	√	√	
Contacting the Communicable Disease Section, DH ( <i>refer to Definitions</i> ) if there is an outbreak of two or more cases of gastrointestinal illness in a 48-hour period ( <i>refer to Sources</i> )	R	√		
Informing DE and parents/guardians if an outbreak of gastroenteritis or possible food poisoning occurs at the service	R	√	√	
Informing families of the availability of cold storage facilities at the service to ensure parents/guardians make suitable food choices when supplying food for their own child, or for children to share	√	√	√	
Ensuring educators, parents/guardians and others attending the service are aware of the acceptable and responsible practices for the consumption of hot drinks ( <i>refer to Attachment 1</i> ).	R	√	√	√
Ensuring parents/guardians provide details of their child's specific nutritional requirements (including allergies) on the enrolment form, and discussing these prior to the child commencing at the service and whenever these requirements change	√	√	√	√
Keeping up-to-date with current legislation, standards, policy, information and resources relating to food safety	√	√	√	
Discussing food safety with children to increase awareness and assist in developing safe practices		√	√	
Discouraging children from sharing drink bottles or cups at the service		√	√	
Ensuring that children do not share lunches to minimise risks in relation to children with food allergies		√	√	
Providing adequate supervision of children while they are eating ( <i>refer to Supervision of Children Policy</i> )		√	√	√
Teaching children to wash and dry their hands ( <i>refer to Hygiene Policy</i> ): <ul style="list-style-type: none"> <li>• before touching or eating food</li> <li>• after touching chicken or raw meat</li> <li>• after using the toilet</li> <li>• after blowing their nose, coughing or sneezing</li> <li>• after playing with an animal/pet</li> </ul>		√	√	√

Encouraging parents/guardians to discuss a child's nutritional requirements, food allergies or food sensitivities, and informing the nominated supervisor where necessary		√	√	√
Seeking input from parents/guardians on cultural values or religious expectations regarding food handling, provision and consumption		√	√	√
Informing the nominated supervisor or approved provider of any outbreaks of gastroenteritis or possible food poisoning at the service ( <i>refer to Dealing with Infectious Diseases Policy</i> )		√	√	
Removing hazardous food ( <i>refer to Definitions</i> ), including food that has fallen on the floor, and providing alternative food items		√	√	
Registering the service as a Class 4 food premises			√	
Maintaining good personal and kitchen hygiene ( <i>refer to Sources and Hygiene Policy</i> )	R	√	√	√
Washing hands prior to participating in food preparation and cooking activities		√	√	
Washing all fruits and vegetables thoroughly (if provided by the service)		√	√	
Covering all wounds/cuts on hands or arms with wound strips or bandages		√	√	
Wearing disposable gloves when handling food		√	√	



## BACKGROUND AND LEGISLATION

### BACKGROUND

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

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

Services that provide food to children have a duty of care (*refer to Definitions*) to protect children from all hazards and harm, and to provide a healthy and safe working environment. In addition, educators, visitors and contractors are responsible for complying with appropriate workplace standards and procedures that have been implemented to protect their own health and safety, and that of others.

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

Family Day Care supplying low risk snacks such as cut fruit, milk, bread and cereals are classified as Class 4 (low risk). For best practice, Family Day Care are included in the Class 4 category. Class 4 services are not required to have:

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

However, Class 4 services must ensure that educators have the skills and knowledge needed to safely handle food. Council may also, at its discretion, inspect a premises under the *Food Act 1984* (e.g., to



investigate complaints or conduct a spot check). Individual councils may also require services to complete a food safety audit or plan, especially when the service is operating a special event such as a sausage sizzle. For more information about Class 4 food premises, services should contact their local council and refer to: [www2.health.vic.gov.au/public-health/food-safety/food-businesses/food-business-classification/food-business-classification-predetermined](http://www2.health.vic.gov.au/public-health/food-safety/food-businesses/food-business-classification/food-business-classification-predetermined)

## LEGISLATION AND STANDARDS

Relevant legislation and standards include but are not limited to:

- Australia New Zealand Food Standards Code
- Child Wellbeing and Safety Act 2005
- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
- Food Act 1984 (Vic)
- National Quality Standard, Quality Area 2: Children’s Health and Safety
- Occupational Health and Safety Act 2004
- Public Health and Wellbeing Act 2008

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: [www.legislation.vic.gov.au](http://www.legislation.vic.gov.au)
- Commonwealth Legislation – Federal Register of Legislation: [www.legislation.gov.au](http://www.legislation.gov.au)



## DEFINITIONS

The terms defined in this section relate specifically to this policy.

**Communicable Disease Section:** Responsibility for communication and advice in relation to infectious diseases on behalf of the Secretary of the Victorian DH.

**Department of Health:** The State Government department responsible for the health and wellbeing of Victorians, and with oversight of the administration of the *Food Act 1984*.

**Food allergies:** Some foods and food ingredients, or their components, can cause severe allergic reactions including anaphylaxis (*refer to Anaphylaxis and Allergic Reactions Policy*). Less common symptoms of food allergy include infantile colic, reflux of stomach contents, eczema, chronic diarrhoea and failure to thrive in infants. Food allergies are often caused by peanuts, tree nuts, milk, eggs, sesame seeds, fish and shellfish, soy and wheat. For more information on food allergies, visit: [www.allergyfacts.org.au](http://www.allergyfacts.org.au)

**Food safety:** (In relation to this policy) Ensuring food provided by the service is fit for human consumption.

**Food safety supervisor:** A person who:

- can recognise, prevent and alleviate food handling hazards at a premises
- has a Statement of Attainment from a Registered Training Organisation (RTO) that confirms competency in the required food safety standards
- has the ability and authority to supervise other individuals who handle food at the premises to ensure safe food handling at all times.

Class 4 food premises do not need a food safety supervisor (*refer to Background*). However, they must ensure that educators members have the skills and knowledge needed to safely handle food in their work roles.

**Food Standards Australia New Zealand (FSANZ):** A bi-national Government agency with the responsibility to develop and administer the *Australia New Zealand Food Standards Code* (the Code), which details standards and requirements in areas such as food additives, food safety, labelling and genetically modified (GM) foods. Enforcement and interpretation of the Code is the responsibility of State/Territory departments and food agencies within Australia and New Zealand.

**Hazardous food:** Food containing dangerous biological, chemical or physical agents, or food in a condition that has the potential to cause adverse health effects in humans.

**High-risk foods:** Bacteria that has the potential to cause food-poisoning can grow and multiply on some foods more easily than others. High-risk foods include meat, seafood, poultry, eggs, dairy products, small goods, cooked rice/pasta and prepared salads (such as coleslaw, pasta salads, rice salads and fruit salads). Food that is contained in packages, cans or jars can become high-risk once opened, and should be handled and stored appropriately.

**Hot drink:** Any container holding a liquid that has been heated or boiled, and that remains above room temperature (25°C) for any period of time.

**Scalds:** Burns by hot fluids, steam and other hot vapours.



## SOURCES AND RELATED POLICIES

### SOURCES

- Communicable Disease Section, Victorian Department of Health & Human Services (2019), *A guide to the management and control of gastroenteritis outbreaks in children's centres*. Victorian Government, Melbourne:  
<https://www2.health.vic.gov.au/about/publications/researchandreports/A-guide-to-the-management-and-control-of-gastroenteritis-outbreaks-in-childrens-centres>
- *Australia New Zealand Food Standards Code*:  
<https://www.foodstandards.gov.au/code/Pages/default.aspx>
- Department of Health – Food Safety. Contact the Department of Health if your inquiry relates to general food compliance issues (and you don't know where to start) or you are looking for publications on food safety or information on legislation.  
Telephone: 1300 364 352 (free call within Australia)  
Email: [foodsafety@health.vic.gov.au](mailto:foodsafety@health.vic.gov.au)  
Website: <https://www.health.vic.gov.au/public-health/food-safety>
- Keeping food safe: <https://www2.health.vic.gov.au/public-health/food-safety/food-businesses/food-how-to-keep-it-safe>
- Food safety library: <https://www2.health.vic.gov.au/public-health/food-safety/publications-guides-resources>
- dofoodsafely – a free online food safety program: <http://dofoodsafely.health.vic.gov.au/>
- The Royal Children's Hospital Melbourne – Kids Health Info:  
<https://www.rch.org.au/kidsinfo/>
- Kidsafe Australia: telephone (03) 9036 2306 or email: [info@kidsafevic.com.au](mailto:info@kidsafevic.com.au). For a fact sheet on scalds and burns, visit their website:  
[www.kidsafevic.com.au/images/stories/pdfs/Burns\\_Scalds.pdf](http://www.kidsafevic.com.au/images/stories/pdfs/Burns_Scalds.pdf)

### RELATED POLICIES

- Administration of First Aid
- Anaphylaxis and Allergic Reactions
- Asthma
- Child Safe Environment and Wellbeing
- Dealing with Medical Conditions
- Diabetes
- Excursions and Service Events
- Hygiene
- Incident, Injury, Trauma and Illness
- Interactions with Children
- Nutrition, Oral Health and Active Play
- Occupational Health and Safety
- Supervision of Children



## EVALUATION

In order to assess whether the values and purposes of the policy have been achieved, the approved provider will:

- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- monitor and investigate any issues related to food safety, such as reports of gastroenteritis or food poisoning
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk (*Regulation 172 (2)*).



## ATTACHMENTS

- Attachment 1: Responsible consumption of hot drinks at the service



## AUTHORISATION

This policy was adopted by the approved provider of Whittlesea Family Day Care on 30 October 2024

**REVIEW DATE:** 30 October 2025

## ATTACHMENT 1. RESPONSIBLE CONSUMPTION OF HOT DRINKS AT THE SERVICE

Scalds and burns from hot liquids are a common cause of hospital admission in 0- to 4-year-olds. A child's skin is thinner and more sensitive than an adult's and will therefore experience a more severe burn (*refer to Sources: Kidsafe Australia*). Children's natural curiosity, impulsiveness, mode of reaction and lack of experience in assessing danger are contributing factors to the vulnerability of children at this age.

Common scenarios that can lead to a child being scalded include when a child pulls a cup of tea, coffee or hot water from a table or bench, or when a child runs into a person holding a hot drink resulting in the hot drink spilling over the child's body.

The consumption of lukewarm drinks or the use of lidded cups/mugs in areas accessed by children should be considered with caution, as this is not necessarily a safe practice and might give the impression that it is acceptable to consume hot drinks around children.

### GENERAL GUIDELINES

**The approved provider, nominated supervisor and all educators are responsible for:**

- ensuring that hot drinks are only prepared and consumed in areas inaccessible to children within your home
- ensuring that hot drinks are not consumed in, or taken into or through any area where children are in attendance or participating in the program as per the area map displayed at each service entry
- informing parents/guardians on duty, visitors to the service, students, volunteers and any other person participating in the program of the service's hot drink procedures and the reasons for such procedures
- ensuring that children enrolled and participating in the program do not have access to areas of the building that are likely to be hazardous
- ensuring that parents/guardians attending the service actively supervise children in their care who are not enrolled in the program, including siblings
- ensuring that at least one educator with current approved first aid qualifications is in attendance and immediately available at all times that children are being educated and cared for by the service
- educating service users about the prevention of burns and scalds by providing relevant information (*refer to Sources: Kidsafe Australia*), including appropriate first aid for scalds
- implementing safety procedures in relation to hot drinks at service events occurring outside operational hours, including:
  - offering alternative drinks for adults e.g., juice, water or iced coffee
  - safely locating urns, kettles and power cords out of reach of children
  - preparing and consuming hot drinks in an area inaccessible to children
  - ensuring a person with current approved first aid qualifications is in attendance for social events held outside operational hours.

# HYGIENE

## QUALITY AREA 2



### PURPOSE

This policy will provide guidelines for procedures to be implemented at Whittlesea Family Day to ensure:

- effective and up-to-date control of the spread of infection
- the provision of an environment that is safe, clean and hygienic.



### POLICY STATEMENT

#### VALUES

Whittlesea Family Day Care is committed to protecting all persons from disease and illness by minimising the potential for infection through:

- implementing and following effective hygiene practices that reflect advice from recognised health authorities
- implementing infection control procedures to minimise the likelihood of cross-infection and the spread of infectious diseases and illnesses to children, educators and any other persons in attendance at the service
- fulfilling the service's duty of care requirement under the *Occupational Health and Safety Act 2004*, the *Education and Care Services National Law Act 2010* and the *Education and Care Services National Regulations 2011* to ensure that those involved with the service are protected from harm
- informing educators, volunteers, children and families about the importance of adhering to the *Hygiene Policy* to maintain a safe environment for all users and communicating the shared responsibility between all involved in the operation of the service.

#### SCOPE

This policy applies to the approved provider, persons with management or control, nominated supervisor, persons in day-to-day charge, educators, students, volunteers, parents/guardians, children, and others attending the programs and activities of Whittlesea Family Day, including during offsite excursions and activities.

RESPONSIBILITIES	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Educators	Parents/guardians
Ensuring that all educators and volunteers are provided with a copy of this policy and have a clear understanding of the procedures and practices outlined within	R	√	√	
Ensuring the nominated supervisor, educators and volunteers at the service implement adequate health and hygiene practices,	R			

and safe practices for handling, preparing and storing food ( <i>Regulation 77(1)</i> )				
Establishing robust induction procedures that include the provision of information regarding the implementation of the practices outlined in this policy ( <i>National Law: Section 167, Regulation 77</i> )	R	√		
Developing an appropriate cleaning and sanitising schedule that outlines daily, weekly, monthly, quarterly and annual cleaning and sanitising requirements and responsibilities ( <i>National Law: Section 167, Regulation 77</i> )	R	√	√	
Cleaning and sanitising the service regularly, including floors and other surfaces, as per the cleaning schedule ( <i>National Law: Section 167, Regulation 77</i> )	R	√	√	
Reviewing the cleaning schedule on an annual basis	√	√	√	
Contacting the local council's Environmental Health Officer for information about needle/syringe/sharps disposal if necessary	R	√	√	
Ensuring the service has laundry facilities or access to laundry facilities, or other arrangements for dealing with soiled clothing, nappies and linen, including hygienic facilities for storage prior to their disposal or laundering ( <i>Regulation 106(1)</i> )	R	√	√	
Ensuring that the laundry and hygiene facilities are located and maintained in a way that does not pose a risk to children ( <i>Regulation 106(2)</i> )	R	√	√	
Ensuring that there are adequate and appropriate hygiene facilities provided for nappy changing which are designed, located and maintained in such a way that prevents unsupervised access by children ( <i>Regulations 112(2)&amp;(4)</i> )	R	√	√	
Ensuring that adequate, developmental and age-appropriate toilet, hand washing, and hand drying facilities are provided for use by children, and that these are safe and accessible ( <i>Regulation 109</i> )	R	√	√	
Providing a copy of the NHMRC guidelines for the prevention of infectious diseases in child care for the service ( <i>refer to Sources</i> )	√	√	√	
Providing hand washing guidelines for display at each hand washing location ( <i>refer to Procedures</i> )	√	√	√	√
Ensuring there is an adequate supply of non-toxic cleaning and hygiene products, including gloves, at all times.		√	√	
Ensuring all educators are aware of products which can cause harm to children and take every measure to ensure these products are used appropriately and stored safely when children are in the service ( <i>refer to Procedures</i> )	√	√	√	
Developing effective hygienic systems for cleaning, such as using colour-coded cloths in each area	√	√	√	
Ensuring cloths are cleaned, rinsed and stored separately, and replaced regularly	√	√	√	
Maintaining the service in a clean and hygienic manner throughout the day, such as wiping benches and tables before and after eating, and cleaning up spills	√	√	√	

Ensuring that an inspection of the outdoor areas, in particular where applicable the sand and soft-fall areas, are conducted daily to ensure they are maintained in a safe and hygienic manner	√	√	√	
Informing the approved provider of any issues that impact on the implementation of this policy		√	√	
Actively encouraging parents/guardians to keep children who are unwell at home to prevent the spread of infection to other children and educators	√	√	√	√
Storing or presenting items, such as beds, bedding and sunhats, in such a way as to prevent cross-contamination	√	√	√	
Ensuring that there is a regular and thorough cleaning and disinfecting schedule for all equipment and toys	√	√	√	
Ensuring any chemicals and cleaning agents are non-toxic and stored out of reach of children and in their original packaging	√	√	√	
Ensuring that all educators wear disposable gloves when changing nappies or dealing with open wounds or other body fluids, and dispose of those gloves and soiled materials in a sealed container or plastic bag	√	√	√	
Educators who have or are suspected of having an infectious disease do not attend the service in order to prevent the spread of infection to others attending the service	√	√	√	
Attending to the individual personal hygiene needs of each child as soon as is practicable		√	√	
Changing nappies and attending to individual personal hygiene and toileting needs of each child according to recommended procedures ( <i>refer to Procedures</i> )		√	√	
Consult with families around their child/ren's nappy changing/toileting routine at the initial family interview/orientation to promote familiar and effective routines throughout the child's time in care			√	√
Regularly checking children's nappies through-out the day based on their individual needs			√	
Disposing of soiled nappies in a safe and hygienic manner in line with this policy		√	√	
Ensuring that current nappy-changing procedures are available ( <i>refer to Procedures</i> )	√	√	√	
Ensuring soap and drying facilities are available at all times when children are in attendance at the service	√	√	√	
Ensuring children do not share the use of items related to personal care, such as hand towels for drying hands, toothbrushes and hairbrushes	√	√	√	
Encouraging children to flush the toilet after use		√	√	
Ensuring that information about correct hand-washing procedures are available ( <i>refer to Procedures</i> ), including visual aids for children	√	√	√	

Encouraging and assisting (where required) children to wash their hands according to hand washing guidelines ( <i>refer to Procedures</i> ) after toileting	√	√	
Encouraging children to tell an educator if they have had a toileting accident	√	√	
Monitoring and maintaining toileting facilities (including potties) in a safe, clean and hygienic manner while children are in attendance; this requires periodic checking of the bathroom area	√	√	
Respecting diverse styles of toileting children due to cultural or religious practices	√	√	
Respecting the possible need to maintain privacy of toileting and dressing	√	√	
Removing equipment/resources that a child has sneezed or coughed on (place in a 'equipment-to-be-cleaned' box)	√	√	
Wearing gloves when cleaning (general purpose gloves are sufficient; wash and hang outside to dry when finished if reusable)	√	√	
Washing mouthed toys daily using warm water and detergent and, if possible, drying in the sun	√	√	
Wiping over books with a moist cloth treated with detergent	√	√	
Ensuring washable toys and equipment are cleaned term by term or annually, as required	√	√	
Washing and disinfecting mattress covers and linen, where applicable	√	√	
Educating encouraging children in good personal hygiene practices, such as: <ul style="list-style-type: none"> <li>• washing their hands after blowing and wiping their nose</li> <li>• not touching one another when they are cut or bleeding</li> <li>• disposing of used tissues promptly and appropriately, and not lending them to other children</li> <li>• using their own equipment for personal care, such as toothbrushes, hats, brushes and combs</li> <li>• only touching food they are going to eat</li> <li>• using their own drink bottles or cups.</li> </ul>	√	√	
Keeping the indoor and outdoor environments as clean and hygienic as possible at all times	√	√	
Promptly removing blood, urine and faeces (including animal) either indoors or outdoors, using the appropriate cleaning procedures	√	√	
Covering the sandpit (where applicable) when not in use to prevent contamination	√	√	
Emptying water containers, such as water trays, each day (refer to Water Safety Policy)	√	√	
Disposing of any dead animals/insects found on the premises in an appropriate manner.	√	√	
Avoid direct contact with blood or other fluids	√	√	



Not be at eye level when cleaning/treating a child's face that has blood on it, as a child's blood can enter the mouth/nose of a educators when a child cries or coughs		√	√	
Wear gloves wherever possible		√	√	
Cover any cuts/abrasions on their own hands with a waterproof dressing.		√	√	
Clean with detergent and warm water followed by rinsing and drying to remove the bulk of infectious organisms from a surface. Particular attention should be paid to the following: <ul style="list-style-type: none"> <li>• toilets/sinks must be cleaned daily, and separate cleaning cloths/sponges must be used for each task</li> <li>• mouthed toys must be washed immediately or placed in a separate container for washing at a later time</li> <li>• all bench tops must be washed regularly</li> <li>• all floors must be vacuumed washed regularly</li> <li>• children's cups/drink bottles used for water must be washed daily</li> <li>• when washing at the child care premises, educators are to consider washing items separately to minimise cross-contamination, for example, tea towels washed separately from sheets, face washers washed separately to play mats/rugs</li> <li>• nappy change areas/mats must be washed with detergent and warm water after each use</li> </ul>		√	√	
All soiled articles such as disposable nappies and tissues must be placed in bags which can be tied or sealed and disposed of in line with local laws		√	√	



## PROCEDURES

### NAPPY CHANGE

Download and attach the poster: Changing a nappy without spreading germs, from the website of the National Health and Medical Research Council (2013) *Staying Healthy: Preventing infectious diseases in early childhood education and care services* (5th edition):

<https://www.nhmrc.gov.au/file/5131/download?token=M7dUSsl->

### HANDWASHING GUIDELINES

Download and attach the poster: *How to wash hands* from the website of the National Health and Medical Research Council (2013) *Staying Healthy: Preventing infectious diseases in early childhood education and care services* (5th edition):

<https://www.nhmrc.gov.au/sites/default/files/documents/reports/clinical%20guidelines/ch55g-how-wash-hands-poster.pdf>

### DANGEROUS PRODUCTS

#### PRACTICES

- Products such as bleach, detergents, disinfectants and deodorisers expose people to a range of toxins that can irritate the skin, cause coughs and trigger asthma. Educators can reduce the level of exposure of chemicals to children whilst in care by using safer alternatives such as soap and water (removes germs from household surfaces), bicarbonate of soda (cleans and deodorises), vinegar (removes grease and mildew), lemon juice (deodorises, cleans glass and removes stains).
- All dangerous products including petrol, kerosene, pesticides, chemical cleaners, disinfectants, bleach, chlorine, make-up, deodorisers, detergents, hair and skin products, medicines, matches and any other

products that can be dangerous if ingested or inhaled or contact is made with skin, must be stored in original containers (never decanted into other bottles) and kept out of reach of children.

SAFE HANDLING SUGGESTIONS INCLUDE:

1. Keeping all labelling including warning labels and manufacturers' instructions intact and on packaging.
2. Some dangerous goods should always be stored separately according to manufacturers' instructions to prevent a chemical reaction.
3. All ignition sources such as matches should be stored separately from chemicals.
4. Dangerous and/or toxic products must be kept in locked storage or up high and completely inaccessible to children.
5. Educators are expected to have an understanding of poisonous plants and to remove or enclose any plant that may put a child at risk.
6. Chemicals used outdoors including herbicides and pesticides including snail bait can only be used when children are not in care and the recommended time elapsed before children can access the sprayed/treated area.
7. All art materials used for children should not contain any toxic ingredients.



## BACKGROUND AND LEGISLATION

### BACKGROUND

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

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

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

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

Other strategies to prevent infection include:

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

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

### LEGISLATION AND STANDARDS

Relevant legislation and standards include but are not limited to:

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
- Food Act 1990
- National Quality Standard, Quality Area 2: Children's Health and Safety
- Occupational Health and Safety Act 2004

- Public Health and Wellbeing Act 2008

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: [www.legislation.vic.gov.au](http://www.legislation.vic.gov.au)
- Commonwealth Legislation – Federal Register of Legislation: [www.legislation.gov.au](http://www.legislation.gov.au)



## DEFINITIONS

The terms defined in this section relate specifically to this policy.

**Cleaning:** A process that removes visible contamination such as food waste, dirt and grease from a surface. This process is usually achieved by the use of water and detergent. During this process, micro-organisms will be removed but not destroyed

**Communicable disease:** A disease capable of being transmitted from an infected person or species to a susceptible host, either directly or indirectly

**Cough etiquette:** The correct way to prevent the spread of infectious organisms that are carried in droplets of saliva is to cough or sneeze into the inner elbow or to use a tissue to cover the mouth and nose. Place all tissues in the rubbish bin immediately and clean hands with either soap and water or a disinfectant hand rub

**Hygiene:** The principle of maintaining health and the practices put in place to achieve this.

**Infectious disease:** A disease that can be spread, for example, by air, water or interpersonal contact. An infectious disease is designated under Victorian Law or by a health authority (however described) as a disease that would require the infected person to be excluded from an education and care service (*refer to Dealing with Infectious Diseases Policy*)

**Neutral detergent:** A cleaning agent available commercially and labelled as ‘neutral’ or ‘neutral pH’

**Sanitising:** A process that destroys micro-organisms. Sanitising a surface can reduce the number of micro-organisms present. The process of sanitisation usually involves ensuring a surface is thoroughly cleaned with both heat and water, followed by the use of chemicals.



## SOURCES AND RELATED POLICIES

### SOURCES

- Department of Health, Victoria, Food Safety: [www.health.vic.gov.au/public-health/food-safety](http://www.health.vic.gov.au/public-health/food-safety)
- Department of Health, Diseases information and advice, A-Z list of blue book diseases: [:https://www.health.vic.gov.au/infectious-diseases/disease-information-and-advice](https://www.health.vic.gov.au/infectious-diseases/disease-information-and-advice)
- Department of Health: <https://www.health.vic.gov.au/public-health/infectious-diseases>
- National Health and Medical Research Council (2013) *Staying Healthy: Preventing infectious diseases in early childhood education and care services* (5<sup>th</sup> edition): <https://www.nhmrc.gov.au/about-us/publications/staying-healthy-preventing-infectious-diseases-early-childhood-education-and-care-services>

### RELATED POLICIES

- Administration of First Aid
- Administration of Medication
- Child Safe Environment and Wellbeing
- Dealing with Infectious Diseases
- Dealing with Medical Conditions
- Food Safety
- Incident, Injury, Trauma and Illness
- Occupational Health and Safety

- Privacy and Confidentiality



### EVALUATION

In order to assess whether the values and purposes of the policy have been achieved, the approved provider will:

- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy and ensure satisfactory resolutions have been achieved
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk ([Regulation 172 \(2\)](#)).



### ATTACHMENTS

- nil



### AUTHORISATION

This policy was adopted by the approved provider of Whittlesea Family Day on 30 October 2024

**REVIEW DATE:** 30 October 2025



### PURPOSE

This policy will define the:

- procedures to be followed if a child is ill, or is involved in a medical emergency or an incident at the service that results in injury or trauma
- responsibilities of educators, parents/guardians and the approved provider when a child is ill, or is involved in a medical emergency or an incident at the service that results in injury or trauma
- practices to be followed to reduce the risk of an incident occurring at the service.



### POLICY STATEMENT

#### VALUES

Whittlesea Family Day Care is committed to:

- providing a safe and healthy environment for all children, educators, volunteers, students and any other persons participating in or visiting the service
- responding to the needs of an injured, ill or traumatised child at the service
- preventing injuries and trauma
- preventing the spread of illness through simple hygiene practices, monitoring immunisation records and complying with recommended exclusion guidelines
- maintaining a duty of care to children and users of Whittlesea Family Day Care

#### SCOPE

This policy applies to the approved provider, persons with management or control, nominated supervisor, persons in day-to-day charge, educators, students, volunteers, parents/guardians, children and others attending the programs and activities of Whittlesea Family Day Care, including during offsite excursions and activities.

RESPONSIBILITIES	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Educators	Parents/guardians
Ensuring that the premises are kept clean and in good repair	R	R	√	
Maintaining effective supervision ( <i>refer to Supervision of Children Policy</i> ) for all enrolled children in all aspects of the service's program that is reflective of the children's needs, abilities, age and circumstances	R	R	√	
Regularly checking equipment in both indoor and outdoor areas for hazards using a daily hazard check, and taking the	R	R	√	

appropriate action to ensure the safety of the children when a hazard is identified				
Being proactive, responsive and flexible in using professional judgments to prevent injury from occurring	R	R	√	
Having ready access to an operating telephone or other similar means of communication to enable immediate communication to and from parents and emergency services	R	√	√	
Ensuring that educators have access to medication, Incident, Injury, Trauma and Illness forms ( <i>available from ACECQA – refer to Sources</i> )	R	√		
Ensuring that the service has an <i>Occupational Health and Safety policy</i> and procedures that outline the process for effectively identifying, managing and reviewing risks and hazards that are likely to cause injury, and reporting notifiable incidents to appropriate authorities ( <i>refer to Occupational Health and Safety Policy</i> )	R	√	√	
Ensuring that there is an educator with a current approved first aid qualification on the premises at all times ( <i>refer to Administration of First Aid Policy</i> )	R	√		
Ensuring that there are an appropriate number of up-to-date, fully equipped first aid kits that are accessible at all times ( <i>refer to Administration of First Aid Policy</i> )	R	√	√	
Ensuring that children’s enrolment forms provide authorisation for the service to seek emergency medical treatment by a medical practitioner, hospital or ambulance service ( <i>Regulations 161</i> )	R	√		√
Notifying the service, upon enrolment or diagnosis, of any medical conditions and/or needs, and any management procedure to be followed with respect to that condition or need ( <i>Regulation 162</i> )				√
Informing the service of an infectious disease or illness that has been identified while the child has not attended the service, and that may impact on the health and wellbeing of other children, educators and parents/guardians attending the service				√
Ensuring that the service is provided with a current medical management plan, if applicable ( <i>Regulation 162(d)</i> )				√
Notifying the service when their child will be absent from their regular program				√
Notifying educators if there is a change in the condition of a/their child’s health, or if there have been any recent accidents or incidents that may impact on the child’s care e.g. any bruising or head injuries.	R	√	√	√
Responding immediately to any incident, injury or medical emergency ( <i>refer to procedures and Administration of First Aid policy</i> )	R	R	R	
Ensuring that a parent/guardian of the child is notified as soon as is practicable, but not later than 24 hours after the occurrence, if	R	√	√	

the child is involved in any incident, injury, trauma or illness while at the service ( <i>Regulation 86</i> )				
Notifying other person/s as authorised on the child's enrolment form when the parents/guardians are not contactable	<b>R</b>	√	√	
Considering the emotional wellbeing of all children and educators during and following an accident, injury, trauma or illness events	√	√	√	
Ensuring that regulatory and legislative responsibilities are met in relation to any incident, injury or medical emergency	<b>R</b>	√	√	
Ensuing notifications of serious incidents ( <i>refer to Definitions</i> ) are made to the regulatory authority (DE) ( <i>refer to Definition</i> ) through the NQA IT System ( <i>refer to Definitions</i> ) as soon as is practicable but not later than 24 hours after the occurrence	<b>R</b>	√		
Recording details of any incident, injury or illness in the Incident, Injury, Trauma and Illness Record ( <i>refer to Definitions</i> ) as soon as is practicable but not later than 24 hours after the occurrence	<b>R</b>	√	√	
Signing the Incident, Injury, Trauma and Illness Record, thereby acknowledging that they have been made aware of the incident				√
Reviewing and evaluating procedures after an incident or illness as part of the quality improvement process and taking appropriate action to remove the cause if required. For example, removing a nail found protruding from climbing equipment or retraining educators to adhere more closely to the service's <i>Hygiene Policy</i>	<b>R</b>	√	√	
Ensuring that completed medication records are kept until the end of 3 years after the child's last attendance ( <i>Regulation 92, 183</i> )	<b>R</b>	√		
Ensuring that Incident, Injury, Trauma and Illness Records are maintained and stored securely until the child is 25 years old ( <i>Regulations 87, 183</i> ) ( <i>refer to Privacy and Confidentiality Policy</i> )	<b>R</b>	√		
Communicating with families about children's health requirements in culturally sensitive ways and implementing individual children's medical management plans, where relevant	<b>R</b>	√	√	√
Being contactable, either directly or through emergency contacts listed on the child's enrolment form, in the event of an incident requiring medical attention				√
Requesting the parents/guardians make arrangements for the child or children involved in an incident or medical emergency to be collected from the service, or informing parents/guardians if an ambulance has been called	<b>R</b>	√	√	√
Collecting their child as soon as possible when notified of an incident, injury or medical emergency involving their child				√
Arranging payment of all costs incurred when an ambulance service required for their child at the service				√
The Coordination Unit will read and sign off on any recorded incidents and discuss any recommendations towards possible changes to the care environment and/or program.	√	√		

Ensure Educators have access to debriefing after a critical incident has occurred within the FDC environment ( <i>refer to procedure</i> )	√	√		
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## PROCEDURES

Ensuring that the following contact numbers are displayed in close proximity of each telephone:

- 000
- DE regional office
- Approved provider
- Asthma Victoria: (03) 9326 7088 or toll free 1800 645 130
- Victorian Poisons Information Centre: 13 11 26
- Local council or shire.

When there is a medical emergency, all educators will:

- call an ambulance, where necessary
- administer first aid, and provide care and comfort to the child prior to the parents/guardians or ambulance arriving
- implement the child's current medical management plan, where appropriate
- notify parents/guardians as soon as is practicable of any serious medical emergency, incident or injury concerning the child, and request the parents/guardians make arrangements for the child to be collected from the service and/or inform the parents/guardians that an ambulance has been called
- notify other person/s as authorised on the child's enrolment form, if the parents/guardians are not contactable
- ensure ongoing supervision of all children in attendance at the service
- accompany the child in the ambulance when the parents/guardians are not present, provided that educators -to-child ratios can be maintained at the service
- notify the Coordination Unit of the medical emergency, incident or injury as soon as is practicable
- complete and submit an incident report to the Coordination Unit to report the incident to DE

When a child develops symptoms of illness while at the service, all educators will:

- observing the symptoms of children's illnesses and injuries and systematically recording and sharing this information with families (and medical professionals where required)
- ensure that the nominated supervisor, or person in day-to-day care of the service, contacts the parents/guardians or authorised emergency contact for the child
- request that the child is collected from the service if the child is not well enough to participate in the program
- ensure that they separate the child from the group and have the educator monitor the child until the child recovers, a parent/guardian arrives or another responsible person takes charge
- call an ambulance (*refer to definition of medical emergency*) if a child appears very unwell or has a serious injury that needs urgent medical attention
- ensure that the child is returned to the care of the parent/guardian or authorised emergency contact person as soon as is practicable
- ensure that, where medication, medical or dental treatment is obtained, the parents/guardians are notified as soon as is practicable and within 24 hours, and are



provided with details of the illness and subsequent treatment administered to the child

- ensure that the approved provider is notified of the incident
- ensure that the Incident, Injury, Trauma and Illness Record is completed as soon as is practicable and within 24 hours of the occurrence.

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

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

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

### **Critical incident debriefing for educators**

Examples of distress requiring debriefing may include:

- Death or injury of a child in care, other Educators, child's family member
- Verbal abuse, intimidation or harassment
- Physical or psychological threat
- Instances where circumstances have been difficult to manage, protracted or have attracted medical attention Practices
- Minor critical incidents are often part of the day-to-day operations of FDC, in these instances, the debriefing may be managed internally by the FDC Coordination Unit, or other officers within Council.
- In the event of a major critical incident or ongoing chronic incidents occurring in FDC debriefing will be offered to Educators on an individual or group basis as requested by the Educator/s.
- Any debriefing sessions will remain strictly confidential between the Educators and the Approved Provider unless required to be reported by law.



## BACKGROUND AND LEGISLATION

### BACKGROUND

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

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

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

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

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

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

### LEGISLATION AND STANDARDS

Relevant legislation and standards include but are not limited to:

- Australian Standards AS3745–2002, Emergency control procedures for buildings, structures and workplaces
- Education and Care Services National Law Act 2010: Section 174(2)
- Education and Care Services National Regulations 2011: Regulations 77, 85–87, 103, 177, 183
- Public Health and Wellbeing Act 2008 (Vic)
- Public Health and Wellbeing Regulations 2009 (Vic)
- Occupational Health and Safety Act 2004 (Vic)
- Occupational Health and Safety Regulations 2007
- WorkSafe Victoria Compliance Code: First aid in the workplace (2008)
- National Quality Standard, Quality Area 2: Children's Health and Safety
- National Quality Standard, Quality Area 3: Physical Environment
- National Quality Standard, Quality Area 7: Governance and Leadership
- Therapeutic Goods Act 1989 (Cth)

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: [www.legislation.vic.gov.au](http://www.legislation.vic.gov.au)
- Commonwealth Legislation – Federal Register of Legislation: [www.legislation.gov.au](http://www.legislation.gov.au)



## DEFINITIONS

The terms defined in this section relate specifically to this policy.

**Emergency services:** Includes ambulance, fire brigade, police and state emergency services.

**First aid:** The provision of initial care in response to an illness or injury. It generally consists of a series of techniques to preserve life, protect a person (particularly if unconscious), prevent a condition worsening and promote recovery. First aid training should be delivered by approved first aid providers, and a list of these is published on the ACECQA website: [www.acecqa.gov.au](http://www.acecqa.gov.au)

**Hazard:** A source or situation with a potential for harm in terms of human injury or ill health, damage to property, damage to the environment or a combination of these.

**Illness:** Any sickness and/or associated symptoms that affect the child's normal participation in the program at the service.

**Incident:** Any unplanned event resulting in or having potential for injury, ill health, damage or other loss.

**Incident, Injury, Trauma and Illness Record:** Contains details of any incident, injury, trauma or illness that occurs while the child is being educated and cared for by the service. The Approved Provider must ensure an Injury, Trauma and Illness Record is kept in accordance with *Regulation 87 of the Education and Care Services National Regulations 2011* and kept for the period of time specified in *Regulation 183*. A sample is available on the ACECQA website: [www.acecqa.gov.au](http://www.acecqa.gov.au) (search 'Sample forms and templates').

**Injury:** Any physical damage to the body caused by violence or an incident.

**Medication:** Any substance, as defined in the *Therapeutic Goods Act 1989 (Cth)*, that is administered for the treatment of an illness or medical condition.

**Medical management plan:** A document that has been prepared and signed by a doctor that describes symptoms, causes, clear instructions on action and treatment for the child's specific medical condition, and includes the child's name and a photograph of the child. An example of this is the Australasian Society of Clinical Immunology and Allergy (ASCI) action plan for anaphylaxis.

**Medical attention:** Includes a visit to a registered medical practitioner or attendance at a hospital.

**Medical emergency:** An injury or illness that is acute and poses an immediate risk to a person's life or long-term health.

**Minor incident:** An incident that results in an injury that is small and does not require medical attention.

**Trauma:** An emotional wound or shock that often has long-lasting effects or any physical damage to the body caused by violence or an incident.



## SOURCES AND RELATED POLICIES

### SOURCES

- ACECQA sample forms and templates: [www.acecqa.gov.au](http://www.acecqa.gov.au)
- Building Code of Australia: [www.abcb.gov.au](http://www.abcb.gov.au)
- Staying Healthy: Preventing infectious diseases in early childhood education and care services (5th edition, 2013) National Health and Medical Research Council: [www.nhmrc.gov.au](http://www.nhmrc.gov.au)
- VMIA Insurance Guide, Community Service Organisations program: [www.vmia.vic.gov.au](http://www.vmia.vic.gov.au)
- WorkSafe Victoria: Guide to Incident Notification: [www.worksafe.vic.gov.au](http://www.worksafe.vic.gov.au)
- WorkSafe Victoria: Online notification forms: [www.worksafe.vic.gov.au](http://www.worksafe.vic.gov.au)

## RELATED POLICIES

- Administration of First Aid
- Administration of Medication
- Anaphylaxis and Allergic Reactions
- Asthma
- Child Safe Environment and Wellbeing
- Dealing with Infectious Diseases
- Dealing with Medical Conditions
- Delivery & Collection of Children
- Diabetes
- Emergency and Evacuation
- Epilepsy
- Excursions and Service Events
- Hygiene
- Occupational Health and Safety
- Privacy and Confidentiality
- Road Safety and Safe Transport



## EVALUATION

In order to assess whether the values and purposes of the policy have been achieved, the approved provider will:

- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- review and analyse information gathered from the Incident, Injury, Trauma and Illness Record and educators first aid records regarding incidents at the service
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notify all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk ([Regulation 172 \(2\)](#)).



## ATTACHMENTS

- NIL



## AUTHORISATION

This policy was adopted by the approved provider of Whittlesea Family Day Care on 30 October 2024

**REVIEW DATE:** 30 October 2025



### PURPOSE

This policy provides guidelines for Whittlesea Family Day Care to:

- ensure the service environment is safe, inclusive and empowering for children, families, educators, volunteers and visitors
- embed social and emotional learning in the educational program
- ensure families, children and educators are key partners in mental health initiatives
- engage in partnerships with community networks.



### POLICY STATEMENT

#### VALUES

Whittlesea Family Day Care is committed to:

- supporting children becoming strong in their social, emotional and spiritual wellbeing
- strengthening early childhood educators understanding of the importance of wellbeing and are sensitive to the impact of abuse and trauma on children
- providing an educational program where children are supported to explore, learn and engage with health and wellbeing
- creating an environment that supports, reflects and promotes positive social, emotional and spiritual wellbeing

#### SCOPE

This policy applies to the approved provider, persons with management or control, nominated supervisor, persons in day-to-day charge, educators, students, volunteers, parents/guardians, children, and others attending the programs and activities of Whittlesea Family Day Care, including during offsite excursions and activities.

RESPONSIBILITIES	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Early childhood teacher, educators and all other educators	Parents/guardians	Contractors, volunteers and students
Ensuring that the nominated supervisor, early childhood teachers, educators, families and children are active participants in the development and implementation of the whole service <i>Mental Health and Wellbeing Policy</i>	R				
Ensuring that the service provides a safe, inclusive and empowering environment which celebrates diversity through positive, respectful and appropriate behaviour when working	R	√	√		√

with children and families ( <i>refer to Code of Conduct Policy and Interactions with Children Policy</i> )					
Actively supporting and facilitating participation and inclusion of Aboriginal children, young people, and their families at Whittlesea Family Day Care	<b>R</b>	√	√		√
Encouraging children to actively consider risks within the service and involving them in the development of guidelines to keep the service environment healthy and safe for all		√	√		√
Embedding social and emotional learning in the service program and practice, and teaching children to care for their own mental health and wellbeing	<b>R</b>	√	√		√
Embedding opportunities to learn about healthy eating and oral health and the importance of physical activity in the educational program, throughout the year ( <i>refer to Nutrition, Oral Health and Active Play policy</i> )	<b>R</b>	√	√		√
Ensuring that quiet and reflective spaces are provided for children and families.			√		√
Ensuring diversity, cultural practices and mental health and wellbeing practices are considered when implementing the learning program at the service	<b>R</b>	√	√		√
Implementing appropriate programs and practices to support vulnerable children and families, including working co-operatively with relevant services and/or professionals, where required ( <i>refer to Child Safe Environment and Wellbeing</i> )	<b>R</b>	√	√		√
Ensuring a safe, inclusive, welcoming environment is created for all community members. There is a culture of respect, fairness and equity.	<b>R</b>	√	√		√
Encouraging collaborative, family-centred practice ( <i>refer to Definitions</i> ) at the service which facilitates the positive mental health and wellbeing and active participation of both the child and the family at the service	√	√	√		√
Ensuring that cultural values and expectations about health and wellbeing are respected	√	√	√		√
Ensuring that children's diverse circumstances are understood, and those who are vulnerable are responded to and provided with support	√	√	√		√
Understanding each child's unique developmental journey of which mental health being a continuum will be different to others in their space	√	√	√		√
Attending to any adjustments to provide equal protection for all children ( <i>refer to Child Safe Environment and Wellbeing Policy</i> )	<b>R</b>	√	√	√	√
Strategies are used to promote positive and responsible behaviour, and to prevent and respond to hurtful and unsafe behaviour ( <i>refer to Child Safe Environment and Wellbeing Policy</i> )	<b>R</b>	√	√		√
Educators model respectful interactions with each other, children and families. A positive approach to mental health and wellbeing is also role modelled ( <i>refer to Interaction with Children policy</i> )		√	√	√	√

Children are supported to develop social and emotional skills and learn about and care for their own mental health ( <i>refer to Curriculum Development policy</i> )		√	√		√
Educators are supported to learn about and care for their own mental health and wellbeing ( <i>refer to Occupational Health and Safety policy</i> )	<b>R</b>	√			
Implementing strategies to promote positive conflict resolution and to prevent and respond to bullying, discrimination and harassment ( <i>refer to Compliments and Complaints policy</i> )	<b>R</b>	√	√		
Providing mental health and wellbeing information to families and the wider community, such as information about local support services and resources about social and emotional learning	√	√	√		
Establishing partnerships with relevant organisations and health professionals to support mental health and wellbeing practices where appropriate.	√	√	√		√
Ensuring there are clear referral options and pathways for children, educators and families to access support services for mental health and wellbeing ( <i>refer to Sources</i> )	√	√	√	√	√
Ensuring that the nominated supervisor, educators, and families are provided with information about policy requirements, with opportunities to provide feedback and input	√	√	√	√	√



## BACKGROUND AND LEGISLATION

### BACKGROUND

Many young Australians have mental health issues which can have lifetime impacts. In Australia one in seven 4 to 17 years olds experience a mental health condition every year<sup>1</sup>.

Mental health and wellbeing for young children is about their emotions, what they experience and how they learn to manage and express them, the relationships they form and their ability to engage in close and positive relationships. A strong sense of wellbeing and positive mental health provides children with confidence and optimism, which maximises their learning potential, gives them a greater chance of long-term success, and helps them build stronger relationships.

Early intervention can improve children's mental health, and in turn, their lifetime outcomes. Good mental health in early childhood also provides a solid foundation for managing the transition from childhood to adolescence and adulthood. Early childhood services play a key role in promoting mental health and wellbeing in children and can affect children's long-term mental health, relationships and learning.

The Early Years Learning Framework (the Framework) was developed to extend and enrich children's learning from birth to five years. Outcome 3 of the Framework talks about children having a strong sense of wellbeing. It guides early childhood practitioners in facilitating a learning environment that supports both physical and psychological development

Obligations under Child Safe Standard 8 requires educators and volunteers to be trained and supported to effectively implement the organisation's child safety and wellbeing policy. This Standard links to Standards 1 and 5, with all three Standards placing obligations on organisations to provide training and information for educators and volunteers on building safe environments for children and young people.

## LEGISLATION AND STANDARDS

Relevant legislation and standards include but are not limited to:

- National Quality Standard: Quality Area 2
- The Early Years Learning Framework for Australia
- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
- Victorian Early Years Learning and Development Framework

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: [www.legislation.vic.gov.au](http://www.legislation.vic.gov.au)
- Commonwealth Legislation – Federal Register of Legislation: [www.legislation.gov.au](http://www.legislation.gov.au)

## DEFINITIONS

The terms defined in this section relate specifically to this policy.

**Family-centred practice: Practice which:**

- uses families' understanding of their children to support shared decision-making about each child's learning and development
- creates a welcoming and culturally inclusive environment, where all families are encouraged to participate in and contribute to children's learning and development
- actively engages families and children in planning children's learning and development
- provides feedback to families on each child's learning and provide information about how families can further advance children's learning and development at home and in the community.

**Mental health and wellbeing:** For the purposes of this policy and for the Healthy Early Childhood Services Achievement Program, the 'Mental Health and Wellbeing' health priority area focuses on social and emotional wellbeing and resilience.

**Mental health** in early childhood can be understood as a young child's ability to 'experience, regulate and express emotions; form close and secure interpersonal relationships; and explore the environment and learn – all in the context of family, community and cultural expectations for young children. Infant mental health is synonymous with healthy social and emotional development

## SOURCES AND RELATED POLICIES

### SOURCES

- Be You, Beyond Blue: [www.beyondblue.org.au](http://www.beyondblue.org.au)
- BlackDog Institute: [www.blackdoginstitute.org.au](http://www.blackdoginstitute.org.au)
- Child First and family services: [www.services.dffh.vic.gov.au/families-and-children](http://www.services.dffh.vic.gov.au/families-and-children)
- Commission for Children and Young People, Child Safe standards: [www.ccp.vic.gov.au](http://www.ccp.vic.gov.au)
- Cancer Council Victoria, Achievement Program: [www.achievementprogram.health.vic.gov.au/education/early-childhood-services](http://www.achievementprogram.health.vic.gov.au/education/early-childhood-services)
- Department of Education and Training and Early Childhood Australia: [Wellbeing webinars](http://www.wellbeingwebinars.org.au)
- Early Childhood Australia, Code of Ethics: [www.earlychildhoodaustralia.org.au/our-publications/eca-code-ethics](http://www.earlychildhoodaustralia.org.au/our-publications/eca-code-ethics)
- Headspace: [www.headspace.org.au](http://www.headspace.org.au)
- United Nations Convention on the Rights of the Child: [www.unicef.org.au](http://www.unicef.org.au)
- Victorian Curriculum and Assessment Authority: [The Wellbeing Practice Guide](http://www.vcaa.vic.gov.au)

### RELATED POLICIES

- Child Safe Environment and Wellbeing
- Code of Conduct



- Curriculum Development
- Interaction with Children
- Nutrition, Oral Health and Active Play
- Occupational Health and Safety
- Privacy and Confidentiality



### EVALUATION

In order to assess whether the values and purposes of the policy have been achieved, the approved provider will:

- regularly seek feedback from everyone affected by the policy regarding its effectiveness, particularly in relation to identifying and responding to child safety concerns
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk ([Regulation 172 \(2\)](#)).



### ATTACHMENTS

- Nil



### AUTHORISATION

This policy was adopted by the approved provider of Whittlesea Family Day Care on 30 October 2024

**REVIEW DATE:** 30 October 2025



### PURPOSE

Whittlesea Family Day Care acknowledges the importance of healthy eating, oral health and physical activity and its contribution to good health and overall wellbeing.

This policy provides guidelines to:

- promote a healthy lifestyle and support children, educators and families at the service to eat nutritious food, maintain oral health and participate in physical activity and active play
- ensure national and state guidelines and recommendations about nutrition, oral health and physical activity are met
- ensure that the dietary, developmental and cultural needs of children and families are taken into consideration when planning menus and implementing nutrition, oral health and active play activities
- ensure the safe storage and preparation of food.



### POLICY STATEMENT

#### VALUES

Whittlesea Family Day Care is committed to:

- creating policies and practices that promote a healthy lifestyle and ensure national and state guidelines and recommendations about safe food preparation, nutrition, oral health and physical activity are met
- ensuring the Family Day Care Service enable healthy eating, oral health and active play
- creating a culture in which all community members are respectfully supported to eat healthily, maintain good oral health and be active
- providing children with formal and informal opportunities to learn about food, nutrition, oral health and health messages about physical activity
- ensuring educators have access to resources and support for their own healthy eating, oral health and physical activity
- engaging families, the service community and expert organisations in the promotion and implementation of healthy eating, oral health and active play initiatives.

#### SCOPE

This policy applies to the approved provider, persons with management or control, nominated supervisor, persons in day-to-day charge, educators, students, volunteers, parents/guardians, children, and others attending the programs and activities of Whittlesea Family Day Care, including during offsite excursions and activities.

RESPONSIBILITIES	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Educators	Parents/guardians
Ensuring that the service environment and educational program supports children and families to make healthy choices for eating, oral health and active play ( <i>refer to Definitions</i> )	R	√	√	
Embedding opportunities to learn about healthy eating and oral health and the importance of physical activity in the educational program, throughout the year	R	√	√	
Ensuring that age-appropriate adult-guided and child-initiated active play is planned on a daily basis across all age groups		√	√	
Discussing healthy eating choices with children and introducing the concept of 'sometimes' and everyday foods and drinks		√	√	√
Providing a variety of cooking and food experiences that support children to develop food literacy and positive habits relating to food		√	√	
Role-modelling positive eating, drinking and physical activity behaviours, promoting a healthy relationship with food and interacting with children at meals times		√	√	√
Providing a positive eating environment and sitting and interacting with children at mealtimes		√	√	
Providing adequate supervision ( <i>refer to Definitions</i> ) for all children at all times, including at mealtimes	R	R	√	
Encouraging children to be independent at snack/mealtimes e.g. opening lunchboxes, pouring drinks, self-feeding, serving and using utensils in a culturally-sensitive way		√	√	
Ensuring that cultural and religious practices/requirements of families are accommodated to support children's learning and development	R	√	√	
Providing ongoing information, resources and support to families, to assist in the promotion of optimum health, including oral health and active play, for young children ( <i>refer to Sources</i> )	R	√	√	
Recognising families and educators as role models and encouraging them to bring/use foods and drinks that are in line with the service's <i>Nutrition, Oral Health and Active Play Policy</i>	R	√		
Providing and promoting healthy, nutritious food for snacks/meals, including fruits and vegetables in line with the service's <i>Nutrition, Oral Health and Active Play policy</i> , where applicable, and discouraging sometimes/discretionary food	R	√		√

options				
Ensuring the implementation of adequate health and hygiene procedures, and safe practices for handling, preparing and storing food, to minimise risks to children being educated and cared for by the service ( <i>Regulation 77</i> ) ( <i>refer to Hygiene Policy and Food Safety Policy</i> )	R	√	√	
Ensuring measures are in place to prevent cross-contamination of any food given to children with diagnosed food allergies and/or diabetes ( <i>refer to Anaphylaxis Policy, Asthma Policy, Diabetes Policy and Food Safety Policy</i> )	R	√	√	
Ensuring that all educators are aware of, and plan for, the dietary needs of all children	R	R		
Ensuring that all educators are aware of a child's food allergies and/or other medical conditions on enrolment or on initial diagnosis	R	R		
Providing details of specific nutritional/dietary requirements, including the need to accommodate cultural or religious practices or food allergies, on their child's enrolment form, and discussing these with the nominated supervisor prior to the child's commencement at the service, and if requirements change over time ( <i>refer to Anaphylaxis Policy, Asthma Policy and Diabetes Policy</i> )				√
Communicating regularly with educators regarding children's specific nutritional requirements and dietary needs, including food preferences				√
Ensuring that fresh drinking water (preferably tap water) is readily available at all times, indoors and outdoors, and reminding children to drink water throughout the day, including at snack/lunch times ( <i>Regulation 78(1)(a)</i> ) (Only tap water and plain milk are encouraged.)	R	√	√	
Ensuring that children can readily access their own clearly labelled drink containers		√	√	√
Ensuring that best practices are followed in relation to bottle feeding and sipper cups as outlined in the NHMRC Infant Feeding Guidelines	√	√	√	
Ensuring oral hygiene practices are undertaken at the service where appropriate	√	√	√	
Providing opportunities for children to learn about, and develop skills for oral health through the educational program, including age-appropriate tooth brushing		√	√	√
Ensuring that food and drinks are available to children at frequent and regular intervals throughout the day ( <i>Regulation 78(1)(b)</i> )	R	√		
Providing food and drinks at regular intervals, and encouraging children to actively participate in, and enjoy, snack/mealtimes without feeling rushed		√	√	
Ensuring educators are supported to access a range of resources	√	√		

and professional development to increase their capacity to promote healthy eating, oral health and active play initiatives for children				
Providing families with information and strategies to promote healthy eating, oral health and active play and how to access relevant services (including local dental clinics)	√	√	√	
Developing links with local and regional health services, community organisations and businesses that provide expertise, resources and support for healthy eating, oral health and active play	√	√	√	
Ensuring that food and drinks are not used as an incentive or reward	√	√	√	
Ensuring that discretionary food and drinks do not appear in any sponsorship, fundraising or marketing activities	√	√		
Considering this policy when organising excursions, service events and any sponsorship or marketing opportunities	√	√	√	
Ensuring celebrations and other service events promote healthy food options and limit discretionary options	√	√		
Developing and reviewing guidelines for celebrations, fundraising activities and other service events in consultation with educators, parents/guardians and families to focus on healthy alternatives	<b>R</b>	√		
Ensuring the layout of the home is inclusive of the diversity and abilities of all children and encourages physical activity and movement	<b>R</b>	√		
Ensuring recommendations about physical activity and screen time from the Australian 24-Hour Movement Guidelines for the Early Years (Birth to 5 Years) are met	<b>R</b>	√	√	
Ensuring children are not sedentary or inactive for long periods of time, with the exception of sleeping		√	√	
Supporting children to develop collaboration skills during play		√	√	
Ensuring that children are taught how to use equipment safely	<b>R</b>	√	√	
Planning and providing active play and movement experiences that are age-appropriate, inclusive of diversity and abilities and support children to develop fundamental movement skills		√	√	
Considering opportunities for children to be physically active indoors, particularly in adverse weather conditions		√	√	
Dressing their child/ren so they can engage safely in active play		√	√	√
Ensuring service facilities and equipment enable active travel and road safety for children, educators, educators and families	<b>R</b>	√		
Supporting, promoting and encouraging active travel to and from the service ( <i>Regulations 100 -102</i> )	√	√	√	√
Providing age-appropriate traffic safety education, including pedestrian and passenger safety to both children and parents/guardians at the service	<b>R</b>	√	√	

Using and promoting local parks, bike paths and recreation facilities, where appropriate, to encourage physical activity.	√	√	√	
Ensuring there is a suitable space for breastfeeding and storage of breast milk is available	R	√		
Ensuring space and facilities are available to store and prepare healthy food safely	R	√	√	
Ensuring healthy eating, oral health and active play information and policy requirements are included in the educator and educator's induction	R	√		
Ensuring educators are supported to be physically active and minimise sedentary behaviour, both inside and outside of work hours	R	√		
Supporting students and volunteers to comply with this policy while at the service	R	√	√	
Ensuring the provision of nutritionally-balanced and culturally-sensitive meals, in line with the Australian Dietary Guidelines and Infant Feeding Guidelines, as required	R	√		
Ensuring that food and drink provided by the service is nutritious, varied, adequate in quantity and appropriate to children's growth and development, and meets any specific cultural, religious or health needs ( <i>Regulation 79(1)</i> )	R	√	√	
Displaying menus, sharing recipes and encouraging feedback about the food provided at the service.	R	√	√	



## BACKGROUND AND LEGISLATION

### BACKGROUND

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

As a health promoting service it is recognised that every member of the service impacts on children's health. Children, educators, and families can be supported to eat healthily, maintain good oral health and be physically active through teaching and learning opportunities, policies, creating a safe and healthy physical and social environment and developing community links and partnerships.

### Nutrition

The foods we eat provide our body with the nutrients we need to stay healthy. Good nutrition is the balanced eating of a variety of foods and is especially important for children as they require a large amount of nutrients for growth and development. Research has shown that, when offered a variety of healthy foods, children can and do make good choices. It is also important to provide preschool children with a good foundation in healthy eating, as most children have formed lifelong eating habits before they reach school age.

### Oral health

Tooth decay is Australia's most prevalent health problem despite being largely preventable. It is important to note that oral health promotion is complementary to promoting healthy eating.

Oral health behaviours have a major influence on children's health and wellbeing and a direct impact on their growth and development. Oral diseases can negatively affect individuals through pain, discomfort, general

health and quality of life. Poor oral health can limit a child's capacity in biting, chewing, smiling, speaking, and psychosocial wellbeing. The main oral health condition experienced by children is tooth decay affecting over half of all Australian children, making it five times more prevalent than asthma.

### Active play

Active play (*refer to Definitions*) develops a strong and healthy body, builds motor and co-ordination skills, creates a sense of wellbeing and helps protect children from disease. Active play is about moving, being and doing.

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

The Australian Government has guidelines, recommendations and resources for healthy eating and physical activity in early childhood settings including the *National Health and Medical Research Council's Australian Dietary Guidelines and Infant Feeding Guidelines, the Get Up & Grow: Healthy Eating and Physical Activity for Early Childhood resources and the National Physical Activity Recommendations for Children 0-5 Years (refer to Sources)*. Practical, healthy eating advice is also available to early childhood services and schools via a telephone advice line: the *Victorian Healthy Eating Advisory Service (Healthy Eating Advisory Service – refer to Sources)*, run by *Nutrition Australia*. Early childhood education and care services can also register and implement the *Achievement Program (refer to Sources)*. This program is designed to create safe, healthy and friendly environments for children, educators and families, by promoting physical, mental and social health and wellbeing.

### Progressive mealtimes

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

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

### LEGISLATION AND STANDARDS

Relevant legislation and standards include but are not limited to:

- Australia New Zealand Food Standards Code
- Child Wellbeing and Safety Act 2005 (Vic)
- Disability Discrimination Act 1992 (Cth)
- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011 including Regulations 77–78, 79–80 (if the service provides food), 168
- Equal Opportunity Act 2010 (Vic)
- Food Act 1984 (Vic)

- National Quality Standard including Quality Area 2: Children’s Health and Safety
- Occupational Health and Safety Act 2004

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: [www.legislation.vic.gov.au](http://www.legislation.vic.gov.au)
- Commonwealth Legislation – Federal Register of Legislation: [www.legislation.gov.au](http://www.legislation.gov.au)



## DEFINITIONS

The terms defined in this section relate specifically to this policy.

**Active play:** Play that involves large muscle-based activities that are essential for a child’s social, emotional, cognitive and physical growth and development incorporating:

- child-initiated active play, which is developed by the child through exploration of the outdoor environment, equipment and games
- adult-guided active play which encourages children’s physical development through promoting movement skills in a non-competitive environment
- physical activity, which includes sport, incidental exercise and many forms of recreation.
- active travel, which includes walking, cycling, scootering or any similar transport where physical activity is used to travel.

**Adequate supervision:** (In relation to this policy) supervision entails all children (individuals and groups) in all areas of the service, being in sight and/or hearing of an educator at all times including during toileting, sleep, rest and transition routines. Services are required to comply with the legislative requirements for educator-to-child ratios at all times. Supervision contributes to protecting children from hazards that may emerge in play, including hazards created by the equipment used.

Adequate supervision refers to constant, active and diligent supervision of every child at the service. Adequate supervision requires that educators are always in a position to observe each child, respond to individual needs, and immediately intervene if necessary. Variables affecting supervision levels include:

- number, age and abilities of children
- number and positioning of educators
- current activity of each child
- areas in which the children are engaged in an activity (visibility and accessibility)
- developmental profile of each child and of the group of children
- experience, knowledge and skill of each educator
- need for educators to move between areas.

**‘Discretionary’ foods and drinks:** Food and drink items that are high in fat, sugar and salt, and that contain minimal vitamins, minerals or fibre. These can also be referred to as ‘sometimes’ foods and drinks. Examples of discretionary food and drinks include:

- chocolate, confectionery, jelly
- sweet biscuits, high fat/salt savoury biscuits, chips
- high sugar/high fat cakes and slices
- cream, ice cream
- deep fried foods (e.g. hot chips) and pastry-based foods (pies, sausage rolls and pasties)
- most fast food and takeaway foods
- some processed meats (e.g. sausages, Frankfurts/hot dogs, salami, Strasbourg, Devon, some commercial chicken nuggets and fish fingers)
- soft drinks, fruit juice and fruit drinks, cordial, sports drinks, energy drinks, flavoured milk and flavoured mineral water



**Healthy eating:** Describes eating patterns that provide all the recommended nutrients for growth and development, and good health and wellbeing, now and in the future. It also refers to preparing, serving and eating food in a way that recognises its importance as a social and cultural activity.

**Nutrition:** The process of providing or receiving nourishing substances.

**Oral health:** The absence of active disease in the mouth. Oral health is fundamental to overall health, wellbeing and quality of life. A healthy mouth enables people to eat, speak and socialise without pain, discomfort or embarrassment.

**Food Literacy:** Food literacy is “a collection of inter-related knowledge, skills and behaviours required to plan, manage, select, prepare and eat food to meet (dietary) needs”



## SOURCES AND RELATED POLICIES

### SOURCES

- *Australian Dietary Guidelines* 2019, National Health and Medical Research Council: <https://www.eatforhealth.gov.au/guidelines>
- *Belonging, Being & Becoming – The Early Years Learning Framework for Australia:* <https://docs.education.gov.au/documents/belonging-being-becoming-early-years-learning-framework-australia>
- Better Health Channel: [www.betterhealth.vic.gov.au](http://www.betterhealth.vic.gov.au)
- Dental Health Services Victoria: [www.dhsv.org.au](http://www.dhsv.org.au)
- Food Safety Victoria, Department of Health and Human Services: [www2.health.vic.gov.au/public-health/food-safety](http://www2.health.vic.gov.au/public-health/food-safety)
- Food Standards Australia New Zealand: [www.foodstandards.gov.au](http://www.foodstandards.gov.au)
- Department of Health (2013) *Get Up & Grow: Healthy Eating and Physical Activity for Early Childhood:* <https://www.health.gov.au/internet/main/publishing.nsf/Content/phd-gug-educators-carers>
- *The Achievement Program* is a health and wellbeing initiative for early childhood services, schools and workplaces: [www.achievementprogram.health.vic.gov.au](http://www.achievementprogram.health.vic.gov.au)
- Healthy Eating Advisory Service: [www.heas.health.vic.gov.au](http://www.heas.health.vic.gov.au)
- National Health and Medical Research Council, *Infant Feeding Guidelines: information for health workers* (2012): <https://www.nhmrc.gov.au/about-us/publications/infant-feeding-guidelines-information-health-workers>
- Australian 24-Hour Movement Guidelines for the Early Years (Birth to 5 years): <https://www.health.gov.au/internet/main/publishing.nsf/Content/npra-0-5yrs-brochure>
- Australia’s Physical Activity and Sedentary Behaviour Guidelines for Adults: <https://www1.health.gov.au/internet/main/publishing.nsf/Content/health-publth-strateg-phys-act-guidelines#npa1864>
- National Health and Medical Research Council, *Staying Healthy: Preventing infectious diseases in early childhood education and care services* (5<sup>th</sup> edition, 2013): <https://www.nhmrc.gov.au/about-us/publications/staying-healthy-preventing-infectious-diseases-early-childhood-education-and-care-services>
- Victorian Early Years Learning and Development Framework: [www.education.vic.gov.au](http://www.education.vic.gov.au)

### RELATED POLICIES

- Anaphylaxis and Allergic Reaction
- Asthma
- Curriculum Development
- Dealing with Infectious Diseases
- Dealing with Medical Conditions
- Diabetes
- Enrolment and Orientation
- Excursions and Service Events

- Food Safety
- Hygiene
- Incident, Injury, Trauma and Illness
- Inclusion and Equity
- Road Safety and Safe Transport
- Sun Protection



## EVALUATION

In order to assess whether the values and purposes of the policy have been achieved, the approved provider will:

- regularly seek feedback from educators, parents/guardians, children, management and all affected by the policy
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required with all members of the service
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk ([Regulation 172 \(2\)](#)).



## ATTACHMENTS

- Nil

## AUTHORISATION

This policy was adopted by the approved provider of Whittlesea Family Day Care on 30 October 2024

**REVIEW DATE:** 30 October 2025





## PURPOSE

To define the responsibilities of Whittlesea Family Day Care to ensure that all children are:

- kept safe while travelling as pedestrians, cyclists or passengers in a vehicle
- able to participate in road safety education to assist them in being and becoming safe and responsible road users.



## POLICY STATEMENT

### VALUES

Whittlesea Family Day Care is committed to:

- the rights of children to be active citizens and to contribute to the community
- the rights of children to travel safely as passengers, pedestrians and cyclists
- an evidence-based approach in the provision of road safety education and practice
- the role of families who are children’s first and most influential educators (EYLF V2.0, 2022)

### SCOPE

This policy applies to the approved provider, persons with management or control, nominated supervisor, persons in day-to-day charge, educators, students, volunteers, parents/guardians, children, and others attending the programs and activities of Whittlesea Family Day Care, including during excursions, regular outings, and transportation.

This policy must be read in conjunction with the:

- Excursions and Service Events Policy
- Supervision of Children Policy
- Incident, Injury, Trauma and Illness Policy

RESPONSIBILITIES	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Educators	Parents/guardians
Ensuring the embedding in the curriculum of road safety education, based on the <i>National Practices for Early Childhood Road Safety Education (refer to Attachment 1)</i> .	√	√	√	
Working in collaboration to develop appropriate strategies to ensure that all children attending the service are included in road safety education.	√	√	√	

Ensuring educators participate in regular professional development.	√	√		
Participating in training in road safety and ensuring they are kept up to date with current legislation, regulations, rules, standards, and evidence informed practice information.		√	√	
Providing educators with access to a broad range of road safety education resources.	√	√		
Ensuring the availability (in good condition) and use of bicycle helmets which meet <i>Australian/New Zealand Standard 2063</i> for bicycles and wheeled toys ( <i>refer to Definitions</i> ).	√	√	√	
Monitoring the correct use of bicycle helmets whenever bicycles or wheeled toys are used.		√	√	
Ensuring that parents/guardians have access to this policy and its attachments ( <i>Regulation 168</i> )	R	√	√	
Ensuring that a child is not transported without prior written authorisation by the parent/guardian or person named in the child's enrolment record, and that the authorisation includes all details required under <i>Regulation 102 (4)</i>	R	R	√	
Ensuring the risk assessment ( <i>refer to Definitions</i> ) is conducted prior to the service transporting children and identifies and assesses the risks, specifies how these will be managed and/or minimised, and includes all details required by <i>Regulation 101, 102</i>	R	R	√	
Ensuring all supervision requirements are met during transportation, including educator to child ratios <i>Regulation 123</i>	R	√	√	
Ensuring that all the required equipment and/or items are taken on the transportation, including, but not limited to, a first aid kit, emergency contact lists, children's individual medication, required medical management plans and mobile phone and that educators with first aid qualifications and training are in attendance ( <i>Regulation 136</i> )	R	R	√	
Ensuring that buses hired for use on excursions have fitted seatbelts that are correctly used by all children, educators and volunteers for the entire trip.	R	√	√	
Ensuring that appropriate procedures are followed in the event of a vehicle crash or transport-related injury involving any children, educators or volunteers from the service ( <i>refer to Incident, Injury, Trauma and Illness Policy</i> ).	R	√	√	
Establishing agreed procedures for educators to follow where a child is observed being transported to or from the premises in an unsafe manner ( <i>refer to Attachment 2</i> ).	√	√	√	
Implementing the services-agreed procedures when notified or when there has been observation of child/ren being transported in an unsafe manner.	√	√	√	
Ensuring that each child's enrolment record ( <i>refer to Definitions</i> ) provides details of the name, address and telephone number of any person who is authorised to consent to transport the child or arrange transportation ( <i>refer to Definitions</i> ) of the child <i>Regulation 160 (3) (b)(vi)</i>	R	R		

Ensuring authorisation is provided on the enrolment record ( <i>refer to Definitions</i> ) for the regular transportation ( <i>refer to Definitions</i> ) of the child ( <i>Regulation 161 (2) (c)</i> )	R	R		
Ensuring that a child is not transported without prior written authorisation (except in an emergency) by the parent/guardian or person named in the child's enrolment record, and that the authorisation includes all details required under <i>Regulation 102D (4)</i>	R	R	R	
Ensuring the risk assessment ( <i>refer to Definitions</i> ) is conducted prior to transporting children and identifies and assesses the risks, specifies how these will be managed and/or minimised, and includes all details required by <i>Regulation 102B, 102C</i>	R	R	R	
Ensuring that buses/vehicles used for the transportation ( <i>refer to Definitions</i> ) of children have fitted seatbelts that are correctly used by all children for the entire trip.	√	√	√	
Ensuring an educator is present at the service when children get on and off a vehicle. ( <i>Regulation 102E (4)(a), Regulation 102F (4)(a)</i> )	R	R	√	
Ensuring each child getting on and off a vehicle at the service is checked against an attendance list, so all children are accounted for ( <i>Regulation 102E (4)(b), Regulation 102F (4)(a)</i> )	R	R	√	
Ensuring the service immediately records when children get on and off a vehicle: <ul style="list-style-type: none"> <li>• each child was accounted for</li> <li>• how each child was accounted for at the service premises</li> <li>• interior of vehicle was checked after all children have disembarked at the service premises.</li> <li>• date and time the record was made</li> <li>• full name and signature of the educator making the record (<i>Regulation 102E (4)(c), Regulation 102F (4)(a)</i>)</li> </ul>	R	R	√	
Ensuring these documentations are kept for a period of 3 years after the last date on which the child was educated and cared for by the service ( <i>Regulations 177 and 183</i> )	R	R		
Ensuring an extensive check of the vehicle after children had got off to confirm no children were left behind on the vehicle ( <i>National Law: Section 16, Regulation 102F</i> )	R	R	√	
Ensuring educators who use a private vehicle to transport children in their care: <ul style="list-style-type: none"> <li>• hold a current Victorian Drivers License</li> <li>• Complete annual Family Day Care car restraint training and vehicle check</li> <li>• Ensure the vehicle is in a roadworthy condition and is registered</li> <li>• Contact the Coordination Unit in the event of changing vehicles to discuss restraint checking procedure</li> <li>• Ensure that only one child will occupy any child safety restraint/seat belt at any one time and that all children occupy a child safety restraint/seat belt according to age and development (as per manufacturer's instructions)</li> </ul>	√	√	√	



<ul style="list-style-type: none"> <li>• Ensure any goods carried in a vehicle, especially a hatch back or station wagon, are stored safely below the level of the rear seat. Do not place any articles on the rear parcel shelf or front dashboard</li> <li>• Never leave a child unattended in a vehicle.</li> <li>• Ensure the Family Day Care Coordination Unit is notified as soon as possible of any car accident in which Family Day Care children are involved</li> <li>• Educators must seek consent from Parents/Guardians and complete a transport of children risk assessment before any transporting children can take place.</li> </ul>				
Adhering to the Road Safety Road Rules (2009) requirements for using child restraints and booster seats appropriate for children from birth to 7 years of age.	<b>R</b>	√	√	√

## BACKGROUND AND LEGISLATION

### BACKGROUND

Road safety education can help to reduce the risk of serious injury and death among young children by assisting them to develop skills, knowledge, and behaviour about the safe use of roads.

Working collaboratively with families to help children become safe and responsible road users aligns with the learning outcomes of the Early Years Learning Framework (EYLF).

Road trauma is one of the leading causes of death among young Australians. Young children are at risk as passengers in motor vehicles, as pedestrians and as cyclists. They are particularly vulnerable due to:

- their small size and changing needs as they grow
- their cognitive and perceptual skills still developing.

Under duty of care obligations, services must develop appropriate procedures to guide staff to address situations where a child is observed to be at risk while being transported to or from the early childhood service. This may include instances where a child is observed to be:

- travelling unrestrained
- travelling in an inappropriate restraint for their size
- travelling in an incorrect position/seat in the vehicle
- riding a bicycle or wheeled toy without a helmet
- instances where a family member is in an unfit state to drive due to intoxication or impairment.

### RISK ASSESSMENTS

- A risk assessment is only required to be completed at least once for a 12-month period if the excursion is a regular outing (*Refer to Definitions*)

### LEGISLATION AND STANDARDS

Relevant legislation and standards include but are not limited to:

- Bus Safety Act
- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011: Regulations 99, 100, 101, 102, 102B, 102C, 102D, 158, 159, 160, 161
- National Quality Standard
  - Quality Area 2: Children’s Health and Safety
  - Quality Area 6: Collaborative Partnerships with Families and Communities
- Road Safety Act 1986

- Road Safety Road Rules 2009 (Vic)

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: [www.legislation.vic.gov.au](http://www.legislation.vic.gov.au)
- Commonwealth Legislation – Federal Register of Legislation: [www.legislation.gov.au](http://www.legislation.gov.au)



## DEFINITIONS

The terms defined in this section relate specifically to this policy.

**Child restraint:** A device used in conjunction with an adult seatbelt or ISOFIX-compatible lower attachment connectors and a tether strap, to restrain a child passenger of a motor vehicle in the event of a vehicle impact and thus minimise the risk of bodily injury.

**Excursion:** An outing organised by an education and care service.

**Regular transportation:** In relation to an education and care service, means the transportation by the educator of a child being educated and cared for, where the circumstances relevant to a risk assessment are the same for each occasion on which the child is transported.

**Regular outing:** means a walk, drive or trip to and from a destination that the service visits regularly as part of its educational program, and where the circumstances relevant to the risk assessment are substantially the same on each outing. (ACECQA 2022)

**Risk assessment:** A risk assessment must identify and assess any hazard that poses a risk to a child's health, safety and/or wellbeing while on an excursion, and specify how these risks will be managed and/or minimised (*Regulation 101, 102B, 102C*). Risk assessments must consider:

- the proposed route and location of the excursion
- any water hazards
- any risks associated with water-based activities
- transport to and from the proposed location of the excursion
- the number of adults and children participating in the excursion
- the number of educators or other responsible adults who will be providing supervision given the level of risk, and whether or not specialised skills are required (e.g. lifesaving skills)
- the proposed activities, and the impact of this on children with varying levels of ability, additional needs or medical conditions
- the proposed duration of the excursion, and the impact of this on children with varying levels of ability, additional needs or medical conditions
- any items/information that should be taken on the excursion e.g. first aid kit, emergency contact details for children, medication for children with known medical conditions (such as asthma, anaphylaxis and diabetes) and a mobile phone.

ACECQA provides a sample Excursion Risk Management Plan at:

[www.acecqa.gov.au/resources/applications/sample-forms-and-templates](http://www.acecqa.gov.au/resources/applications/sample-forms-and-templates)

**Transportation:** Transportation forms part of an education and care service if the service remains responsible for children during the period of transportation. The responsibility for, and duty of care owed to children applies in scenarios where services are transporting children or have arranged for the transportation of children, between an education and care service premises and another location, for example their home, school, or a place of excursion.

**Wheeled toy:** a child's pedal car, skateboard, scooter (other than a motorised scooter) or tricycle or a similar toy, but only when it is being used by a child who is under 12 years old.



## SOURCES AND RELATED POLICIES

### SOURCES

- Early Learning Association Australia: [www.elaa.org.au](http://www.elaa.org.au)
- Starting Out Safely: [www.childroadsafety.org.au](http://www.childroadsafety.org.au)
- Department of Transport: [www.vicroads.vic.gov.au](http://www.vicroads.vic.gov.au)
- Car Seats Save Lives: [www.carseatssavelives.com.au](http://www.carseatssavelives.com.au)
- Best practice guidelines for the safe restraint of children travelling in motor vehicles. [www.neura.edu.au/crs-guidelines](http://www.neura.edu.au/crs-guidelines)
- ACECQA, Safe Transportation of Children: <https://www.acecqa.gov.au/sites/default/files/2020-08/Infosheet-SafeTransportationOfChildren.pdf>
- ACECQA, Changes to regular transportation of children commencing 1 March 2023 [https://www.acecqa.gov.au/sites/default/files/2023-01/Info\\_Fact\\_Sheet\\_ChangesToRegularTransportationOfChildren\\_March2023\\_0.pdf](https://www.acecqa.gov.au/sites/default/files/2023-01/Info_Fact_Sheet_ChangesToRegularTransportationOfChildren_March2023_0.pdf)
- Safe Transport Victoria's: <https://transportsafety.vic.gov.au/>
- ACECQA, Risk Assessment and Management Tool: <https://www.acecqa.gov.au/nqf/national-quality-standard/quality-area-2-childrens-health-and-safety>

### RELATED POLICIES

- Acceptance and Refusal of Authorisations
- Child Safe Environment and Wellbeing
- Curriculum Development
- Delivery and Collection of Children
- Excursions and Service Events
- Inclusion and Equity
- Occupational Health and Safety
- Supervision of Children



### EVALUATION

In order to assess whether the values and purposes of the policy have been achieved, the approved provider will:

- regularly seek feedback from parents/guardians, children, educators, management and all affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk (*Regulation 172 (2)*).



### ATTACHMENTS

- Attachment 1: National Practices for Early Childhood Road Safety Education
- Attachment 2: Sample procedure when a child is observed to be at risk of harm while being transported to or from an early childhood premises

### AUTHORISATION

This policy was adopted by the approved provider of Whittlesea Family Day Care on 30 October 2024

**REVIEW DATE:** 30 October 2025



## ATTACHMENT 1. NATIONAL PRACTICES FOR EARLY CHILDHOOD ROAD SAFETY EDUCATION

The *National Practices for Early Childhood Road Safety Education* have been developed by early childhood education and road safety experts across Australia and New Zealand. The eight national practices are based on research and are aligned with the Early Years Learning Framework (EYLF V2, 2022).

The national practices guide early childhood educators and policy makers to develop, implement and evaluate evidence-based road safety programs that support children's and families learning about road safety. Refer to: [www.roadsafetyeducation.vic.gov.au/teaching-resources/early-childhood](http://www.roadsafetyeducation.vic.gov.au/teaching-resources/early-childhood)

The seven national practices (EYLF V2, 2022) are as follows:

### **Holistic, integrated and interconnected approaches**

Recognise that children's learning, development and wellbeing is integrated and interconnected when making curriculum decisions about road safety education.

### **Responsiveness to children**

Deliver road safety education which is responsive to individual children and extends children's strengths, capabilities and curiosity.

### **Play-based learning and intentionality**

Through play-based learning and intentional teaching seek opportunities to address road safety in a way that expands children's thinking and encourages problem solving.

### **Learning environments**

Provide opportunities for children to actively participate and contribute to their local community including children learning on Country and seeking more information about Aboriginal and Torres Strait Islander connections and relationships with Country.

### **Cultural responsiveness**

Implement road safety education that respects multiple cultural ways of knowing, doing and being and is relevant for the diversity of children, their families and the community.

### **Continuity of learning and transitions**

Use the opportunity of transitions, in active partnership with children, families and the local community, for road safety education.

### **Assessment and evaluation for learning, development and wellbeing**

Together with children and families, assess and evaluate each child's learning and application of road safety to plan for future learning.

## ATTACHMENT 2. PROCEDURE WHEN A CHILD IS OBSERVED TO BE AT RISK OF HARM WHILE BEING TRANSPORTED TO OR FROM AN FAMILY DAY CARE PREMISES

Service providers have a duty of care to ensure the safety of children is paramount. Service providers must also comply with their obligations under state or territory child protection laws.

Where a parent/guardian or authorised nominee (*refer to Definitions*) is observed not using a child restraint, using the wrong child restraint, using a child restraint inappropriately or engaging in other unsafe behaviours such as parking illegally or not using a bicycle helmet, the **early childhood educator should:**

- talk with the parent/guardian/authorised nominee about the importance of safe transport procedures, including the correct use of child restraints and/or relevant road safety behaviours
- provide/refer the parent/guardian/authorised nominee to relevant information regarding safe transport
- inform the nominated supervisor or approved provider (where relevant).

If the parent/guardian or authorised nominee persists with unsafe road use behaviours, the early childhood educator must notify the **nominated supervisor or approved provider, who should:**

- contact the parent/guardian/authorised nominee directly and discuss the importance of child restraint use and/or safe road user behaviour, including legal requirements and implications
- provide the parent/guardian/authorised nominee with a copy of the *Road Safety and Safe Transport Policy*
- provide assistance to the parent/guardian/authorised nominee with the choice/purchase/installation/fitment of the correct restraint or bicycle helmet for their child
- follow up with the parent/guardian/authorised nominee, where required, to ensure that they have the most appropriate restraint for their child and that it is being used correctly.

If a parent/guardian or authorised nominee appears to be impaired or intoxicated when arriving to collect their child, the **early childhood educator should:**

- encourage the parent/guardian or authorised nominee to use an alternative form of transport or contact another authorised person to collect the child. If the parent/guardian or authorised nominee is not willing to use an alternative form of transport, the educator cannot prevent the parent/guardian or authorised nominee from taking the child
- notify the police and/or child protection authorities immediately if the educator is of the opinion that the child may not be safe in the care of the parent/guardian or authorised nominee.



## PURPOSE

This policy will provide clear guidelines to ensure the safety, health and wellbeing of children attending Whittlesea Family Day Care and appropriate opportunities are provided to meet each child's need for sleep, rest and relaxation.



## POLICY STATEMENT

### VALUES

Whittlesea Family Day Care is committed to:

- complying with all legislative requirements, standards and current best practice and guidelines, including recommendations by Red Nose Australia (*refer to Sources*)
- its duty of care (*refer to Definitions*) to all children at Whittlesea Family Day Care, and ensuring that adequate supervision (*refer to Definitions*) is maintained while children are sleeping, resting or relaxing
- consulting with parents/guardians about their child's individual relaxation and sleep requirements/practices, and ensuring practices at the service are responsive to the values and cultural beliefs of each family
- Provide a positive and nurturing environment for all children attending the service
- allowing children to be actively involved in decision making, to provide an environment that encourages them to reach their potential
- Provide a safe environment where children feel comfortable and safe to play, talk, or relax
- children's safety and wellbeing will be fostered through responsive relationships, engaging experiences and a safe and healthy environment.

### SCOPE

This policy applies to the approved provider, persons with management or control, nominated supervisor, persons in day-to-day charge, educators, students, volunteers, parents/guardians, children, and others attending the programs and activities of Whittlesea Family Day Care.

RESPONSIBILITIES	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Educators	Parents/guardians	Contractors, volunteers and students
<b>R indicates legislation requirement</b>					
Ensuring that policies and procedures are in place for managing sleep and rest for children ( <i>Regulation 168</i> ) and take reasonable steps to ensure those policies and procedures are followed ( <i>Regulation 170</i> )	R				
Taking reasonable steps to ensure the sleep and rest needs of children at Whittlesea Family Day Care are met, with regard to	R	R	√		√

the age of children, developmental stages and individual needs <i>(Regulation 84A)</i>					
Conducting a sleep and rest risk assessment at least once every 12 months, and as soon as practicable after becoming aware of any circumstance that may affect the safety, health or wellbeing of children during sleep and rest <i>(Regulation 84C (a)(b))</i>	R	R	√		
Ensuring the risk assessment considers the following: <ul style="list-style-type: none"> <li>the number, ages, and developmental stages of the children</li> <li>the sleep and rest needs of children (including health care needs, cultural preferences, individual needs and requests from families about a child's sleep and rest)</li> <li>the suitability of arrangements to adequately supervise and monitor children during sleep and rest periods</li> <li>the level of knowledge and training of an educator supervising children during sleep and rest periods</li> <li>the location of sleep and rest areas, including the arrangement of cots and beds within the sleep and rest areas</li> <li>the safety and suitability of any cots, beds and bedding equipment, having regard to the ages and developmental stages of the children who will use the cots, bed and bedding equipment</li> <li>any potential hazards <ul style="list-style-type: none"> <li>in sleep and rest areas</li> <li>on a child during sleep and rest periods</li> </ul> </li> <li>the physical safety and suitability of sleep and rest environments (including temperature, lighting and ventilation) <i>(Regulations 84C) (refer to Sources)</i></li> </ul>	R	√	√		√
Ensuring all risk assessments conducted are recorded and stored <i>(Regulation 84C (4))</i>	R	√	√		√
Undertaking a risk assessment to mitigate hazardous manual handling <i>(refer to Definitions)</i> , such as patting and rocking children to sleep for long periods of time	R	√	√		√
Ensuring all educators and volunteers comply with the recommendations of Red Nose Australia in relation to safe sleeping practices for children <i>(refer to Sources)</i>	R	√	√		√
Ensuring educators receive information and induction training to fulfil their roles effectively, including being made aware of the sleep and rest policies, their responsibilities in implementing these, and any changes that are made over time	R	√			
Ensuring the premise, furniture and equipment are safe, clean and in good repair <i>(Regulation 103 and National Law: Section 167)</i> including ensuring all equipment used meets any relevant Australian Standards and other product safety standards, such as Australian Competition and Consumer Commission (ACCC) guidelines <i>(Refer to Sources)</i> .	R	R	√	√	√
Ensuring the cots, beds, bedding and bedding equipment being used for sleep and rest are safe and clean and appropriate for	R	R	√		√

the ages and developmental stages of children who will use them					
Ensuring that rooms used for sleep and relaxation are well ventilated; have adequate natural light; and are maintained at a temperature that ensures the safety and wellbeing of children ( <i>Regulation 110</i> )	R	√	√		√
Ensuring sleep and rest environments are free from cigarette, e-cigarette, or tobacco smoke ( <i>Regulation 82</i> )	R	√	√		√
Ensuring that the premises are designed to facilitate supervision	R	R			
Ensuring adequate supervision of children sleeping and resting, being within sight and hearing distance and are monitoring through visually checks of: <ul style="list-style-type: none"> <li>• sleeping position</li> <li>• skin and lip colour</li> <li>• breathing</li> <li>• body temperature</li> <li>• head position</li> <li>• airway</li> <li>• head and face, ensuring they remain uncovered</li> </ul>	R	R	√		√
Ensuring supervision and monitoring procedures are documented, including method and frequency of checking the safety, health and wellbeing of children during sleep and rest periods, as per the risk assessment	R	R	√		√
Developing relaxation and sleep practices that are responsive to: <ul style="list-style-type: none"> <li>• the individual needs of children at the service</li> <li>• parenting beliefs, values, practices and requirements</li> <li>• the length of time each child spends at the service</li> <li>• circumstance or events occurring at a child's home</li> <li>• consistency of practice between home and the service</li> <li>• a child's general health and wellbeing</li> <li>• the physical environment, including lighting, airflow and noise levels</li> </ul>	R	√	√		√
Ensuring cots (including evacuations cots) provided at the service comply with the most current Australian/New Zealand Standards ( <i>refer to Sources and Attachment 1</i> )	R	√			
Ensuring that bassinets, hammocks, prams and strollers are not used to settle children to sleep	R	R	√		√
Conducting regular safety checks of equipment used for sleeping/resting, such as cots and mattresses ( <i>Regulation 103 and National Law: Section 167</i> )	R	R	√		√
Ensuring that bassinets are not on the education and care service premises at any time ( <i>Regulation 84D</i> )	R	R	√		√
Ensuring that if a child is brought to the service in a pram or bassinet, the child is transferred into the service's own sleep equipment	R	R	√		√
Removing any hazards identified in the child's resting or sleeping environment and informing the approved provider, as soon as is practicable	R	R	√		√

Ensuring that any hanging cords, mobiles, curtains and blinds are inaccessible to children who are resting or sleeping	R	R	√		√
Ensuring that artificial heating, such as heat bags and hot-water bottles, is not used to provide warmth			√	√	√
Ensuring children's clothing is appropriate during sleep times and does not have any items that are loose, could get tangled and restrict breathing (including but not limited to bibs and jewellery)			√	√	√
Ensuring that each child has their own bed linen, and that the <i>Hygiene Policy</i> and procedures are implemented for the cleaning and storage of cots, mattresses and linen			√	√	√
Ensuring that there is adequate space to store bedding in a hygienic manner ( <i>refer to Hygiene Policy</i> )	R		√	√	√
Ensuring compliance with WorkSafe Victoria's Children's services – occupational health and safety compliance kit ( <i>refer to Sources</i> ), including in relation to educators lifting children into and out of cots	R		√	√	√
Regularly reviewing practices to ensure compliance with the recommendations of Red Nose Australia in relation to safe sleeping practices for children ( <i>refer to Sources</i> )	R		√	√	√
Providing information and training to ensure educators are kept informed of changing practices in relation to safe sleep practices for children	√		√		
Providing information to families about the service's relaxation and sleep practices	√		√	√	√
Ensuring parents/guardians are consulted about appropriate relaxation and sleep practices for their child	√		√	√	√
Educating families about evidence-based safe sleeping practices	√		√	√	√
Assessing whether there are exceptional circumstances for alternative practices where family beliefs conflict with current recommended evidence-based guidelines for safe sleeping practices, seek written support from a medical practitioner and develop a risk management plan	R		√	√	√
Implementing the documented sleep regime and risk management strategies where in exceptional circumstances family beliefs conflict with current recommended evidence-based guidelines for safe sleeping practices	R		√	√	√
Providing a written medical report if their baby/child is not to be placed on their back during sleep. Parents/guardians must communicate alternative resting practices to educators.				√	
Ensuring the educational program provides opportunities for each child to sleep, rest or engage in appropriate quiet play activities, as required	R		√	√	√
Ensuring that resting and sleeping practices are not used as a behaviour guidance strategy ( <i>refer to Interactions with Children Policy</i> )			√	√	√
Providing a range of opportunities for relaxation throughout the day			√	√	√

Supervising children displaying symptoms of illness closely, especially when resting or sleeping		√	√		√
Developing communication strategies to inform parents/guardians about their child's rest and sleep patterns, including times and length of sleep		√	√	√	√
Encouraging children's independence and assisting children with dressing as needed.		√	√		√



## BACKGROUND AND LEGISLATION

### BACKGROUND

*The Education and Care Services National Regulations* requires approved providers to ensure their services have policies and procedures in place for children's sleep and rest.

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

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

Holistic approaches recognise the importance of physical, mental and spiritual wellbeing. Educators who provide a range of active and restful experiences throughout the day support children's individual requirements for health, nutrition, sleep, rest and relaxation.

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

### LEGISLATION AND STANDARDS

Relevant legislation and standards include but are not limited to:

- Australian Consumer Law and Fair-Trading Act 2012
- Australian Consumer Law and Fair-Trading Regulations 2012
- Australian/New Zealand Standard – Cots for household use – Safety Requirements (AS/NZS 2172:2010)
- Australian/New Zealand Standard – Cots for day nursery, hospital and institutional use – Safety Requirements (AS/NZS 2130:1998)
- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
- National Quality Standard, Quality Area 2: Children's Health and Safety
- Occupational Health and Safety Act 2004

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: [www.legislation.vic.gov.au](http://www.legislation.vic.gov.au)
- Commonwealth Legislation – Federal Register of Legislation: [www.legislation.gov.au](http://www.legislation.gov.au)



## DEFINITIONS

The terms defined in this section relate specifically to this policy.

**Hazardous Manual Handling:** Manual handling is work where you have to lift, lower, push, pull, carry, move, hold or restrain something. It's hazardous manual handling if it involves:

- repeated, sustained or high force
- sustained awkward posture
- repetitive movements
- exposure to sustained vibration
- handling people or animals
- loads that are unstable, unbalanced or hard to hold.

**Red Nose Australia** (formerly SIDS and Kids): Recognised national authority on safe sleeping practices for infants and children (*refer to Sources*)

**Relaxation:** Relaxation or other activity for bringing about a feeling of calm in your body and mind

**Rest:** A period of inactivity, solitude, calmness or tranquillity, and can include a child being in a state of sleep.

**SIDS (Sudden Infant Death Syndrome):** The sudden and unexpected death of an infant under one year of age with an onset of a fatal episode occurring during sleep, that remains unexplained after a thorough investigation, including performance of a complete autopsy and review of the circumstances of death and the clinical history.

**Sudden and Unexpected Death in Infancy (SUDI):** A broad term used to describe the sudden and unexpected death of a baby for which the cause is not immediately obvious.



## SOURCES AND RELATED POLICIES

### SOURCES

- Australian Children's Education & Care Quality Authority, Safe sleep and rest practices: [www.acecqa.gov.au/resources](http://www.acecqa.gov.au/resources)
- Australian Competition & Consumer Commission (2016), Consumer product safety – a guide for businesses & legal practitioners: [www.accc.gov.au](http://www.accc.gov.au)
- Belonging, Being & Becoming – The Early Years Learning Framework for Australia (EYLF): [www.acecqa.gov.au](http://www.acecqa.gov.au)
- Current Australian/New Zealand Standards for cots is available on the SAI Global website at: [www.saiglobal.com](http://www.saiglobal.com)
- Red Nose Australia: [www.rednose.org.au](http://www.rednose.org.au)
- Victorian Early Years Learning and Development Framework (VEYLDF): [www.acecqa.gov.au](http://www.acecqa.gov.au)
- WorkSafe Victoria, Children's services – occupational health and safety compliance kit: [www.worksafe.vic.gov.au](http://www.worksafe.vic.gov.au)
- Australian Children's Education & Care Quality Authority, Sleep and rest risk assessment Template - [Sleep Rest Risk Assessment Template](#)
- Australian Children's Education & Care Quality Authority, Risk Assessment and Management Tool - [www.acecqa.gov.au/media/32166](http://www.acecqa.gov.au/media/32166)
- Kids Safe Australia - [www.kidsafe.com.au](http://www.kidsafe.com.au)
- Compliance code: Hazardous manual handling - <https://www.worksafe.vic.gov.au/resources/compliance-code-hazardous-manual-handling>
- Hazardous manual handling risk assessment and control tool – [www.worksafe.vic.gov.au](http://www.worksafe.vic.gov.au)

### RELATED POLICIES

- Administration of First Aid
- Child Safe Environment and Wellbeing
- Emergency and Evacuation
- Enrolment and Orientation
- Hygiene



- Incident, Injury, Trauma and Illness
- Interactions with Children
- Occupational Health and Safety
- Staffing
- Supervision of Children



## EVALUATION

In order to assess whether the values and purposes of the policy have been achieved, the approved provider will:

- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk (Regulation 172 (2)).



## ATTACHMENTS

- Attachment 1. Cots



## AUTHORISATION

This policy was adopted by the approved provider of Whittlesea Family Day Care on 30 October 2024

**REVIEW DATE:** 30 October 2025

## ATTACHMENT 1. COTS

Services should investigate options either for:

- cots that meet the Australian/New Zealand Standard – Cots for household use – Safety Requirements (AS/NZS 2172:2010) and have a higher base and mattress, or
- cots that meet the Australian/New Zealand Standard – Cots for day nursery, hospital and institutional use – Safety Requirements (AS/NZS 2130:1998).

No alterations should be made to purchased cots under any circumstances, as this may have serious consequences in relation to liability in the event that an incident occurs.

Further information on portable or folding cots is available as outlined below:

- Red Nose: <https://rednose.org.au/article/portable-cots>
- Australian Competition and Consumer Commission: [www.productsafety.gov.au](http://www.productsafety.gov.au)



## PURPOSE

This policy will provide:

- guidelines to ensure children, educators and others participating in Whittlesea Family Day Care programs and activities are well protected from overexposure to ultraviolet (UV) radiation from the sun.
- information for parents/guardians, educators and children attending Whittlesea Family Day Care regarding sun protection
- guidance to the use of outdoor spaces including adequate shading.



## POLICY STATEMENT

### VALUES

Whittlesea Family Day Care is committed to:

- promoting sun protection strategies for children, families, educators and visitors to minimise the harmful effects of over exposure to the sun's UV radiation
- ensuring that curriculum planning will minimise over exposure to the sun's UV radiation and also promote an awareness of sun protection and sun safe strategies
- providing information to children, educators and parents/guardians about the harmful effects of exposure to the sun's UV radiation.

### SCOPE

This policy applies to the approved provider, persons with management or control, nominated supervisor, persons in day-to-day charge, educators, students, volunteers, parents/guardians, children, and others attending the programs and activities of Whittlesea Family Day Care, including during offsite excursions and activities.

This policy will apply whenever the sun's UV levels reach three or higher. Whenever this occurs a combination of sun protection measures are to be used for all outdoor activities.

In Victoria UV levels are usually three or higher from mid-August to the end of April. Please check the daily local sun protection times (*refer to Definitions*) to be sure you are using sun protection when it is required. Active outdoor play is encouraged throughout the day all year, provided appropriate sun protection measures are used when necessary.

RESPONSIBILITIES	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Educators	Parents/guardians
Meeting the standards and requirements of the SunSmart early childhood program	R	√	√	
Ensuring that this policy is up to date with current SunSmart recommendations: <a href="http://www.sunsmart.com.au">www.sunsmart.com.au</a>	R	√		
Ensuring parents/guardians are informed about and agree to support the <i>Sun Protection Policy</i> on enrolment, including the need to provide an appropriate sunhat and clothing for sun	R	√	√	

protection ( <i>refer to Definitions</i> ) for their child when attending the service				
Applying sunscreen ( <i>refer to Definitions</i> ) to their child before the commencement of each session during the times specified in the Scope of this policy				√
Providing, at their own expense, an alternative sunscreen to be left at the service if their child has a particular sensitivity to the sunscreen provided by the service				√
Providing a supply of sunscreen for use on all persons to whom this policy applies	R	√	√	
Obtaining parents/guardians authority for educators to apply sunscreen prior to their child commencing at the service ( <i>refer to Attachment 1</i> ) and that this is stored with each child's enrolment record ( <i>refer to Definitions</i> )	R	√	√	
Applying sunscreen ( <i>refer to Definitions</i> ) to children's exposed skin – except in cases where parents/guardians have not given authority. Where possible this should be done 20 minutes before going outdoors. Children, where appropriate, will be encouraged to apply sunscreen with the assistance of an educator (sunscreen is to be reapplied every two hours)		√	√	
Storing sunscreen in a cool place and monitoring the expiry date – including for sunscreen supplied by parents/guardians		√	√	
Ensuring each child, and any other participant at the service, wears an appropriate sunhat, clothing for sun protection and sunscreen for all outdoor activities during the times specified in the Scope of this policy	√	√	√	
Wearing sunhats, clothing for sun protection ( <i>refer to Definitions</i> ) and sunglasses (optional) when outside, applying sunscreen and seeking shade during the times specified in the Scope of this policy	√	√	√	
Providing a named, SunSmart approved sunhat ( <i>refer to Definitions</i> ) for their child's use at the service				√
Checking that all sunhats brought to the service meet the SunSmart recommendation for adequate protection, are named and stored individually	√	√	√	
Ensuring that children without appropriate sunhats or clothing for sun protection play in the shade or in a suitable area protected from the sun	√	√	√	
Encouraging children to wear sunhats when travelling to and from the service	√	√	√	√
Ensuring that program planning includes the application of a combination of sun protection measures for outdoor activities during the times specified in the Scope of this policy	√	√	√	
Ensuring the sun protection times on the SunSmart website or the SunSmart app are accessed daily to assist with the implementation of this policy	√	√	√	

Ensuring there is adequate shade in the service grounds to protect children from over exposure to UV radiation <i>(Regulation 114)</i>	R	√	√	
Ensuring that the availability of shade is considered in a risk assessment prior to conducting excursions and other outdoor events <i>(Regulations 100, 101)</i>	R	√	√	
Encouraging children to seek shade when playing outside and utilise shaded areas for outdoor equipment that is not fixed during the times specified in the Scope of this policy		√	√	
Ensuring that information on sun protection is incorporated into the educational program <i>(refer to the SunSmart website)</i>	√	√	√	
Ensuring that sun protection strategies are a priority when planning excursions	√	√	√	
Reinforcing this policy by providing information on sun protection (available on the SunSmart website) to service users via newsletters, noticeboards, meetings and websites etc	√	√		

## BACKGROUND AND LEGISLATION

### BACKGROUND

Over exposure to the sun's UV radiation can cause sunburn, skin and eye damage and skin cancer. Australia has one of the highest rates of skin cancer in the world.

Children up to four years of age are particularly vulnerable to UV damage due to lower levels of melanin and a thinner stratum corneum (the outermost layer of skin). UV damage accumulated during childhood and adolescence is associated with an increased risk of skin cancer later in life.

A combination of sun protection measures (hats, clothing, sunscreen, shade and sunglasses) is recommended whenever UV levels are three or higher during daily sun protection times *(refer to Definitions)*.

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

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

### LEGISLATION AND STANDARDS

Relevant legislation and standards include but are not limited to:

- Child Wellbeing and Safety Act 2005 (Vic) (Part 2: Principles for Children)
- Education and Care Services National Law Act 2010: Section 167
- Education and Care Services National Regulations 2011: including Regulations 100, 101, 113, 114, 168(2)(a)(ii)
- National Quality Standard, Quality Area 2: Children's Health and Safety
- Standard 2.2: Each child is protected
- Element 2.2.1: At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard
- Occupational Health and Safety Act 2004

The most current amendments to listed legislation can be found at:

Victorian Legislation – Victorian Law Today: [www.legislation.vic.gov.au](http://www.legislation.vic.gov.au)

Commonwealth Legislation – Federal Register of Legislation: [www.legislation.gov.au](http://www.legislation.gov.au)



## DEFINITIONS

The terms defined in this section relate specifically to this policy.

**Clothing for sun protection:** Clothing that is loose-fitting, made from cool, densely woven fabric and covers as much skin as possible: tops with elbow-length sleeves and, if possible, collars and knee-length or longer shorts and skirts. Singlet tops and shoestring tops/dresses do not provide adequate protection from the sun.

**Daily sun protection times:** Times when the sun's UV radiation is forecast to be three or higher. Information about the daily sun protection times is available in the weather section of the daily newspaper, on the SunSmart website at: [www.sunsmart.com.au](http://www.sunsmart.com.au), at [myuv.com.au](http://myuv.com.au), as a free SunSmart app and as a free widget that can be added to websites.

**Shade:** An area sheltered from direct and indirect sun, such as a large tree, canopy, verandah or artificial cover. Shade can be built, natural or temporary and can reduce overall exposure to the sun's UV by up to 75%. Ensure shade is easily accessible, comfortable, in good condition and regularly maintained. Use surfaces that reflect less UV, e.g. natural, dark or rough surfaces. When combined with appropriate clothing, hats and sunscreen, children can be well protected from UV over exposure when outdoors. Research shows that preschool environments with trees, shrubbery, and broken ground not only provides better sun protection in outdoor play but also triggers more physical activity.

**Sunhat:** SunSmart advises the use of broad-brimmed or bucket-style hats (at least 5cm brim for young children) or legionnaire hats (make sure the front peak and back flap overlap at the sides) that shade the face, neck and ears. Caps and visors offer little protection to the cheeks, ears and neck, and are not considered a suitable alternative and should be swapped for a UV-protective hat

**Sunglasses:** Sunglasses are optional. If worn, it is recommended that glasses are a close fitting, wrap-around style that meet the *Australian Standard 1067 (Sunglasses: Category 2, 3 or 4)* and cover as much of the eye area as possible. Wearing a hat with a brim that shades the eyes can also reduce UV radiation to the eyes by 50%.

**Sunscreen:** SPF 50 (or higher) broad-spectrum, water-resistant sunscreen. Sunscreen should be reapplied every two hours, even when labelled 4 hours water resistance. Make sure the sunscreen has an Australian Licence (Aust L) number and monitor the expiry date. Store it in a supervised, cool, dry place out of direct sun. Cancer Council recommends a [usage test](#) before applying a new sunscreen. From 3 years of age, children are encouraged to apply their own sunscreen under supervision of educators to help develop independent skills ready for school.

**SunSmart:** The name of the program conducted by Cancer Council to help prevent skin cancer: [www.sunsmart.com.au](http://www.sunsmart.com.au)

## SOURCES AND RELATED POLICIES



### SOURCES

- AS/NZS 4685.0:2017, Playground equipment and surfacing - Development, installation, inspection, maintenance and operation.6.2.1 *General considerations*, 6.3.9 *Shade and sun protection*, Appendix A *Shade and sun protection*
- Safe Work Australia: [Guide on exposure to solar ultraviolet radiation \(UVR\)](#) (2019)
- Cancer Council Australia: [www.cancer.org.au/sunsmart](http://www.cancer.org.au/sunsmart)
- *Get Up & Grow: Healthy eating and physical activity for early childhood*. Department of Health resources. Particularly Section 2 of the Director/Coordinator Book and the Educators Book: <http://www.health.gov.au/internet/main/publishing.nsf/Content/phd-early-childhood-nutrition-resources>
- SunSmart: [www.sunsmart.com.au](http://www.sunsmart.com.au)
- Victorian Institute of Teaching (VIT) [The Victorian Teaching Profession Code of Conduct](#) - Principle 3.2
- [Australian Professional Standards for Teachers](#) (APST) – Standard 4.4 and 7.2
- ARPANSA [Radiation Protection Standard for Occupational Exposure to Ultraviolet Radiation](#) (2006)

- [Belonging, Being and Becoming – The Early Years Learning Framework](#) (July 2009)
- [Victorian Early Years Learning and Development Framework](#) (VEYLDF) (May 2016)
- Victorian School Building Authority (VSBA) [Building Quality Standards Handbook \(BQSH\)](#): Section 5.1.3, 5.1.4 Shade Areas (May 2021)
- AS 4174:2018 Knitted and woven shade fabrics
- AS/NZS 1067.1:2016, Eye and face protection - Sunglasses and fashion spectacles
- AS 4399:2020, Sun protective clothing – Evaluation and classification
- AS/NZS 2604:2012 Sunscreen products - Evaluation and classification
- Australian Government Therapeutics Goods Administration (TGA) – Australian regulatory guidelines for sunscreens: [4. Labelling and advertising – directions for use of the product](#)

#### RELATED POLICIES

- Child Safe Environment and Wellbeing
- Excursions and Service Events
- Nutrition, Oral Health and Active Play
- Occupational Health and Safety
- Supervision of Children

#### EVALUATION

In order to assess whether the values and purposes of the policy have been achieved, the approved provider will:

- regularly seek feedback from educators, parents/guardians, children, management and all affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk ([Regulation 172 \(2\)](#)).

#### ATTACHMENTS

NIL

#### AUTHORISATION

This policy was adopted by the approved provider of Whittlesea Family Day Care on 30 October 2024

**REVIEW DATE:** 30 October 2025



### PURPOSE

This policy will provide guidelines to ensure:

- the adequate supervision of all enrolled children is maintained at all times.
- the provision of a safe and secure environment for all children at Whittlesea Family Day Care.



### POLICY STATEMENT

#### VALUES

Whittlesea Family Day Care is committed to:

- provide appropriate supervision for all enrolled children in all aspects of the service's program that is reflective of the children's needs, abilities, age and circumstances
- ensuring all children are directly and actively supervised by educators contracted by Whittlesea Family Day Care
- maintaining a duty of care (*refer to Definitions*) to all children at Whittlesea Family Day Care
- ensuring there is an understanding of the shared legal responsibility and accountability between, and a commitment by, all persons to implement the procedures and practices outlined in this policy.

#### SCOPE

This policy applies to the approved provider, persons with management or control, nominated supervisor, persons in day-to-day charge, educators, students, volunteers, parents/guardians, children, and others attending the programs and activities of Whittlesea Family Day Care including during offsite excursions and activities.

RESPONSIBILITIES	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Educators	Parents/guardians
Complying with the legislated educator-to-child ratios at all times ( <i>National Law: Sections 169</i> ) ( <i>Regulations 123</i> )	R	R	√	
Counting only those educators who are working directly with children at the service in the educator-to-child ratios ( <i>Regulation 122</i> )	R	R	√	
Keeping a record of educators working directly with children ( <i>Regulation 151</i> )	R	√		
Ensuring any educator or person under the age of 18 is not left to supervise children on their own ( <i>Regulation 120</i> )	R	√	√	
Ensuring an unauthorised person is under the direct supervision of an educator whilst at the service ( <i>National Law: Section 170 (2)</i> )	R	R	√	



Ensuring that children being educated and cared for by the service are adequately supervised ( <i>refer to Definitions</i> ) by being in sight and/or hearing of an educator at all times; including during eating, toileting, sleep, rest and transition routines ( <i>National Law: Section 165 (1), (2)</i> )	R	R	√	
Educators cannot undertake any household activities or personal duties, which may inhibit visual and auditory supervision simultaneously or put children's safety at risk i.e. taking a shower and/or ironing. Social and personal commitments will be kept to a minimum. If a social or personal commitment is unavoidable and absolutely necessary, then the Educators will ensure this activity includes the children and encourages a positive learning experience. Educators must not: <ul style="list-style-type: none"> <li>• Leave the children in care alone by leaving the premises at any time.</li> <li>• Leave the children in care with an unauthorised person at any time.</li> <li>• Leave the children in care alone in a car or pusher at any time.</li> </ul>			√	
Considering the design and arrangement of the service environment to support active supervision ( <i>Regulation 115</i> ). This may be supported by a supervision plan	R	√	√	
Managing potential risk of abuse or harm to each child, including fulfilling duty of care ( <i>refer to Definitions</i> ) and legal obligations to protect children and prevent any reasonable, foreseeable risk of injury or harm ( <i>refer to Child Safe Environment Policy</i> )	R	R	R	
Identifying high-risk activities, including excursions ( <i>refer to Excursions and Service Events Policy, Road Safety and Safe Transport Policy and Water Safety Policy</i> ), through a risk management process, and implementing strategies to improve children's safety e.g. Considering increasing adult-to-child ratios in line with the identified risks ( <i>Regulation 100, 101, 102B, 102C</i> )	R	R	√	
Providing safe spaces for children, which allow for adequate supervision, and which include safe fall zones, good traffic flow, maintenance of buildings and equipment, and minimising trip hazards	R	√	√	
Notifying the Regulatory Authority (DE) within 24 hours of: <ul style="list-style-type: none"> <li>• a serious incident (<i>refer to Definitions</i>) occurring at the service, including when a child appears to be missing or cannot be accounted for (<i>National Law: Section 174(2)(a)</i>), (<i>Regulations 176(2)(a)(ii)</i>)</li> <li>• a complaint alleging that the health, safety or wellbeing of a child has been compromised or that the law has been breached (<i>National Law: Section 174(2)(b)</i>), (<i>Regulations 175(2)(c), 176(2)(b)</i>)</li> </ul>	R	√		√
Educators must immediately notify the FDC Coordination Unit of a missing child and follow the procedures in this <i>policy (refer to procedures)</i>				R
Notifying parents/guardians of a serious incident ( <i>refer to Definitions</i> ) involving their child as soon as possible, but not more than 24 hours after the occurrence ( <i>Regulation 86, 87 (3)(e)</i> )	R	√	√	

Evaluating supervision procedures regularly	R	√	√	
Complying with the service's <i>Excursions and Service Events, Road Safety and Safe Transport and Water Safety Policy</i>	R	R	√	√
Identifying the potential for the risks of abuse or harm to each child, including fulfilling duty of care ( <i>refer to Definitions</i> ) and legal obligations to protect children and prevent any reasonable, foreseeable risk of injury or harm	R	R	R	
Providing support to educators when children with challenging behaviours or additional needs are involved	√	√		
Ensuring that all children are accounted for, including by referring to attendance records ( <i>refer to Definitions</i> ) at various times throughout the day, e.g. during indoor/outdoor programs		√	√	
Adjusting supervision strategies to suit the home environment, educator skills, and age mix, dynamics and size of the group of children being supervised and the activities being undertaken	R	R	√	
Maintaining a duty of care to children at all times (including when the child is on the premises but not signed into or signed out of the care of the service and the parent/guardian or person delivering or collecting the child is responsible for supervising that child)		R	R	R
Balancing supervision requirements with children's needs for privacy and independence		√	√	
Adhering to the <i>Child Safe Environment Policy</i>	R	R	R	R
Ensuring doors and gates are closed at all times to prevent children from leaving the service unaccompanied or from accessing unsupervised/unsafe areas of the home	√	√	√	√
Deciding when to interrupt and redirect children's play to ensure safety at all times		√	√	
Identifying opportunities to support and extend children's learning while also recognising their need to play without adult intervention		√	√	
Conducting daily safety checks of the environment to assess safety and to remove hazards		√	√	
Supervising/being aware of children's daily arrival and departure from the service and being aware of the person who has authority to collect the child ( <i>refer to Delivery and Collection of Children Policy</i> )		√	√	√
Supervising their own child/ren before signing them into the program and after they have signed them out of the program				√
Enabling educators to supervise children at all times e.g. by making arrangements to speak with educators at a mutually suitable time				√



## PROCEDURES

### MISSING CHILD

If an Educator suspects a child is missing they must immediately check the specific areas of the FDC premises, both inside and outside.

- If the child is not found, the Educator must immediately contact the FDC Coordination Unit.
- The FDC Coordination Unit/Educator will contact the parents/guardians and then call the Police and DE if the child is not located within 10 minutes of the initial report.
- If the Coordination Unit cannot be reached, the Educator must contact the Police and DE if the child is not located within 10 minutes of the initial report.
- The incident must be recorded by the Educator and the FDC Coordination Unit, and then retained on the child's and the Educator's file.
- FDC Coordination Unit must complete an incident recording form and submit to DE under a notifiable incident.
- If necessary, critical incident de-briefing will be offered to the Educator and support will be provided to the family.
- A FDC Coordination Unit team member can be contacted after hours on 0428 791 075 or 0417 266 572. Leave an urgent message for a FDC Coordination Unit to return your call and state the reason why.
- DE will be notified by phone and by completing the appropriate forms

## BACKGROUND AND LEGISLATION



### BACKGROUND

Supervision is essential in ensuring that children's safety is protected in the service environment. Children have a right to be protected from potential hazards and dangers posed by products, plants, objects, animals and people in the immediate and wider environment.

Supervision is an integral part of the care and education of children and requires educators to make ongoing assessments of the child and the activities in which they are engaged; utilising a range of skills such as positioning and peripheral vision. Active supervision assists in the development of positive relationships between educators, children and their families, and informs ongoing assessment and future planning. Adequate supervision (*refer to Definitions*) requires teamwork and good communication between educators.

### LEGISLATION AND STANDARDS

Relevant legislation and standards include but are not limited to:

- Child Safe Standards, Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
- National Quality Standard, Quality Area 2: Children's Health and Safety
- Occupational Health and Safety Act 2004
- Occupational Health and Safety Regulations 2017
- Worker Screening Act 2020
- Worker Screening Regulations 2021 (Vic)

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: [www.legislation.vic.gov.au](http://www.legislation.vic.gov.au)
- Commonwealth Legislation – Federal Register of Legislation: [www.legislation.gov.au](http://www.legislation.gov.au)



### DEFINITIONS

The terms defined in this section relate specifically to this policy. For regularly used terms please refer to the definitions file stored at the end of the policy document.



## SOURCES AND RELATED POLICIES

### SOURCES

- Kidsafe: [www.kidsafe.com.au](http://www.kidsafe.com.au)
- The Royal Children's Hospital Community Information team (formerly Safety Centre) provides information on safety promotion and injury prevention: [www.rch.org.au](http://www.rch.org.au).
- WorkSafe Victoria: [www.worksafe.vic.gov.au](http://www.worksafe.vic.gov.au)
- Guide to the National Quality Framework (ACECQA): <http://acecqa.gov.au/>
- Guide to the Education and Care Services National Law 2010 and the Education and Care Services National Regulations 2011 (ACECQA): <http://acecqa.gov.au/>

### RELATED POLICIES

- Administration of First Aid
- Child Safe Environment and Wellbeing
- Compliments and Complaints
- Dealing with Medical Conditions
- Delivery and Collection of Children
- Excursions and Service Events
- Incident, Injury, Trauma and Illness
- Interactions with Children
- Occupational Health and Safety
- Relaxation and Sleep
- Road Safety and Safe Transport
- Tobacco Alcohol and other Drugs
- Water Safety



### EVALUATION

In order to assess whether the values and purposes of the policy have been achieved, the approved provider will:

- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- record and monitor complaints and incidents in relation to the supervision of children and amend the policy and procedures as required
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk (*Regulation 172 (2)*).



### ATTACHMENTS

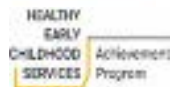
- NIL



### AUTHORISATION

This policy was adopted by the approved provider of Whittlesea Family Day Care on 30 October 2024

**REVIEW DATE:** 30 October 2025



Working in partnership with Cancer Council Victoria, this policy is aligned to the key policies and guidelines of the Healthy Early Childhood Services Achievement Program



### PURPOSE

This policy provides guidelines to enable Whittlesea Family Day Care to:

- provide a safe environment for all children which ensures their safety, health and wellbeing
- promote a cultural of health and wellbeing of all educators, children and families
- improve educational health and wellbeing outcomes for all children and families
- provide access to information on quitting smoking, vaping, alcohol and other drug use and promote the health benefits of avoiding these behaviours.



### POLICY STATEMENT

#### VALUES

Whittlesea Family Day Care is committed to:

- ensuring a smoke/vape free, illicit drug-free, and alcohol-free environment for children, families, educators, volunteers and visitors
- promoting low-risk alcohol consumption to our service community
- encouraging educators to build on opportunistic learning moments with children
- providing information to educators and families about the health benefits of not smoking, vaping or taking drugs, and responsible low risk alcohol consumption.

#### SCOPE

This policy applies to the approved provider, persons with management or control, nominated supervisor, persons in day-to-day charge, educators, students, volunteers, parents/guardians, children, and others attending the programs and activities of Whittlesea Family Day Care, including during offsite excursions and activities.

RESPONSIBILITIES	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Educators	Parents/guardians
Providing a safe and healthy environment for educators, contractors, volunteers, students on placement, parents/guardians, children and others attending the programs and activities of the service ( <i>Regulation 103, National Law: Section 167</i> )	R	R	√	
Ensuring that children being educated and cared for by Whittlesea Family Day Care are provided with an environment	R	√	√	

that is free from the use, visual and reach of vaping, tobacco/e-cigarettes, illicit drugs and alcohol (Regulation 82 (1))				
Ensuring that a nominated supervisor, educators, contractors, volunteers, students on placement at Whittlesea Family Day Care are not affected by alcohol or drugs, including prescription medication ( <i>refer to Definition</i> ) to impair the person's capacity to supervise or provide education and care to children at Whittlesea Family Day Care ( <i>Regulation 83 (1)</i> )	R	R	√	
Not consuming alcohol or be affected by alcohol or drugs (including prescription medication) that impairs capacity to supervise or provide education and care to the children ( <i>Regulation 83 (2) (a) (b)</i> )	√	R	√	
Ensuring household members or visitors do not consume drugs or smoke/vape whilst Family Day Care children are in care			√	
Developing procedures that include steps to remove an affected educator from Whittlesea Family Day Care so they do not further endanger other educators and children. Procedures should provide guidelines to ensure that the children are able to get home safely, the educator is able to get home safely (if not already at home) and outline steps for initiating police or ambulance intervention if the situation cannot be safely managed by the approved provider ( <i>refer to Code of Conduct Policy and Compliments and Complaints Policy</i> ) ( <i>National Law: Section 167</i> )	R	R	√	
Developing, updating and reviewing the <i>Tobacco, E-Cigarettes, Alcohol and other Drugs Policy</i> in collaboration with the nominated supervisor, educators, parents/guardians, children and others involved at Whittlesea Family Day Care	√	√	√	√
Providing the nominated supervisor, educators, contractors, volunteers, students and families with information about policy requirements, with opportunities to provide feedback and input	√	√	√	√
Considering diversity and cultural practices when implementing this policy and tobacco, e-cigarettes, alcohol and other drugs initiatives	√	√	√	√
Ensuring the <i>Tobacco, E-cigarettes, Alcohol and other Drugs Policy</i> is included in educator induction/orientation	R	√		
Preventing and managing risks associated with the use of alcohol and other drugs	R	√		
Monitoring the health and safety of educators, contractors, volunteers, students on placement, parents/guardians and children	R	√	√	
Providing information and training to educators, including information and training on vaping, tobacco, e-cigarettes, alcohol and other drugs	√	√		
Providing educators who identify as having an alcohol and/or other drug problem referrals to professional assistance	√	√		
Ensuring the registered home and outside areas are totally smoke and vape free at all times during Family Day Care operation			√	

Promoting a smoke and vape free zone ( <i>refer to Definition</i> ) within four metres of the entrance and within ten metres of children's outdoor play areas at Whittlesea Family Day Care premises running programs		√	√	
Ensuring that all service events, on and off site, are smoke, vape and drug-free	R	√	√	
If there is alcohol at educators or family events, ensuring all legal requirements related to the sale and supply of alcohol are met and that responsible consumption of alcohol is promoted	R	√	√	
Ensuring that the nominated supervisor, educators, families and visitors adhere to legislation and Whittlesea Family Day Care policies related to smoke and vape-free areas and are asked not to smoke in sight of children	R	√	√	
Encouraging the nominated supervisor and educators who smoke or vape to take appropriate hygiene measures after smoking so that children are not exposed to second-hand ( <i>refer to Definition</i> ) and third-hand smoke ( <i>refer to Definition</i> ) ( <i>refer to Hygiene Policy</i> )	R	√	√	
Not consuming or being under the influence of alcohol or affected by drugs when attending Whittlesea Family Day Care	√	√	√	√
If an educator believes a parent is intoxicated or adversely affected by drugs when they arrive to collect their child/ren they must: <ul style="list-style-type: none"> <li>Suggest the parent delays collecting the child until the effects of alcohol or drugs have diminished or until another authorised person can come collect the child</li> <li>If the parent insists on taking the child and the educator believes the child is at risk they must let the child go with the parent and report the situation <b>immediately</b> to the local police station and then contact the Family Day Care Coordination Unit to inform them of the situation</li> <li>The educator, with support of the Coordination Unit, will report the situation to the Officer in Charge at the local police station and/or Child Protection</li> </ul>	√	√	√	
Ensuring all vehicles used in transporting children for Family Day Care are totally smoke free			√	
Refraining from smoking in the car with children under the age of 18				√
Ensuring the consumption of alcohol as a part of events, celebrations, awards, gifts and fundraising is done so responsibly	√	√	√	
Supporting the nominated supervisor, educators and families who want to quit smoking, vaping, drinking or using other drugs to access appropriate agencies and maintaining confidentiality	√	√		
Providing resources about the health risks related to smoking, vaping, excessive drinking and taking drugs to educators	√	√		
Providing information about health risks related to smoking, vaping, excessive drinking and using other drugs to families and community members, including information about accessing support services	√	√	√	

Guiding age-appropriate, sensitive discussions about health issues related to vaping, tobacco, e-cigarettes, alcohol and drug use as opportunities arise (e.g. if a child is pretending to smoke)		√	√	
Engaging in professional development and resources that guide age-appropriate, sensitive discussions about health issues related to vaping, tobacco, e-cigarettes, alcohol and drug use as opportunities arise		√	√	
Ensuring that partnerships are established with relevant organisations and health professionals to support smoke and vape-free, drug-free and responsible consumption of alcohol initiatives where appropriate	√	√	√	
Ensuring that there are no partnerships with organisations that market or supply alcohol, tobacco, vapes or e-cigarettes	√	√	√	
Taking reasonable care for their own health and safety in the workplace, and the health and safety of others who may be affected by their acts or omissions ( <i>OHS Act section 25(1)(a) and (b)</i> )	√	√	√	

## BACKGROUND AND LEGISLATION



### BACKGROUND

The effects of drugs and alcohol can impair the capacity of a person to make judgments relating to the care, safety and education of young children. The effects of vaping and tobacco smoking on an individual's health are well documented. Second-hand smoke (*refer to Definitions*) and third-hand smoke (*refer to Definitions*) is dangerous, especially for babies and children, as they have smaller airways that are still developing.

Children exposed to second-hand smoke are at an increased risk of early death and disease from various causes. Second-hand smoke can impair a baby's breathing and heart rate, which can put the baby at a higher risk of sudden unexpected death in infancy (SUDI). Exposure to second-hand smoke (*refer to Definitions*) and third-hand smoke (*refer to Definitions*) can affect a child's developing brain due to the sensitivities of the brain to very small amounts of toxins.

Drinking alcohol or taking other drugs can affect a person's ability to connect with and care for children. Alcohol and other drug use can become an occupational health and safety issue, as it may impair one's ability to exercise judgment, coordination, motor control, concentration, and alertness in the workplace. Educators unfit to provide services as a result of alcohol or other drug use put themselves, children, members of the household and other guardians in the service at risk of harm.

The key to tobacco, e-cigarettes, alcohol and other drugs in the early years is prevention. The most effective means of prevention is providing an early childhood environment that is supportive and protective of all children. Building resilience and developing social and emotional competencies should start early to enhance the potential for children to resist risky behaviours later in life.

### LEGISLATION AND STANDARDS

Relevant legislation and standards include but are not limited to:

- Child Wellbeing and Safety Act 2005 (Vic) (Part 2: Principles for children)
- Early Childhood Australia's Code of Ethics (2016)
- Education and Care Services National Law Act 2010: Section 174
- Education and Care Services National Regulations 2011: Regulations 82, 82, 175, 176
- Liquor Control Reform Act 1998
- National Quality Standard, Quality Area 2: Children's Health and Safety
- Occupational Health and Safety Act 2004
- Occupational Health and Safety Regulations 2007



- Tobacco Act 1987 (Vic)

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: [www.legislation.vic.gov.au](http://www.legislation.vic.gov.au)
- Commonwealth Legislation – Federal Register of Legislation: [www.legislation.gov.au](http://www.legislation.gov.au)



## DEFINITIONS

The terms defined in this section relate specifically to this policy.

**Alcohol:** A depressant drug that slows down activity in the central nervous system.

**Drug:** Refers to any substance taken to change the way the body and/or mind functions.

**E-cigarette product:** Any electronic device that is intended to be used to create an aerosol for inhalation and any liquid, or product containing liquid, intended to be used in or with an electronic device to create an aerosol for inhalation

**Prescription medication:** medicine that can only be made available to a patient on the written instruction of an authorised health professional. Examples of prescription medicines include blood pressure tablets, cancer medicine and strong painkillers.

**Second-hand smoke:** refers to the ambient smoke that is a by-product of active smoking. It consists mainly of exhaled mainstream smoke and side stream smoke mixed with air. Breathing in second-hand smoke is also called passive smoking or involuntary smoking.

**Smoke Free Zone:** smoking that is prohibited in all enclosed workplaces and certain public spaces where members of the public gather and may be exposed to second-hand tobacco smoke.

**Third-hand smoke:** refers to residual tobacco smoke constituents that remain on clothes, surfaces and in dust after tobacco has been smoked. These substances are then re-emitted as gases or react with other compounds in the environment to create other substances.

**Tobacco product:** Any device or product that contains organic matter that is heated or burned to create aerosol or smoke that is inhaled by the user.

**Tobacco, alcohol and other drugs:** For the purposes of this policy and for the Healthy Early Childhood Services Achievement Program, the ‘Tobacco, Alcohol and Other Drugs’ health priority area focuses on creating smoke-free and drug-free environments and responsible alcohol consumption.

**Vaping:** E-cigarettes, also known as ‘vapes’, are battery operated devices that work by heating a liquid (or ‘juice’) until it becomes an aerosol that users inhale. Using an e-cigarette is commonly called ‘vaping’.



## SOURCES AND RELATED POLICIES

### SOURCES

- Alcohol and Drug Foundation: <https://adf.org.au>
- Alcohol and Drugs Foundation: [www.adf.org.au](http://www.adf.org.au)
- Better Health Channel – Drugs: [www.betterhealth.vic.gov.au](http://www.betterhealth.vic.gov.au)
- Cancer Council Victoria: <https://www.cancervic.org.au>
- Department of Education and Training – Drugs Education: [www.education.vic.gov.au](http://www.education.vic.gov.au)
- Health.Vic: [www2.health.vic.gov.au](http://www2.health.vic.gov.au)
- National Drug Strategy: [www.health.gov.au](http://www.health.gov.au)
- Quit Victoria: <https://www.quit.org.au>
- Raising Children Network: <https://raisingchildren.net.au>
- Tobacco in Australia: <https://www.tobaccoinaustralia.org.au>

- Work Safe Victoria: [Guide for developing a workplace alcohol and other drugs policy](#) (2017)

#### RELATED POLICIES

- Child Safe Environment and Wellbeing
- Code of Conduct
- Compliments and Complaints
- Delivery and Collection of Children
- Interactions with Children
- Occupational Health and Safety

#### EVALUATION



In order to assess whether the values and purposes of the policy have been achieved, the approved provider will:

- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- assess whether a satisfactory resolution has been achieved in relation to issues arising from this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk ([Regulation 172 \(2\)](#)).



#### ATTACHMENTS

- Nil

Authorisation



This policy was adopted by the approved provider of Whittlesea Family Day Care on 30 October 2024

**REVIEW DATE:** 30 October 2025

# WATER SAFETY

QUALITY AREA 2



## PURPOSE

This policy will outline the procedures that apply to managing water safety, including safety during any water-based activities at Whittlesea Family Day Care.



## POLICY STATEMENT

### VALUES

Whittlesea Family Day Care is committed to:

- the safety, health and wellbeing of children. All water-based activities will be adequately supervised and no child will be left unattended when in proximity to water
- ensuring that the approved provider and educators are aware of their roles and responsibilities in relation to water safety
- providing opportunities for children to explore their natural environment including through water play
- ensuring that children are protected from the risks associated with drowning or non-fatal drowning experiences
- ensuring that curriculum planning incorporates water safety awareness
- providing information to educators, parents/guardians, volunteers and others at the service about water safety.

### SCOPE

This policy applies to the approved provider, persons with management or control, nominated supervisor, persons in day-to-day charge, educators, students, volunteers, parents/guardians, children, and others attending the programs and activities of Whittlesea Family Day Care, including during offsite excursions and activities.

RESPONSIBILITIES	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Educators	Parents/guardians
Ensuring that obligations under <i>the Education and Care Services National Law and National Regulations</i> are met	R	√	√	
Ensuring parents/guardians are informed of the <i>Water Safety Policy</i> on enrolment ( <i>Regulation 168(2)(a)(iii), 171</i> )	R	√	√	
Assisting the approved provider to implement the <i>Water Safety Policy (Regulation 170)</i>		R	√	
Ensure that there is adequate supervision ( <i>refer to Definitions</i> ) provided given the ages and developmental needs of children undertaking water activities (including ratios) ( <i>National Law: Section 165, Regulation 115</i> )	R	√	√	

Adjusting supervision strategies to suit the activities being undertaken ( <i>refer to Supervision of Children Policy</i> )		√	√	
Ensuring risk assessments are undertaken and water hazards and risks associated with water-based activities are taken into consideration both at the service and prior to conducting excursions and other offsite events ( <i>National Law: Section 16, Regulation 101</i> )	R	√	√	
Conducting a risk assessment in relation to any water hazards on or near the premises that may be accessible to children ( <i>National Law: Section 165</i> )	R	√	√	
Ensuring permission is obtained from parents/guardians for an excursion to a location where there is a water hazard ( <i>Regulation 102</i> ) ( <i>refer to Excursions and Service Events Policy</i> )	R	√	√	
Ensuring increased levels of supervision for an excursion to a location where there is a water hazard ( <i>refer to Supervision of Children Policy</i> ) ( <i>National Law: Section 165</i> )	R	√	√	
Conducting a regular safety check of the service premises ( <i>refer to Occupational Health and Safety Policy</i> ) ( <i>National Law: Section 167</i> )	R	R	√	
Ensuring doors, gates and other barriers restricting access to water hazards are closed at all times and that fences are kept clear at all times ( <i>National Law: Section 167</i> )	R	R	√	√
Ensuring that containers of water (including nappy buckets and cleaning buckets) are sealed with child-proof lids ( <i>National Law: Section 167</i> )	R	R	√	
Ensuring wading/paddling pools, water play containers, portable water troughs and pet water containers are emptied immediately after each use and stored in a manner that prevents the collection of water when not in use ( <i>National Law: Section 167</i> )	R	R	√	
Checking the outdoor learning environment at the beginning and end of each day for puddles or filled containers that could pose a potential risk to small children after heavy rain ( <i>National Law: Section 167</i> )	R	R	√	
Ensuring any water hazards that are not able to be adequately supervised at all times are isolated from children by a child-resistant barrier or fence (particularly large bodies of water including swimming pools, rivers, ponds etc.) ( <i>National Law: Section 167</i> )	R	R	√	
The approved provider or Coordination Unit must conduct monthly inspections of water hazards, water features or swimming pools at each family day care residence and approved family day care venue with a water hazard, water feature or swimming pool ( <i>Regulation 116A, 116B</i> ). The report will include: <ul style="list-style-type: none"> <li>• the address of the residence or venue; and</li> <li>• the date and time of the inspection; and</li> </ul>	R	R		

<ul style="list-style-type: none"> <li>the full name of the person who conducted the inspection and the person's signature; and</li> <li>whether the inspection was conducted on site or remotely; and</li> <li>details of any safety risks or issues identified during the inspection; and</li> <li>if any safety risks or issues are identified: <ul style="list-style-type: none"> <li>the action that the person who conducted the inspection considers should be taken to rectify it and mitigate risks associated with it before it is rectified; and</li> <li>an estimate of the time needed to rectify the identified safety issue.</li> </ul> </li> </ul>				
Adhering to the Building Regulations and AS1926.1 Australian Standards in relation to fencing around swimming pools			√	
Pool and spa filters and drains must be inaccessible to children			√	
Written permission must be obtained from parents/guardians for child/ren to swim or be present at a private or public pool or beach ( <i>refer to Attachment 1</i> )			√	
Ensuring that an educator with a current approved first aid qualification ( <i>refer to Definitions</i> ) is in attendance and immediately available at all times children are being educated and cared for by the service ( <i>Regulation 136</i> )	R	√		
Ensuring that all educators' current approved first aid qualifications meet the requirements of the National Regulations and are approved by ACECQA ( <i>refer to Administration of First Aid Policy</i> ) ( <i>Regulation 136</i> )	R	√		
Ensuring that details of current approved first aid qualifications ( <i>refer to Definitions</i> ) are filed with each educator's record	R	√		
Reporting serious incidents ( <i>refer to Definitions</i> ) to DET ( <i>Regulation 174, 175</i> )	R	√		
Informing the approved provider immediately if any serious or notifiable incidents ( <i>refer to Definitions</i> ) occur at the service		√	√	
Reporting notifiable incidents ( <i>refer to Definitions</i> ) to WorkSafe Victoria	R	√		
Providing current information to parents about water safety		√	√	
Providing water safety education and information as a part of the service's program		√	√	
Bathing experiences (due to toileting accident, vomiting or diarrhoea that has caused heavy soiling) must be sensitive to individual children's privacy needs and conducted appropriately, respectfully and in collaboration with families			√	√



## BACKGROUND AND LEGISLATION

### BACKGROUND

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

Learning spaces and environments should offer an array of possibilities and connect children with natural materials. Water is one experience that offers children sensory-rich, open-ended experiences that engage their curiosity and imagination. Children may encounter these resources in the service environment and/or when on excursions. These experiences, especially those conducted with and near water, will be carefully supervised ensuring the safety of children and adults. It is imperative that educators remain vigilant in their supervision of children in and around water and are alert to potential risks in everyday practice in the learning environment.

Water safety relates to access to water in the home, the outside yard or on excursions, and to the availability of drinking water for children. It is important for services to have detailed risk assessments that consider any water hazards and associated risks, including water-based activities and excursions near water. The service's policy and procedures should outline quality practices relating to water safety that align with the NQS.

Educators are not required to bath children as a normal part of their care routine. Bathing experiences (due to toileting accident, vomiting or diarrhoea that has caused heavy soiling, or a child using overnight care) must be sensitive to individual children's privacy needs and conducted appropriately, respectfully and in collaboration with families.

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

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

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

Having effective barriers to swimming pools, and sound safety practices in place in relation to other water receptacles does not reduce the need for close supervision of children when these hazards are present. All children must be closely supervised near water and direct adult supervision should be provided at all times when water play is offered.

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

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

### LEGISLATION AND STANDARDS

Relevant legislation and standards include but are not limited to:

- Child Wellbeing and Safety Act 2005 (Vic)
- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011

- National Quality Standard, Quality Area 2: Children’s Health and Safety

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: [www.legislation.vic.gov.au](http://www.legislation.vic.gov.au)
- Commonwealth Legislation – Federal Register of Legislation: [www.legislation.gov.au](http://www.legislation.gov.au)



## DEFINITIONS

The terms defined in this section relate specifically to this policy.

**Hazard:** A source or situation with a potential for harm in terms of human injury or ill health, damage to property, damage to the environment or a combination of these.

**Water hazard:** (in relation to this policy) can lead to drowning or non-fatal drowning incidences. Drowning hazards include large bodies of water such as swimming pools, rivers, creeks, dams and ponds. Smaller bodies of water, including nappy buckets, water containers, pet water bowls and poor drainage which allow water to collect can also present drowning hazards for young children.



## SOURCES AND RELATED POLICIES

### SOURCES

- FUSE: [www.fuse.education.vic.gov.au](http://www.fuse.education.vic.gov.au)
- Kidsafe – Water Safety Fact Sheet: [www.kidsafevic.com.au](http://www.kidsafevic.com.au)
- Life Saving Victoria - School Swimming and Water Safety Toolkit: [www.lsv.com.au/toolkit/](http://www.lsv.com.au/toolkit/)
- Royal Life Saving Society – Australia: [www.royallifesaving.com.au](http://www.royallifesaving.com.au)
- Water Safety Victoria – Water Safety Guide: *Play it Safe by the Water:* <https://www.vic.gov.au/water-safety>

### RELATED POLICIES

- Administration of First Aid
- Child Safe Environment and Wellbeing
- Emergency and Evacuation
- Excursions and Service Events
- Nutrition, Oral Health and Active Play
- Incident, Injury, Trauma and Illness
- Occupational Health and Safety
- Supervision of Children

## EVALUATION

In order to assess whether the values and purposes of the policy have been achieved, the approved provider will:

- regularly seek feedback from educators, parents/guardians, children, management and all affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service’s policy review cycle, or as required
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk (*Regulation 172 (2)*).





### ATTACHMENTS

- Attachment 1: Written permission for child/ren to swim or be present at a private or public pool or beach - **To be developed by individual services.**



### AUTHORISATION

This policy was adopted by the approved provider of Whittlesea Family Day Care on 30 October 2024

**REVIEW DATE:** 30 October 2025



# OCCUPATIONAL HEALTH & SAFETY

QUALITY AREA 3 & 7



## PURPOSE

This policy will provide guidelines and procedures to ensure that:

- all people who attend premises where Whittlesea Family Day Care services are provided, including the Coordination Unit, educators, children, parents/guardians, students, volunteers, contractors and visitors, are provided with a safe and healthy environment
- Educators are well informed and supported by Whittlesea Family Day Care to provide a safe environment for children and their families
- all reasonable steps are taken to ensure the health, safety and wellbeing of all people who attend the service



## POLICY STATEMENT

### VALUES

Whittlesea Family Day Care has an overarching moral and legal responsibility to provide a safe and healthy environment for educators, children, parents/guardians, students, volunteers, contractors and visitors where it is within its control to do so. Educators contracted to provide child-care services through Whittlesea Family Day Care hold the responsibility to maintain a safe environment within their workplace (home). This policy reflects the importance Whittlesea Family Day Care places on the wellbeing of educators, children, parents/guardians, students, volunteers, contractors and visitors, by endeavouring to protect their health, safety and welfare, and integrating this commitment into all of its activities.

Whittlesea Family Day Care is committed to ensuring that:

- the Coordination Unit, educators and volunteers are aware of their health and safety responsibilities as an Approved Provider, contracted educators and volunteers
- systematic identification, assessment and control of hazards is undertaken at the service
- effective communication and consultation form a fundamental part of the management process to encourage innovative ways of reducing risk in the service environment
- training is provided to assist educators to identify health and safety hazards which, when addressed, will lead to safer work practices at the service
- it fulfils its obligations under current and future laws (including the Education and Care Services National Law Act, Regulations and , the *Occupational Health and Safety Act 2004*), and that all relevant codes of practice are adopted and accepted as a minimum standard.

### SCOPE

This policy applies to the approved provider, persons with management or control, nominated supervisor, persons in day-to-day charge, educators, students, volunteers, parents/guardians, children, and others attending the programs and activities of Whittlesea Family Day Care, including during offsite excursions and activities.

RESPONSIBILITIES	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Educators	Parents/guardians
<p>Employers are responsible for providing and maintaining a work environment, so far as is reasonably practicable, that is safe and without risks to health (<i>OHS Act: Section 21</i>). This includes ensuring that:</p> <ul style="list-style-type: none"> <li>• there are safe systems of work</li> <li>• all plant and equipment provided for use by educators, including machinery, appliances and tools etc., are safe and meet relevant safety standards</li> <li>• substances, and plant and equipment, are used, handled, and stored safely</li> <li>• material safety data sheets are supplied for all chemicals kept and/or used at the service</li> <li>• there are adequate welfare facilities e.g. first aid and dining facilities etc.</li> <li>• there is appropriate information, instruction, training and supervision for employees</li> </ul> <p><b>Note:</b> This duty of care is owed to all employees, children, parents/guardians, volunteers, students, contractors and any members of the public who are at the employer's workplace at any time</p>	R	√		
<p>Ensuring there is a systematic risk management approach to the management of workplace hazards. This includes ensuring that:</p> <ul style="list-style-type: none"> <li>• hazards and risks to health and safety are identified, assessed and eliminated or, if it is not possible to remove the hazard/risk completely, effectively controlled</li> <li>• measures employed to eliminate/control hazards and risks to health and safety are monitored and evaluated regularly</li> </ul> <p>Organising/facilitating regular safety audits of the following:</p> <ul style="list-style-type: none"> <li>• indoor and outdoor environments</li> <li>• all equipment, including emergency equipment</li> <li>• playgrounds and fixed equipment in outdoor environments</li> <li>• cleaning services</li> <li>• horticultural maintenance</li> <li>• pest control</li> </ul>	R	√	√	
<p>Ensuring that all cupboards/rooms are labelled accordingly, including those that contain chemicals and first aid kits, and that</p>	R	√	√	

child-proof locks are installed on doors and cupboards where contents may be harmful				
Ensuring the physical environment at the service is safe, secure and free from hazards for everyone at the service ( <i>refer to Child Safe Environment and Wellbeing Policy</i> )	R	√	√	
Ensuring that all equipment and materials used at the service meet relevant safety standards	R	√	√	
Ensuring that all plant, equipment and furniture are maintained in a safe condition ( <i>Regulation 103</i> )	R	√	√	
Maintaining a clean environment daily, and removing tripping/slipping hazards as soon as these become apparent	R	√	√	
Ensuring the service is up to date with current legislation on child restraints in vehicles if transporting children ( <i>refer to Road Safety and Safe Transport Policy</i> )	R	√		
Monitoring the conditions of the workplace and the health of educators to ensure they are fit an proper to provide child care services	R	√	√	
Taking care of their own safety and the safety of others who may be affected by their actions	R	√	√	
Involving children in conversations regarding OHS and incorporating OHS into the curriculum.		√	√	
Protecting other individuals from risks arising from the service's activities, including holding a fete or a working bee etc., or any activity that is ancillary to the operation of the service e.g. contractors cleaning the premises after hours ( <i>OHS Act: Section 23</i> )	R	√	√	
Providing adequate instruction to educators in safe working procedures, and informing them of known hazards to their health and wellbeing that are associated with the services that they provide	R	√	√	
Developing procedures to guide the safe use of harmful substances, such as chemicals, in the workplace	R	√		
Ensuring this policy is available to employees, parents/guardian, students, volunteers, contractors and educators; and displayed in a prominent location.	R	√		
Allocating adequate resources to implement this policy	R	√		
Implementing/practising emergency and evacuation procedures ( <i>refer to Emergency and Evacuation Policy</i> )	R	√	√	
Implementing and reviewing this policy in consultation with the nominated supervisor, educators, , contractors and parents/guardians	R	√	√	√
Identifying and providing appropriate resources, induction and training to assist educators, contractors, visitors, volunteers and students to implement this policy	R	√		

Ensuring the nominated supervisor, educators, contractors, volunteers and students are kept informed of any relevant changes in legislation and practices in relation to this policy	R			
Notifying WorkSafe Victoria about serious workplace incidents, and preserving the site of an incident ( <i>OHS Act: Sections 38–39</i> )	R	√	√	
Holding appropriate licenses, registrations and permits, where required by the OHS Act	R	√		
Producing OHS documentation as required by inspectors and answering any questions that an inspector asks	R	√	R	
Not obstructing, misleading or intimidating an inspector who is performing their duties.	R	√	R	
Ensuring that all educators/educators are aware of this policy, and are supported to implement it at the service	R	√		
Keeping up to date and complying with any relevant changes in legislation and practices in relation to this policy.	R	√	√	



## BACKGROUND AND LEGISLATION

### BACKGROUND

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

The *Occupational Health and Safety Act 2004 (OHS Act)* sets out the key principles, duties and rights in relation to workplace health and safety. The *Occupational Health and Safety Regulations 2017* specifies the ways duties imposed by the *OHS Act* must be undertaken and prescribes procedural/administrative matters to support the *OHS Act*, such as requiring licenses for specific activities, or the need to keep records or notify authorities on certain matters.

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

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

### LEGISLATION AND STANDARDS

Relevant legislation and standards include but are not limited to:

- Accident Compensation Act 1985 (Vic)
- AS/NZS 4804:2001 and 4801:2001 Occupational health and safety systems
- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
- National Quality Standard, Quality Area 2: Children's Health and Safety
- National Quality Standard, Quality Area 3: Physical Environment
- National Quality Standard, Quality Area 7: Governance and Leadership
- Occupational Health and Safety Act 2004

- Occupational Health and Safety Regulations 2017

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: [www.legislation.vic.gov.au](http://www.legislation.vic.gov.au)
- Commonwealth Legislation – Federal Register of Legislation: [www.legislation.gov.au](http://www.legislation.gov.au)



## DEFINITIONS

The terms defined in this section relate specifically to this policy

**Duty of care:** A common law concept that refers to the responsibilities of organisations to provide people with an adequate level of protection against harm and all reasonable foreseeable risk of injury. In the context of this policy, duty of care refers to the responsibility of education and care services to provide children, educators, students, volunteers, contractors and anyone visiting the service with an adequate level of care and protection against reasonable foreseeable harm and injury.

**Hazard:** An element with the potential to cause death, injury, illness or disease.

**Hazard identification:** A process that involves identifying all foreseeable hazards in the workplace and understanding the possible harm that each hazard may cause.

**Hazard management:** A structured process of hazard identification, risk assessment and control, aimed at providing safe and healthy conditions for employees, contractors and visitors while on the premises of Whittlesea Family Day Care or while engaged in activities endorsed by Whittlesea Family Day Care

**Harm:** Includes death, or injury, illness (physical or psychological) or disease that may be suffered by a person as a consequence of exposure to a hazard.

**Material safety data sheet:** Provides employees and emergency personnel with safety procedures for working with toxic or dangerous materials. The data sheet includes all relevant information about the material such as physical properties (e.g. melting/boiling point, toxicity and reactivity), health effects, first aid requirements and safe handling procedures (e.g. personal protective equipment, safe storage/disposal and management of spills).

**OHS committee:** A committee that facilitates co-operation between an employer and employees in instigating, developing and carrying out measures designed to ensure the health and safety of employees in the workplace.

**Risk:** The chance (likelihood) that a hazard will cause harm to individuals.

**Risk assessment:** A process for developing knowledge/understanding about hazards and risks so that sound decisions can be made about the control of hazards. Risk assessments assist in determining:

- what levels of harm can occur
- how harm can occur
- the likelihood that harm will occur.

**Risk control:** A measure, work process or system that eliminates an OHS hazard or risk, or if this is not possible, reduces the risk so far as is reasonably practicable



## SOURCES AND RELATED POLICIES

### SOURCES

- Early Childhood Management Manual, ELAA
- Risk Assessment and Management Tool, ACECQA: [www.acecqa.gov.au](http://www.acecqa.gov.au)
- WorkSafe Victoria: [www.worksafe.vic.gov.au](http://www.worksafe.vic.gov.au)

## RELATED POLICIES

- Child Safe Environment and Wellbeing
- Code of Conduct
- Emergency and Evacuation
- Incident, Injury, Trauma and Illness
- Participation of Volunteers and Students
- Privacy and Confidentiality
- Road Safety and Safe Transport

## EVALUATION



In order to assess whether the values and purposes of the policy have been achieved, the approved provider will:

- regularly seek feedback from everyone affected by the policy regarding its effectiveness, particularly in relation to identifying and responding to occupational health and safety issues
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk ([Regulation 172 \(2\)](#)).



## ATTACHMENTS

- Nil



## AUTHORISATION

This policy was adopted by the approved provider of Whittlesea Family Day Care on 30 October 2024

**REVIEW DATE:** 30 October 2025



## PURPOSE

This policy will provide guidelines for assessment, approval and reassessment of Educator homes contracted to deliver a Family Day Care service for Whittlesea Family Day Care, including:

- Educators provide a healthy and safe indoor and outdoor environment for all children
- children have access to the Educator’s family’s primary living areas.
- Educators meet the requirements of the Home Assessment/ Home Safety Checklist prior to becoming registered and understand their legal obligations to maintain this level of safety at all times whilst providing a FDC service.

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

- Child Safe Environment and Wellbeing
- Code of Conduct
- Monitoring, Support and Supervision of Educators
- Participation of Volunteers and Students
- Selection and registration of educators



## POLICY STATEMENT

### VALUES

Whittlesea Family Day Care is committed to:

- ensuring that the health, safety and wellbeing of children at the service is protected at all times while also promoting their learning and development
- fulfilling a duty of care to all children attending the service
- providing accountable and effective service management practices
- maintaining obligations for services to meet safety standards when delivering a Family Day Care program.

### SCOPE

This policy applies to the approved provider, persons with management or control, nominated supervisor, persons in day-to-day charge, educators, students, volunteers, parents/guardians, children, and others attending the programs and activities of Whittlesea Family Day Care, including during offsite excursions and activities.

RESPONSIBILITIES	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Educators	Parents/guardians
Each Educator will undergo an initial Home Assessment and an annual Home Safety Check conducted by two members of the Coordination Unit. In addition to the annual checks	√		√	

additional checks will also be carried out in the situation where an Educator has taken a leave of absence, has completed a home renovation, or changed residence ( <i>refer to Attachment 1</i> )				
Educators who fail to meet the required standard for the home assessment/ Safety Check will be given a notice to comply from the Coordination Unit. The amount of time given to comply with this notice will depend on the level of risk and whether the area can be safely locked off. In some instances, the Educator may be suspended from providing care until the breach of safety is rectified.	√		√	
Educators who have areas of their home, whether indoors or outdoors, that are unregistered for the care of FDC children, must ensure that these areas remain inaccessible to FDC children at all times whilst they are in care. Failure to comply with this requirement will constitute a breach of the FDC Educator Agreement	<b>R</b>		<b>R</b>	
The Coordination Unit may monitor targeted aspects of the Home Safety Check at any home support visit	√			
The Coordination Unit will conduct home visits to support educators in all areas of service provision and compliance ( <i>refer to the Child Safe Environment Policy</i> )	√	√	√	
The Coordination Unit have right of access to the Educators homes ( <i>refer to Right of Access Policy</i> )	√	√	√	
Educators are expected to continuously review their indoor and outdoor home environment for safety with the Daily Hazard Checklist. It is the Educator's responsibility to at all times during work hours maintain recommended safety standards as set out in the Home Safety Checklist			√	
To allow adequate time for consultation with the FDC Coordination Unit, the Educator must provide at least 14 days written notice (or as soon as possible in the case of emergency situations) of the intention to continue to operate their FDC service whilst carrying out renovation/repair works at the registered FDC premises ( <i>refer to Attachment 2</i> )			√	
Keeping animals in FDC can be a valuable educational experience for children. It is the responsibility of the Educator to ensure that all animal safety requirements are met as outlined in the Home Safety Check. Children must be protected from any infection and injury associated with animals ( <i>refer to Attachment 3</i> )			√	





## BACKGROUND AND LEGISLATION

### BACKGROUND

Home safety checks in family day care settings are essential for ensuring the well-being of children. These assessments focus on identifying potential hazards, such as toxic substances, sharp objects, or unsafe furniture, helping to create a safe environment for exploration and learning, along with ensuring the Educator meets their obligations to operate.

Child welfare is the top priority. Regular safety evaluations help maintain a secure space, minimizing the risk of accidents and injuries.

Compliance with regulatory standards is another key aspect. Family day care providers must adhere to National Law and Regulations, and home safety checks are integral to the approval and reassessment process, ensuring that providers meet necessary safety requirements.

Quality assurance is also critical. By consistently evaluating safety measures, providers can maintain high standards of care, fostering an environment that supports children's development.

Trust and accountability play significant roles in this context. Families need assurance that their children are safe, and regular safety checks build confidence in the care provider's commitment to safety and quality.

Reassessments help identify areas for enhancement, enabling providers to adapt practices and ensure ongoing safety for children in their care.

### LEGISLATION AND STANDARDS

Relevant legislation and standards include but are not limited to:

- Child Safe Standards
- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
- National Quality Standard, Quality Area 2: Child Health and Safety

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: [www.legislation.vic.gov.au](http://www.legislation.vic.gov.au)
- Commonwealth Legislation – Federal Register of Legislation: [www.legislation.gov.au](http://www.legislation.gov.au)



### DEFINITIONS

The terms defined in this section relate specifically to this policy.

**Home support Visit:** Whittlesea FDC defines 'Home Support Visits' as a visit conducted by the Coordination Unit to an Educator's home, in area where care is primarily provided. The purpose of these visits is to monitor the Educator's practices and program, to provide support to the Educator, to observe children in care, to discuss issues that arise and to ensure records, especially legislative requirements, are being maintained accurately.

**Responsible Person:** The Family Day Care Coordination Unit is available to Educators during operational times. The name of the responsible person is displayed and available for families accessing the Family Day Care service.



## SOURCES AND RELATED POLICIES

### SOURCES

- Australian Children’s Education and Care Quality Authority (ACECQA): [www.acecqa.gov.au](http://www.acecqa.gov.au)
- The Commission for Children and Young People (2018), *A Guide for Creating a Child Safe Organisation*: <https://ccyp.vic.gov.au/assets/resources/New-CSS/A-guide-for-creating-a-Child-Safe-Organisation-190422.pdf>
- The Early Years Learning Framework for Australia: Belonging, Being, Becoming: [www.acecqa.gov.au](http://www.acecqa.gov.au)
- Victoria Police – National Police Record Check: [www.police.vic.gov.au](http://www.police.vic.gov.au)
- *Victorian Early Years Learning and Development Framework*: [www.acecqa.gov.au](http://www.acecqa.gov.au)
- Working with Children Check unit, Department of Justice and Regulation – provides details of how to obtain a WWC Check: [www.workingwithchildren.vic.gov.au](http://www.workingwithchildren.vic.gov.au)

### RELATED POLICIES

- Child Safe Environment and Wellbeing
- Code of Conduct
- Occupational Health & Safety
- Participation of Volunteers and Students
- Privacy and Confidentiality
- Right of Access
- Supervision of Children



### EVALUATION

In order to assess whether the values and purposes of the policy have been achieved, the approved provider will:

- regularly check educators records to ensure WWC Clearance and qualifications are current and complete
- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service’s policy review cycle, or as required
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk (*Regulation 172 (2)*).



### ATTACHMENTS

- Attachment 1: Home Assessment and Annual Home Safety Checks
- Attachment 2: Home Renovations and Repairs
- Attachment 2: Animal in the Home



### AUTHORISATION

This policy was adopted by the approved provider of Whittlesea Family Day Care on 30 October 2024

REVIEW DATE: 30 October 2025

## ATTACHMENT 1: HOME ASSESSMENT AND ANNUAL HOME SAFETY CHECKS

### Practices

#### Indoor areas

- The City of Whittlesea FDC requires the care and education of children to primarily be conducted in the Educator's family living areas of the home. Exceptions to this stipulation may be considered in consultation with the Coordination Unit.
- Garages can be considered an additional play space and need to comply with the safety standards before use.
- A separate area is required for children's sleep/rest and play.
- Any household duty which compromises an Educator's supervision and/or duty of care will not be undertaken whilst FDC children are in care.
- Educators must ensure that they have adequate indoor areas for children to sleep or rest, and adequate areas for children who do not sleep or rest, for quiet play.

#### Outdoor areas

- All Educators must ensure that they can provide the children in their care with an adequate, enclosed and safe outdoor play area.
- Adequate shade must be provided for children when playing outdoors.
- Premises and grounds must be kept free of vermin, animal excretions, rubbish and any hazardous materials.
- Large trampolines are considered to be extremely dangerous as they have potential to cause severe injury to children. Kidsafe describes them as 'gymnasium equipment', not playground equipment, and recommends that at least two people are needed to supervise them adequately (one on each side). The Royal Children's Hospital Safety Centre states 'they are not recommended for children under the age of six'. In response to this information, The City of Whittlesea FDC prohibits the use of these large trampolines during service provision.

Therefore these trampolines in the homes of Educators during the hours of operation of FDC must be made inaccessible by either:

- Turning the trampoline onto its side and tie it securely to a fence
- Providing fencing to prohibit access
- Trampolines with enclosed sides (netting) are required to be made inaccessible by locking (padlock) the zipper entry point
- Exceptions to this include the use of mini trampolines. These can be used under direct supervision and placed on soft fall material such as grass, tan bark or rubber matting.

## ATTACHMENT 2: HOME RENOVATIONS AND REPAIRS

### Practices

In relation to home renovations and repairs a written notice must cover the following:

- The nature of the renovation/repair works.
- The expected commencement and completion date of the renovation/repair works.
- A detailed explanation of the proposed arrangements for the provision of childcare during the period of the renovation/repair works.

At least 14 days prior to the renovations or repairs commencing Educators are to:

- Discuss the proposed renovations/repairs to the FDC environment with all families using care. Families have the right of choice to stay with the Educator for the duration of the renovation works or relocate to another Educator until the renovation works have been completed. Parents/guardians can also choose to terminate care with the educator and relocate to another Educator or terminate care with the service. (In the instance of the family relocating to another Educator either temporarily or permanently less than 14 days notice will be accepted).

Renovations/repairs may take place while children are in care, providing the following are met:

- The care environment meets the standard as stipulated by the Whittlesea FDC Coordination Unit and the Legislative Requirements
- There is safe access to the premises for families and children.
- Quality care can still be delivered in the areas which children have access.
- Renovations meet appropriate building and safety regulations.
- Trades people sign in and out in the visitors log each day.
- The safety of the children can be guaranteed while trades people have access to the property.
- Educators communicate regularly with FDC Coordination Unit regarding updates as the renovation works progress through to completion.
- Families or children do not access the renovated areas of the property until the appropriate Home Safety Checks has been reconducted .
- Indoor and outdoor areas are to have a fixed non-climbable barrier of no less than 1 metre high to prevent children's access to unregistered renovated areas.

### The Coordination Unit:

- Will consider the written response and approval will be granted for the Educator to continue to provide FDC services whilst renovation or repair works are taking place, providing the home safety requirements for FDC are met.
- If at any time during the renovation works, any families, or the Coordination Unit are concerned about the safety of the environment, the Coordination Unit reserves the right to discuss this with the Educator with the view of withdrawing children from care until safety requirements can be met.

## ATTACHMENT 2: ANIMAL IN THE HOME

### Practices

- All pet animals are to be kept clean and healthy, regularly wormed and immunised.
- Educators must ensure food areas and children's play and sleep areas are free from animals and animal hair.
- Educators must ensure that any dog is made inaccessible to children by a 'run' or other enclosure.
- Any protective fencing separating animals and children must prevent penetration by small fingers.
- Dog enclosures must have a height of 1.5 metres for large dogs, and 1 metre for small/medium dogs.
- Any animal contact (other than a dog) by children shall be a carefully planned and closely supervised experience, which has been approved by all parents/guardians of children in care.
- Garden areas, including sandpits must always be kept free from animal excrement.
- All animal food, water bowls and litter trays must be kept inaccessible to children.
- Birdcages are to be kept at a reasonable distance from food preparation areas.
- Cages are to be cleaned on a regular basis and not whilst FDC children are in care.
- Educators will advise the FDC Coordination Unit of the acquisition of any pet animal at their home.
- All animals must be added to the Educators Indoor/Outdoor Risk Assessment.



### PURPOSE

This policy provides a clear set of guidelines and procedures for Whittlesea Family Day Care to:

- establish the expected standards of behaviour for the approved provider, nominated supervisor, educator, contractors, volunteers, students on placement, parents/guardians and visitors
- create and maintain a child safe environment that reflects the philosophy, beliefs, objectives, and values of Whittlesea Family Day Care
- articulate desirable and appropriate behaviour
- promote interactions at the service and online which are respectful, honest, courteous, sensitive, tactful, and considerate.



### POLICY STATEMENT

#### VALUES

Whittlesea Family Day Care:

- respects the rights of the child and values diversity
- values the contribution of Aboriginal children, children from a culturally and linguistically diverse background and children with a disability
- has zero tolerance of discrimination
- maintains a duty of care (*refer to Definitions*) towards all children at the service
- is committed to the safety and wellbeing of all educators and the members of our service's community
- is committed to supporting educators to act cohesively and ethically as a team and provide an environment that is conducive to children's learning and development
- provides a safe and secure environment for all at the service
- provides an open, welcoming environment in which everyone's contribution is valued and respected
- is committed to communicating openly and honestly
- is committed to continually learning how to be inclusive and respectful of cultural needs
- encourages relationships that are based on the principles of mutual respect, equity and fairness.
- encourages both adults and children to identify and raise concerns through the appropriate channels to maintain a culture of reporting and pro-actively responding to concerns
- encourages volunteers, students, parents/guardians and visitors to support and participate in the program and activities of the service.

#### SCOPE

This policy applies to the approved provider, persons with management or control, nominated supervisor, persons in day-to-day charge, educators, students, volunteers, parents/guardians, children and others attending the programs and activities of Whittlesea Family Day Care, including during offsite excursions and activities.

<b>RESPONSIBILITIES</b>	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Educators	Parents/guardians	Contractors, volunteers and students
Providing a safe environment for everyone attending the programs and activities of Whittlesea Family Day Care	R	R	√		
Providing a service that is free from unlawful discrimination, harassment, victimisation and bullying where all persons attending are treated with dignity, courtesy and respect	R	√	√		
Ensuring racism within the service is identified, confronted and not tolerated.	R	√	√	√	√
Ensuring that the children educated and cared for at Whittlesea Family Day Care are protected from harm and from any hazard likely to cause injury ( <i>National Law: Section 167</i> )	R	R	√		
Providing guidance through leadership and by being a positive role model; putting children first, prioritising training and education and having a culture of continuous improvement	R	√	√		
Developing, updating and reviewing the Code of Conduct for Whittlesea Family Day Care in collaboration with all stakeholders within the service ( <i>refer to Attachments 1 and 3</i> )	R	√	√	√	
Ensuring that educators, volunteers, students and parents/guardians are provided with a copy of this policy on engagement or enrolment at the service and that the current codes of conduct are available and promoted to everyone including contractors and visitors	R	√	√		
Ensuring that the codes of conduct are regularly discussed at meetings to reinforce expectations	R	√			
Developing a culture of accountability within the service for complying with the code of conduct and responding when behavioural expectations are not adhered to	R	√	√	√	√
Providing an environment that encourages positive interactions, supports constructive feedback and holds one another to the codes of conduct	√	√	√	√	√
Ensuring that parents/guardians of a child attending the service can enter the service premises at any time that the child is being educated and cared for ( <i>Regulation 157</i> ), except where this may pose a risk to the safety of children or educators, or conflict with any duty of care of the approved provider, nominated supervisor and educator under the <i>National Law: Section 167 &amp; 171</i>	R	R	√		

Ensuring that contractors, volunteers, parent/guardians, students or visitors at the service are not placed in a situation where they are left alone with a child	R	R	√		
Support all educators and volunteers with relevant cultural training so they have an understanding of Aboriginal culture, and an appreciation for culturally sensitive issues	R	R			
Respecting individual abilities, needs, cultural practices and beliefs in all interactions, both verbal and non-verbal. Paying particular attention to the needs of Aboriginal and Torres strait Islander children, children with disability and children from CALD backgrounds	√	√	√	√	√
Engaging in open, two-way communication with families and communities about the service's child safety approach and providing relevant and accessible information	√	√	√		
Ensuring all educators, contractors, volunteers and students do not consume or are under the influence of alcohol or be affected by drugs ( <i>refer to Tobacco, Alcohol and other Drugs Policy</i> )	R	R	√		√
Not consuming or being under the influence of alcohol or be affected by drugs ( <i>refer to Tobacco, Alcohol and other Drugs Policy</i> )	R	R	R	√	R
Notifying DE within 24 hours of a serious incident ( <i>refer to Definitions</i> ) or of a notifiable complaint being made ( <i>refer to Definitions</i> ) at the service ( <i>National Law: Sections 174(2)(b) and 174(4), National Regulations: Regulations 175(2)(c) and 176(2)(b)</i> ) via the NQAITS	R	√			
Referring notifiable complaints ( <i>refer to Definitions</i> ), grievances or complaints that are unable to be resolved appropriately and in a timely manner to the Grievances Subcommittee/investigator ( <i>refer to Compliments and Complaints Policy</i> )	R	√			
Notifying Worksafe of any reportable incidences ( <i>refer to Definitions</i> ) that have occurred in the workplace	R	√	√		
Activating the <i>Compliments and Complaints Policy</i> on notification of a breach of the <i>Code of Conduct Policy</i>	R	√			
Taking appropriate legal action, or reviewing the terms of contracted agreement in the event of misconduct or a serious breach of the <i>Code of Conduct Policy</i>	R	√			
Contacting police in an emergency situation where it is believed that there is an immediate risk, such as when violence has been threatened or perpetrated or where sexual abuse or grooming is suspected as outlined in the <i>Child Safe Environment Policy</i> .	R	R	R	√	R
Reading the <i>Code of Conduct Policy</i> ( <i>refer to Attachment 1</i> )	√	√	√		
Adhering to the Code of Conduct at all times	R	R	R	R	R
Informing the approved provider in the event of a serious incident ( <i>refer to Definitions</i> ), of a notifiable complaint ( <i>refer to Definitions</i> ) or of a breach of the <i>Code of Conduct Policy</i>		R	√		



Providing an environment that encourages positive interactions, supports constructive feedback and holds one another to the codes of conduct	√	√	√		
Ensuring that parents/guardians, students and volunteers read the Code of Conduct Policy	√	√	√	√	√
Ensuring children can access abuse prevention programs and information	R	√	√		
Understanding and accepting that serious breaches of this code will be deemed misconduct and may lead to legal action, or a review of their licence agreement		√	√	√	√
Being attentive to signs of harm and facilitating child-friendly ways for children to communicate and raise their concerns	R	R	R		R
Reporting and acting on any concerns or observed breaches of this <i>Code of Conduct Policy</i>		R	R	R	R
Ensuring duties are performed in a professional, safe and satisfactory manner at all times.	√	√	√		√



## BACKGROUND AND LEGISLATION

### BACKGROUND

Codes of conduct establish standards of behaviour to be followed and define how individuals are expected to behave towards each other, towards the children in their care, and towards other organisations and individuals in the community.

The approved provider, nominated supervisor and educators have a duty of care to the children attending the service and must ensure 'that every reasonable precaution is taken to protect children being educated and cared for by the service from harm and from any hazard likely to cause injury' (*National Law: Section 167*).

The *National Quality Standard* requires that all educators be respectful and ethical and that 'professional standards guide practice, interactions and relationships' (*National Quality Standard: 4.2 and 4.2.2*).

*Child Safe Standards* requires services to ensure the Code of Conduct provides guidelines for educators and volunteers on expected behavioural standards and responsibilities, and breaches to the Code of Conduct are acted upon and reported.

A Code of Conduct should be informed by the service's philosophy, beliefs and values, and based on ethical principles of mutual respect, equity and fairness.

The approved provider must ensure that the nominated supervisor, educators, contractors, volunteers, students on placement, parents/guardians, children and others attending the programs and activities of Whittlesea Family Day Care adhere to the expectations outlined in the Code of Conduct when communicating to and interacting with:

- children at the service and their parents and family members
- each other
- others in the community.

### LEGISLATION AND STANDARDS

Relevant legislation and standards include but are not limited to:

- Charter of Human Rights and Responsibilities Act 2006 (Vic)
- Child Safe Standards (Vic)
- Children, Youth and Families Act 2005 (Vic)
- Child Wellbeing and Safety Act 2005 (Vic)

- Disability Discrimination Act 1992 (Cth)
- Early Childhood Australia's Code of Ethics (2016)
- Education and Care Services National Law Act 2010: Sections 166, 167, 173, 174
- Education and Care Services National Regulations 2011: Regulations 83, 155, 156, 157, 168, 170, 171, 174, 175, 176
- Equal Opportunity Act 2010 (Vic)
- National Quality Standard, Quality Area 4:
- Occupational Health and Safety Act 2004
- Occupational Health and Safety Regulations 2007
- Racial Discrimination Act 1975
- Racial and Religious Tolerance Act 2001 (Vic)
- Sex Discrimination Act 1984 (Cth)
- Victorian Institute of Teaching the Victorian Teaching Profession Code of Conduct
- Victorian Institute of Teaching the Victorian Teaching Profession Code of Ethics

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: [www.legislation.vic.gov.au](http://www.legislation.vic.gov.au)
- Commonwealth Legislation – Federal Register of Legislation: [www.legislation.gov.au](http://www.legislation.gov.au)

## DEFINITIONS



The terms defined in this section relate specifically to this policy.

**Behaviour:** the way in which one acts or conducts oneself, especially towards others.

**Bullying:** Repeated verbal, physical, social or psychological behaviour that is harmful and involves the misuse of power by an individual or group towards one or more persons. Bullying occurs when one or more people deliberately and repeatedly upset or hurt another person, damage their property, reputation or social acceptance.

**Ethical conduct:** Behaviour which reflects values or a code of conduct.

**Harassment:** When someone is demeaning, derogatory or intimidating towards another person. Harassment includes:

- racial taunts
- taunts about sexual orientation or gender identity
- sexual harassment: unwelcome physical, verbal or written behaviour of a sexual nature
- repeated insulting remarks.

**Investigator:** A person assigned with the responsibility of investigating suspected breaches of the Code of Conduct by the Approved provider

**Physical attack:** the direct or indirect application of force by a person to the body of, or to clothing or equipment worn by another person, where that application creates a risk to health and safety.

**Respect:** Demonstrating regard for the rights of individuals, for different values and points of views.

**Sexual harassment:** includes offensive gestures, leering, staring or suggestive comments about a person's physical appearance, inappropriate physical contact, unwanted invitations of a sexual manner, sexually orientated jokes, sending of obscene letters, notes, telephone texts or emails.

**Support:** Work in a co-operative and positive manner.

**Threat:** a statement or behaviour that causes a person to believe they are in danger of being physically attacked.

**Unreasonable behaviour:** includes actions of individuals or a group and may involve using a system of work as a means of victimising, humiliating, undermining, or threatening.

**Verbal harassment:** includes name-calling, offensive language, putting people down.



## SOURCES AND RELATED POLICIES

### SOURCES

- Early Childhood Australia, *Code of Ethics*: [www.earlychildhoodaustralia.org.au/our-publications/eca-code-ethics/](http://www.earlychildhoodaustralia.org.au/our-publications/eca-code-ethics/)
- United Nations, *The Universal Declaration of Human Rights*: [www.un.org/en/universal-declaration-human-rights/](http://www.un.org/en/universal-declaration-human-rights/)
- United Nations, *Convention on The Rights of the Child*: [www.unicef.org/crc/](http://www.unicef.org/crc/)
- Victoria Legal Aid: [www.legalaid.vic.gov.au](http://www.legalaid.vic.gov.au)
- Victorian Institute of Teaching – *The Victorian Teaching Profession Code of Conduct and Code of Ethics*: [www.vit.vic.edu.au](http://www.vit.vic.edu.au)
- Commission for Children and Young People: [www.cryp.vic.gov.au](http://www.cryp.vic.gov.au)

### RELATED POLICIES

- Child Safe Environment and Wellbeing
- Compliments and Complaints
- Delivery and Collection of Children
- Inclusion and Equity
- Information Communication Technology
- Interactions with Children
- Occupational Health and Safety
- Privacy and Confidentiality
- Relaxation and Sleep
- Tobacco, Alcohol and other Drugs



## EVALUATION

In order to assess whether the values and purposes of the policy have been achieved, the approved provider will:

- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- assess whether a satisfactory resolution has been achieved in relation to issues arising from this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk (*Regulation 172 (2)*).
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## ATTACHMENTS



- Attachment 1: Code of Conduct for approved provider, nominated supervisor and all educators
- Attachment 2: Code of Conduct for parents/guardians, students, contractors and volunteers



## AUTHORISATION

This policy was adopted by the approved provider of Whittlesea Family Day Care on 30 October 2024

**REVIEW DATE:** 30 October 2025

## ATTACHMENT 1. CODE OF CONDUCT FOR THE APPROVED PROVIDER, PERSONS WITH MANAGEMENT AND CONTROL, NOMINATED SUPERVISOR, PERSON IN DAY-TO-DAY CHARGE AND ALL EDUCATORS

The approved provider, persons with management and control, nominated supervisor and all educators at Whittlesea Family Day Care are responsible for promoting the safety and wellbeing of children and their families by:

- welcoming all children and their families and being inclusive
- treating everyone with respect, including listening to and valuing their ideas and opinions
- contributing to a culture of child safety
- adhering to the *Child Safe Environment policy* and all other policies
- taking all reasonable steps to protect children from abuse
- respecting the privacy of children and their families, and only disclosing information to people who have a need to know as required under the *Privacy and Confidentiality policy*
- reporting and acting on any breaches of this *Code of Conduct*, complaints or concerns.
- acknowledging the vulnerability of Aboriginal children, children from a culturally and linguistically diverse background and children with a disability and having zero tolerance of discrimination

### Professional responsibilities

The approved provider, persons with management and control, nominated supervisor and all educators demonstrate our commitment to our professional responsibilities by:

- undertaking duties or providing services in a competent, timely and responsible way
- ensuring our knowledge and expertise is up to date and relevant
- being aware of the role of other professionals and agencies and working collaboratively and within the limits of our professional expertise
- understanding and complying with legal obligations in relation to:
  - discrimination, harassment and vilification
  - negligence
  - grooming
  - disclosure of child sexual abuse
  - protection of a child from child sexual abuse
  - mandatory reporting
  - privacy and confidentiality
  - occupational health and safety, including emergency evaluation procedures
  - raising any complaints or grievances in accordance with the *Compliments and Complaints policy*
  - maintaining teacher registration and Working with Children checks as applicable.
- raising any complaints or grievances in accordance with the *Compliments and Complaints policy*.

### Relationships with children

The approved provider, persons with management and control, nominated supervisor and all educators at Whittlesea Family Day Care demonstrate our commitment to high-quality education and care for children by:

- encouraging children to express themselves and their opinions
- allowing children to undertake experiences that develop self-reliance and self-esteem
- maintaining a safe environment for children
- being a positive role model at all times
- speaking to children in an encouraging and positive manner
- giving each child positive guidance and encouraging appropriate behaviour
- providing opportunities for children to interact and develop respectful and positive relationships with each other, and with other educators and volunteers at the service
- regarding all children equally, and with respect and dignity
- having regard to their cultural values and supporting them to express their culture

- respecting individual difference including age, physical and intellectual development, and catering for the abilities of each child at the service
- encouraging and assisting children to undertake activities of a personal nature for themselves e.g. toileting and changing clothes
- informing children if physical contact is required for any purpose, asking them if they are comfortable with this interaction and complying with the *Interactions with Children policy*.

### **Relationships with parents/guardians and families**

In our relationships with parents/guardians and families, the approved provider, nominated supervisor and all educators demonstrate our commitment to collaboration by:

- maintaining professional and ethical relationships with families attending the service
- respecting the role of parents/guardians as the child's first educator
- working collaboratively with parents/guardians and families
- considering the perspective of parents/guardians and families when making decisions that impact on the education and care of their child
- communicating with parents/guardians and families in a timely and sensitive manner
- responding to concerns expressed by parents/guardians and families in a timely and appropriate manner.

### **Relationships with Coordination Unit**

In relationships with the approved provider, persons with management and control, nominated supervisor and educators demonstrate collegiality by:

- encouraging others to act in accordance with this *Code of Conduct* and taking action when they observe behaviours which are outside of the *Code of Conduct*
- developing relationships based on mutual respect, equity and fairness
- working in partnership in a courteous, respectful and encouraging manner
- valuing the input of others
- sharing expertise and knowledge in appropriate forums, and in a considered manner
- respecting the rights of others as individuals
- giving encouraging and constructive feedback, and respecting the value of different professional approaches
- being prepared to have difficult conversations and use constructive processes to address differences of opinion.

## ATTACHMENT 2. CODE OF CONDUCT FOR PARENTS/GUARDIANS, STUDENTS, VOLUNTEERS, CONTRACTORS AND VISITORS

I commit to contributing to creating an environment at Whittlesea Family Day Care that:

- respects the rights of the child and values diversity
- acknowledges the vulnerability of Aboriginal children, children from a culturally and linguistically diverse background and children with a disability and has zero tolerance of discrimination
- maintains a duty of care (*refer to Definitions*) towards all children at the service
- is committed to the safety and wellbeing of each child at the service
- is committed to the safety and wellbeing of all educators at the service
- provides a safe and secure environment for all at the service
- provides an open, welcoming environment in which everyone's contribution is valued and respected
- is committed to communicating openly and honestly
- is committed to continually learning how to be inclusive and respectful of cultural needs
- encourages parents/guardians, volunteers, students and community members to support and participate in the program and activities of the service.

### Relationships with children

In my relationships with children, I commit to:

- being a positive role model at all times
- encouraging children to express themselves and their opinions
- allowing children to undertake experiences that develop self-reliance and self-esteem
- maintaining a safe environment for children
- speaking to children in an encouraging and positive manner
- giving each child positive guidance and encouraging appropriate behaviour
- regarding all children equally, and with respect and dignity
- having regard to each child's cultural values
- respecting individual difference including age, physical and intellectual development, and catering for the abilities of each child at the service.

### Relationships with the approved provider, persons with management and control, nominated supervisor, educators and others

In my relationships with the approved provider, nominated supervisor, educators, other parents/guardians, volunteers and visitors I commit to:

- reading and abiding by the *Code of Conduct policy*
- developing relationships based on mutual respect
- working in partnership in a courteous, respectful and encouraging manner
- valuing the input of others
- sharing our expertise and knowledge in a considered manner
- respecting the rights of others as individuals
- giving encouraging and constructive feedback, and respecting the value of different professional approaches
- respecting the privacy of children and their families and only disclosing information to people who have a need to know as required under the *Privacy and Confidentiality policy*
- following the directions of educators at all times
- treating the early childhood environment with respect
- raising any concerns, including concerns about safety, as soon as possible with educators to ensure that they can be resolved efficiently
- raising any complaints or grievances in accordance with the *Compliments and Complaints Policy*.

# DETERMINING RESPONSIBLE PERSON

## QUALITY AREA 4



### PURPOSE

This policy will provide guidelines to assist in determining the responsible person at Whittlesea Family Day Care.



### POLICY STATEMENT

#### VALUES

Whittlesea Family Day Care is committed to:

- meeting its duty of care (*refer to Definitions*) obligations under the law
- ensuring arrangements contribute to the safety, health, wellbeing, learning and development of all children at the service
- meeting legislative requirements for a responsible person (*refer to Background and Definitions*) to be on the service premises at all times.

#### SCOPE

This policy applies to the approved provider, persons with management or control, nominated supervisor, persons in day-to-day charge, educators, students, volunteers, parents/guardians, children, and others attending the programs and activities of Whittlesea Family Day Care.

<b>RESPONSIBILITIES</b>	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Early childhood educators	Parents/guardians	Contractors, volunteers and students
Ensuring there is a responsible person on the premises at all times the service is delivering education and care programs for children ( <i>National Law: Section 162</i> )	<b>R</b>	√			
Nominating sufficient nominated supervisors to meet legislative requirements for a responsible person at the service at all times, including during periods of leave or illness ( <i>National Law: Section 161A</i> )	<b>R</b>				
Ensuring that a person nominated as a nominated supervisor or a person in day-to-day charge: <ul style="list-style-type: none"> <li>• is at least 18 years of age</li> <li>• has adequate knowledge and understanding of the provision of education and care to children</li> <li>• has the ability to effectively supervise and manage an education and care service</li> <li>• has not been subject to any decision under the <i>National Law</i>, or any other children's services or education law, to refuse, refuse to renew, suspend, or cancel a licence,</li> </ul>	<b>R</b>	√			

<p>approval, registration, certification or other authorisation granted to the person</p> <ul style="list-style-type: none"> <li>has a history of compliance with the <i>National Law</i> and other relevant laws (<i>Regulations 117C and 117B</i>)</li> </ul>					
<p>Ensuring that the service does not operate without a nominated supervisor(s), and that the nominated supervisor(s) has given written consent to be in the role (<i>National Law: Section 161</i>) (<i>Regulation 117A (b)</i>)</p>	R	√			
<p>Ensuring that an early childhood educator gives written consent to being a person in day-to-day charge (<i>Regulation 117A (b)</i>)</p>	R	√	√		
<p>Ensuring that the name of the nominated supervisor is displayed prominently at the service (<i>National Law: Section 172</i>) (<i>Regulation 173</i>)</p>	R	√			
<p>Ensuring that information about the nominated supervisor, including name, address, date of birth, evidence of qualifications, approved training, a Working with Children Clearance or teaching registration, and other documentary evidence of fitness to be a nominated supervisor (<i>refer to Staffing Policy</i>) is kept on record (<i>Regulation 146</i>)</p>	R	√	√		
<p>Notifying the Regulatory Authority if:</p> <ul style="list-style-type: none"> <li>there is a change to the name or contact details of the nominated supervisor (<i>National Law: Section 56, Regulation 35</i>)</li> <li>the nominated supervisor is no longer employed or engaged by the service</li> <li>has been removed from the role</li> <li>the nominated supervisor withdraws their consent to the nomination</li> <li>if a nominated supervisor or person in day-to-day charge has their Working with Children Clearance or teacher registration suspended or cancelled, or if they are subject to any disciplinary proceedings under the law</li> <li>there is any other matter or incident which affects the ability of the nominated supervisor to meet minimum requirements and re-assessing the nominated supervisor's suitability for the role</li> </ul>	R	√			
<p>Notifying the approved provider and the Regulatory Authority within 7 days of any changes to their personal situation, including a change in mailing address, circumstances that affect their status as fit and proper, such as the suspension or cancellation of a Working with Children Clearance or teacher registration, or if they are subject to disciplinary proceedings.</p>	R	√			
<p>Ensuring that, when the nominated supervisor is absent from the premises, an alternative responsible person is on site (<i>National Law: Section 162</i>)</p>	R				
<p>Ensuring that the nominated supervisor and person in day-to-day charge have a sound understanding of the role of responsible person (<i>refer to Attachment 1</i>)</p>	R				
<p>Ensuring that the coordination unit and educator records includes the name of the responsible person at the service for</p>	R	√			



each time that children are being educated and cared for by the service ( <i>Regulation 150</i> )					
Ensuring that the nominated supervisors and person in day-to-day charge have successfully completed child protection training ( <i>refer to Child Safe Environment and Wellbeing Policy</i> ) ( <i>National Law: Section 162A</i> )	R	√			
Developing hours of care in accordance with the availability of responsible persons, hours of operations and the attendance patterns of children.	R				
Supporting the approved provider to develop hours of care in accordance with the availability of responsible persons, hours of operations and the attendance patterns of children		√			

## BACKGROUND AND LEGISLATION



### BACKGROUND

An approved provider must not operate a service unless there is at least one nominated supervisor appointed for that service. The nominated supervisor does not have to be in attendance at the service at all times, but in their absence, a responsible person, such as a person in day-to-day charge must be present at all times.

### LEGISLATION AND STANDARDS

Relevant legislation and standards include but are not limited to:

- Child Safe Standards
- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
- National Quality Standard, Quality Area 4: Staffing Arrangements
- National Quality Standard, Quality Area 7: Leadership and Service Management
- Worker Screening Act 2020
- Worker Screening Regulations 2021 (Vic)

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: [www.legislation.vic.gov.au](http://www.legislation.vic.gov.au)
- Commonwealth Legislation – Federal Register of Legislation: [www.legislation.gov.au](http://www.legislation.gov.au)

### DEFINITIONS



The terms defined in this section relate specifically to this policy.

**Person in day-to-day charge:** A person who is placed in day-to-day charge of an education and care service by an approved provider or a nominated supervisor; and who has consented to the placement in writing (*Regulation 117A*)

**Person with management or control:** Where the approved provider of a service is an eligible association, each member of the association's executive committee is a person with management or control and has the responsibility, alone or with others, for managing the delivery of the education and care service (*National Law: Definitions (b)*).

**Responsible person:** The responsible person is the person in day-to-day charge at the service and can be one of the following:

- the approved provider, if the approved provider is an individual, or in any other case, a person with management or control (*refer to Definitions*) of an education and care service operated by the approved provider
- the nominated supervisor of the service

- a person placed in day-to-day charge of the service. (*National Law, Section 162*)

**Nominated supervisor:** A person who has been nominated by the approved provider of the service under *Part 3 of the Act* and who has consented to that nomination in writing can be the nominated supervisor. All services must have a nominated supervisor(s) with responsibility for the service in accordance with the *National Regulations (Section 5 and 161)*

**Working with Children (WWC) Check:** The check is a legal requirement under the *Worker Screening Act 2020* for those undertaking paid or voluntary child-related work in Victoria. The Department of Justice assesses a person's suitability to work with children by examining relevant serious sexual, physical and drug offences in a person's national criminal history and, where appropriate, their professional history.

**Working with Children (WWC) Clearance:** A WWC Clearance is granted to a person under Worker Screening legislation if:

- they have been assessed as suitable to work with children
- there has been no information that, if the person worked with children, they would pose a risk to those children
- they are not prohibited from attempting to obtain, undertake or remain in child-related employment.

## SOURCES AND RELATED POLICIES



### SOURCES

- Australian Children's Education and Care Quality Authority (ACECQA), Information Sheets: [www.acecqa.gov.au](http://www.acecqa.gov.au)
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011: [www.acecqa.gov.au](http://www.acecqa.gov.au)
- *Guide to the National Quality Framework*: [www.acecqa.gov.au](http://www.acecqa.gov.au)

### RELATED POLICIES

- Child Safe Environment and Wellbeing
- Code of Conduct
- Participation of Volunteers and Students
- Privacy and Confidentiality
- Staffing
- Supervision of Children

## EVALUATION



In order to assess whether the values and purposes of the policy have been achieved, the approved provider will:

- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk (*Regulation 172 (2)*).



## ATTACHMENTS

- Attachment 1: Responsibilities of a nominated supervisor

## AUTHORISATION

This policy was adopted by the approved provider of Whittlesea Family Day Care on 30 October 2024

**REVIEW DATE:** 30 October 2025



## ATTACHMENT 1: RESPONSIBILITIES OF A PERSON IN DAY-TO-DAY CHARGE

The below information has been adapted from the Australian Children’s Education and Care Quality Authority, National Quality Framework, [Nominated Supervisors Information Sheet](#)

As the person responsible for the day-to-day management of an approved service, nominated supervisors have a range of responsibilities under the *National Law and National Regulations* including:

**Note:** *If the nominated supervisor is not present, the allocated responsible person should be aware and enact these responsibilities*

### Educational programs

- ensuring educational programs are:
  - based on and delivered in accordance with an approved learning framework
  - based on the developmental needs, interests and experiences of each child
  - designed to take into account the individual differences of each child (*National Law: Section 168*)

### Supervision and safety of children

- ensuring children are adequately supervised, are not subject to inappropriate discipline, and are protected from harms and hazards (*National Law: Sections 165-167*)

### Entry to and exit from the premises

- ensuring children do not leave the education and care service premises except in accordance with the *National Regulations* (for example, with a parent, on an authorised excursion, or for emergency medical treatment)
- ensuring that a parent of a child being educated and cared for by the service may enter the service premises at any time when the child is being educated and cared for by the service—except when:
  - permitting entry would pose a risk to the safety of the children and staff or conflict with the duty of the supervisor under the National Regulations, or
  - the supervisor is aware the parent is prohibited by a court order from having contact with the child (*Regulation 99*)
- ensuring an unauthorised person (as defined in the National Law) is not at the service while children are present unless the person is under direct supervision (*National Law: Section 170*)

### Food and beverages

- ensuring adequate health and hygiene practices and safe practices for handling, preparing and storing food are implemented at the service to minimise risks to children (*Regulation 77*)
- ensuring children being cared for by the service have access to safe drinking water at all times and are offered food and beverages on a regular basis throughout the day (*Regulation 78*)
- ensuring that, where food and beverages are supplied by the service, they are:
  - nutritious and adequate in quantity
  - chosen with regard to the dietary requirements of individual children (*Regulation 79*)
- ensuring that, where food and beverages are provided by the service, a weekly menu that accurately describes the food and beverages to be provided is displayed at the premises in a location accessible to parents (*Regulation 80*)

### Administration of medication

- ensuring that medication is not administered to a child being cared for by the service unless the administration is authorised (except in the case of anaphylaxis or asthma emergency) and is administered in accordance with the National Regulations (*Regulations 93-96*)
- where medication is administered to a child without authorisation in a case of an anaphylaxis or asthma emergency, ensuring that a parent of the child and emergency services are notified as soon as practicable (*Regulation 94*)

### Prescription and non-prescription drugs and alcohol

that while educating and caring for children at the service, all Educators must not consume alcohol or be affected by alcohol or drugs (including prescription medication) so as to impair their capacity to supervise or provide education and care to children (*Regulation 83*)

### Sleep and rest

- taking reasonable steps to ensure that the needs for sleep and rest of children are met, having regard to the ages, development stages and individual needs of children ([Regulation 81](#))

### Excursions

- ensuring that a risk assessment is conducted before an excursion in accordance with the National Regulations ([Regulations 100-101](#)), and specifically that the risk assessment is conducted before authorisation is sought to take a child on the excursion ([Regulation 102](#))

### Transportation of children other than part of an excursion (if applicable)

- ensuring that a risk assessment is carried out in accordance with [Regulation 102C](#) before an authorisation referred to in [Regulation 102D\(4\)](#) is sought to transport a child ([Regulation 102B](#))

### Ratios

- ensuring the prescribed educator to child ratios are met and each educator at the service meets the qualification requirements relevant to the educator's role ([Regulations 123 - 128](#))



## PURPOSE

This policy will provide guidelines for monitoring, supporting and supervising Family Day care educators at Whittlesea Family Day Care, including:

- providing appropriate support from the Coordination Unit to educators
- supporting Educators in their role and enhance the link between the Coordination Unit and the Educators
- promoting opportunities for two-way communication between the Coordination Unit and Educators to meet the needs of families
- providing an opportunity to gain understanding and respect between the Educator and the Coordination Unit
- providing assistance and access to information and resources such as current recommendations from recognised authorities, and information about quality assurance
- identifying and implement professional development needs and training opportunities
- ensuring Educator's families understand their roles and responsibilities and the impact they have on the safety and wellbeing of FDC children
- complying with legislation relating to Working with Children (WWC) Check, Victorian Institute of Teaching (VIT) registration and meeting Child Safe Standards.

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

- Child Safe Environment and Wellbeing
- Code of Conduct
- Determining Responsible Person
- Participation of Volunteers and Students
- Selection and registration of educators



## POLICY STATEMENT

### VALUES

Whittlesea Family Day Care is committed to:

- ensuring that the health, safety and wellbeing of children at the service is protected at all times while also promoting their learning and development
- fulfilling a duty of care to all children attending the service
- providing accountable and effective service management practices
- supporting educators with a range of supports to provide a quality educational program that meets the needs of children and families in the community
- maintaining positive lines of communication when collaborating with children, families, Educators and Educators' families
- strengthening the relationship between the Coordination Unit and Educators; and developing strategies that assist Educators and Educator's families balance their needs and the needs of those children and families using care
- recognising and acknowledging that Educators have varying knowledge and skills regarding the provision of FDC, and that all stakeholders' opinions, ideas and comments are respected and valued.

### SCOPE

This policy applies to the approved provider, persons with management or control, nominated supervisor, persons in day-to-day charge, educators, students, volunteers, parents/guardians, children, and others attending the programs and activities of Whittlesea Family Day Care, including during offsite excursions and activities.

RESPONSIBILITIES	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Educators	Parents/guardians
The family day care operational structure/arrangements ( <i>refer to Governance and Management of the Service Policy</i> ) ensures there is a responsible person present or available during operating hours of the service and that the service has a nominated Educational leader	√	√	√	
Complying with the service's <i>Code of Conduct Policy</i> at all times	√	√	√	√
Appointing nominated supervisor ( <i>refer to Definitions</i> ) who are aged 18 years or older, fit and proper and have suitable skills, as required under the <i>National Law, Section 161 (refer to Determining Responsible Person Policy) (Regulations 117C)</i>	R	R		
Ensuring that there is a person in day-to-day charge ( <i>refer to Definitions and Determining Responsible Person Policy</i> ) on the premises at all times the service is in operation ( <i>National Law: Section 162, Regulation 117A, 117B</i> )	R	R	√	
Ensuring that the name of each nominated supervisor of the service is displayed and easily visible from the main entrance of the service ( <i>National Law: Section 172, Regulation 173</i> )	R	√	√	
The Coordination Unit visit each Educator to enable channels of communication between the FDC Coordination Unit and Educators to be kept open, and to ensure the purposes of Home Support Visit ( <i>refer to Definitions</i> ) are fulfilled	√	√		
The Coordination Unit will conduct home visits to support educators in all areas of service provision and compliance ( <i>refer to the Child Safe Environment Policy</i> )	√	√	√	
The Coordination Unit have right of access to the Educators homes ( <i>refer to Right of Access Policy</i> )	√	√	√	
It is expected that a minimum of one Home Support Visit takes place each calendar month. This visit may be a scheduled visit requested by the Coordination Unit or Educator to discuss issues, or an unscheduled visit so that the Coordination Unit can observe care in progress, discuss issues, provide support and identify the needs of the Educator	√	√	√	

The Coordination Unit will write reports of each home support visit to ensure records are current. These reports will cover the issues discussed and observed during the visit and will be signed by both the Family Day Care Program Supervisor and the Educator at the end of the visit. Educators can request a copy of the record at any time	√	√		
The Coordination Unit should also discuss how Educators are balancing their FDC responsibilities with their home and family commitments	√	√	√	
If the Educator offers care outside of the regular operating times, such as overnight or weekend care, then it is the responsibility of the Coordination Unit to conduct home visits when this type of care occurs	√	√		
The quality of care will be determined by the level of hygiene, the nutritional quality of meals (if provided), the standard of adult/child interactions, the appropriateness of behaviour guidance techniques, and the availability and suitability of experiences provided for the children	√	√		
The Coordination Unit or Educator may choose to discuss issues surrounding children's needs and experiences, parental issues, community perceptions, professional development and administrative requirements	√	√		
The Coordination Unit will discuss issues that arise, including those that relate to policy, placement of children, administration requirements, quality assurance, confidentiality and duty of care	√	√		
The Coordination Unit needs to schedule ongoing meetings with Educators, and at times with Educators' families, to clearly explain the service's philosophy, policies and procedures, and current practices.	√	√	√	√
The Educator is required to grant access to the FDC Coordination Unit during all hours when care is being provided.			√	
The Educator is to provide a confidential setting for the home support visit to allow for the discussion of sensitive and private matters regarding families and children			√	
Educators are to ensure children in care have appropriate age/stage related experiences available for them during the home support visit and that the children's care needs are a priority. Supervision of the children is continuous ( <i>refer to Definitions and Supervision of Children Policy</i> ) ( <i>National Law: Section 165(1)</i> ).			√	
Educators are to discuss with their family members the role the Coordination Unit conducting home support visits and the expectations of a confidential setting in the FDC home			√	√
Educator's families' members and visitors understand their roles and responsibilities ( <i>refer to Attachment 1</i> )			√	
Educators are expected to respect the role and the responsibilities of the Coordination Unit when conducting home support visits			√	

Educators may at any time request additional visits if they require more support			√	
Educators may meet in an another Educators home and provide play setting experiences. In this instance, a home support visit can occur whilst the play setting is in progress and be conducted on each of the Educators present, even though the visit has not been conducted in the individual Educators home			√	
The Educator has a right to lodge a grievance and complaint as a result of an issue during the support visit ( <i>refer to Grievance and Complaints Policy</i> )				
Complying with the legislated educator-to-child ratios at all times ( <i>National Law: Sections 169, National Regulations: Regulations 122, 123, 357</i> ). The Educator acknowledges and agrees that the maximum number of children that can be cared for at any one time is seven. This includes the Educator's children up to the age of 13 years. The maximum number of pre-school aged children that may be cared for at any one time is four, including the Educator's own children. An educator's own pre-school aged child/ren must be included as part of the ratio if being looked after by a partner.	R	R	√	
Appointing an appropriately qualified and experienced educator to be the educational leader ( <i>refer to Definitions</i> ), and ensuring this is documented on the educator's record ( <i>Regulations 118, 148</i> )	R	√		
Ensuring that volunteers/students and parents/guardians are adequately supervised at all times when participating at the service, and that the health, safety and wellbeing of children at the service is protected ( <i>refer to Participation of Volunteers and Students Policy</i> )	R	R	√	
Ensuring that the nominated supervisor, educators, volunteers and students are not affected by alcohol or drugs (including prescription medication) that would impair their capacity to supervise or provide education and care to children ( <i>Regulation 83</i> ) ( <i>refer to Tobacco, Alcohol and other Drugs Policy</i> )	R	R	√	√
Whittlesea Family Day Care offer a training calendar each year for the educators to participate in training opportunities. The calendar will contain training that will be identified as <b>mandatory</b> training for all educators to promote knowledge and skills within the Early Years Sector, in particular keeping them informed of current research and practices as per the National Quality Framework. The training calendar will: <ul style="list-style-type: none"> <li>consider feedback and suggestions by educators through professional development plans, surveys, and home support visits</li> <li>target the requirements and needs for educators to deliver high</li> </ul>	√		√	



quality education and care programs				
Educators are required to attend additional training that the Coordination Unit has identified as beneficial			√	
Ensuring that the nominated supervisor and educators are advised and aware of current child protection laws and any obligations that they may have under these laws <i>(Regulation 84) (refer to the Child Safe Environment Policy)</i>	R	√	√	



## BACKGROUND AND LEGISLATION

### BACKGROUND

High quality services with qualified, skilled and supported educators have a long-term positive impact on the trajectory of children’s lives. Minimum qualification requirements are specified in legislation for all educators working in early childhood education and care services.

Opportunities for professional development are crucial for all educators to ensure that their work practice remains current and aligned to the practices and principles of the national *Early Years Learning Framework* (EYLF) and the *Victorian Early Years Learning and Development Framework* (VEYLDF) *(refer to Sources)*.

Educators are required to actively supervise children at all times when children are in attendance at the service *(refer to Supervision of Children Policy)*. To facilitate this, services are required to comply with legislated educator-to-child ratios at all times, which are based on the qualifications of the educators, and the ages and number of children at the service. Only those educators working directly with children *(refer to Definitions)* can be counted in the ratio.

All educators are required by law to have a current WWC Clearance or be registered with the VIT *(refer to Definitions)*.

Child Safe Standard 6 requires organisations to have policies and procedures in place for the engagement of contracted educators and pre-employment screening, supervision, appropriate induction, and ongoing supervision and people management is focused on child safety and wellbeing *(refer to Child Safe Environment and Wellbeing Policy)*.

Play sessions, which are conducted in an Educator’s home, provide an additional opportunity for Educators and the children in their care to interact with other children and adults.

- These play sessions provide opportunities for Coordination Unit to mentor Educators and promote the importance of networking within the service.
- It also provides an opportunity for the Coordination Unit and Educators to facilitate informal training sessions. This can be achieved through the sharing of information and experience or through modelling appropriate and recommended caring practices.

### LEGISLATION AND STANDARDS

Relevant legislation and standards include but are not limited to:

- Child Safe Standards
- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
- Education and Training Reform Act 2006 (Vic) (amended in 2014)
- Equal Opportunity Act 2010 (Vic)
- National Quality Standard, Quality Area 4: Educators Arrangements
- Privacy Act 1988 (Cth)
- Privacy and Data Protection Act 2014 (Vic)
- Worker Screening Act 2020

- Worker Screening Regulations 2021 (Vic)

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: [www.legislation.vic.gov.au](http://www.legislation.vic.gov.au)
- Commonwealth Legislation – Federal Register of Legislation: [www.legislation.gov.au](http://www.legislation.gov.au)



## DEFINITIONS

The terms defined in this section relate specifically to this policy.

**Certified Supervisor in day-to-day charge:** A Certified Supervisor may be placed in day-to-day charge of an education and care service, if the Approved Provider or Nominated Supervisor nominates the Certified Supervisor as the person in day-to-day charge, and the Certified Supervisor accepts this nomination in writing. This might be demonstrated through a signed and dated record of acceptance to be placed in charge, which is available to be sighted by the Regulatory Authority on request.

**Educational leader:** An Educator, Coordinator or other individual who is suitably qualified and experienced must be appointed to support the development and implementation of the educational program in the Educator's homes. This person may have suitable qualifications and experience, as well as a thorough understanding of the Victorian Early Years Learning and Development Framework and/or the Framework for School Age Care (or other approved learning framework) to be able to guide other Educators in their planning and reflection, and mentor colleagues in their Implementation practices. The Approved Provider is to appoint the educational leader in writing and note this designation in the staff record of the service.

**Home support Visit:** Whittlesea FDC defines 'Home Support Visits' as a visit conducted by the Coordination Unit to an Educator's home, in area where care is primarily provided. The purpose of these visits is to monitor the Educator's practices and program, to provide support to the Educator, to observe children in care, to discuss issues that arise and to ensure records, especially legislative requirements, are being maintained accurately.

**Nominated supervisor:** The Nominated Supervisor must complete the relevant documentation in line with regulatory or legislative requirements. If the Nominated Supervisor is on leave, the Family Day Care Program Supervisor with a Supervisor Certificate will be placed in charge.

**Responsible Person:** The Family Day Care Coordination Unit is available to Educators during operational times. The name of the responsible person is displayed and available for families accessing the Family Day Care service.



## SOURCES AND RELATED POLICIES

### SOURCES

- A sample educators record is available on the ACECQA website: [www.acecqa.gov.au](http://www.acecqa.gov.au)
- Australian Children's Education and Care Quality Authority (ACECQA): [www.acecqa.gov.au](http://www.acecqa.gov.au)
- Department of Education and Training, *The Kindergarten Funding Guide*: <https://www.education.vic.gov.au/childhood/providers/funding/Pages/kinderfundingcriteria.aspx>
- ELAA's *Early Childhood Management Manual* contains additional information and attachments relating to educators. Available from: [www.elaa.org.au](http://www.elaa.org.au)
- The Commission for Children and Young People (2018), *A Guide for Creating a Child Safe Organisation*: <https://ccyp.vic.gov.au/assets/resources/New-CSS/A-guide-for-creating-a-Child-Safe-Organisation-190422.pdf>
- The Early Years Learning Framework for Australia: Belonging, Being, Becoming: [www.acecqa.gov.au](http://www.acecqa.gov.au)
- Victoria Police – National Police Record Check: [www.police.vic.gov.au](http://www.police.vic.gov.au)
- *Victorian Early Years Learning and Development Framework*: [www.acecqa.gov.au](http://www.acecqa.gov.au)

- Working with Children Check unit, Department of Justice and Regulation – provides details of how to obtain a WWC Check: [www.workingwithchildren.vic.gov.au](http://www.workingwithchildren.vic.gov.au)

#### RELATED POLICIES

- Child Safe Environment and Wellbeing
- Code of Conduct
- Complaints and Grievances
- Curriculum Development
- Delivery and Collection of Children
- Determining Responsible Person
- Inclusion and Equity
- Interactions with Children
- Participation of Volunteers and Students
- Privacy and Confidentiality
- Right of Access
- Supervision of Children



#### EVALUATION

In order to assess whether the values and purposes of the policy have been achieved, the approved provider will:

- regularly check educators records to ensure WWC Clearance and qualifications are current and complete
- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk (*Regulation 172 (2)*).



#### ATTACHMENTS

- Attachment 1: Role of the Educator's Family and Victors

#### AUTHORISATION

This policy was adopted by the approved provider of Whittlesea Family Day Care on 30 October 2024

REVIEW DATE: 30 October 2025



## ATTACHMENT 1: ROLE OF THE EDUCATOR'S FAMILY AND VISITORS

### Practices

- Educators must consider the impact that their role will have on their whole family.
- Discussions need to take place with family members about the issues that FDC will raise, such as working hours, space, responsibilities, privacy, behaviour guidance, resources and storage. Television and computer usage, special toys and facilities such as bathrooms, toilets and bedrooms can all be affected.
- The FDC Coordination Unit will discuss these issues with Educators as a part of their initial registration process and offer suggestions and strategies where appropriate thereafter at Home Support Visits.
- Educator's families must be able to have their own privacy away from children in care when required.
- Interactions between Educator's families and FDC children and their families must be respectful and positive.
- When Educators need to address their own family members' behaviour whilst FDC children are in care, it must comply with the Whittlesea FDC policies.
- FDC children must never be left unsupervised with an Educator's own family or any visitor to the house.
- Educators must notify the Coordination Unit, and any parents affected, if visitors stay overnight or for an extended period that coincides with children in care.
- Educators must seek a National Police Record Check and Working With Children Check for any visitor 18 years and over who stays in the home longer than 3 months at any one time.
- Any member of the Educator's family who resides in the FDC home and is 18 years or over must undergo a Working With Children Check and a National Police Record Check.
- Overseas visitors who reside in the FDC home must provide a copy of passport and visa and educator to provide dates and duration of visit.

### Educator's Family Members will:

- Read the family and Household Members Handbook and sign the associated Partner and Family Member Support Form.
- Welcome and farewell parents and children at the home in a friendly, courteous manner.
- Interact with children and their families in a warm, friendly and respectful way.
- Respect individual family's cultural and religious differences.
- Role-model appropriate language and behaviour.
- Assist the Educators to ensure the home environment complies with the services' safety standards.
- Ensure a smoke free environment is provided while children are in care.
- Ensure no one in contact with the children is under the influence of alcohol or non-prescription drugs.
- Follow the services' policy on child protection.
- Understand the boundaries of their involvement and relationship with the children in care.
- Adhere to hygiene principles in Staying Healthy in Childcare 5th Edition to minimise the spread of infection.
- Respect the rights of families and children to confidentiality.
- Consult with the Educators about any family issues or commitments that will affect the provision of care.
- Support and respect the Educator in his/her professional work as a home-based child care worker.

- Remember the Educator has sole responsibility for the provision of child care and the children's direct supervision. These responsibilities must not be passed on to any other household member.

#### **Record of Visitors**

- All visitors to an educator's home during work hours must be completed by using the visitor's log.
- Where appropriate, a WWC Check to be supplied.
- Children are to never be left alone with visitors.



## PURPOSE

This policy will provide guidelines for the engagement and participation of volunteers, students, educator's families & visitors at Whittlesea Family Day Care, while ensuring that children's health, safety and wellbeing is protected at all times.



## POLICY STATEMENT

### VALUES

Whittlesea Family Day Care is committed to:

- supporting connections with educational institutions to provide opportunities for students to undertake practicum placements as part of their studies
- building relationships with community members and providing suitable opportunities to engage volunteers to contribute to the programs and activities of the service
- ensuring the health, safety and wellbeing of each child at the service through consistent compliance with this policy and procedures when engaging volunteers and students
- Educator's families understand their roles and responsibilities and the impact they have on the safety and wellbeing of FDC children
- ensuring educators balance their family needs with their Family Day Care requirements.

### SCOPE

This policy applies to the approved provider, persons with management or control, nominated supervisor, persons in day-to-day charge, educators, students, volunteers, parents/guardians, children, educator families and others attending the programs and activities of Whittlesea Family Day Care, including during offsite excursions and activities.

RESPONSIBILITIES	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Educators	Parents/guardians	Volunteers, students & visitors
<b>Engagement and participation of volunteers and students</b>					
All student and volunteer requests must be directed to the Coordination Unit			√	√	√
For work cover purposes all students and volunteers must be linked to a registered organisation before commencing placement. A letter from that organisation must confirm this and their work cover status.					√
Provide an introduction letter that includes the following information: <ul style="list-style-type: none"> <li>• Name</li> </ul>					√

<ul style="list-style-type: none"> <li>• Organisation/School</li> <li>• The name of the course studying</li> <li>• The length of the work experience</li> <li>• Confirm they are covered under the registered organisation WorkCover</li> </ul>					
Developing guidelines for accepting applications from volunteers and students to work at the service in consultation with the nominated supervisor and educators and which are aligned with the <i>Child Safe Environment Policy</i>	√	√	√		
Accepting or rejecting a potential volunteer or student based on the circumstances of the service at the time, in consultation with the nominated supervisor	√	√			
Obtaining a valid WWC Check ( <i>refer to Definitions</i> ) and providing details to the service prior to commencement				√	√
Checking the status of the Working with Children (WWC) Clearance ( <i>refer to Definitions</i> ) of volunteers and students where required, and ensuring that the details are recorded in the educator's record	R	√	√		
Ensuring that the educators record contains the name, address and date of birth of volunteers and students attending the service ( <i>Regulations 145, 149(1)</i> )	R	√	√		
Requesting additional information on the educator's records such as emergency contact/next of kin and medical conditions	√	√	√		
Keeping a record for each day on which each student or volunteer participates with the date and the hours of participation ( <i>Regulation 149(2)</i> )	R	√	√		
Ensuring that volunteers, students and parents/guardians are adequately supervised at all times, and that the health, safety and wellbeing of children at the service is protected	R	√	√		
Following the directions of educators at the service at all times to ensure that the health, safety and wellbeing of children is protected				√	√
Ensuring volunteers and students on placement at the service are not affected by alcohol or drugs (including prescription medication) that would impair their capacity to supervise or provide education and care to children ( <i>Regulation 83</i> ) ( <i>refer to Tobacco, Alcohol and other Drugs Policy</i> )	R	√	√	√	√
Providing volunteers, students and parents/guardians with access to all service policies and procedures ( <i>Regulation 171</i> ), and access to the <i>Education and Care Services National Regulations 2011 and Education and Care Services National Law (Regulation 185)</i>	R	√	√		
Ensuring that volunteers, students and parents/guardians comply with the <i>Education and Care Services National Regulations 2011</i> and all service policies and procedures ( <i>Regulations 170</i> )	R	√	√	√	√
Complying with the requirements of the <i>Education and Care Services National Regulations 2011, Education and Care Services National Law (Regulation 185)</i> and with all service policies and				√	√

procedures, including the <i>Code of Conduct Policy, Child Safe Environment</i> and <i>Privacy and Confidentiality Policy</i> while attending the service					
Ensuring that volunteers, students and parents/guardians are aware of how to comply with child protection law and Child Safe Standards obligations	R	√	√		
Ensuring volunteers, students and parents/guardians can identify children with medical conditions, the child's medical management plan and the location of the child's medication ( <i>Regulations 90, 168(2)(d), 170, 171</i> )	R	√	√		
Informing volunteers, students and parents/guardians of the services emergency and evacuation procedures ( <i>Regulations 97, 168 (2)(e)</i> )	R	√	√		
Developing an induction checklist for volunteers and students attending the service ( <i>refer to Attachment 1</i> ) in consultation with the nominated supervisor and educators	R	√	√		
Ensuring that volunteers and students have completed the induction checklist ( <i>refer to Attachment 1</i> )	R	√	√		√
Developing a range of strategies to enable and encourage the participation and involvement of parents/guardians at the service	√	√	√		
<b>The role of the educator's family and visitors</b>					
Educators must consider the impact that their role will have on their whole family. Discussions need to take place with family members about the issues that Family Day Care will raise, such as working hours, space, responsibilities, privacy, behaviour guidance, resources and storage. Television and computer usage, special toys and facilities such as bathrooms, toilets and bedrooms can all be affected			√		
The Coordination Unit will discuss these issues with Educators as a part of their initial registration process and offer suggestions and strategies where appropriate thereafter at Home Support Visits	√		√		
Educator's families must be able to have their own privacy away from children in care when required			√		
Interactions between Educator's families and Family Day Care children and their families must be respectful and positive ( <i>refer to Interaction with children policy</i> ). For example: <ul style="list-style-type: none"> <li>• Welcome and farewell parents and children at the home in a friendly, courteous manner</li> <li>• Interact with children and their families in a warm, friendly and respectful way</li> <li>• Respect individual family's cultural and religious differences</li> <li>• Role-model appropriate language and behaviour</li> <li>• Assist the Educators to ensure the home environment complies with the services' safety standards</li> <li>• Ensure a smoke free environment is provided while children are in care</li> </ul>			√		



<ul style="list-style-type: none"> <li>• Ensure no one in contact with the children is under the influence of alcohol or non-prescription drugs</li> <li>• Follow the services' policy on child protection</li> <li>• Understand the boundaries of their involvement and relationship with the children in care</li> <li>• Adhere to hygiene principles in Staying Healthy in Childcare 5th Edition to minimise the spread of infection</li> <li>• Respect the rights of families and children to confidentiality</li> <li>• Consult with the Educators about any family issues or commitments that will affect the provision of care</li> <li>• Support and respect the Educator in his/her professional work as a home-based childcare worker</li> <li>• Remember the Educator has sole responsibility for the provision of childcare and the children's direct supervision. These responsibilities must not be passed on to any other household member</li> </ul>					
When Educators need to address their own family members' behaviour whilst Family Day Care children are in care, it must comply with Whittlesea Family Day Care policies			√		
FDC children must never be left unsupervised with an Educator's own family or any visitor to the house			√		√
Educators must notify the Coordination Unit, and any parents affected, if visitors stay overnight or for an extended period that coincides with children in care			√	√	√
Educators must seek a National Police Record Check and Working With Children Check for any visitor 18 years and over who stays in the home longer than 3 months at any one time			√		√
Any member of the Educator's family who resides in the home/service and is 18 years or over must undergo a Working With Children Check and a National Police Record Check			√		√
Educators, their family and Household Members read the Family Day Care Handbook and sign the associated Partner and Family Member Support Form			√		√
Overseas visitors who reside in the Family Day Care home must provide a copy of passport and visa and educator to provide dates and duration of visit			√		√
All visitors to an educator's home during work hours must be completed by using the visitor's log. Children are to never be left alone with visitors.			√		√



## BACKGROUND AND LEGISLATION

### BACKGROUND

Students may participate in programs and activities at the service from time to time including observing and experiencing the provision of Family Day Care education and care.

Whittlesea Family Day Care values the participation of parents/guardians and other family members, and the voluntary contribution they make to the education and care of their own and other children. “In genuine partnerships families and educators value each other’s knowledge and roles, communicate freely and respectfully and engage in shared decision making” (Early Years Learning Framework – *refer to Sources*).

Whittlesea Family Day Care aims to provide a range of opportunities for family members, volunteers and students to participate in programs and activities while adhering to clear guidelines regarding appropriate interactions and communication with educators, and other adults and children at the service (*refer to Code of Conduct Policy*).

The role that volunteers and students play in education and care services varies and can include working with groups of children, preparing materials or food, assisting with administrative tasks or working one-on-one with individual children. The service is responsible for ensuring that volunteers and students are suitable to work with children, and that children’s health, safety and wellbeing is protected at all times.

Volunteers should only be engaged to complement, not replace, the work of contracted educators.

Volunteers must not be asked to perform tasks:

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

Prior to participation at the service, a volunteer or student (aged 18 years or over) must be in possession of a Working with Children (WWC) Clearance (*refer to Definitions*).

Parents/guardians whose children usually attend the service are exempt from needing a WWC Check (*refer to Definitions*).

While Educators are not permitted to take part in any social commitment that detracts from their ability to care for children, Whittlesea Family Day Care understands the necessity for contact with friends and family. However, the Educator needs to consider the frequency/stability/distraction of any such visitors and always maintain care and supervision of children as their first priority, and families need to be informed of any visitors in the program.

Visitors to the Educator’s home must:

- Sign and date the visitor’s log.
- Not be under the influence of drugs and/or alcohol.
- Respect the smoke free environment policy.
- Not display threatening or frightening behaviour.
- Not be left to care for FDC children.
- Not be left alone with children in care.
- Not distract Educators from their responsibilities with children.

## LEGISLATION AND STANDARDS

Relevant legislation and standards include but are not limited to:

- Child Safe Standards
- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
- Equal Opportunity Act 2010 (Vic)
- National Quality Standard, Quality Area 4: Educator’s Arrangements
- Occupational Health and Safety Act 2004 (Vic)
- Worker Screening Act 2020 (Vic)
- Worker Screening Regulation 2021 (Vic)



## DEFINITIONS

The terms defined in this section relate specifically to this policy.

**Child-related work:** In relation to the WWC Check (*refer to Definitions*), child-related work includes work with children which may involve physical contact, face-to-face contact, oral, written or electronic communication.

**Conflict of interest:** (In relation to this policy) refers to an interest that may affect, or may appear reasonably likely to affect, the judgement or conduct of the volunteer, or may impair their independence or loyalty to the service. A conflict of interest can arise from avoiding personal losses as well as gaining personal advantage, whether financial or otherwise, and may not only involve the volunteer, but also their relatives, friends or business associates

**Student:** A person undertaking a practicum placement as part of a recognised early childhood qualification. This student will be supported by an educational institution in the completion of their placement.

**Volunteer:** A person or parent (who's child attends the service) who willingly undertakes defined activities to support the education and care programs at a service in an unpaid or honorary capacity. These activities may include child-related work (*refer to Definitions*), administrative tasks, or preparing materials or food.



## SOURCES AND RELATED POLICIES

### SOURCES

- Australian Children's Education and Care Quality Authority (ACECQA): [www.acecqa.gov.au](http://www.acecqa.gov.au)
- *The Early Years Learning Framework for Australia: Belonging, Being, Becoming*: [www.acecqa.gov.au](http://www.acecqa.gov.au)
- A Guide for Creating a Child Safe Organisation (The Commission for Children and Young People) [www.ccyp.vic.gov.au](http://www.ccyp.vic.gov.au)
- Working with Children Check unit, Department of Justice & Regulation – provides details of how to obtain a WWC Check: [www.workingwithchildren.vic.gov.au](http://www.workingwithchildren.vic.gov.au)

### RELATED POLICIES

- Child Safe Environment and Wellbeing
- Code of Conduct
- Compliments and Complaints
- Delivery and Collection of Children
- Determining Responsible Person
- Inclusion and Equity
- Interactions with Children
- Occupational Health and Safety
- Privacy and Confidentiality
- Supervision of Children

## EVALUATION

In order to assess whether the values and purposes of the policy have been achieved, the approved provider will:

- check educators records on a regular basis to ensure details of students, volunteers and where appropriate parents/guardians are maintained in line with all legislative requirements as outlined in the policy
- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk (*Regulation 172 (2)*).





## ATTACHMENTS

- Attachment 1: Sample induction checklist for volunteers and students



## AUTHORISATION

This policy was adopted by the approved provider of Whittlesea Family Day Care on 30 October 2024

**REVIEW DATE:** 30 October 2025

## ATTACHMENT 1. SAMPLE INDUCTION CHECKLIST FOR VOLUNTEERS AND STUDENTS

Name: \_\_\_\_\_ Date: \_\_\_\_\_

To be completed by all volunteers and students participating at Whittlesea Family Day Care and returned to the nominated supervisor prior to commencing at the service.

Volunteer/Student	Please tick
I have been given access to all the policies and procedures of Whittlesea Family Day Care	
I understand the content of service policies and procedures, including those relating to:	
<ul style="list-style-type: none"> <li>conduct while at the service (<i>Code of Conduct Policy</i>)</li> </ul>	
<ul style="list-style-type: none"> <li>emergency, evacuation, fire and safety, including locations of fire extinguishers and emergency exits (<i>Emergency and Evacuation Policy</i>)</li> </ul>	
<ul style="list-style-type: none"> <li>accidents at the service (<i>Incident, Injury, Trauma and Illness Policy</i>)</li> </ul>	
<ul style="list-style-type: none"> <li>dealing with medical conditions (<i>Dealing with Medical Conditions Policy, Asthma Policy, Anaphylaxis Policy, Diabetes Policy, Epilepsy Policy and Administration of Medication Policy</i>)</li> </ul>	
<ul style="list-style-type: none"> <li>good hygiene practices (<i>Hygiene Policy and Food Safety Policy</i>)</li> </ul>	
<ul style="list-style-type: none"> <li>dealing with infectious diseases (<i>Dealing with Infectious Diseases Policy</i>)</li> </ul>	
<ul style="list-style-type: none"> <li>first aid arrangements for children and adults, including the location of the nearest first aid kit (<i>Administration of First Aid Policy</i>)</li> </ul>	
<ul style="list-style-type: none"> <li>daily routines</li> </ul>	
<ul style="list-style-type: none"> <li>the importance of OHS and following safe work practices (<i>Occupational Health and Safety Policy</i>)</li> </ul>	
<ul style="list-style-type: none"> <li>interacting appropriately with children (<i>Interactions with Children Policy</i>)</li> </ul>	
<ul style="list-style-type: none"> <li>reporting of serious incidents and notifiable incidents at the service (<i>Incident, Injury, Trauma and Illness Policy, Compliments and Complaints Policy and Occupational Health and Safety Policy</i>)</li> </ul>	
<ul style="list-style-type: none"> <li>reporting hazards in the home (<i>Occupational Health and Safety Policy</i>)</li> </ul>	
<ul style="list-style-type: none"> <li>handling complaints and grievances (<i>Compliments and Complaints Policy</i>)</li> </ul>	
<ul style="list-style-type: none"> <li>child safety and wellbeing and child protection including how to respond to concerns (<i>Child Safe Environment Policy</i>)</li> </ul>	
<ul style="list-style-type: none"> <li>privacy and confidentiality of information (<i>Privacy and Confidentiality Policy</i>)</li> </ul>	

Volunteer/Student	Please tick
I am aware of the non-smoking policy of the service and not be affected by alcohol or drugs (including prescription medication) that would impair my capacity to complete my tasks ( <i>Tobacco, Alcohol, and other Drugs Policy</i> )	
The expectations of my placement/engagement, my role and responsibilities (including attending to the requirements of children with additional needs) have been clearly explained to me by my supervisor	
I am aware that I am expected to participate in general tasks, including maintaining the environment in a clean, safe and tidy condition	

Volunteer or student name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Family Day Care Educator name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# SELECTION AND REGISTRATION OF EDUCATORS

QUALITY AREA 4



## PURPOSE

This policy will provide guidelines for engaging contracted educators at Whittlesea Family Day Care. Whittlesea Family Day care:

- will ensure it has the best opportunity to attract quality and available educators
- follows a selection process that involves multiple stages, including application screening, interviews, reference checks, and background checks. We enter a contract with Educator's based on their qualifications, experience, and cultural fit with our service
- will take all reasonable steps to ensure that candidates may be safely entrusted with the duties of their contract

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

- Child Safe Environment and Wellbeing
- Code of Conduct
- Determining Responsible Person
- Participation of Volunteers and Students



## POLICY STATEMENT

### VALUES

Whittlesea Family Day Care is committed to:

- ensuring that the health, safety and wellbeing of children at the service is protected at all times while also promoting their learning and development
- fulfilling a duty of care to all children attending the service
- providing accountable and effective management practices
- engaging contracted educators with a range of relevant qualifications and experience to provide a quality educational program that meets the needs of children and families in the community
- engaging contracted educators according to legislation

### SCOPE

This policy applies to the approved provider, persons with management or control, potential educators and contracted Educators.

<b>RESPONSIBILITIES</b>	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Educators/potential candidates
Advertise and promote FDC to attract educators in the local community networks, including community events, local preschools, schools, childcare centres, playgroups, and libraries providing the community with brochures on FDC	√		

Becoming familiar with the selection policies and procedures, and that they follow them accordingly	√	√	√
Declaring any actual or perceived conflict of interest	√	√	√
Educators must consider the impact that their role will have on their whole family. Discussions need to take place with family members about the issues that FDC will raise, such as working hours, space, responsibilities, privacy, behaviour guidance, resources and storage. Television and computer usage, special toys and facilities such as bathrooms, toilets and bedrooms can all be affected			√
Acknowledging receipt of applications as soon as they are received	√	√	
Assessing suitable applicants for short-listing and interview process	√	√	
Deciding on who will be on the interview panel	√	√	
Preparing and conducting the interview ( <i>Refer to Attachment 1</i> )	√	√	
Conducting at least 2 references checks on potential educators to verify their experience, qualifications, WWCC and VIT (if applicable), first aid qualifications/CPR/anaphylaxis/asthma management training and experience.	√	√	
Ensuring all referees have observed the potential educator working with children first-hand (if applicable)	√	√	
Ensuring the selection decision is based on the potential educator's qualifications, experience, skills, and cultural fit with the service	√	√	
Offering the successful educator, the contract in writing, including a statement about what is expected of them in terms of commitment and responsibilities for child safety and that the contract will be subject to a trail period	√	√	
Confirming and signing the License Agreement between contracted educators and Whittlesea Family Day Care	√	√	
Providing unsuccessful applicants feedback	√	√	
Ensuring that all records, including applications, interview notes, and reference checks are kept confidentially and securely in accordance with the <i>Privacy Act 1988</i>	√	√	
Being aware of their responsibilities in the selection process	√	√	√
Contracted educator application, selection and registration practices followed ( <i>refer to Attachment 1</i> )	√	√	√
The family day care operational structure/arrangements ( <i>refer to Attachment 2</i> ) ensures there is a responsible person present or available during operating hours of the service and that the service has a nominated Educational leader	√	√	√
Complying with the service's <i>Code of Conduct Policy</i> at all times	√	√	√
Appointing nominated supervisor ( <i>refer to Definitions</i> ) who are aged 18 years or older, fit and proper and have suitable skills, as	R	R	



required under the <i>National Law, Section 161 (refer to Determining Responsible Person Policy) (Regulations 117C)</i>			
Ensuring that there is a person in day-to-day charge ( <i>refer to Definitions and Determining Responsible Person Policy</i> ) on the premises at all times the service is in operation ( <i>National Law: Section 162, Regulation 117A, 117B</i> )	R	R	√
Contracted educators will determine their workdays and hours in consultation with the Approved Provider	√	√	√
The Coordination Unit must be consulted to request weekend, evening or overnight care prior to it occurring. Application is to be made with the Coordination Unit for approval	√	√	√
Ensuring that the name of each nominated supervisor of the service is displayed and easily visible from the main entrance of the service ( <i>National Law: Section 172, Regulation 173</i> )	R	√	√
Complying with the legislated educator-to-child ratios at all times ( <i>National Law: Sections 169, National Regulations: Regulations 122, 123, 357</i> ). The Educator acknowledges and agrees that the maximum number of children that can be cared for at any one time is seven. This includes the Educator's children up to the age of 13 years. The maximum number of pre-school aged children that may be cared for at any one time is four, including the Educator's own children. An educator's own pre-school aged child/ren must be included as part of the ratio if being looked after by a partner.	R	R	√
Following the guidelines for the selection and ongoing management of educators as outlined Child-Safe Environment and Wellbeing attachment 1 ( <i>refer to Child-Safe Environment and Wellbeing</i> )	R	√	√
Operate services in line with the relevant number of appropriately qualified educators ( <i>refer to Definitions</i> ) with ACECQA approved qualifications ( <i>refer to Background and Sources</i> ) ( <i>Regulations 126</i> )	R	√	√
Developing an orientation program for new contracted educators ( <i>refer to Attachment 5</i> )	√	√	
Ensuring that educators undertake appropriate induction following the signing of their License Agreement ( <i>refer to Attachment 5</i> )	R	√	√
Maintaining a record of educators working directly with children in accordance with <i>Regulation 151</i> . Educators current and past history is stored in Harmony Web.	R	√	√
Appointing an appropriately qualified and experienced educator to be the educational leader ( <i>refer to Definitions</i> ), and ensuring this is documented on the educator's record ( <i>Regulations 118, 148</i> )	R	√	
Ensuring that the Licence Agreement specifies contractual and legislative requirements and includes a commitment to Child Safe Standards	√	√	√
Maintaining an educator's record ( <i>refer to Definitions and Sources</i> ) in accordance with <i>Regulation 145</i> , including information about the responsible person, nominated supervisor, the	R	√	√

educational leader, contracted educators, volunteers and students. Details that must be recorded include qualifications, training, <i>Working with Children Clearance</i> as set out in <i>Regulations 146–149</i> .			
Ensuring that educators records ( <i>refer to Definitions and Sources</i> ) are updated annually, as new information is provided ( <i>Regulations 145–151</i> )	R	√	√
Complying with the requirements of the <i>Worker Screening Act 2020</i> , and ensuring that the nominated supervisor, educators, household members over 18 years of age, volunteers and students the service have a current WWC Clearance ( <i>refer to Definitions; refer to attachment 3</i> ) or a Victorian Institute of Teaching (VIT) certificate of registration (applicable to ECT only)	R	√	√
Educators must update their WWC Clearance details to include Whittlesea Family Day Care organisation name			√
Confirming the WWC Clearance or confirming VIT registration (applicable to ECT only) of all educators prior to their being engaged or contracted as an educator	R	√	
Confirming the WWC Clearance of all volunteers, except for parents of children engaged in care, prior to their being permitted to be a volunteer at the service	R	√	√
Educators are responsible for the ongoing renewal process and payment of their WWC Clearance (every 5 years) and provide evidence of such renewal to the Coordination Unit			√
If the educator becomes aware of an offence, which will impact on their WWC Clearance, or any resident in the home over the age of 18 they are required to notify Coordination Unit at the earliest opportunity.			√
Educators and all other persons aged eighteen (18) or over who reside at the Family Day Care home or visit frequently will be asked to undergo a National Police Record Check (NPRC) at their own cost ( <i>refer to attachment 3</i> )			√
Ensuring that there is at least one educator with current approved first aid qualifications, anaphylaxis management training and emergency asthma management training ( <i>refer to Definitions</i> ) in attendance and immediately available at all times that children are being educated and cared for. Details of qualifications and training must be kept on the educator’s record ( <i>Regulations 136, 145</i> )	R	√	√
Ensuring that annual contractor performance reviews of the nominated supervisor and educators are undertaken as per the <i>National Quality Framework 7.2.3</i>	R	√	√
The City of Whittlesea Family Day Care offer a training calendar each year for the educators to participate in training opportunities. The calendar will contain training that will be identified as <b>mandatory</b> training for all educators to promote knowledge and skills within the Early Years Sector, in particular keeping them informed of current research and practices as per the National Quality Framework. The training calendar will:	√		√

<ul style="list-style-type: none"> <li>consider feedback and suggestions by educators through professional development plans, surveys, and home support visits</li> <li>target the requirements and needs for educators to deliver high quality education and care programs</li> </ul>			
Educators are required to attend additional training that the Coordination Unit has identified as beneficial			√
Ensuring that the nominated supervisor and educators are advised and aware of current child protection laws and any obligations that they may have under these laws ( <i>Regulation 84</i> ) ( <i>refer to the Child Safe Environment Policy</i> )	R	√	√

## BACKGROUND AND LEGISLATION



### BACKGROUND

Equal opportunity means that all applicants are considered fairly and without discrimination. This includes considerations such as age, gender, race, religion, sexual orientation, and disability. The approved provider is responsible for ensuring that the selection process is followed and that all applicants are considered fairly.

When selecting, it is important to develop an application process that clearly outlines the essential duties, qualifications, and experience required for the provision of services. The application process should also outline any physical or other requirements of being a contracted educator. In keeping with procurement guidelines, processes should be transparent, and all applicants should be treated fairly and equally.

The selection process should be based on skills, experience, and qualifications, rather than a contractor's age, gender, race, or other personal characteristics. By following these guidelines, organisations can attract the best contractors for their business, leading to a more productive and engaged delivery of Family Day Care services within the municipality.

### LEGISLATION AND STANDARDS

Relevant legislation and standards include but are not limited to:

- Equal Opportunity Act 2010 (Vic)
- Racial and Religious Tolerance Act 2001 (Vic)
- Sex Discrimination Act 1984 (Cth)
- Racial Discrimination Act 1975 (Cth)
- Disability Discrimination Act 1992 (Cth)
- Human Rights and Equal Opportunity Commission Act 1986 (Cth)
- Privacy Act 1988 (Cth)

The most current amendments to listed legislation can be found at:

Victorian Legislation – Victorian Law Today: [www.legislation.vic.gov.au](http://www.legislation.vic.gov.au)

Commonwealth Legislation – Federal Register of Legislation: [www.legislation.gov.au](http://www.legislation.gov.au)



## DEFINITIONS

The terms defined in this section relate specifically to this policy.

**Applicant:** In the context of this policy, an applicant refers to an individual who has expressed interest in a running a FDC business as a contracted educator by submitting an application for consideration. The applicant typically possesses the required qualifications, skills, and experience that the approved provider is seeking for the role.

**Certified Supervisor in day-to-day charge:** A Certified Supervisor may be placed in day-to-day charge of an education and care service, if the Approved Provider or Nominated Supervisor nominates the Certified Supervisor as the person in day-to-day charge, and the Certified Supervisor accepts this nomination in writing. This might be demonstrated through a signed and dated record of acceptance to be placed in charge, which is available to be sighted by the Regulatory Authority on request.

**Criminal history record check:** A full-disclosure, Australia-wide criminal history record check issued by Victoria Police, or by a police force or other authority of a state or territory, or the Commonwealth. It may also be referred to as a National Police Certificate or Police Records Check.

**Educational leader:** An Educator, Coordinator or other individual who is suitably qualified and experienced must be appointed to support the development and implementation of the educational program in the Educator's homes. This person may have suitable qualifications and experience, as well as a thorough understanding of the Victorian Early Years Learning and Development Framework and/or the Framework for School Age Care (or other approved learning framework) to be able to guide other Educators in their planning and reflection, and mentor colleagues in their Implementation practices. The Approved Provider is to appoint the educational leader in writing and note this designation in the staff record of the service.

**Nominated supervisor:** The Nominated Supervisor must complete the relevant documentation in line with regulatory or legislative requirements. If the Nominated Supervisor is on leave, the Family Day Care Program Supervisor with a Supervisor Certificate will be placed in charge.

**Responsible Person:** The Family Day Care Coordination Unit is available to Educators during operational times. The name of the responsible person is displayed and available for families accessing the Family Day Care service.

## SOURCES AND RELATED POLICIES



### SOURCES

- The Department of Justice Victoria - <https://www.justice.vic.gov.au/>
- Equal Opportunity Commission of Victoria - <https://www.humanrights.vic.gov.au/>
- Australian Human Rights Commission - <https://humanrights.gov.au/>
- ELAA's Early Childhood Management Manual - <https://elaa.org.au/>
- The Commission for Children and Young People (2018), *A Guide for Creating a Child Safe Organisation*: <https://ccyp.vic.gov.au/assets/resources/New-CSS/A-guide-for-creating-a-Child-Safe-Organisation-190422.pdf>
- The Early Years Learning Framework for Australia: Belonging, Being, Becoming: [www.acecqa.gov.au](http://www.acecqa.gov.au)
- Victoria Police – National Police Record Check: [www.police.vic.gov.au](http://www.police.vic.gov.au)
- *Victorian Early Years Learning and Development Framework*: [www.acecqa.gov.au](http://www.acecqa.gov.au)
- Working with Children Check unit, Department of Justice and Regulation – provides details of how to obtain a WWC Check: [www.workingwithchildren.vic.gov.au](http://www.workingwithchildren.vic.gov.au)

### RELATED POLICIES

- Child Safe Environment and Wellbeing
- Compliments and Complaints
- Governance and Management of the Service
- Privacy and Confidentiality
- Monitoring, support and supervision of family day care educators



## EVALUATION

In order to assess whether the values and purposes of the policy have been achieved, the approved provider will:

- regularly seek feedback from everyone affected by the policy regarding its effectiveness, particularly in relation to identifying and responding to child safety concerns
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk ([Regulation 172 \(2\)](#)).



## ATTACHMENTS

- Attachment 1: Contracted educator application, selection and registration
- Attachment 2: Family Day care operational structure/arrangements
- Attachment 3: National Police Record Check and WWC Check
- Attachment 4: Orientation & induction training program for new educators



## AUTHORISATION

This policy was adopted by the approved provider of Whittlesea Family Day Care on 30 October 2024.

REVIEW DATE: 30 October 2025

## ATTACHMENT 2: CONTRACTED EDUCATOR APPLICATION, SELECTION, AND REGISTRATION

### Practices

- Advertise FFDC opportunities for Educators in the local community networks.
- Network with the local preschools, schools, childcare centres, playgroups, and libraries providing the community with brochures on FDC.
- Promote at Community Events.
- Prospective applicants may contact the FDC Coordination Unit directly.
- An information package is forwarded to applicants. This includes -
  - Educators Application form
  - Information Booklet for Prospective Educators
- Applicants forward completed application forms to the FDC Coordination Unit via the shared family day care inbox [familydaycare@whittlesea.vic.gov.au](mailto:familydaycare@whittlesea.vic.gov.au)
- If an application form is deemed successful, an interview time will be arranged with the applicant. Unsuccessful applicants are advised in writing.
- Post interview, successful applicants will be contacted to arrange a time for the home assessment.
- The initial home assessment will be conducted by FDC Coordination Unit.
- FDC Coordination Unit will conduct a further follow-up home visit to confirm the home assessment requirements have been rectified, if required.
- Following the home assessments, if unsuccessful, written notification will be sent to the applicants.
- Applicants will be provided with an Educators Medical Reference Form to have completed by their doctor and return to FDC Coordination Unit.
- Applicants and all household members over the age of 18 years will provide the Coordination Unit a National Police Record Check and Working With Children Check prior to the Educator commencing. (A NRPC is considered current if it is no more than 6 months old from when the Educator commences working).
- First Aid Course (Provide First Aid in an Education and Care Setting) is to be completed prior to commencement. A copy of the certificate is to be provided to the FDC
- First Aid Management Anaphylaxis training must be completed prior to commencement. A copy of certificate is to be provided to the FDC Coordination Unit.
- Emergency Management Asthma training must be completed prior to commencement A copy of the certificate is to be provided to the FDC Coordination Unit.
- An induction/orientation program is to be completed by the Coordination Unit with the Educator.
- FDC Coordination Unit link all new Educators to a “buddy” Educator as part of their orientation.
- Where an Educator will use a motor vehicle to transport FDC children the Educator is required to complete Child Restraint Safety Training every year and an inspection of their vehicle must be completed (the cost of the training and inspection is to be met by the Educator).
- Evidence of a current drivers licence must be provided prior to commencement and on an annual basis thereafter.
- The Educator must have current Public Liability Insurance. Proof of insurance policy in the form of a certificate of currency must be sighted by the FDC Coordination Unit. This insurance must be paid before families visit the service and commence care.

### Selection Policy

Educators are selected when they have demonstrated an ability to comply with the following;

- Successful Interview
- Successful Referee Checks

- Satisfied Home Assessment by Coordination Unit
- National Record Police Check (Educators and all household members over 18 years of age)
- Current Working With Children Check (Educators and all household members over 18 years of age)
- Medical Clearance
- First Aid Training
- Anaphylaxis Training
- Asthma Training
- Car Restraint Training and inspection (if applicable)
- Required Insurance Coverage

Upon acceptance as a contracted Educator with Whittlesea FDC the following Orientation Process occurs:

- Formal orientation and initial training is undertaken at the Educator’s home (refer to Educators Training and Development Policy).
- A Visit to a nominated “buddy” Educators.
- Whittlesea License Agreement is signed by the Educators and Council’s Manager of Children and Families.

### **Educators Registration Procedures**

Registered Educators are expected to abide by all specifications as listed in the following documents/manuals:

- Educators License Agreement
- Home Safety Check requirements
- Policies & Procedures, as per documents in the FDC Policy Manual and Procedure Manual
- National Quality Standard practices
- Education and Care Services Regulations 2011 & Law 2010
- Early Years Learning Frameworks (Australian and State)
- Code of Conduct

**ATTACHMENT 3: FAMILY DAY CARE OPERATIONAL STRUCTURE/ARRANGEMENTS**





## ATTACHMENT 4: NATIONAL POLICE RECORD CHECK & WORKING WITH CHILDREN CHECK

### National Police Record Check

The personal safety and wellbeing of all children placed within the FDC service is of paramount consideration and importance. All prospective Educators and all other persons aged eighteen (18) or over who reside at the Family Day Care home or visit frequently will be asked to undergo a National Police Record Check (NPRC), at their own cost, as part of the selection process.

The following practices will be used:

- NPRCs will be carried out as part of the registration process for successful Educators, family members and residents of the household who are over 18 years of age. The prospective Educator is responsible for payment of the NPRC.
- NPRCs will be current and no more than six months old at time of application.
- Educators are responsible for notifying the FDC Coordination Unit of any changes to the residents in their home. This includes temporary residents.
- The volunteer/student fee applies for the NPRC on any other person in the household. Council is not responsible for the payment of NPRC relating to the Educator's application.
- All overseas visitors must provide the office with a copy of their passport/visa.
- Overseas visitors living in the Educator's home exceeding three months, must apply for a NPRC which can be obtained from Australian Federal Police website.
- Educators must submit NPRCs to FDC Coordination Unit for verification and recording purposes.

### Working with Children Check (WWCC)

The personal safety and wellbeing of all children placed within the FDC service is of paramount consideration and importance.

All Educators and any household residents over the age of 18 years must hold a current Working With Children Check (WWCC), using the following practices:

- The Family Day Care Program Supervisor is responsible for ensuring all WWCC's are provided by educators and any household residents over the age of 18 years
- Currency of WWCC will be monitored every month using the web site: [Working with children check status checker \(service.vic.gov.au\)](http://Workingwithchildrencheck.statuschecker.service.vic.gov.au)
- Educators are responsible for ensuring their WWCC is current and such evidence is provided to the FDC Coordination Unit as required.
- The Coordination Unit team members must hold a current WWCC
- Educators are responsible for the ongoing renewal process and payment of their WWCC (every 5 years) and provide evidence of such renewal to the FDC Coordination Unit.
- If the Educator becomes aware of an offence, which will impact on their WWCC, or any resident in the home over the age of 18 they are required to notify FDC Coordination Unit at the earliest opportunity.
- Whittlesea Family Day Care will comply with the Working with Children Act 2005 in the event of an Educator being issued with a "Negative Notice".
- Whittlesea Family Day Care is bound by Victorian Privacy laws in relation to information received through the Check except in very limited circumstances allowed by law.
- A current teacher registration (VIT) is also acceptable as an equivalent.

## ATTACHMENT 5: ORIENTATION TRAINING PROGRAM FOR NEW EDUCATORS

New Educator's Orientation Training will be held either at the Educators home prior to commencement as an Educator.

Training will be on the following topics;

- Policies, Procedures, National Quality Standards, National Regulations and Law
- Code of Ethics
- Occupational Health and Safety
- Child Protection
- Record Keeping
- Business Procedures
- Nutrition
- Professional Development
- Child Development
- Children's Health and Safety
- Program Planning
- Registration of Families/Working in partnership with Families
- Use of Third Party Provider Software – Harmony Web

# INTERACTION WITH CHILDREN

## QUALITY AREA 5

### PURPOSE

This policy provides a clear set of guidelines to ensure:

- the development of responsive, warm, trusting and respectful relationships with children that promote their wellbeing, self-esteem, sense of security and belonging at Whittlesea Family Day Care
- each child at Whittlesea Family Day Care is supported to learn and develop in a secure and empowering environment.



### POLICY STATEMENT

#### VALUES

Whittlesea Family Day Care is committed to:

- maintaining the dignity, agency and rights of each child at the service
- promoting fairness, respect and equity
- encouraging children to express themselves and their opinions, and to undertake experiences that develop self-reliance and self-esteem
- considering the health, safety and wellbeing of each child, and providing a safe, secure and welcoming environment in which they can develop and learn
- maintaining a duty of care (*refer to Definitions*) towards all children at Whittlesea Family Day Care
- considering the diversity of individual children at the service, including family and cultural values, age, gender, and the physical and intellectual development and abilities of each child
- building collaborative relationships with families to improve learning and development outcomes for children
- encouraging positive, respectful and warm relationships between children, families and educators at the service.



#### SCOPE

This policy applies to the approved provider, persons with management or control, nominated supervisor, persons in day-to-day charge, educators, students, volunteers, parents/guardians, children, and others attending the programs and activities of Whittlesea Family Day Care, including during offsite excursions and activities.

<b>RESPONSIBILITIES</b>	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Educators	Parents/guardians
Developing and implementing the <i>Interactions with Children Policy</i> in consultation with stakeholders, and ensuring that it reflects the philosophy, beliefs and values of the service	<b>R</b>	√	√	√

Ensuring all stakeholders are provided with a copy of the <i>Interactions with Children Policy</i> and comply with its requirements	R	√	√	√
Ensuring all educators are aware of the service's expectations regarding positive, respectful and appropriate behaviour, and acceptable responses and warm, trusting and reciprocal interactions when working with children and families ( <i>refer to Code of Conduct Policy</i> )	R	√		
Ensuring children are adequately supervised ( <i>refer to Definitions</i> ) and that educator-to-child ratios are maintained at all times ( <i>refer to Supervision of Children Policy</i> )	R	√	√	
Ensuring the environment at the service is safe, secure, free from any hazards ( <i>National Law: Section 167</i> ) ( <i>refer to Child Safe Environment Policy, Occupational Health and Safety Policy and Supervision of Children Policy</i> ) and promotes the active participation of every child	R	R	√	
Ensuring quality interactions and relationships with each other and with adults at the service ( <i>Regulation 156(2)</i> ). Smaller group sizes are considered optimal, to promote intentional teaching strategies and responsive engagement opportunities.	R	√	√	
Developing and implementing educational programs that are delivered in accordance with an approved learning framework ( <i>refer to Definitions</i> ), are based on the developmental needs, interests and experiences of each child, and take into account the individual differences and strengths of each child ( <i>refer to Inclusion and Equity Policy</i> )	R	R	√	
Ensuring the educational program contributes to the development of children to have a strong sense of wellbeing and identity, and to be connected, confident, involved and effective learners and communicators ( <i>Regulation 73</i> ) ( <i>refer to Curriculum Development Policy</i> )	R	√	√	
Ensuring that the service provides education and care to children in a way that: <ul style="list-style-type: none"> <li>encourages children to express themselves and their opinions</li> <li>allows children to undertake experiences that develop self-reliance and self-esteem</li> <li>maintains the dignity and the rights of each child at all times</li> <li>offers positive guidance and encouragement towards acceptable behaviour</li> <li>involves children in establishing play and safety limits in the care environment</li> <li>reflects play and safety limits in a positive way rather than negative e.g. "we walk indoors" rather than "don't run indoors"</li> <li>has regard to the cultural and family values, age, and the physical and intellectual development and abilities of each child being educated and cared for (<i>Regulation 155</i>)</li> </ul>	R	√	√	
Ensure that Whittlesea Family Day Care provides children with opportunities to interact and develop positive relationships with	R	√	√	

each other, and with the educators and volunteers at the service ( <i>Regulation 156(1)</i> )				
Recognising the importance of friendships and encouraging support from peers, to help children and young people feel safe and be connected	√	√	√	
Ensuring clear documentation of the assessment and evaluation of each child's: <ul style="list-style-type: none"> <li>developmental needs, interests, experiences and program participation</li> <li>progress against the outcomes of the educational program (<i>Regulation 74</i>) (refer to <i>Curriculum Development Policy</i>)</li> </ul>	R	√	√	
Ensuring that procedures are in place for effective daily communication with parents/guardians to share information about children's learning, development, interactions, behaviour and relationships	R	√	√	
Supporting educators to access resources and gain appropriate training, knowledge and skills for the implementation of this policy, including promoting social, emotional and mental health and wellbeing	√	√		
Ensuring that educators at Whittlesea Family Day Care who work with children are aware that it is an offence to subject a child to any form of corporal punishment, or any discipline that is unreasonable or excessive in the circumstances ( <i>National Law: Section 166</i> )	R	R	R	√
Understanding behaviour modification techniques <b>do not</b> include physical, verbal or emotional punishment, for example punishment that humiliates, frightens, threatens or isolates the child.	√	√	√	√
Educators model appropriate, consistent and positive behaviour, setting clear limits for all children according to their level of development		√	√	
Educators: <ul style="list-style-type: none"> <li>use positive language when interacting with children in care</li> <li>position themselves at the child's level wherever possible when communicating/playing</li> <li>use gestures and facial expressions to aid communication</li> <li>work with allied health professionals connected with the family (including use of visuals, rodger systems, iPad assistive communication apps, etc)</li> <li>speak and listen with respect and allow time for responses without interrupting</li> <li>communicate in a warm and responsive manner, creating a relaxed and happy atmosphere</li> </ul>			√	
If a parent requests that an educator use what is deemed as unacceptable behaviour guidance for their child, the Educator will discuss this matter with the parent so that an alternative,		√	√	√

acceptable practice can be agreed to. The coordination unit may be consulted for support at this time				
Embed intentional teaching into play and safety limits, and use questions to provoke thinking and extend the learning of children		√	√	
Promoting collaborative relationships between children/families and program support groups (if required) ( <i>refer to Definitions</i> ), to improve the quality of children’s education and care experiences	√	√	√	√
Ensuring notifications of serious incidents ( <i>refer to Definitions</i> ) are made to the regulatory authority (DET) ( <i>refer to Definition</i> ) through the NQA IT System ( <i>refer to Definitions</i> ) as soon as is practicable but not later than 24 hours after the occurrence ( <i>National Law: Section 174(2)(a), Regulations 176 (2)(a)</i> )	R	√		
Notifying DE within 24 hours of becoming aware of a notifiable complaint ( <i>refer to Definitions</i> ) or allegation regarding the safety, health and/or welfare of a child at the service ( <i>National Law: Section 174(2)(b), Regulations 176 (2)(a)</i> )	R	√		
Ensuring that where the service has been notified of a court order prohibiting an adult from contacting an enrolled child, such contact does not occur while the child is on the service premises	R	R	√	
Ensuring all educators, volunteers and contractors use positive and respectful strategies to assist children to manage their own behaviour, and to respond appropriately to conflict and the behaviour of others	R	√	√	
Developing links with and referral pathways to services and/or program support groups ( <i>refer to Definitions</i> ) to support children experiencing social, emotional and behavioural difficulties and their families	√	√	√	
Ensuring that there is a behaviour guidance plan ( <i>refer to Definitions</i> ) developed for a child if educators are concerned that the child’s behaviour may put the child themselves, other children, educators and/or others at risk	√	√	√	√
Ensuring that parents/guardians and program support groups ( <i>refer to Definitions</i> ) (as appropriate) are consulted if an individual behaviour guidance plan has not resolved the challenging behaviour	√	√	√	√
Working collaboratively with educators and program support groups ( <i>refer to Definitions</i> ) to develop or review an individual behaviour guidance plan for their child, where appropriate.	√	√	√	√
Setting clear timelines for review and evaluation of the behaviour guidance plan.	√	√	√	
Providing information, ideas and practical strategies to families and educators on a regular basis to promote and support health and wellbeing in the service and at home	√	√	√	
Consulting with, and seeking advice from, DE if a suitable and mutually agreeable behaviour guidance plan cannot be developed	R	√	√	

Investigating the availability of extra assistance, financial support such as Inclusion Support Program ( <i>refer to Definitions</i> ) or training, by contacting their regional Inclusion Agency ( <i>refer to Sources</i> )	R	√	√	
Ensuring that additional resources are sourced, if required, to implement a behaviour guidance plan	R	√		
Ensuring that educators at the service are provided with appropriate training to guide the actions and their responses to a child/children with challenging behaviour.	√	√		
Informing educators of concerns, events or incidents that may impact their child's behaviour at the service (e.g. moving house, relationship issues, a new sibling)				√
Maintaining confidentiality ( <i>refer to Privacy and Confidentiality Policy</i> )	R	√	√	√



## BACKGROUND AND LEGISLATION

### BACKGROUND

The United Nations Convention on the Rights of the Child is founded on respect for the dignity and worth of each individual, regardless of race, colour, gender, language, religion, opinions, wealth, birth status or ability. When children experience nurturing and respectful reciprocal relationships with educators, they develop an understanding of themselves as competent, capable and respected. Relationships are the foundation for the construction of identity, and help shape children's thinking about who they are, how they belong and what influences them [Early Years Learning Framework, p. 20; Framework for School Age Care, p. 19]

'Constructive everyday interactions and shared learning opportunities form the basis of equitable, respectful and reciprocal relationships between educators and children. Educators who are actively engaged in children's learning and share decision-making with them, use their everyday interactions during play, routines and ongoing projects to stimulate children's thinking and to enrich their learning. These relationships provide a solid foundation from which to guide and support children as they develop the self-confidence and skills to manage their own behaviour, make decisions and relate positively and effectively to others.' (*Guide to National Quality Framework – refer to Sources*)

*Child Safe Standard 3* requires services to have strategies to empower children about their rights, ensure children can participate in decisions affecting them and are taken seriously. When children feel respected and valued, they are much more likely to speak up about issues of safety and wellbeing. Enabling and promoting empowerment and the participation of children within a service has multiple benefits in addition to enhancing the safety of children, including demonstrating a commitment to upholding the rights of children, checking that what the service is doing is what children want and building the communication and leadership skills of children.

In developing an *Interactions with Children Policy*, early childhood education and care services must review and reflect on the philosophy, beliefs and values of the service, particularly with regard to the relationships with children. The development of this policy should also be informed by the service's *Code of Conduct Policy*.

### LEGISLATION AND STANDARDS

Relevant legislation and standards include but are not limited to:

- Charter of Human Rights and Responsibilities Act 2006 (Vic)
- Children, Youth and Families Act 2005 (Vic)
- Child Wellbeing and Safety Act 2005 (Vic)
- Child Wellbeing and Safety Amendment (Child Safe Standards) Act 2015 (Vic)
- Disability Discrimination Act 1992 (Cth)
- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
- Equal Opportunity Act 2010 (Vic)

- National Quality Standard, Quality Area 5: Relationships with Children

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: [www.legislation.vic.gov.au](http://www.legislation.vic.gov.au)
- Commonwealth Legislation – Federal Register of Legislation: [www.legislation.gov.au](http://www.legislation.gov.au)



## DEFINITIONS

The terms defined in this section relate specifically to this policy.

**Adequate supervision:** entails all children (individuals and groups) in all areas of the service, being in sight and/or hearing of an educator at all times including during toileting, sleep, rest and transition routines. Services are required to comply with the legislative requirements for educator-to-child ratios at all times. Supervision contributes to protecting children from hazards that may emerge in play, including hazards created by the equipment used.

Adequate supervision refers to constant, active and diligent supervision of every child at the service. Adequate supervision requires that educators are always in a position to observe each child, respond to individual needs and immediately intervene if necessary. Variables affecting supervision levels include:

- number, age and abilities of children
- number and positioning of educators
- current activity of each child
- areas in which the children are engaged in an activity (visibility and accessibility)
- developmental profile of each child and of the group of children
- experience, knowledge and skill of each educator
- need for educators to move between areas (effective communication strategies).

**Behaviour guidance:** a means of assisting children in a positive and effective ways to help children gain understanding and learn skills that will help them learn to manage their own behaviour.

**Behaviour guidance plan:** A plan that documents strategies to assist an educator in guiding a child with diagnosed behavioural difficulties or challenging behaviours to self-manage their behaviour. The plan is developed in consultation with the nominated supervisor, early childhood teachers, educators, parents/guardians and families, and other professional support agencies as applicable.

**Challenging behaviour:** behaviour that can be described as:

- infringes on the rights of others
- disrupts others or causes disputes between children
- causes harm or risk to the child, other children, adults or living things
- is destructive to the environment and/or equipment
- inhibits the child's learning and relationship with others
- a child presenting as shy, withdrawn or excessively passive in a way which is inhibiting their learning and/or development
- is inappropriate relative to the child's developmental age and background.

**Inclusion Support Program (ISP):** is a key component of the Government's Child Care Safety Net. The program provides support for eligible mainstream Early Childhood Education and Care services to build their capacity and capability to include children with additional needs, alongside their typically developing peers, so all children have genuine opportunities to access, participate and achieve positive learning outcomes. For more information visit: [www.dese.gov.au](http://www.dese.gov.au)

**Program Support Groups (PSG):** A program support group brings together key people to support the inclusion of children with disability or developmental delay, or complex medical needs, from the time of enrolment at kindergarten until they move to school. The group may include:

- the early childhood teacher



- the child’s parent/carer(s)
- early childhood intervention professionals
- a preschool field officer
- medical practitioners, therapists or other allied health professionals
- a support person – if the child’s parent/carer(s) chooses to use one.

**Mental health:** In early childhood, a child’s mental health is understood as a child’s ability to ‘experience, regulate and express emotions; form close and secure interpersonal relationships; and explore the environment and learn – all in the context of family, community and cultural expectations for young children. Infant mental health is synonymous with healthy social and emotional development. <https://beyou.edu.au/>

**Preschool Field Officer (PSFO) Program:** The role of the PSFO Program to support the access and participation of children with additional needs in their kindergarten program. For more information visit: [www.education.vic.gov.au](http://www.education.vic.gov.au)



## SOURCES AND RELATED POLICIES

### SOURCES

- Belonging, Being & Becoming – The Early Years Learning Framework for Australia: [www.acecqa.gov.au](http://www.acecqa.gov.au)
- Child Safe Standards: [www.cryp.vic.gov.au](http://www.cryp.vic.gov.au)
- Early Childhood Australia Code of Ethics: [www.earlychildhoodaustralia.org.au](http://www.earlychildhoodaustralia.org.au)
- Guide to the National Quality Framework, ACECQA: [www.acecqa.gov.au](http://www.acecqa.gov.au)
- Inclusion Support Program: [www.dese.gov.au](http://www.dese.gov.au)
- Kids Matter, an Australian mental health and well-being initiative set in primary schools and early childhood education and care services: <https://beyou.edu.au>
- The Kindergarten Funding Guide (DET): [www.education.vic.gov.au](http://www.education.vic.gov.au)
- United Nations Convention on the Rights of the Child: [www.unicef.org](http://www.unicef.org)
- Victorian Early Years Learning and Development Framework: [www.acecqa.gov.au](http://www.acecqa.gov.au)
- Victorian Inclusion Agency (VIA): [www.viac.com.au](http://www.viac.com.au)

### RELATED POLICIES

- Child Safe Environment and Wellbeing
- Code of Conduct
- Compliments and Complaints
- Curriculum Development
- Inclusion and Equity
- Occupational Health and Safety
- Privacy and Confidentiality
- Supervision of Children

### EVALUATION

In order to assess whether the values and purposes of the policy have been achieved, the approved provider will:

- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service’s policy review cycle, or as required
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk (*Regulation 172 (2)*).





## ATTACHMENTS

- Nil



## AUTHORISATION

This policy was adopted by the approved provider of Whittlesea Family Day Care on 30 October 2024

**REVIEW DATE:** 30 October 2025



### PURPOSE

This policy provides a clear set of guidelines and procedures for:

- registering a child at Whittlesea Family Day Care
- the interview and orientation of new parents/guardians and children into services
- ensuring compliance with Victorian and National Legislation, including disability discrimination, anti-discrimination, human rights laws, No Jab No Play and Family Assistance Law



### POLICY STATEMENT

#### VALUES

Whittlesea Family Day Care is committed to:

- engaging collaboratively and respectfully with parents/guardians during registration and orientation to learn about their expertise, culture, values and beliefs and priorities for their child’s learning and wellbeing
- being flexible and catering for unique family circumstances and needs
- ensuring the registration process is simple to understand, follow and implement
- meeting the needs of the local community
- supporting parents/guardians to meet the requirements for registration through the provision of information and communication
- being transparent in the process and allocation of places through consistent communication and information sharing
- maintaining confidentiality in relation to all information gathered for registration

#### SCOPE

This policy applies to the approved provider, persons with management or control, nominated supervisor, persons in day-to-day charge, educators, students, volunteers, parents/guardians, children and others attending the programs and activities of Whittlesea Family Day Care.

RESPONSIBILITIES	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Educators	Parents/guardians
Ensuring not to exceed the maximum number of children whom the service is licensed to provide care for	R			
Ensuring all enrolled children are a minimum of 6 weeks of age	√	√	√	√
Babies who are breastfeeding should be introduced to bottle feeding prior to the commencement of care, however alternate arrangements will be made for the mother to come into the FDC Educator’s home and feed the child whilst in care	√	√	√	√

<p>A child over the age of 13 years cannot commence or remain in the service unless one of the following criteria is met:</p> <ul style="list-style-type: none"> <li>• Have a sibling in the service</li> <li>• The child or parent/guardian has a disability</li> <li>• The parent/guardians have a Statutory Declaration outlining the reasons why care is required.</li> </ul>	<b>R</b>	√	√	√
<p>Care can be provided for school age children (<i>refer to Definitions</i>) in the following capacity: Before and After School Care, School Holiday Care, Curriculum Days, Out of Hours Care (due to work roster arrangements) and Emergency Care.</p> <p>In special circumstances care can be provided for children older than 13 years at the discretion of the Coordinator of Early Years Service Delivery with the provision of meeting the criteria above.</p>	<b>R</b>	√	√	√
<p>Educators must utilise My Time, Our Place Framework for School Age Children and ensure that their program reflects the interests and needs of School Aged children by providing opportunities for involvement in stimulating activities, quiet spaces to complete homework, eat and rest.</p>			√	
<p>A holding fee is not usually charged for school age children during term breaks unless school holiday care is booked for the child as an ongoing booking on the Parent/guardian and Educator Agreement form. The December/January school holiday break is the only time a holding fee can be charged for a child. This is to confirm and hold the place for the child for the start of the next school year.</p>			√	√
<p>Communicating to parents/guardians the days and times the service will operate, planned closures (including public holidays) service philosophy and governance.</p>	<b>R</b>	√		
<p>Providing parents/guardians easy-to-read information about how the service operates and what the service will provide (including information about inclusion and learning)</p>	√	√	√	
<p>Ensuring parents/guardians has access to:</p> <ul style="list-style-type: none"> <li>Parent handbook</li> <li>Statement of philosophy</li> <li><i>Child Safe Environment Policy and/or Statement of Commitment to Child Safety</i></li> <li><i>Fees Policy</i></li> <li>Privacy Statement</li> <li><i>Code of Conduct Policy</i></li> </ul>	<b>R</b>	√	√	
<p>Developing strategies on how to communicate with parents/guardians with varying literacy skills, or where English is not a first language</p>	√	√	√	
<p>Complying with the <i>Inclusion and Equity Policy</i></p>	<b>R</b>	<b>R</b>	√	√
<p>Appointing a person to be responsible for the registration process and the day-to-day implementation of this policy (<i>refer to Attachment 1</i>)</p>	<b>R</b>			
<p>Responding to registration enquiries on a day-to-day basis and referring people to the person responsible for the registration process as required</p>	√	√	√	

Providing parents/guardians with consistent and transparent communication on waitlist management processes ( <i>refer to Attachment 1</i> )	R	√		
Complying with the service's <i>Privacy and Confidentiality Policy</i> in relation to the collection and management of a child's registration information	R	R	R	√
Providing opportunities for interested parents/guardians to attend the service during operational hours to observe the program and become familiar with the service prior to their child commencing in the program except where this may pose a risk to the safety of children or educators, or conflict with any duty of the approved provider or under the <i>National Law: Section 167</i>	R	√	√	
Seeking information from parents about any specific health care need, allergy or medical condition, including whether a medical practitioner has been consulted in relation to a specific health care need, allergy or relevant medical condition	R	√	√	√
Ensuring that medical management plan has been provided and that the risk minimisation & communication plan has been developed and both documents are kept in the child's registration records	R	√	√	√
Gathering information from parents/guardians to support continuity of care between home and the service	√	√	√	
Providing parents/guardians with information about the requirements of the law for registration, including obtaining the AIR Immunisation History Statement ( <i>refer to Definitions</i> ) and accessing immunisation services	R	√	√	
Ensuring parents/guardians are only offered a tentative place until the AIR Immunisation History Statement ( <i>refer to Definitions</i> ) has been assessed as being acceptable or the child has been assessed as eligible for the grace period	R	√	√	
Assessing the child's immunisation documentation as defined by the Immunisation Registration Toolkit ( <i>refer to Source</i> ) for early childhood education and care services prior to registration to determine if the child's vaccination status complies with requirements or whether the child is eligible for the 16-week grace period ( <i>refer to Definitions</i> )	R	√	√	
Ensuring that only children whose AIR Immunisation History Statement ( <i>refer to Definitions</i> ) have been assessed as being acceptable or who are eligible for the grace period ( <i>refer to Definitions</i> ) have confirmed place in the program ( <i>refer to Attachment 1</i> )	R	√	√	
Advising parents/guardians who do not have an AIR Immunisation History Statement ( <i>refer to Definitions</i> ) and who are not eligible for the grace period that their children are not able to attend the service and referring them to immunisation services ( <i>refer to Attachment 3</i> )	R	√	√	
Taking reasonable steps to obtain an up to date AIR Immunisation History Statement ( <i>refer to Definitions</i> ) from all parents/guardians after registration, twice per calendar year, timing reminders to comply with the maximum seven-month	R	√	√	

interval ( <i>Public Health and Wellbeing Regulations 2019 107, Public Health and Wellbeing Act 2008 Section 143E</i> )				
Completing the registration record prior to their child's commencement at the service and providing AIR Immunisation History Statement ( <i>refer to Definitions</i> ) of their child's immunisation status ( <i>refer to Attachment 1</i> )				√
Where a child is eligible for the 16 weeks grace period, ensuring that the child's immunisations are updated in line with the schedule and providing an up-to-date AIR Immunisation History Statement ( <i>refer to Definitions</i> ) to the service				√
Once a registration record ( <i>refer to Definitions</i> ) has been completed for a child, review the registration record to ensure that no section/question has been left blank.	R	√		
Ensuring all authorised nominees ( <i>refer to Definitions</i> ) have been completed on the registration record ( <i>refer to Definitions</i> ) ( <i>Regulations 160 and 161</i> )	R	√		√
Ensuring that registration record ( <i>refer to Definitions</i> ) is kept up to date if family circumstances change	R	√	√	√
Ensuring that registration records ( <i>refer to Definitions</i> ) are stored in a safe and secure place, and kept for three years after the last date on which the child was educated and cared for by the service ( <i>Regulation 183 (1a) (2d)</i> )	R	√	√	
Discussing the individual child's needs with parents/guardians and developing an orientation program to assist them to settle into the service ( <i>refer to procedures</i> ). The service should take into consideration barriers parents/guardians may have in disclosing sensitive information including communication and information barriers and the development of trusting relationships.	R	√	√	
Reviewing registration applications to identify children with additional needs ( <i>refer to Definitions</i> and the <i>Inclusion and Equity Policy</i> )	R	√	√	
Ensuring that the orientation program meet the individual needs of children and parents/guardians	R	√	√	
Communicating with parents/guardians when their child will be eligible for a funded year of kindergarten	R	√	√	
Reviewing the orientation processes for new parents/guardians and children to ensure the objectives of this policy are met	R	√	√	√
Ensuring that parents/guardians of a child attending the service can enter the service premises at any time whilst the child is being educated and cared for ( <i>Regulation 157</i> ), except where this may pose a risk to the safety of children or educators, or conflict with any duty of the approved provider, nominated supervisor or educators under the <i>National Law: Section 167 Right of Access Policy</i>	R	R	√	√
Encouraging parents/guardians during orientation to: stay with their child as long as required during the settling in period make contact with educators at the service, when required	√	√	√	√

Assisting parents/guardians to develop and maintain a routine for saying goodbye to their child	√	√	√	√
Sharing information with parents/guardians concerning their child's progress with regard to settling into the service	√	√	√	√
Discussing support services for children with parents/guardians, where required.	√	√	√	√
Developing strategies to assist new parents/guardians to: feel welcomed into the service become familiar with service policies and procedures share information about their family beliefs, values and culture and feel culturally safe share their understanding of their child's strengths, interests, abilities and needs value the voice of the child, ensuring they have opportunity to articulate their individual interests and needs discuss the values and expectations they hold in relation to their child's learning providing comfort and reassurance to children who are showing signs of distress when separating	√	√	√	√
Reading and complying with this <i>Registration and Orientation Policy</i>	R	R	R	R
Notifying Whittlesea Family Day Care in writing if they wish to cancel their registration.				√
Educators may market themselves throughout the community. However, all recruited families must be referred to the Whittlesea FDC service to follow the process of registration prior to commencing care with the Educator.			√	

## PROCEDURES



### GENERAL ORIENTATION PROCEDURES

The time required for orientation and settling in will vary for each child and their family, therefore it is important to be flexible and individualise orientation for each family.

- Offer parents/guardians the opportunity to visit the service at different times during the day/session, this allows the child and their family to become familiar with the various routines of the service
- Providing reassurance to the family that they may stay with their child for as long as they choose during orientation and once the child commences
- Provide the family with suggestions for developing and maintaining a routine for saying goodbye to their child
- Reassure the family:
  - they can leave their child initially for a shorter day, gradually increasing the length of time
  - they may call and speak to their child's educator(s) at an agreed
  - the educators will keep them informed on how their child is settling in
  - they will be informed about any changes or circumstances which may affect them or their child.
- Further considerations may include but are not limited to:
  - send an email during the day to update the family on their child including a photo of the child (if the child has settled in) (*refer to the Information and Communication Technology Policy*).
  - Note:** For children in out-of-home care, the educator may need to seek permission from Child Protection before taking and distributing photos of the child
  - asking the family how they have settled in and if they have any questions or concerns.

- Refer to *Attachment 1* for the general registration procedures



## BACKGROUND AND LEGISLATION

### BACKGROUND

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

Childcare services providing approved child care (*refer to Definitions*) must abide by the *Family Assistance Legislation Amendment (Jobs for Families Child Care Package) Act 2017* (*refer to Legislation and standards*). The Commonwealth Government supports working parents/guardians in making early childhood education and care more affordable and accessible through the Child Care Package (The Package). The Package includes the Child Care Subsidy (*refer to Definitions*) and Child Care Safety Net (*refer to Definitions*). Together, they enable parents/guardians to participate in the workforce by making early childhood education and care affordable and accessible.

The Child Care Subsidy helps by assisting families with their child care fees and provides greater assistance to low and middle-income families

The Child Care Safety Net provides families and services extra support if they are vulnerable and disadvantaged, or located in a regional or remote community. The Child Care Safety Net includes:

- The Additional Child Care Subsidy which provides extra payment on top of the Child Care Subsidy for families who need more help. There are five different payments:
  - For families who need help to support their children's safety and wellbeing
  - For grandparents who care for their grandchildren
  - For families experiencing significant financial stress
  - For parents transitioning from welfare to work
  - Community Child Care Fund
- The Community Child Care Fund which helps services stay open and available to children in disadvantaged, regional and remote communities.
- The Inclusion Support Program which provides support to Early Childhood Education and Care services to build their capacity and capability to include children with additional needs in mainstream services
- Subsidised Care for Low Income Families who earn \$69,390 or less a year can access 24 hours of subsidised care per child per fortnight without having to meet the activity test.

Immunisations are an effective means of reducing the risk of vaccine preventable diseases. Early childhood education and care services which are regulated under the *Education and Care Services National Law Act 2010 and Education and Care Services National Regulations 2011* have legislative responsibilities under the *Public Health and Wellbeing Act 2008* to only offer a confirmed place in their programs to children with an Australian Immunisation Register (AIR) Immunisation History Statement (*refer to Definitions*). To meet the Child Care Subsidy immunisation requirements, children must be immunised according to the National Immunisation Program Schedule (*refer to Sources*) set out by the Australian Government Department of Health.

### LEGISLATION AND STANDARDS

Relevant legislation and standards include but are not limited to:

- A New Tax System (Family Assistance) Act 1999
- A New Tax System (Family Assistance) (Administration) Act 1999
- Charter of Human Rights and Responsibilities Act 2006 (Vic)
- Child Care Subsidy Minister's Rules 2017
- Child Care Subsidy Secretary's Rules 2017
- Children, Youth and Families Act 2005 (Vic)
- Child Wellbeing and Safety Act 2005 (Vic)
- Disability Discrimination Act 1992 (Cth)



- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011: Regulations 160, 161, 162, 168, 170, 171, 177, 181, 183
- Equal Opportunity Act 2010 (Vic)
- Family Assistance Legislation Amendment (Jobs for Families Child Care Package) Act 2017
- National Quality Standard, Quality Area 6: Collaborative Partnerships with Families and Communities
- Public Health and Wellbeing Act 2008 (Vic)
- Public Health and Wellbeing Regulations 2019 (Vic)
- Sex Discrimination Act 1984 (Cth)

The most current amendments to listed legislation can be found at:

Victorian Legislation – Victorian Law Today: [www.legislation.vic.gov.au](http://www.legislation.vic.gov.au)

Commonwealth Legislation – Federal Register of Legislation: [www.legislation.gov.au](http://www.legislation.gov.au)

## DEFINITIONS

The terms defined in this section relate specifically to this policy.



**Australian Immunisation Register (AIR) Immunisation History Statement:** The AIR is a national register administered by Medicare that records all vaccinations given in Australia, including to children.

Parents/carers must provide a copy of their most recent AIR Immunisation History Statement, which shows that the child is up to date with their immunisations upon registration and when a child has received or been due to receive a vaccination while attending the service. In the case of medical contraindication, an authorised medical practitioner completes and signs a Medical Exemption Form and supplies it to the AIR (previous forms of documentation, for example a letter from a GP or local council, are no longer acceptable). In order to confirm registration, the Immunisation History Statement must show the child is up to date with the vaccines they can have, medical contraindication and indicate the due date for the next vaccinations the child is able to receive in the future if applicable.

**Authorised nominee:** (In relation to this policy) is a person who has been given written authority by the parents/guardians of a child to collect that child from the education and care service. These details will be on the child's registration record

**Centrelink:** The agency that delivers payments and services to individuals and parents/guardians on behalf of the Australian Government.

**Child care software:** software developed and provided by commercial providers to interact with the Australian Government's Child Care Subsidy System (information technology system) and to support other administrative and management activities for child care providers.

**Child Care Safety Net:** provides families and services extra support if they are vulnerable and disadvantaged, or located in a regional or remote community. Supporting children to access quality early childhood education and care services

**Child Care Subsidy (CCS):** A Commonwealth Government means tested subsidy to assist eligible parents/guardians with the cost of child care. Payments are paid directly to approved child care providers (*refer to Definitions*). Further information can be found at: [www.dese.gov.au/child-care-package/child-care-subsidy](http://www.dese.gov.au/child-care-package/child-care-subsidy)

**Children/families experiencing vulnerability and/or disadvantage** (in relation to this policy): children are vulnerable if the capacity of parents and family to effectively care, protect and provide for their long-term development and wellbeing is limited. Some factors which may contribute to a child experiencing vulnerability include: a child with a disability; living in a family with a low income, or one which is experiencing problems with housing, domestic violence, , substance abuse, or mental health; known to Child Protection; in statutory Out of Home Care; Aboriginal and/or Torre Strait Islander, having a culturally and linguistically diverse background; having a young or sole parent, or a parent with a disability (adapted from the Kindergarten Funding Guide)

**Children with additional needs:** Children whose development or physical condition requires specialist support or children who may need additional support due to language, refugee or asylum seeker experience, complex trauma, cultural or economic circumstances (*refer to Inclusion and Equity Policy*) (*refer to Children/families experiencing vulnerability and/or disadvantage Definition*).

**Complying Written Arrangement:** a written arrangement between a child care provider and an individual to provide child care in return for fees. The arrangement includes certain required information.

**Registration:** An registration occurs when the provider has an arrangement with an individual or organisation to provide care to a child and the provider submits an registration notice in the Child Care Subsidy System. It is a requirement under Family Assistance Law for all children who attend child care (or have an arrangement for care) to have an registration notice regardless of their Child Care Subsidy eligibility status

**Registration notice:** The notice given by a provider through the Child Care Subsidy System that they have an arrangement with an individual or organisation to provide care to a child.

**Registration record:** the collection of documents which contains information on each child as required under the National Regulations (*Regulations 160, 161, 162*) including but not limited to parent details; emergency contacts; authorised nominee; transportation authorisations, details of any court orders; and health information including immunisation status. Registration records are stored securely in the service due to their confidential nature.

**Grace period:** allows specific categories of children of parents/guardians experiencing vulnerability and disadvantage to enrol and attend the service without an AIR Immunisation History Statement (*refer to Definitions*) or when the statement is assessed as not being up to date. Services complete the grace period eligibility form with parents/guardians during registration and keep a copy with the child's registration record. The 16-week grace period starts on the first day of the child's attendance at the service. During the grace period, the service is required to take reasonable steps to obtain the AIR Immunisation History Statement (*refer to Definitions*) and to encourage parents/guardians to access immunisation services.

**Inclusion Support Program:** A program that assists child care services to include children with additional needs by providing tailored inclusion advice and support from contracted Inclusion Agencies as well as funding to address more challenging inclusion barriers.

**School aged children:** School aged children in FDC are defined as those who have enrolled in school for the following year, and care will be accessible from the 1st January and until they have completed their 13<sup>th</sup> Birthday.

## SOURCES AND RELATED POLICIES

### SOURCES

- Australian Childhood Immunisation Register: [www.servicesaustralia.gov.au](http://www.servicesaustralia.gov.au)
- Australian Government Department of Health, National Immunisation Program Schedule: [www.health.gov.au](http://www.health.gov.au)
- Department of Health and Human Services, Immunisation registration toolkit for early childhood education and care service: [www2.health.vic.gov.au](http://www2.health.vic.gov.au)
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011: [www.acecqa.gov.au](http://www.acecqa.gov.au)
- Guide to the National Quality Standard: [www.acecqa.gov.au](http://www.acecqa.gov.au)
- Priority of Access Guidelines for child care service: [www.dese.gov.au](http://www.dese.gov.au)
- The Family Assistance Law as the basis for Commonwealth child care fee assistance including the Child Care Subsidy (CCS) and Additional Child Care Subsidy (ACCS): [www.dese.gov.au](http://www.dese.gov.au)

### Related Policies

- Acceptance and Refusal of Authorisations
- Child Safe Environment and Wellbeing
- Compliments and Complaints
- Dealing with Infectious Disease
- Fees

- Inclusion and Equity
- Privacy and Confidentiality

## EVALUATION



In order to assess whether the values and purposes of the policy have been achieved, the Approved Provider will:

- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk.

## ATTACHMENTS



- Attachment 1: General registration procedures & requirements
- Attachment 2: Registration form requirements
- Attachment 3: Letter for parents/guardians without acceptable immunisation documentation

## AUTHORISATION



This policy was adopted by the approved provider of Whittlesea Family Day Care on 30 October 2024

**REVIEW DATE:** 30 October 2025

## ATTACHMENT 1. GENERAL REGISTRATION PROCEDURES

### PRIORITY OF ACCESS

All applications for FDC must be received through the FDC Coordination Unit. All applicants will be placed on a waiting list, and will be offered care in accordance with the Australian Government's "Priority of Access" guidelines. Educators may source their own bookings, however they must refer the family back to the FDC Coordination Unit for registration and registration.

Approved providers are asked to prioritise children who are:

- at risk of serious abuse or neglect
- a child of a sole parent who satisfies, or parents who both satisfy, the activity test through paid employment.

The Whittlesea FDC service abides by the Australian Government's Priority of Access guidelines when accepting and placing children into FDC. When the demand for childcare exceeds the supply of places, care will be offered according to the following priorities:

**Priority 1:** a child at risk of abuse or neglect

**Priority 2:** a child of a single parent/guardian who satisfies, or of parent/guardians who both satisfy the work/training/study test under a new Tax System (Family Assistance) Act 1999

**Priority 3:** any other child.

This meets the Australian Government's aims of helping parents/guardians who are most in need and supporting the safety and wellbeing of children at risk.

The approved provider may apply rules for deciding who receives a place, this can include but not limited to:

- Siblings attending the service
- Length of time on the waitlist
- Proximity to the service
- Family works or studies close to the service

### REGISTRATION PROCEDURE

The Whittlesea FDC aims to ensure that children are placed where a suitable vacancy occurs, and where there is a match between the needs of the child, the family's expectations and the Educator's ability and willingness to meet the individual requirements. At all times the child's welfare will be paramount. Every endeavour will be made to match the age of the child, and their developmental needs with the environment and skill level of the Educator.

#### Initial Placement

- Parent/guardians seeking Family Day Care should contact the FDC Coordination Unit. Requests for care are registered and prioritised according to Australian Government requirements to ensure that families may be promptly referred to Educators with vacancies.
- The FDC Coordination Unit will ensure essential family information is accurately recorded and provide information to parent/guardians regarding Australian Government and FDC service policies, guidelines, fees and information regarding Child Care Subsidies (CCS/ACCS). Parent/guardians will be notified of their responsibilities in applying for Child Care Subsidies.
- The FDC Coordination Unit will consider available vacancies and endeavour to match the family with the most suitable Educator.
- The FDC Coordination Unit will refer families to the Whittlesea FDC website, for them to determine which educator is suitable for theirs and their child's needs. It is parent/guardian's/guardian's responsibility to contact and arrange an interview with the Educator.

#### Choosing an Educator

Choosing an Educator with whom parent/guardians and children feel comfortable is most important.

Parent/guardians/Guardians have the right and responsibility to determine that the Educator has similar values and can meet the needs of the child. The Educator has the responsibility and the right to decide whether the child's needs and the

parent/guardian's/guardian's expectations could be met through the placement. Parent/guardians/Guardians and Educators are under no obligation to accept a placement.

- The parent/guardian/guardian, child and Educator shall meet in the Educator's home for the initial interview to discuss all aspects of the potential placement. The family and the child's needs and expectations, as well as the needs/expectations of the Educator should be openly discussed and taken into consideration. Once an Educator has been selected, another interview should be arranged for the parent/guardian/guardian and Educator to discuss full details of the care required.
- It is the responsibility of the parent/guardian to contact Educators they have interviewed with to notify them whether or not they will be starting care. The FDC Coordination Unit must be notified about the parent/guardian's/guardian's choice of Educator. It is the responsibility of the parent/guardian/guardian to ensure that the Educator is provided with the relevant family information. It is the responsibility of parent/guardian/guardian to inform both the Educator and the FDC Coordination Unit if this information changes.

### **Emergency Placement Procedure**

Emergency care may be offered (where available) under the following circumstances:

1. If a parent/guardian/guardian is called in to work on an emergency matter;
  2. If a parent/guardian must travel unexpectedly on an emergency matter;
  3. Illness, accident, hospitalisation, or death of a family member;
  4. In the event of a parent/guardian being taken into police custody.
- If in extreme cases, a parent/guardian is not able to complete an interview and the Registration forms, an authorised person may do so on their behalf. No child will be accepted into care if the relevant forms have not been completed by either a parent/guardian or authorised person. Where possible, an initial interview should take place between the Educator and parent/guardian to ensure information is shared, and expectations are clear. It must be understood that neither party is under obligation to accept the placement.

Outside regular business hours, an Educator must ring the designated emergency/after hours contact number 9217 2170 and ask for the Coordinator of Early Years Service Delivery prior to accepting an emergency placement by a parent/guardian. Educators must have parent/guardians complete the relevant forms prior to leaving the child in care.

### **Parent/guardian and Educator Interview**

The interview is very important to establish a positive relationship to ensure a best outcomes for the child/ren.

When the Educator interviews a parent/guardian who wishes to place their child in their care, the process should follow a clearly defined format.

#### **Plan the interview carefully**

If possible, the Educator should select a time when they know that they can concentrate and distractions will be at a minimum. The Educator will need to plan for all children - their own, the FDC children and the children of the parent/guardian seeking a placement (The Educator should remember that they will be concentrating on the interview).

In planning for all children, select an activity that will support the children to be engaged while conducting the interview.

Educators often concentrate on the child's needs, take note of the parent/guardian's requirements but have a tendency to leave out their own needs. These too are very important and must be considered.

Plan to cover all three areas:-

- **Child's Needs/Requirements**
- **Parent/guardian's Needs/Requirements**
- **Educator's Needs/Requirements**

During the initial contact telephone call, Educators should ensure that they obtain the parent/guardian's full name, address and contact telephone number.

- Conduct the interview in a comfortable environment.
- Provide a comfortable area for the interview and establish a rapport with the person being interviewed.

- Some Educators have two interviews. The first when the parent/guardian and Educator meet with the children, and the second when the parent/guardian and Educator discuss the care.
- Ensure the children have access to quiet activities during the interview time.
- It is suggested that the following procedures are followed:
  - The Educator introduces themselves and generally make the prospective parent/guardian comfortable.
  - The Educator will be aware from their own experience that some parent/guardians are quite nervous and emotional about the prospect of leaving their child in care. The Educator should advise the parent/guardians placing their child in care with them can be an emotional process that may take time and that Educators will do what they can to ensure smooth transitions for families and children.
  - The Educator should prepare questions so that they get appropriate answers from the parent/guardian.
  - The Educator should be mindful of families who speak different languages. The Educator may be required adjust their language to ensure that the parent/guardian understands or speak to the FDC Coordination Unit of a translator is required.
  - Provide a clear verbal and written summary of what has been discussed and agreed upon. This should be reflected in the Parent Agreement that the family must sign prior to the commencement of care.

### Orientation

Designed to assist new families to:

1. feel welcomed into the service
2. become familiar with service policies and procedures
3. share information about their family beliefs, values and culture
4. share their understanding of their child's strengths, interests, abilities and needs
5. discuss the values and expectations they hold in relation to their child's learning

Discussing the individual child's needs with parent/guardians and developing an orientation program to assist them to settle.

Encouraging parent/guardians to:

1. stay with their child as long as required during the settling in period
2. make contact, if required
3. develop and maintain a routine for saying goodbye to their child.
4. Provide comfort and reassurance to children who are showing signs of distress when separating from family members.
5. Share information with the child's Educator that will support the child's transition into care.

Registrations will be taken throughout the year subject to availability. If there are no placements available, the child will be placed on a waiting list. Once care has been decided an information package and registration form will be forwarded to the parent/guardian by email.

The package will include:

Whittlesea FDC Policies

Registration records (*refer to Definitions*) for each child attending the service

Provide the following information:

child's name, address and details of any special needs

information about themselves and any other parents, carers or guardians

details of the people who can pick up the child

details of any parenting orders or legal matters to do with the care or safety of the child (*refer to Privacy and Confidentiality Policy*)

the child's medical health and AIR Immunisation History Statement status.

To facilitate the inclusion of all children into the program, the registration process should clearly identify any additional or specific needs of the child (*refer to Inclusion and Equity Policy*).

All registrations must be accompanied by a registration fee in line with Whittlesea Family Day Care *Fees Policy*. This fee is to cover administrative costs associated with the processing of a child's registration application and is not refundable.

Completed registration records are to be forwarded to the Coordination Unit at [familydaycare@whittlesea.vic.gov.au](mailto:familydaycare@whittlesea.vic.gov.au) for the registration process at Whittlesea Family Day Care

Access to completed registration records will be restricted to the person responsible for the registration process, the approved provider and Family Day Care Educator at the service.

Parent/guardians to create or access their Centrelink online account to lodge a Child Care Subsidy claim for each of their children (*refer to Diagram 1*).

The service and parent/guardian to complete and sign a Parent Agreement (*refer to Definitions*), which includes:

The names and contact details of the approved provider and the parent/guardians(s)

the date the arrangement starts

the name and date of birth of the child (or children) if care will be provided on a routine basis and if so

details about the days on which sessions of care will usually occur

the usual start and end times for these sessions of care

whether care will be on a casual or flexible basis (in addition to, or instead of, a routine basis)

details of fees charged under the arrangement (providers can reference a fee schedule or information available on their website), which the parties understand may vary from time to time.

additional information can be included to support the individual's understanding of their payment obligations.

once the CWA is signed, it is then filed in the child's record

The service and parent/guardian to complete Routine Outing Permission & Fee Schedule Permission

All original documents are to be retained by the FDC Educator and/or Coordination Unit and will be kept in the child's file

The child requiring FDC **must** accompany the parent/guardian(s)/guardians to the interview with the Family Day Care Educator before arrangements for care can be finalised

A photocopy of the Family Registration Form will be forwarded to the selected Educator for their information

It is the parent/guardian's/guardian's responsibility to advise the FDC Coordination Unit and the Educator of any alterations to their family information or booked hours by completing a change of care request with their educator.

It is the parent/guardian's/guardian's responsibility to lodge their CCS application form with the Family Assistance Office/Centrelink prior to the commencement of care. Otherwise full fee will apply for their child's care.

## IMMUNISATION – NO JAB NO PLAY

Whittlesea FDC is required to implement the 'No Jab, No Play' legislation and also consider the health and safety of all children in the service, including FDC Educators' own children. Before enrolling a child into care or becoming an educator, the Whittlesea FDC Coordination Unit must obtain evidence that children are:

- fully immunised for their age OR
- on a vaccination catch-up program OR
- have an immunisation exemption letter stating that the child cannot be fully immunised due to medical reasons

**'Conscientious objection' is not an exemption under the 'No Jab No Play' legislation.**

**'Homeopathic immunisation' is not a recognised form of immunisation.**

Prior to the child/children commencing care Australian Immunisation Register (AIR) Immunisation History Statement is assessed as outlined in the Immunisation registration toolkit for early childhood education and care services by the person responsible for the registration process on behalf of the approved provider.

The acceptable outcomes of the assessment for offering a confirmed place are:

That the next due vaccine for the child on the AIR Immunisation History Statement is within the acceptable timeframe for an registration, or;

That the child has been assessed by Whittlesea Family Day Care as being eligible for a 16-week grace period

The person responsible for the registration process advises the parent/guardian in writing whether a confirmed place is offered, and the registration can proceed.

Parents/guardians who do not have an up to date AIR Immunisation History Statement and whose child is not eligible for the grace period cannot be offered a place and are referred to Australian Childhood Immunisation Register or to an immunisation provider (refer to Attachment 3).

## IMMUNISATION STATUS CERTIFICATE

An immunisation status certificate is a statement showing the vaccines a child has received. The most common type of immunisation status certificate is an Immunisation History Statement from the Australian

Childhood Immunisation Register (ACIR). Immunisation History Statements can be requested at any time by logging onto a MyGov account, linking Medicare and downloading the certificate. Alternatively, a parent/guardian may contact Medicare directly through:

- phone 1800 653 809
- email [acir@medicareaustralia.gov.au](mailto:acir@medicareaustralia.gov.au)
- visiting the Medicare website
- visiting their local Medicare office.

### **'MEDICAL EXEMPTION' UNDER 'NO JAB, NO PLAY'**

Some children may be exempt from the requirement to be fully vaccinated on medical grounds.

Examples of valid medical reasons that a child could not be fully vaccinated include:

- an anaphylactic reaction to a previous dose of a particular vaccine, or
- an anaphylactic reaction to any vaccine component
- has a disease which lowers immunity (such as leukaemia, cancer, HIV/AIDS, SCID), or
- is having treatment which lowers immunity (such as chemotherapy).

Parent/guardians who think their child may require a medical exemption to one or more vaccines should consult their GP.

If a child has a medical reason and they cannot be vaccinated, a GP needs to complete and sign a Services Victoria Immunisation Exemption Medical Contraindication Form, and send it to the Australian Childhood Immunisation Register (ACIR). The parent/guardian then needs to obtain an updated Immunisation History Statement from the ACIR that indicates the child was up-to-date with all the vaccines that they can have, and has listed the vaccines that they cannot have due to medical contraindication. This statement needs to be provided by the parent/guardian to the FDC Coordination Unit to finalise registration.

### **OVERSEAS VACCINATIONS**

Families whose children were vaccinated overseas should consult their doctor or immunisation nurse. Overseas vaccination schedules may differ from the Australian schedule and needs to be checked by a doctor/nurse who will transfer the information to the Australian Childhood Immunisation Register (ACIR). If/once the child is up-to-date with the Australian schedule, the ACIR can issue the parent/guardian with an Immunisation History Statement that shows they are up-to-date.

For families that do not have a Medicare card, vaccines recorded and provided in Australia can still be recorded on ACIR. The parent/guardian can contact ACIR and request a copy of the Immunisation History Statement.

If the child is not up-to-date with the Australian schedule, and requires a number of vaccines, a catch-up schedule needs to be developed by the immunisation provider and evidence of the catch-up schedule is to be provided to the FDC Coordination Unit.

### **GRACE PERIOD**

Under the No Jab No Play legislation, vulnerable and disadvantaged children will be eligible to enrol in a service under a grace period, without having provided proof of up to date immunisation. The grace period provisions allow the family to continue to access early childhood education and care services while receiving information and assistance to get their child's immunisations up to date, and to obtain the required immunisation documentation that needs to be provided to the service. The grace period is for 16 weeks commencing from the date that the child first attends the service.

Children eligible to be enrolled under the grace period include:

- Children evacuated from their place of residence due to an emergency such as a flood or bushfire;
- Children in emergency care within the meaning of section 3(1) of the Children, Youth and Families Act 2005;
- Children in the care of an adult who is not the child's parent/guardian due to exceptional circumstances such as illness or incapacity;
- Children identified as Aboriginal or Torres Strait Islander
- Children whose parent/guardians hold a health care card, a pensioner concession card, a Veterans Affairs Gold or White card;

**Registration and Orientation - FDC** | Date Reviewed September 24

Email: [famdaycare@whittlesea.vic.gov.au](mailto:famdaycare@whittlesea.vic.gov.au)

Web Address: [www.whittlesea.vic.gov.au](http://www.whittlesea.vic.gov.au)

Street Address: 25 Ferres Boulevard South Morang 3752



- Children from a multiple birth of triplets or more
- Any other circumstance specified in the guidelines made by the Secretary to the Department of Family, Fairness and Housing.

During the 16 week grace period, early childhood education and care services and families are required to take reasonable steps to obtain the required immunisation documentation. A Grace period eligibility assessment form will be completed with the family to determine eligibility.

#### **KEEPING IMMUNISATION RECORDS UP TO DATE**

The National Quality Framework regulations specify that the approved provider must take reasonable steps to ensure children's registration forms are accurate (regulation 177). This includes, but is not limited to, the immunisation status of the child. To assist you to maintain up to date records of the current immunisation status of enrolled children, a reminder email requesting that parents/guardians provide FDC Educators with an updated ACIR Immunisation History Statement may be sent out.

#### **CHILD CARE SUBSIDY REGISTRATION PROCESS**

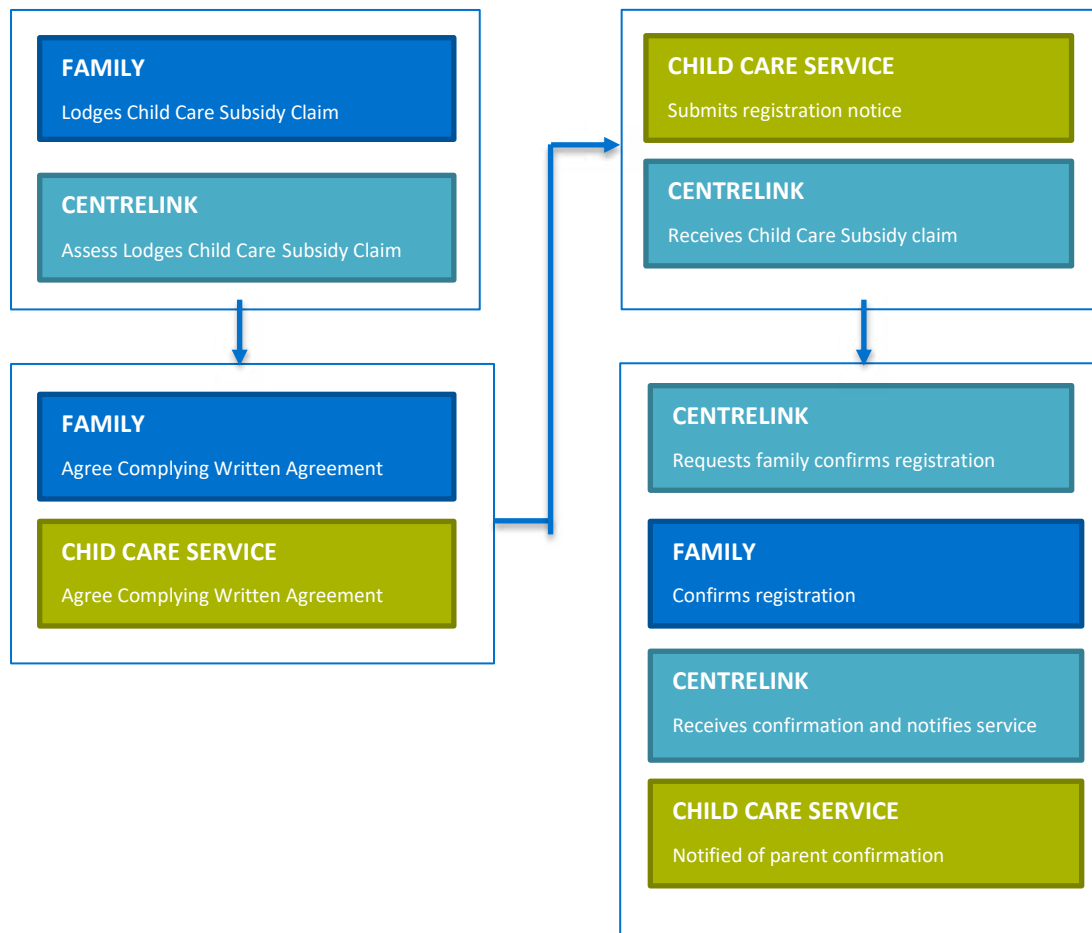
Enrolling children is a requirement under Family Assistance Law for all children who attend child care (or have an arrangement for care) regardless of their parent's or guardian's eligibility for Child Care Subsidy.

The person responsible for the registration must lodge an registration notice (through their child care software) in the Child Care Subsidy System to show they have made an arrangement with the parent/guardian and the child is enrolled (*refer to Diagram 1*).

Once a person responsible for the registration has lodged an registration notice, they must report attendance for that child

After the person responsible for the registration submits an registration notice for a child, the parent/guardian will be notified and asked to check the main registration notice details. This will occur through their Centrelink online account. Where a parent/guardian cannot access myGov, they can confirm their registration over the phone with Centrelink or by visiting a Centrelink office (*refer to Diagram 1*).

**Diagram 1:**



Adapted from the Child Care Provider Handbook, June 2019

**WAITLIST**

If there are no suitable vacancies, the child / children’s details will be placed on a waitlist  
 Families on the waitlist are not guaranteed a place at Whittlesea Family Day Care  
 Applications will be entered on the wait list using the priority of access criteria  
 Recognition is given to siblings of current children who attend Whittlesea Family Day Care  
 It is the responsibility of families to update personal information, as required  
 Whittlesea Family Day Care will update the wait list annually by written correspondence

## ATTACHMENT 2. REGISTRATION FORM REQUIREMENTS

The approved provider must ensure that a registration record (*refer to Definitions*) is kept for each child enrolled at Whittlesea Family Day Care. *Regulations 160, 161, 162* outlines the registration record requirements for services under the *Education and Care Services National Law Act 2010 (National Law)*, *the Education and Care Services National Regulations 2011 (National Regulations)*.

The approved provider must keep registration records available for inspection by an authorised officer (*National Law: Section 175*). An approved provider must also take reasonable steps to ensure the registration records are:

accurate

made available to the parents of the child upon request unless otherwise required by a court order (*Regulations 177 and 178*).

Information that **must** be included in registration record:

Full name, date of birth and address of the child

The name, address and contact details of:

each known parent of the child

any emergency contact (minimum of 1 emergency contact that is not the parent/s)

any authorised nominee

any person authorised to consent to medical treatment or administration of medication

any person authorised to give permission to the educator to take the child off the premises

Details of any court orders, parenting orders or parenting plans

Gender of the child

Language used in the child's home

Cultural background of the child and their parents

Any special considerations for the child, such as cultural, dietary or religious requirements or additional needs

Authorisations for:

the approved provider, nominated supervisor or an educator to seek medical treatment and/or ambulance transportation for the child

the service to take the child on regular outings

for regular transportation of the child

any person who is authorised to authorise the education and care service transport the child or arrange transportation of the child

Name, address and telephone number of the child's registered medical practitioner or medical service

Medicare number (if available)

Details of any specific healthcare needs of the child, including any medical conditions, allergies, or diagnosis that the child is at risk of anaphylaxis

Any medical management plan, anaphylaxis medical management plan or risk minimisation plan

Dietary restrictions

Immunisation status (In Victoria, AIR Immunisation History Statement, as required under the *Public Health and Wellbeing Act 2008*)

### ATTACHMENT 3. LETTER FOR PARENTS/GUARDIANS WITHOUT ACCEPTABLE IMMUNISATION DOCUMENTATION

Whittlesea Family Day Care

Dear [insert name]

Re: Registration at Whittlesea Family Day Care for [insert year]

I am contacting you regarding your tentative place for [insert child's name] at [Service Name] in the [insert 3 year old or 4 year old program] in [insert year].

Under the *Public Health and Wellbeing Act 2008* early childhood education and care services cannot enrol a child unless the parent/guardian has provided AIR Immunisation History Statement.

AIR Immunisation History Statement includes evidence that your child:

is fully vaccinated for their age; or

has been assessed by our service as being eligible for a 16 week grace period.

As we have not received acceptable immunisation documentation for [insert name of child] by the due date, and your child is not eligible for the 16 week grace period, we are unable to confirm a place at our service for [insert year] and your child's name has been removed from our list.

Immunisation programs are effective in reducing the risk of vaccine preventable diseases. Immunisation from an early age helps protect your child against serious childhood infections. Further information about immunisations for your child is available from:

your doctor

[insert details of local government immunisation service]

National Immunisation Information Line Tel. 1800 671 811

Australian Immunisation Register: [www.servicesaustralia.gov.au/individuals/services/medicare/australian-immunisation-register](http://www.servicesaustralia.gov.au/individuals/services/medicare/australian-immunisation-register)

Better Health Channel website: [www.betterhealth.vic.gov.au/campaigns/no-jab-no-play](http://www.betterhealth.vic.gov.au/campaigns/no-jab-no-play)

Should you wish to re-apply for a place for [insert child's name], we are happy to accept a new registration application accompanied by AIR History Statement. The new application would be considered in line with Whittlesea Family Day Care's *Registration and Orientation policy*.

Yours sincerely

[Insert name]

[Insert title]

Whittlesea Family Day Care



### PURPOSE

This policy provides a clear set of guidelines and procedures for:

- Educator’s providing a service through Whittlesea Family Day Care understand who has right of access into their homes
- The conditions around conducting access to the premises from parents/guardians, the Coordination Unit and Authorised Officers.
- Whittlesea Family Day Care services only allow children to be collected by people who have a legal responsibility to care for the child, as per the child’s registration form



### POLICY STATEMENT

#### VALUES

Whittlesea Family Day Care is committed to:

- Ensuring childcare is conducted in a comfortable, relaxed atmosphere for all parties concerned
- All Right of Access is conducted in a polite, considerate manner
- The privacy of the Educator is respected

#### SCOPE

This policy applies to the approved provider, persons with management or control, nominated supervisor, persons in day-to-day charge, educators, students, volunteers, parents/guardians, children and others attending the programs and activities of Whittlesea Family Day Care.

RESPONSIBILITIES	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Educators	Parents/guardians
All Right of Access must be conducted in a polite, considerate manner with respect and privacy of the educator and their family	R	√	√	√
Parents have access to all areas of the house that are used by their child/ren while in care. At any period of time while the child/ren is in care			√	√
Parents/guardians are to keep “arrival” and “departure” times to a minimum (remember the educator may have more than one family arriving at the same time)				√
Parents/guardians are to make prior arrangements with the Educator, that are suitable to both parties should they wish to discuss the progress of care in more detail				√
The Coordination Unit have access under the following conditions:	√	√	√	√

<ul style="list-style-type: none"> <li>• Whilst conducting a Home Support Visit</li> <li>• Any other period of time while children are in care</li> <li>• To all areas of the house used by the children</li> <li>• To the whole residence when conducting home safety checks</li> </ul>				
<p>An authorised officer by the national authority may enter an approved Family Day Care Service within the usual hours of operation of the service, for the following:</p> <ul style="list-style-type: none"> <li>• Conduct a compliance/monitoring check in accordance with the National Law and Regulations</li> <li>• Obtaining information requested under section 35 or 83 of the National Law</li> <li>• For the purpose of informing the National Authority of the rating assessment processes of the Regulatory Authority under Part 5 to assist the National Authority in promoting consistency across participating jurisdictions</li> <li>• For the purposes of investigating the FDC Educator’s home and practices where an authorised officer reasonably suspects that an offence may have been or may be being committed against this Law</li> <li>• Entry to premises with search warrant where an authorised officer reasonably believes that a person is operating an education and care service in contravention of the Law.</li> </ul>	<b>R</b>	√	√	√
<p>Where possible Educators will be notified of a visit by a representative of the Australian or State Government however, it needs to be recognised that some visits may be unannounced and therefore the Coordination Unit or the Educator will not be advised of the visit beforehand</p>	<b>R</b>	√	√	
<p>Children in a Family Day Care service are only to be collected by people who have the legal responsibility (Authorised Contact) to care for the child, as listed in the child’s Family Registration Form.</p>	<b>R</b>	√	√	√
<p>Parents/guardians must provide the FDC Educator with information on Parenting Orders. Copies of Family Law Court orders must be provided to the Educator and Coordination Unit prior to commencement of care to ensure that these orders are upheld</p>		√	√	√
<p>The service will meet all access rights as per Family Court Orders. If a parent/guardian who is not able to have contact with the child under a court order arrives at a service to collect the child, the Educator will follow the steps outlined in the procedures below (<i>see procedures</i>)</p>	√	√	√	√



## PROCEDURES

### NON-CUSTODIAL ACCESS

If a parent/guardian who is not able to have contact with the child under a court order arrives at a Family Day Care Educator’s home to collect the child, the Educator will:

- explain that it is not possible for them to see the child and ask the parent/guardian/family to leave the service
- The Educator will need to distance themselves and other children from the parent/guardian/family by closing the door of the home and then phoning the Coordination Unit to advise of the situation
- The other parent/guardian will be advised of the incident as soon as possible

- The Educator will ensure that all parents/guardians are treated fairly and with dignity
- Children will be protected at all times.
- The service will meet all access rights as per Family Court Orders.
- The Police may need to be called for assistance in resolving the matter.
- Whittlesea Family Day Care will comply with the required actions as stipulated in Family Court Orders

## BACKGROUND AND LEGISLATION



### BACKGROUND

**Legal Aspects of Child Care – Published by the Victorian Legal Aid and The Department of Human Services 1999 states:**

*“The Specific Issues orders may give a parent/guardian/family responsibility for the day to day care and control of the child. Daily care and control includes the right to collect the child from a child care service at the end of the day and the right to authorise medical treatment or attendance at excursions. The Specific Issues order may enable a parent/guardian/family to make decisions about the long term interests of the child, including education, religion. Contact is the right of the non-resident parent/guardian/family to see the child. It may be that a Contact order allows this parent/guardian/family to see the child. It may be that a Contact order allows this parent/guardian/family to collect the child from a child care service. Failure to hand a child over to a person with joint or sole responsibility for the day to day care and control of the child could lead to legal action against the service”.*

### LEGISLATION AND STANDARDS

Relevant legislation and standards include but are not limited to:

- Children, Youth and Families Act 2005 (Vic)
- Child Wellbeing and Safety Act 2005 (Vic) (Part 2: Principles for Children)
- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
- Family Law Act 1975 (Cth)
- National Quality Standard, Quality Area 2: Children’s Health and Safety

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: [www.legislation.vic.gov.au](http://www.legislation.vic.gov.au)
- Commonwealth Legislation – Federal Register of Legislation: [www.legislation.gov.au](http://www.legislation.gov.au)



### DEFINITIONS

The terms defined in this section relate specifically to this policy.

**Registration:** An enrolment occurs when the provider has an arrangement with an individual or organisation to provide care to a child and the provider submits an enrolment notice in the Child Care Subsidy System. It is a requirement under Family Assistance Law for all children who attend child care (or have an arrangement for care) to have an enrolment notice regardless of their Child Care Subsidy eligibility status

**Registration record:** the collection of documents which contains information on each child as required under the National Regulations (*Regulations 160, 161, 162*) including but not limited to parent details; emergency contacts; authorised nominee; transportation authorisations, details of any court orders; and health information including immunisation status. Enrolment records are stored securely in the service due to their confidential nature.



## SOURCES AND RELATED POLICIES

### SOURCES

- Australian Children’s Education and Care Quality Authority (ACECQA): [www.acecqa.gov.au](http://www.acecqa.gov.au)
- Department of Education and Training (DET) Licensed Children’s Services, phone 1300 307 415 or email [licensed.childrens.services@edumail.vic.gov.au](mailto:licensed.childrens.services@edumail.vic.gov.au)

### RELATED POLICIES

- Acceptance and Refusal of Authorisations
- Child Safe Environment and Wellbeing
- Dealing with Medical Conditions
- Emergency and Evacuation
- Enrolment and Orientation
- Excursions and Service Events
- Fees
- Incident, Injury, Trauma and Illness
- Privacy and Confidentiality
- Road Safety and Safe Transport
- Right of Access
- Supervision of Children



### EVALUATION

In order to assess whether the values and purposes of the policy have been achieved, the Approved Provider will:

regularly seek feedback from everyone affected by the policy regarding its effectiveness  
monitor the implementation, compliance, complaints and incidents in relation to this policy  
keep the policy up to date with current legislation, research, policy and best practice  
revise the policy and procedures as part of the service’s policy review cycle, or as required  
notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk.

### ATTACHMENTS

NIL



### AUTHORISATION

This policy was adopted by the approved provider of Whittlesea Family Day Care on 30 October 2024

**REVIEW DATE:** 30 October 205







### PURPOSE

This policy provides a clear set of guidelines and procedures for:

- Family Day Care Educator Child Swapping at Whittlesea Family Day Care
- near relative care arrangements for children at Whittlesea Family Day Care



### POLICY STATEMENT

#### VALUES

Whittlesea Family Day Care is committed to:

- complying with Family Day Care Legislation Changes around Child Swapping
- ensuring that less than 50 per cent of the children to whom any Family Day Care educator is providing care within a Child Care Subsidy fortnight at the service is related to the educator as a niece, nephew, cousin, grandchild or great grandchild.

#### SCOPE

This policy applies to the approved provider, persons with management or control, nominated supervisor, persons in day-to-day charge, educators, students, volunteers, parents/guardians, children and others attending the programs and activities of Whittlesea Family Day Care.

RESPONSIBILITIES	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Educators	Parents/guardians
Ensure Family Day Care Educators do not engage in child swapping unless they meet the eligibility criteria	R	√	√	
Whittlesea Family Day Care must comply with the child swapping policy, and the outlined in the procedures below within this policy	R	√	√	
Whittlesea Family Day Care needs to record when one of its educators cares for a child whose parent or partner's child is simultaneously receiving care from another Family Day Care educator, regardless of the service they belong to	R			
Families and educators confirm their compliance with child swapping policies and verify, through registrations and new educator applications	R	√	√	√
Families confirm that they are not providing Education and Care to children as a Family Day Care Educator during the child				R

registration process, and any change in circumstance will be communicated to the Coordination Unit				
All applications for Educator's near relatives for care must be communicated to the Coordination Unit	√	√	√	
All applicants will be placed on a waiting list, and will be offered care with the selected Educators in accordance with the Australian Government's "Priority of Access" guidelines ( <i>refer to Enrolment and Orientation policy</i> )	R	√	√	
Whittlesea Family Day Care service must comply with the Near Relative procedures outlined in this policy	R		R	

## PROCEDURES

### CHILD SWAPPING



The key steps Whittlesea Family Day Care service must take to comply with the changes are:

1. Ask all eligible individuals whether they, or their partner, is a Family Day Care educator
2. If the eligible individual or their partner is an Family Day Care educator, ask if a specified circumstance applies (*refer to Definitions*) – if the answer is yes, then follow steps 3 to 9. If the answer is no, that no child care payments will be payable for the child's care
3. Ask the eligible individual for information and documents
4. Ask the eligible individual for authorisation to provide information and documentary evidence to the Department
5. Ask the individual to advise of change of circumstances within 7 days
6. Use the approved Register to record information obtained from the individual and record the date the service obtains documentary evidence
7. Keep the information and documentary evidence for 36 months  
Report the sessions of care correctly to the CCMS
8. Report the Centrelink Customer Reference Number (CRN) of educators on CCMS
9. Family registration form and New educator applications have been adjusted to comply with step 1

### Near Relatives

In all cases of near relative care arrangements the following must be met by Educators:

1. All requests for care must be approved through the FDC Coordination Unit **BEFORE** care can commence.

### CHOICE OF CARE ARRANGEMENT

2. Educators must elect to provide care under either of the following arrangements:
  - Provide care under the Education and Care Services Regulations and Law and all Whittlesea Family Day Care Policies and Procedures.
  - Maintain a charge for care, which includes parent/guardian payment and childcare subsidy reduction.
  - Ensure the family has registered in the service by completing a FDC Family Registration Form together with the payment of the annual Service Fee.

OR

- Treat the child/ren as a grandchild/ren arrangement (like their own child).
- At all times count the child/ren in their numbers if they are aged between 0-12 years of age (until the child reaches their 13th birthday).
- Do not charge the family for care.
- The child/ren are not signed in and out of care.

- FDC does not resource the Educator in relation to the child/ren.
- Public Liability Insurance does not protect the child/ren or Educator in this arrangement.
- Emergency Contact Details form must be completed and signed by the parent/guardian before care can commence.



## BACKGROUND AND LEGISLATION

### BACKGROUND

#### Child Swapping

Child swapping is a practice where a Family Day Care educator, or their partner, receives childcare payments for a session of Family Day Care provided to their child on the same day that they themselves provide Family Day Care.

This means that no childcare payments will be payable for the child's care unless under specified circumstances which are:

- the child has been diagnosed as having a particular disability or medical condition
- the family day care service is receiving payment of Inclusion Support Subsidy because the child is undergoing continuous assessment of a disability
- the child lives in a remote or very remote part of Australia
- on the same day as the child receives care through a family day care service, the family day care educator is required to work (other than as a family day care educator) or attend particular education or training.

#### Near Relatives

Family Assistance Law limits the number of children to whom a Family Day Care educator can provide care at the service if they are related to the Family Day Care educator.

More specifically, the rule states that it is a condition for continued approval of a Family Day Care service that the provider ensures that less than 50 per cent of the children to whom any Family Day Care educator is providing care within any Child Care Subsidy fortnight at the service are related to the Family Day Care educator as a:

- niece or nephew
- cousin
- grandchild (including a great-grandchild).

It is important to note that:

- relatives of the children in care not listed above will not be treated as relatives
- relatives of a Family Day Care educator's partner (by either de facto or marriage) will be considered relatives of the Family Day Care educator
- the ratio of 'less than 50 per cent' is applied to the number of children cared for at the service across the whole Child Care Subsidy fortnight and not to one session of care.

### LEGISLATION AND STANDARDS

Relevant legislation and standards include but are not limited to:

- Child Care Subsidy Minister's Rules 2017
- Education and Care Services National Law Act 2010
- Federal Register of Legislation (Legislation Act 2003)
- National Quality Standard, Quality Area 6 & 7

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: [www.legislation.vic.gov.au](http://www.legislation.vic.gov.au)
- Commonwealth Legislation – Federal Register of Legislation: [www.legislation.gov.au](http://www.legislation.gov.au)

## DEFINITIONS



The terms defined in this section relate specifically to this policy.

**Child swapping:** Child swapping is a practice where a family day care educator, or their partner, receives child care payments for a session of family day care provided to their child on the same day that they themselves provide family day care.

**Centrelink:** The agency that delivers payments and services to individuals and parents/guardians on behalf of the Australian Government.

**Child Care Subsidy (CCS):** A Commonwealth Government means tested subsidy to assist eligible parents/guardians with the cost of child care. Payments are paid directly to approved child care providers (*refer to Definitions*). Further information can be found at: [www.dese.gov.au/child-care-package/child-care-subsidy](http://www.dese.gov.au/child-care-package/child-care-subsidy)

**Enrolment/Registration:** An enrolment occurs when the provider has an arrangement with an individual or organisation to provide care to a child and the provider submits an enrolment notice in the Child Care Subsidy System. It is a requirement under Family Assistance Law for all children who attend child care (or have an arrangement for care) to have an enrolment notice regardless of their Child Care Subsidy eligibility status

**Enrolment/Registration record:** the collection of documents which contains information on each child as required under the National Regulations (*Regulations 160, 161, 162*) including but not limited to parent details; emergency contacts; authorised nominee; transportation authorisations, details of any court orders; and health information including immunisation status. Enrolment records are stored securely in the service due to their confidential nature.

**Near relative:** niece, nephew, cousin, grandchild or great grandchild.

## SOURCES AND RELATED POLICIES



### SOURCES

- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011: [www.acecqa.gov.au](http://www.acecqa.gov.au)
- Guide to the National Quality Standard: [www.acecqa.gov.au](http://www.acecqa.gov.au)
- Priority of Access Guidelines for child care service: [www.dese.gov.au](http://www.dese.gov.au)
- The Family Assistance Law as the basis for Commonwealth child care fee assistance including the Child Care Subsidy (CCS) and Additional Child Care Subsidy (ACCS): [www.dese.gov.au](http://www.dese.gov.au)
- Child Care Provider Handbook: [Child Care Provider Handbook.pdf](#)

### Related Policies

- Fees
- Inclusion and Equity
- Enrolment and Orientation

## EVALUATION

In order to assess whether the values and purposes of the policy have been achieved, the Approved Provider will:



- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service’s policy review cycle, or as required
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk.

## ATTACHMENTS



- NIL

## AUTHORISATION



This policy was adopted by the approved provider of Whittlesea Family Day Care on 30 October 2024

**REVIEW DATE:** 30 October 2025

# COMPLIMENTS AND COMPLAINTS

QUALITY AREA 7



## PURPOSE

This policy will provide guidelines for:

- receiving and dealing with compliments and complaints at Whittlesea Family Day Care
- procedures to be followed in investigating complaints.



## POLICY STATEMENT

### VALUES

Whittlesea Family Day Care is committed to:

- providing an environment of mutual respect and open communication
- recognising excellence and gratitude
- complying with all legislative and statutory requirements
- dealing with disputes, complainants with fairness and equity
- establishing mechanisms to respond to complaints in a timely way
- treating information in relation to complaints with sensitivity.

### SCOPE

This policy applies to the approved provider, persons with management or control, nominated supervisor, persons in day-to-day charge, educators, students, volunteers, parents/guardians, children, and others attending the programs and activities of Whittlesea Family Day Care.

<b>RESPONSIBILITIES</b>	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Educators	Parents/guardians
Being familiar with the <i>Education and Care Services National Law Act 2010</i> and the <i>Education and Care Services National Regulations 2011</i> , service policies, constitution, and procedures	<b>R</b>	√	√	√
Acknowledge compliments and thank complemtor for their interest and feedback	√	√	√	
Save compliments and sharing with relevant parties	√	√	√	
Ensuring that compliments and complaints are monitored and used to continually improve the quality of the service	<b>R</b>	√	√	
Identifying, preventing and addressing potential concerns before they become formal complaint	<b>R</b>	√	√	
All Educators, parents and FDC Coordination Unit can raise grievances and complaints about the service provision or the	√	√	√	√

actions of a parent, or Educator, through a transparent and responsive system				
Ensuring that the name and telephone number of the responsible person to whom complaints may be addressed are displayed prominently at the main entrance of the service <i>(National Law: Section 172, Regulation 173(2)b)</i>	R	√	√	
Ensuring that the address and telephone number of the Authorised Officer at the DE regional office are displayed prominently at the main entrance of the service <i>(Regulation 173(2)(e))</i>	R	√	√	
Advising parents/guardians and any other new members of Whittlesea Family Day Care of the <i>Compliments and Complaints policy</i> and procedures upon enrolment	R	√	√	
Ensuring the complaints processes is child focused, understood broadly (including by children, their families, educators and volunteers), culturally safe and compliant with privacy laws and reporting obligations	R	√	√	
Ensuring that children have access to age-appropriate information, support and complaints processes in ways that are culturally safe, accessible and easy to understand	R	√	√	
Ensuring that this policy is available for inspection at the service at all times <i>(Regulation 171)</i>	R	√	√	
Being aware of, and committed to, the principles of communicating and sharing information with service educators and volunteers	R	√		
Responding to all complaints in the most appropriate manner and at the earliest opportunity	R	√	√	
Treating all complainants fairly and equitably	R	√	√	
Discussing minor complaints directly with the party involved as a first step towards resolution (the parties are encouraged to discuss the matter professionally and openly work together to achieve a desired outcome)	R	√	√	√
Communicating (preferably in writing) any concerns or compliments relating to the management or operation of the service as soon as is practicable		√	√	√
Providing a Complaints Register <i>(refer to Definitions)</i> and ensuring that educators record complaints along with outcomes	R	√	√	
Providing information as requested by the approved provider e.g. written reports relating to the complaint		√	√	√
Notifying the approved provider if the complaint is a notifiable complaint <i>(refer to Definitions)</i> or is unable to be resolved appropriately in a timely manner		√	√	√
Complying with the service's <i>Privacy and Confidentiality Policy</i> at all times <i>(Regulations 181, 183)</i>	R	√	√	√
Establishing a Complaints Subcommittee or appointing an investigator to investigate and resolve complaints as required	√	√		

as determined through established processes. ( <i>refer to Attachment 1 &amp; 2</i> )				
Referring notifiable complaints ( <i>refer to Definitions</i> ), or complaints that are unable to be resolved appropriately and in a timely manner to the Complaints Subcommittee/investigator	√	√		
Co-operating with requests to meet with the Complaints Subcommittee and/or provide relevant information when requested in relation to complaints	√	√	√	√
Informing DE in writing within 24 hours of any complaints alleging that a serious incident ( <i>refer to Definitions</i> ) has occurred at the service or that the Education and Care Services National Law has been breached ( <i>National Law: Section 174, Regulation 176(2)(b)</i> )	<b>R</b>	√		
Working co-operatively with the approved provider and DE in any investigations related to complaints about Whittlesea Family Day Care, its programs or educators.	√	√	√	√
Receiving recommendations from the Complaints Subcommittee/investigator and taking appropriate action	√	√	√	
Analysing complaints, concerns and safety incidents to identify causes and systemic failures to inform continuous improvement	√	√		
Maintaining professionalism and integrity at all times ( <i>refer to Code of Conduct policy</i> )	√	√	√	
No person will be penalised or disadvantaged as a result of raising complaints or grievances relating to discrimination, harassment or bullying	√	√	√	√
If any complaints regard a situation that involves breaking the law, the appropriate agency will be notified immediately	√	√	√	√

## BACKGROUND AND LEGISLATION



### BACKGROUND

Compliments are expressions of praise, encouragement or gratitude about service, educators, management and program. Compliments provide valuable feedback about the level of satisfaction with service delivery and are a valuable indicator of the effectiveness of a service. Compliments impart useful insights about the aspects of service that are most meaningful to children, families and stakeholders, and provide an opportunity to recognise the efforts of educators, foster a culture of excellence and boost morale.

Complaints may be received from anyone who comes in contact with Whittlesea Family Day Care including parents/guardians, volunteers, students, members of the local community and other agencies.

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

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



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

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

## LEGISLATION AND STANDARDS

Relevant legislation and standards include but are not limited to:

- Charter of Human Rights and Responsibilities Act 2006 (Vic)
- Children, Youth and Families Act 2005 (Vic)
- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
- National Quality Standard, Quality Area 7: Governance and Leadership
- Privacy Act 1988 (Cth)
- Privacy and Data Protection Act 2014 (Vic)
- Privacy Regulations 2013(Cth)

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: [www.legislation.vic.gov.au](http://www.legislation.vic.gov.au)
- Commonwealth Legislation – Federal Register of Legislation: [www.legislation.gov.au](http://www.legislation.gov.au)



## DEFINITIONS

The terms defined in this section relate specifically to this policy.

**Complaint:** (In relation to this policy) a complaint is defined as an issue of a minor nature that can be resolved promptly or within 24 hours and does not require a detailed investigation. Complaints include an expression of displeasure, such as poor service, and any verbal or written complaint directly related to the service.

**Complaints Register:** (In relation to this policy) records information about complaints received at the service, together with a record of the outcomes. This register must be kept in a secure file, accessible only to educators and responsible persons at the service. The register can provide valuable information to the approved provider on meeting the needs of children and families at the service.

**Compliment:** a compliment is an expression of praise, encouragement or gratitude. It may relate to an individual educator, a team, the program, or the service.

**Dispute resolution procedure:** The method used to resolve complaints, disputes or matters of concern through an agreed resolution process.

**Mediator:** A person (neutral party) who attempts to reconcile differences between disputants.

**Mediation:** An attempt to bring about a peaceful settlement or compromise between disputants through the objective intervention of a neutral party.



## SOURCES AND RELATED POLICIES

### SOURCES

- ACECQA: [www.acecqa.gov.au](http://www.acecqa.gov.au)

- Commonwealth Ombudsman – Better practice complaint handling guide: [www.ombudsman.gov.au/publications/better-practice-guides](http://www.ombudsman.gov.au/publications/better-practice-guides)
- Better-practice-complaint-handling-guide
- Department of Education and Training (DET) – Regional Office details are available under ‘The Department’: [www.education.vic.gov.au](http://www.education.vic.gov.au)
- ELAA Early Childhood Management Manual: [www.elaa.org.au](http://www.elaa.org.au)
- Kindergarten Funding Guide: [www.education.vic.gov.au](http://www.education.vic.gov.au)
- Victorian Ombudsman – Complaints: Good Practice Guide for Public Sector Agencies September 2016: <https://assets.ombudsman.vic.gov.au/assets/Best-Practice-Guides/Complaints-Good-Practice-Guide-for-Public-Sector-Agencies.pdf?mtime=20191217165914>

#### RELATED POLICIES

- Child Safe Environment and Wellbeing
- Code of Conduct
- Enrolment & Orientation
- Fees
- Governance & Management of the Service
- Incident, Injury, Trauma and Illness
- Inclusion and Equity
- Interactions with Children
- Privacy and Confidentiality
- Supervision of Children

#### EVALUATION



In order to assess whether the values and purposes of the policy have been achieved, the approved provider will:

- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor complaints as recorded in the Complaints Register to assess whether satisfactory resolutions have been achieved
- review the effectiveness of the policy and procedures to ensure that all complaints have been dealt with in a fair and timely manner
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk (*Regulation 172 (2)*).



#### ATTACHMENTS

- Attachment 1: Sample terms of reference for a Complaints Subcommittee/investigator
- Attachment 2: Dealing with complaints



#### AUTHORISATION

This policy was adopted by the approved provider of Whittlesea Family Day Care on 30 October 2024

**REVIEW DATE:** 30 October 2025

## ATTACHMENT 1. SAMPLE TERMS OF REFERENCE FOR A COMPLAINTS INVESTIGATOR

DATE ESTABLISHED:

### PURPOSE

An investigator has been appointed by the approved provider of Whittlesea Family Day Care to investigate and resolve a complaint lodged with Whittlesea Family Day Care

### NOMINATED INVESTIGATOR

The Family Day Care Program Supervisors will initially handle all complaints and grievances by parents or Educators. Complaints or grievances are to be made verbally or in writing, to the FDC Coordination Unit. If the issue is not resolved to the satisfaction of all parties, or it is not appropriate for the FDC Educator to maintain involvement, the Coordinator of Early Years Service Delivery will become involved to act as a decisionmaker and mediator. If a satisfactory resolution is still not achieved, the Coordinator of Early Years Service Delivery will escalate the process through the management structure. A panel will be formed to seek a satisfactory resolution. This panel will comprise representatives of both parties.

### MEETING REQUIREMENTS

The investigator is responsible for organising meetings as soon as is practicable after receiving a complaint.

### DECISION-MAKING AUTHORITY

The investigator is required to fulfil only those tasks and functions as outlined in these terms of reference.

The approved provider may decide to alter the decision-making authority of the investigator at any time.

### REPORTING REQUIREMENTS OF THE INVESTIGATOR

- The investigator is required to keep minutes of all meetings held. These are to be kept in a secure file.
- A written report/summary about the complaint is to be created, ensuring that privacy and confidentiality are maintained according to the service's *Privacy and Confidentiality Policy*.

### TASKS AND FUNCTIONS OF THE COMPLAINTS SUBCOMMITTEE/INVESTIGATOR

- Responding to complaints in a timely manner
- Investigating all complaints received in a discreet and responsible manner
- Implementing the procedures outlined in *Attachment 2 – Dealing with complaints*
- Acting fairly and equitably, and maintaining confidentiality at all times
- Informing the approved provider if a complaint is assessed as notifiable
- Keeping the approved provider informed about complaints that have been received and the outcomes of investigations
- Providing the approved provider with recommendations for action
- Ensuring decisions are based on the evidence that has been gathered
- Reviewing the terms of reference of the Complaints investigator at commencement and on completion of their term. Suggestions for alterations are to be presented to and approved by the approved provider

## ATTACHMENT 2. DEALING WITH COMPLAINTS

### DEALING WITH A COMPLAINT

When a complaint is received, the person to whom the complaint is addressed will:

- inform the complainant of the service's *Compliment and Complaint Policy*
- encourage the complainant to resolve the complaint with the person directly, or to submit their complaint in writing
- the educator receiving the formal complaint will record all relevant details in the Complaints Register (*refer to Definitions*) together with the outcome
- assess complaint for severity, safety, complexity, impact and the need for immediate action
- inform the approved provider if the complaint is a notifiable complaint (*refer to Definitions*) or is unable to be resolved appropriately in a timely manner.
- comply with the service's *Privacy and Confidentiality Policy* with regard to all meetings/discussions in relation to a complaint
- the approved provider must appoint an investigator(s) to investigate the matter
- the Complaints investigator will assess the complaint to determine if it is a notifiable complaint (*refer to Definitions*)

### DEALING WITH A NOTIFIABLE COMPLAINT

When a formal complaint is lodged with the service:

- if the complaint is notifiable, the approved provider will be responsible for notifying DE. This must be in writing within 24 hours of receiving the complaint (*Regulation 176(2)(b)*)
- the written report to DE needs to be submitted using the appropriate forms from ACECQA and will include:
  - details of the event or incident
  - the name of the person who initially made the complaint
  - if appropriate, the name of the child concerned and the condition of the child, including a medical or incident report (where relevant)
  - contact details of a nominated member of the Complaints Subcommittee/investigator
  - any other relevant information
- if the approved provider is unsure if the complaint is a notifiable complaint, it is good practice to contact DE for confirmation.

### COMPLAINTS INVESTIGATOR RESPONSIBILITIES AND PROCEDURES

In the event of a complaint being lodged, the Complaints investigator will:

- convene as soon as possible to deal with the complaint in a timely manner
- disclose any conflict of interest relating to any member of the investigators. Such members must stand aside from the investigation and subsequent processes
- consider the nature and the details of the complaint
- identify which service policies (if any) the complaint involves
- inform the approved provider if their involvement is required under any other service policies
- if the complaint is a notifiable complaint (*refer to Definitions*), inform the complainant of the requirements to notify DE of the complaint and explain the role that DE may take in investigating the complaint
- maintain appropriate records of the information and data collected, including minutes of meetings, incident reports and copies of relevant documentation relating to the complaint
- respect the confidential nature of information relating to the complaint. The approved provider and the subcommittee/investigator must handle any complaint in a discreet and professional manner
- store all written information relating to complaint securely and in compliance with the service's *Privacy and Confidentiality Policy*.

### INVESTIGATING THE COMPLAINT AND GATHERING RELEVANT INFORMATION

When investigating the complaint and gathering relevant information, the Complaint investigator will:

- meet with individual witnesses, and give right of reply to the person against whom the allegations are made in relation to any accusation or information relating to an alleged incident

- offer the complainant the opportunity of meeting with the investigator to discuss the complaint and provide additional information where relevant
- document the time, date and detail of meetings/discussions, and follow this up with a letter to the complainant outlining the information discussed
- be available to meet with educators, if required, and provide additional information as requested
- review relevant information and documents
- consider if any obligations are relevant in relation to the Educators license agreement
- If there is an issue of the license agreement; a meeting will be arranged where the educator may nominate a support person of their choice to accompany to any discussions or meetings
- obtain any other relevant information or documentation that will assist in resolving the complaint
- seek advice, where appropriate, from individuals and organisations that may be able to assist in resolving the complaint (any cost in seeking advice will require prior approval by the approved provider).

## FOLLOWING THE INVESTIGATION

Once the investigation of the complaint is complete, the Complaints investigator will:

- meet to discuss the information gathered and determine further action, including generating recommendations to be presented to the approved provider
- ensure that any recommendations or actions are in accordance with relevant legislation and funding requirements including, but not limited to:
  - *Education and Care Services National Law Act 2010*
  - *Education and Care Services National Regulations 2011*
- inform the approved provider on the involvement of DE and the outcomes of any investigation by DE. The approved provider will review the report and any panel/investigator recommendations and will be responsible for making decisions on the action to be taken (if any), including relevant review mechanisms
- advise the complainant and other relevant parties of any decisions made by the approved provider in relation to the complaint
- follow up to ensure the parties involved are satisfied with the outcome and monitor progress on any actions taken by the approved provider.

# FAMILY DAY CARE FEES AND CHARGES

QUALITY AREA 7



## PURPOSE

This policy provides a clear set of guidelines for:

the setting, payment and collection of fees  
ensuring the viability of Whittlesea Family Day Care, by setting appropriate fees and charges  
the equitable and non-discriminatory application of fees across the programs provided by Whittlesea Family Day Care.



## POLICY STATEMENT

### VALUES

Whittlesea Family Day Care is committed to providing responsible financial management of the service, including:

- establishing fees that will result in a financially viable service, while keeping user fees at the lowest possible level
- providing a fair and manageable system for dealing with non-payment and/or inability to pay fees/outstanding debts
- maintaining confidentiality in relation to the financial circumstances of parents/guardians
- advising users of the service about program government funding and fees to be paid by parents/guardians

### SCOPE

This policy applies to the approved provider, persons with management or control, nominated supervisor, persons in day-to-day charge, educators and parents/guardians attending Whittlesea Family Day Care.

<b>RESPONSIBILITIES</b>	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Educators	Parents/guardians
Implementing and reviewing this policy in consultation with parents/guardians, the nominated supervisor, and educators, and in line with the requirements of the Commonwealth Governments Child Care Package ( <i>refer to Sources</i> )	R	√	√	
Reviewing the effectiveness of the procedures for late payment	R	√	√	
Provide assistants to educators when considering options for payment when affordability is an issue for families	R	√	√	
Educators clearly communicate this policy and payment options to families in a culturally-sensitive way, and where possible in the family's first language	R	√	√	
Ensuring that the <i>Fees Policy</i> is readily accessible at the service ( <i>Regulation 171</i> )	R	√	√	

Providing all parents/guardians with a statement of fees and charges upon enrolment of their child/ren	R	√	√	
Council applies an administration fee for each hour of childcare booked by parents/guardians per child. This fee is reviewed annually, which forms part of Council's budget implementation process	√	√		
Upon enrolment, parents will be provided with detailed information regarding specific fees and charges by the educator. The collection of gap fees will be facilitated directly from families by the educator.	R		√	√
Ensuring a parent/guardian signs a fee payment agreement with the child's registration	R	√	√	√
Ensuring educators promptly collect all fees and provide receipts for payments made by families accessing care within a fortnightly timeframe.	R	√	√	
The Educator must collect Gap Fee payments from families via Electronic Funds Transfer (EFT) only			√	
Collecting all relevant information and maintaining relevant documentation regarding those with entitlement to concessions, where applicable	R	√	√	√
Complying with the service's <i>Privacy and Confidentiality Policy</i> regarding financial and other information received, including in relation to the payment/non-payment of fees	R	√	√	
Notifying parents/guardians a minimum of 14 days before any proposed changes that will affect the fees charged or the way in which fees are collected ( <i>Regulation 172(2)</i> )	R	√	√	
Addressing any complaints or concerns that have been raised regarding fees at the service in a timely manner	R	√	√	
Reading the Whittlesea Family Day Care Fee information for families ( <i>refer to Attachment 1</i> ), and Fee Schedule				√
Consultation with the Coordination Unit is mandatory before overnight care can take place.			√	
If a child is regularly scheduled for care on a day coinciding with a public holiday, parents are responsible for the full fee unless care is needed and charged at the public holiday rate. In the event a different educator provides care for the child, only that educator is compensated.			√	√
All families are eligible for up to 42 days of allowable absences for each child per financial year (1st July to 30th June). All allowable absences will be charged at the normal rate. CCS will apply to these absences, for up to a maximum of 42 days.				√
For any alteration to regular booked care, a new Comply Written Agreement (CWA) must be filled out. This document needs to be submitted to the Coordination Unit at least 48 hours before the commencement of the ongoing change in care.			√	√
Inform educators by text or phone immediately in the following circumstances:				√

<ul style="list-style-type: none"> <li>- If the child is going to be absent from care</li> <li>- If the parent anticipates late drop off or pick up</li> </ul>				
Educators are not required to be available for more than half an hour beyond booked time unless prior notification is received. Where an Educator is delivering or collecting other children from preschool or school, they are not expected to wait beyond their normal departure time for parents who may be late in delivering or collecting their children from care			√	
A booking change request is required by families for all changes to routine hours of care. A minimum of two week's written notice to the Educator is required for any reduction of hours. The fourteen-day notice is counted from the first day of notice.			√	√
Casual care will be charged at non-core rates, it can be booked with Educators although 48 hours' notice of cancellation must be given or normal charges will apply			√	√
The timesheets must be completed with the child's arrival and departure times. The times must be recorded and signed by the parent (or other approved authorised contact on a daily basis)			√	√
The parent on a daily basis must also sign timesheets reflecting all absences and public holiday charges				√
Educators are required to submit their timesheets to the Coordination Unit for processing every pay fortnight by the designated deadline.	√	√	√	
The Educator reserves the right to terminate care if after negotiation fees remain unpaid. If a family terminates care with an Educator and leaves an outstanding debt, alternative care cannot be provided to the family until the debt has been cleared with the previous Educator			√	√
Parents must complete a Termination of Care form and provide two week's written notice to the Educator. The 14 day's notice is counted from the first day of notice. If written notice is not provided the booked hours for a fortnight will be charged. <b><i>If care is not used, then CCS cannot be applied to the fees</i></b>				√
Normal fees apply for the duration of Holiday Leave (including the administration levy, excluding charges for meals and transport). The fee is to be paid before the leave commences to secure the child's place with the educator upon return from leave. Rostered care is calculated as an average of the previous four weeks of care. Please be aware that if the holding fee remains unpaid, your care will be considered terminated, and your spot may be filled with another child.				√
If a school-aged child is not booked for school holidays, then there is no holding fee except for the end of year school holidays. A holding fee is 100% of the normal weekly fee including the administration levy (excluding travel and meals charges)				√



<p>The Educator will contact the parent to discuss outstanding fees that have not been paid within 7-14 days. Educators will negotiate a payment schedule with the parent/guardian. The Educator will inform the Coordination Unit detailing the negotiated payment plan. If the negotiated payment plan is not occurring, the Educator will cease care</p>			√	√
<p>At the commencement of each year all families are required to renew their child’s registration with the service. This process consists of:</p> <ul style="list-style-type: none"> <li>• The completion of a new registration form/immunisation history status</li> <li>• Payment of re-registration fee</li> </ul>				√

## BACKGROUND AND LEGISLATION

### BACKGROUND

*Regulation 168(2) (n) of Education and Care Services National Regulations 2011* requires that Early Childhood Education and Care services have a comprehensive written fees policy, and the content of this policy must be communicated to families. The policy must include a written statement about the fees to be charged and the payment process. All families must be informed of applicable fees at the time of enrolment.

Childcare services providing approved childcare (*refer to Definitions*) must abide by the *Family Assistance Legislation Amendment (Jobs for Families Child Care Package) Act 2017 (refer to Legislation and standards)*.

The Commonwealth Government supports working parents/guardians in making early childhood education and care more affordable and accessible through the Child Care Package (The Package). The Package includes the Child Care Subsidy (*refer to Definitions*) and Child Care Safety Net (*refer to Definitions*). Together, they enable parents/guardians to participate in the workforce by making early childhood education and care affordable and accessible.

The Child Care Subsidy helps by assisting families with their childcare fees and provides greater assistance to low and middle-income families

The Child Care Safety Net provides families and services extra support if they are vulnerable and disadvantaged or located in a regional or remote community. The Child Care Safety Net includes:

#### The Additional Child Care Subsidy

Provides extra payment on top of the Child Care Subsidy for families who need more help.

There are four different payments:

- For families who need help to support their children's safety and wellbeing
- For grandparents who care for their grandchildren
- For families experiencing significant financial stress
- For parents transitioning from welfare to work

**The Community Child Care Fund:** Helps support services stay open and available to children in disadvantaged, regional and remote communities.

**The Inclusion Support Program:** Provides support to Early Childhood Education and Care services to build their capacity and capability to include children with additional needs in mainstream services

**Subsidised Care for Low Income Families:** Low income families earn \$69,390 or less a year can access 24 hours of subsidised care per child per fortnight without having to meet the activity test.

## LEGISLATION ND STANDARDS

Relevant legislation and standards include but are not limited to:

- A New Tax System (Family Assistance) Act 1999
- A New Tax System (Family Assistance) (Administration) Act 1999
- Charter of Human Rights and Responsibilities 2006 (Vic)
- Child Care Subsidy Minister's Rules 2017
- Child Care Subsidy Secretary's Rules 2017
- Child Wellbeing and Safety Act 2005 (Vic)
- Disability Discrimination Act 1992 (Cth)
- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011: Regulation 168(2)(n)
- Equal Opportunity Act 1995 (Vic)
- Family Assistance Legislation Amendment (Jobs for Families Child Care Package) Act 2017
- National Quality Standard, including Quality Area 7: Governance and Leadership

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: [www.legislation.vic.gov.au](http://www.legislation.vic.gov.au)
- Commonwealth Legislation – Federal Register of Legislation: [www.legislation.gov.au](http://www.legislation.gov.au)



## DEFINITIONS

The terms defined in this section relate specifically to this policy.

**Centrelink:** The agency that delivers payments and services to parents/guardians on behalf of the Australian Government

**Child Care Safety Net:** Child Care Safety Net provides families and services extra support if they are vulnerable and disadvantaged, or located in a regional or remote community. Supporting children to access quality early childhood education and care services

**Child Care Subsidy (CCS):** A Commonwealth Government means tested subsidy to assist eligible parents/guardians with the cost of child care. Payments are paid directly to approved child care providers. Further information can be found at: [www.dese.gov.au/child-care-subsidy](http://www.dese.gov.au/child-care-subsidy)

**Excursion/service event charge:** An additional charge required to meet the cost of special events or excursions that occur in response to emerging children's program needs. Events that are planned ahead and are included as an expenditure item in the service's budget do not incur this additional charge (*refer to Excursions and Service Events Policy*).

**Fees:** A charge for a place within a program at the service.

**Registration fee:** A charge to register a child with the Whittlesea Family Day Care

**Late collection fee:** A charge that may be imposed by the educator when parents/guardians are late to collect their child/children from the program (*refer to Attachment 1*)

## SOURCES AND RELATED POLICIES



### SOURCES

Child Care Package: Commonwealth child care fee assistance including the Child Care Subsidy (CCS) and Additional Child Subsidy (ACCS): [www.dese.gov.au](http://www.dese.gov.au)

## RELATED POLICIES

Compliments and Complaints  
Delivery and Collection of Children  
Enrolment and Orientation  
Excursions and Service Events  
Inclusion and Equity  
Privacy



## ATTACHMENTS

Attachment 1: Fee Information for families



## EVALUATION

In order to assess whether the values and purposes of the policy have been achieved, the approved provider will:

- regularly seek feedback from everyone affected by the policy regarding its effectiveness, particularly in relation to affordability, flexibility of payment options and procedures for the collection of fees
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- monitor the number of families/children excluded from the service because of their inability to pay fees
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk ([Regulation 172 \(2\)](#))



## AUTHORISATION

This policy was adopted by the approved provider of Whittlesea Family Day Care on 30 October 202.

**REVIEW DATE:** 30 October 2025

## ATTACHMENT 1. FEE INFORMATION FOR FAMILIES

### Whittlesea Family Day Care

Whittlesea Family Day Care abides by the *Family Assistance Legislation Amendment (Jobs for Families Child Care Package) Act 2017* (refer to *Legislation and standards*). The Child Care Subsidy helps by assisting families with their childcare fees and provides greater assistance to low and middle-income families. The Child Care Safety Net provides families and services extra support if they are vulnerable and disadvantaged or located in a regional or remote community.

Each Educator determines their individual fees in accordance to the Whittlesea Family Day Care Fee scale. The Fee Scale sets a minimum/maximum amount and Educators can charge that amount, or any amount between.

The service is entitled to negotiate on an annual basis in relation to their payment rates, as specified under the Family Assistance Law.

Parents fees may vary depending upon any subsidy or funding which may be provided by the Australian Government.

Other charges levied by Whittlesea Family Day Care services are outlined in the Fee Schedule.

Normal fees apply for the duration of Holiday Leave (including the administration levy, excluding charges for meals and transport). It is to be paid before the leave commences to secure the child's place with the educator upon return from leave. Rostered care is calculated as an average of the previous four weeks of care. Please note that if a holding fee is not paid, your care is deemed terminated and your care can be replaced with another child to fill the space.

The re-registration process is to be completed by the March of each calendar year. If the FDC Coordination Unit has not received payment and the re-registration form by the start of March a late fee is applied. If payment and the registration form have not been received by mid-March of each year, the childcare arrangement may be suspended until the re-registration process has been completed. Families who have registered their child with the service for the first time in December of the previous year will not be required to re-register their child the following February.

A statement of service fees and charges will be provided to families on registration.

Whittlesea Family Day Care will regularly review payment options and procedures to ensure that they are inclusive and sensitive to families' cultural and financial situations.

Fees will be invoiced to parents/guardians directly by the educator and must be paid via Electronic Funds Transfer (EFT) by the date indicated on the invoice. Each invoice will be accompanied by payment instructions. Families are expected to pay the gap fee shown on the invoice and ensure that fees do not fall more than 1 week into arrears. Receipts will be issued promptly for all fee payments made.

Parents/guardians experiencing difficulty in paying fees are requested to contact the educator directly to arrange a suitable alternative payment plan. The *Privacy and Confidentiality Policy* of the service (educator) will be complied with at all times in relation to a family's financial/personal circumstances.

Parents must complete a Termination of Care form and provide two week's written notice to the Educator. The fourteen-day notice is counted from the first day of notice. If written notice is not provided the booked hours for a fortnight will be charged. If care is not used, then CCS cannot be applied to the fees.

Educators must also provide two week's written notice to the parent if the provision of care is to cease. The parent is not obligated to use the care.

The Educator will contact the parent to discuss outstanding fees that have not been paid within 7-14 days. Educators will negotiate a payment schedule with the parent/guardian.

The Educator will inform the Coordination Unit detailing the negotiated payment plan. If the negotiated payment plan is not occurring, then the Educator will cease care.

The Educator reserves the right to terminate care if after negotiation fees remain unpaid.

If a family terminates care with an Educator and leaves an outstanding debt, alternative care cannot be provided to the family until the debt has been cleared with the previous Educator. Fees are non-refundable.

In addition, there will be no refund where a family chooses not to send their child to the program for the maximum number of hours for which they are enrolled.

The Educator is entitled to negotiate on an annual basis in relation to their payment rates, as specified under the Family Assistance Law. Two weeks written notice will be provided to families for any service fee changes.

Whittlesea will review and adopt Admin Levy Fee changes in line with the annual budget review. Two weeks written notice will be provided to families for any fee changes.

Please complete this form and return to Whittlesea Family Day Care by

### Fee payment contract

Child/ren full name: \_\_\_\_\_

Parent's/guardian's full name: \_\_\_\_\_

- I/we acknowledge that the childcare service is funded by fees paid by parents/guardians. The service cannot operate without the fees paid by parents/guardians.
- I/we agree to pay fees in full in advance prior to commencing at Whittlesea Family Day Care and remain in advance at all times
- I/we acknowledge having received and read the attached summary of Whittlesea Family Day Care fees policy, which sets out the procedure for fee payment
- I/we understand that fees are non-refundable.
- I/we agree that if our activity and financial circumstances change, we will immediately notify Centrelink to ensure our Child Care Subsidy entitlements are up to date
- I/we acknowledge that if fees are not paid by the due date, Whittlesea Family Day Care will implement the late payment of fees procedures, as outlined in the Fee Information for Families, which could result in the withdrawal of my/our child's place at the service and no further enrolments until the outstanding fees are paid.
- I/we agree that if my/our financial circumstances change and I/we am/are unable to pay as agreed, I/we will immediately notify the [responsible position] to discuss alternative payment options.
- I/we acknowledge that I/we have received and read the service's Fee information for families, which outlines the procedure for payment of fees.
- I/we Agree to pay fees while the child is absent. Examples include annual leave, public holidays, illness, closure due to unforeseen circumstances etc.
- I/we acknowledge a late fee of [enter amount] will be charged to families for late payment of their account.
- I/we agree to collect my child/ren from Whittlesea Family Day Care prior to closing time.
- I/we agree to give [enter amount] written notice of when my child/children will be leaving Whittlesea Family Day Care.

Signature (parent/guardian): \_\_\_\_\_ Date: \_\_\_\_\_

**Note:** invoices, receipts and collection of fees will be in accordance with the Whittlesea Family Day Care *Fees Policy*



### PURPOSE

This policy outlines the duties, roles and responsibilities of the Coordination Unit of Whittlesea Family Day Care.



### POLICY STATEMENT

#### VALUES

Whittlesea Family Day Care is committed to good governance and management to deliver high quality outcomes:

- robust and effective governance and management policies and procedures
- accountability to its stakeholders
- effective systems of risk management, financial and internal control, and performance reporting
- compliance with all regulatory and legislative requirements placed on the organisation, including space, equipment and facilities, confidentiality of records and notifications and reporting
- the organisation to remain solvent and comply with all its financial obligations
- the ongoing cycle of self-assessment, planning and review, embedding a culture of quality improvement

#### SCOPE

This policy applies to the approved provider, the Coordination Unit of the Whittlesea Family Day Care.

RESPONSIBILITIES	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Educators	Parents/guardians
Ensuring that obligations under the <i>Education and Care Services National Law and National Regulations</i> are met, as well as all other laws relevant to governance and management of the service	R	√		
Displaying the prescribed information in <i>National Law: Section 172 (Regulation 173)</i>	R	√		
Providing information to the regulatory authority upon request in relation to being a fit and proper person ( <i>National Law: Sections 13, 14, 21</i> )	R			
Ensuring that the service is insured and keep evidence of this ( <i>National Law: Section 51; Regulations 29, 180</i> )	R			
Ensuring that the number of children at the service does not exceed the maximum in the service approval ( <i>National Law: Section 51</i> )	R	√	√	
Ensuring that the family of a child at the service is allowed to enter the premises ( <i>Regulation 157</i> )	R	√	√	

Adopting quality governance and management processes, procedures and practices, in line with the <i>National Quality Standard</i> , especially Quality Area 7 – Governance and leadership	R	√		
Establishing systems of risk management, financial and internal control, and performance reporting. Monitor management and financial performance to ensure the solvency, financial strength and good performance of the service	R	√		
Developing, review and approve the service philosophy and purpose, strategic direction and initiatives	R	√		
Taking reasonable steps to ensure that nominated supervisors, educators and volunteers follow the <i>Governance and Management policy</i> and procedures	R			
Ensuring that copies of the policy and procedures are readily accessible to nominated supervisors, co-ordinators, educators, volunteers and families, and available for inspection	R		√	
Notifying families at least 14 days before changing the policy or procedures if the changes will: <ul style="list-style-type: none"> <li>• affect the fees charged or the way they are collected or</li> <li>• significantly impact the service’s education and care of children or</li> <li>• significantly impact the family’s ability to utilise the service.</li> </ul>	R		√	
Ensuring that all reporting and reporting requirements are met regarding the <i>National Quality Framework</i> , family assistance, taxation, child protection, and other relevant laws	R	√		
Notifying the regulatory authority about the approved provider and operational changes, and changes in relation to the nominated supervisor, as detailed in <i>National Law: Section 173 (Regulations 174, 174A)</i>	R	√		
Notifying the regulatory authority about changes to the ‘fit and proper’ status of the approved provider, any serious incidents, and complaints relating to a serious incident or that the Law has been contravened ( <i>National Law: section 174; Regulations 175, 176, 176A</i> )	R	√		
Ensuring the health, safety and wellbeing of children in the service and take every reasonable precaution to protect children from harm and hazard ( <i>National Law: Section 51</i> )	R	√	√	
Ensuring there is an effective self-assessment and quality improvement process in place, including a QIP ( <i>refer to Definitions</i> ) that is made available for inspection and to families ( <i>Regulations 31, 55</i> )	R	√	√	
Ensuring that the QIP ( <i>refer to Definitions</i> ) is reviewed at least annually ( <i>Regulation 56</i> )	R	√	√	
Ensuring that requirements relating to the physical environment, space, equipment and facilities are met, including <i>Regulations 104, 106, 107, 108, 109, 110, 116, 117</i>	R	√	√	
Ensuring that children’s educational and developmental needs are met ( <i>National Law: Section 51</i> )	R	√	√	

Ensuring that requirements relating to educators are met, including implementing the Educators policy and procedures ( <i>Regulation 84</i> )	R	√		
Ensuring that roles and responsibilities are clearly defined, understood, and support effective decision making and operation of the service	R	√		
Ensuring that the performance of educators and co-ordinators is regularly evaluated, and individual plans are in place to support learning and development in line with National Quality Standards.	R	√		
Ensuring that a nominated supervisor, educators, volunteers and contractors to whom a prohibition notice applies are not engaged by the service ( <i>National Law: Section 188</i> )	R			
Ensuring the educational leader is supported to lead the development and implementation of the educational program and assessment and planning cycle in the educators homes	R	√		
Ensuring that requirements relating to the nominated supervisor and responsible person are met, including implementing the <i>policy</i> and procedures ( <i>National Law: Section 162, 162A; Regulation 117B</i> )	R			
Keeping a record of the service's compliance with the information listed in <i>Regulation 167</i>	R	√		
Keeping a record of enrolment and other documents listed in <i>National Law: Section 175</i> at the service and be available for inspection by an authorised officer	R	√		
Ensuring that records are kept confidential and not divulged except as permitted under <i>Regulations 181 and 182</i>	R	√		
Ensuring that records are stored safely and securely for the period set out in <i>Regulation 183</i>	R	√		
Keeping enrolment and attendance records ( <i>Regulations 158, 159, 160, 161, 162</i> ) and other documents listed in <i>Regulations 160, 177 and 178</i> , ensure they are accurate and available to families on request ( <i>National Law: section 175</i> ). If a service approval is transferred, the documents must be transferred to the receiving approved provider ( <i>Regulation 184</i> ).	R	√		
Media Statements:  Enquiries from the media (newspaper, television or radio) about the operation of the service or the provision of childcare made to FDC Coordination Unit or a FDC Educator is to be referred directly to the City of Whittlesea Publicity Department for clarification.  Only the City of Whittlesea Publicity officer, in consultation with the Early Years Program Coordinator, can make Media releases.	√	√	√	√

## BACKGROUND AND LEGISLATION



### BACKGROUND

The governance of an organisation is concerned with the systems and processes that ensure the overall direction, effectiveness, supervision and accountability of a service. Approved provider must ensure that



there are effective systems, procedures and processes in place to support the service to operate effectively and ethically, and all legal and regulatory requirements governing the operation of the business are met. Under the *Education and Care Services National Law Act 2010 and Education and Care Services National Regulations 2011*, early childhood services are required to have policies and procedures in place relating to the governance and management of the service, including confidentiality of records (*refer to Privacy and Confidentiality Policy*).

## LEGISLATION AND STANDARDS

Relevant legislation and standards include but are not limited to:

- Associations Incorporation Reform Act 2012 (Vic), as applicable to the service
- Corporations Act 2001, as applicable to the service
- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
- National Quality Standard, Quality Area 7: Governance and Leadership



## DEFINITIONS

The terms defined in this section relate specifically to this policy.

**Actual conflict of interest:** One where there is a real conflict between a Committee of Management/Board member's responsibilities and their private interests.

**Conflict of interest:** An interest that may affect, or may appear reasonably likely to affect, the judgement or conduct, or may impair their independence or loyalty to the service. A conflict of interest can arise from avoiding personal losses as well as gaining personal advantage, whether financial or otherwise.

**Continuous improvement:** Ongoing improvement in the provision of quality education and care services.

The National Quality Framework aims to raise quality and drive continuous improvement through the National Quality Standard and quality rating processes. Quality rating encourages continuous improvement and engages the approved provider and their services teams in self-assessment and documenting their performance against the National Quality Standard. Providers of high-quality services regularly monitor and review their performance to guide planning and make improvements.

**Development of professionals:** A system of regular performance review, individual learning and development plans for educators, educators and co-ordinators. Performance planning and review ensures that the knowledge, skills and practices of educators and other educators members are current, and that areas requiring further development are addressed.

**Ethical practice:** A standard of behaviour that the service deems acceptable in providing their services.

**Fit and proper person:** The regulatory authority assesses whether an approved provider or a person with management or control of a service is a fit and proper person to be involved in the provision of an education and care service.

In determining whether they are a fit and proper person, the regulatory authority will consider:

- the person's history of compliance with any education and care services, children's services or education law, and any decision under one of those laws to refuse, refuse to renew, suspend or cancel a licence, approval, registration or certification issued to the person under that law
- their criminal history, to the extent that it may affect their suitability for the role of provider (including working with children clearance, such as a WWCC, or teacher registration details, jurisdiction dependant)
- whether they are bankrupt or insolvent
- whether they have the financial circumstances to enable them to sustain ongoing operation of a service
- whether they have a medical condition that may cause them to be incapable of being responsible for the service
- whether they have the management capability to operate a service
- actions taken under Commonwealth Family Assistance Law, including sanctions and suspensions.

**Governance:** The process by which organisations are directed, controlled and held to account. It encompasses authority, accountability, stewardship, leadership, directions and control exercised in the organisation (Australian National Audit Office, 1999).

**Interest:** Anything that can have an impact on an individual or a group.

**Management system:** A system to manage organisational risks and enable the effective management and operation of a quality service

**Perceived conflict of interest:** Arises where a third party could form the view that a Committee of Management/Board member's private interests could improperly influence the performance of their duties on the Committee of Management/Board, now or in the future.

**Potential conflict of interest:** Arises where a Committee of Management/Board member has private interests that could conflict with their responsibilities.

**Private interests:** Includes not only a Committee of Management/Board member's own personal, professional or business interests, but also those of their relatives, friends or business associates

**Quality Improvement Plan (QIP):** A document created by an approved provider to help self-assess service performance in delivering quality education and care and to plan future improvements.

Regulatory authorities consider the service's QIP as part of the quality assessment and rating process. The QIP does not have to be provided in any specific format, but must include:

1. an assessment of the quality of service practices against the National Quality Standard and the National Regulations
2. identified areas for improvement
3. a statement of the service's philosophy

**Service philosophy:** A statement the approved provider must develop and include in their QIP that outlines the purpose and principles under which the service operates. It:

- underpins the decisions, policies and daily practices of the service
- reflects a shared understanding of the role of the service among educators, children, families and the community
- guides educators' pedagogy, planning and practice when delivering the educational program.



## SOURCES AND RELATED POLICIES

### SOURCES

- ACECQA – Occasional Paper 5: Quality Area 7: Leadership and management in education and care services [acecqa.gov.au/media/25871](https://www.acecqa.gov.au/media/25871)
- ACECQA – Quality Area 7 resources <https://www.acecqa.gov.au/nqf/national-quality-standard/quality-area-7-governance-and-leadership>
- Australian Government – My business health [asbfeo.gov.au/my-business-health/home](https://www.asbfeo.gov.au/my-business-health/home)
- ELAA Early Childhood Management Manual: <https://elaa.org.au/resources/free-resources/eym-governance-support-manual/>
- ELAA EYM Governance Support Manual: <https://elaa.org.au/resources/free-resources/eym-governance-support-manual/>
- Justice Connect: <http://www.justiceconnect.org.au/>
- Our Community: [www.ourcommunity.com.au](http://www.ourcommunity.com.au)

### RELATED POLICIES

- Code of Conduct
- Compliments and Complaints
- Enrolment and Orientation
- Privacy and Confidentiality

## EVALUATION



In order to assess whether the values and purposes of the policy have been achieved, the approved provider will:

- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required

- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk ([Regulation 172 \(2\)](#)).



### ATTACHMENTS

- Attachment 1: Family Day Care operational structure



### AUTHORISATION

This policy was adopted by the approved provider of Whittlesea Family Day Care on 30 October 2024

**REVIEW DATE:** 30 October 2025

## ATTACHMENT 1. FAMILY DAY CARE OPERATIONAL STRUCTURE

### Responsible Person

- The Family Day Care Coordination Unit is available to Educators during operational times.
- The name of the responsible person is displayed and available for families accessing the Family Day Care service.

### Nominated supervisor

- The Nominated Supervisor must complete the relevant documentation in line with regulatory or legislative requirements.
- If the Nominated Supervisor is on leave, the Family Day Care Program Supervisor with a Supervisor Certificate will be placed in charge.

### Certified Supervisor in day-to-day charge

A Certified Supervisor may be placed in day-to-day charge of an education and care service, if the Approved Provider or Nominated Supervisor nominates the Certified Supervisor as the person in day-to-day charge, and the Certified Supervisor accepts this nomination in writing. This might be demonstrated through a signed and dated record of acceptance to be placed in charge, which is available to be sighted by the Regulatory Authority on request.

### Educational leader

- An Educator, Coordinator or other individual who is suitably qualified and experienced must be appointed to support the development and implementation of the educational program in the Educator's homes.
- This person may have suitable qualifications and experience, as well as a thorough understanding of the Victorian Early Years Learning and Development Framework and/or the Framework for School Age Care (or other approved learning framework) to be able to guide other Educators in their planning and reflection, and mentor colleagues in their Implementation practices
- The Approved Provider is to appoint the educational leader in writing, and note this designation in the educators record of the service

### Register of Family Day Care educators & record of educators and family day care co-ordinators

As prescribed in regulation 153;

- Educators current and past history is stored in Harmony Web.
- A record of each child educated and cared for by the educator is recorded and maintained in Harmony Web.



#### LEGAL LIABILITIES OF THE APPROVED PROVIDER

The Approved Provider at Whittlesea Family Day Care is responsible under the constitution to take all reasonable steps to ensure that the laws and regulations relating to the operation of the service are observed. The Coordination Unit is responsible for ensuring that:

- adequate policies and procedures are in place to comply with the legislative and regulatory requirements placed on the service
- appropriate systems are in place to monitor compliance
- reasonable care and skill is exercised in fulfilling their roles as part of the governing body of the service
- they act honestly, and with due care and diligence
- they do not use information they have access to improperly
- they do not use their position on for personal gain or put individual interests ahead of responsibilities
- undertaking strategic planning and risk assessment on a regular basis and having appropriate risk management strategies in place to manage risks faced by the service

#### CONFIDENTIALITY

All members of the Coordination Unit who gain access to confidential, commercially sensitive and other information of a similar nature, whether in the course of their work or otherwise, shall not disclose that information to anyone unless the disclosure of such information is required by law (*refer to Privacy and Confidentiality Policy*).

Members of the Coordination Unit shall respect the confidentiality of those documents and deliberations and shall not:

- disclose to anyone the confidential information acquired by virtue of their position
- use any information so acquired for their personal or financial benefit, or for the benefit of any other person
- permit any unauthorised person to inspect, or have access to, any confidential documents or other information.

This obligation, placed on a member of the Coordination Unit, shall continue even after the individual has completed their term and is no longer in their role.

The obligation to maintain confidentiality also applies to any person who is invited to any meetings as an observer or in any other capacity.

## ETHICAL PRACTICE

The following principles will provide the ethical framework to guide the delivery of services at Whittlesea Family Day Care:

- treating colleagues, parents/guardians, children, suppliers, public and other stakeholders respectfully and professionally at all times
- dealing courteously with those who hold differing opinions
- respecting cultural differences and diversity within the service, and making every effort to encourage and include all children and families in the community
- having an open and transparent relationship with government, supporters and other funders
- operating with honesty and integrity in all work
- being open and transparent in making decisions and undertaking activities, and if that is not possible, explaining why
- working to the standards set under the *National Quality Framework* and all applicable legislation as a minimum, and striving to continually improve the quality of the services delivered to the community
- disclosing conflicts of interest as soon as they arise and effectively managing them
- recognising the support and operational contributions of others in an appropriate manner
- assessing and minimising the adverse impacts of decisions and activities on the natural environment.

# GRIEVANCES AND DISPUTE RESOLUTION

QUALITY AREA 7



## PURPOSE

The purpose of this document is to provide an avenue through which educators, students and volunteers, and their managers can resolve grievances in relation to the provision of services, as they arise.



## POLICY STATEMENT

### VALUES

Family Day Care is committed to:

- providing an environment of mutual respect and open communication
- establishing mechanisms to promote fast and efficient resolution of issues
- complying with all legislative and statutory requirements
- dealing with grievances with fairness and equity
- treating information in relation to onsite grievances with sensitivity
- maintaining privacy and confidentiality at all times.

### SCOPE

This policy applies to the approved provider, persons with management or control, nominated supervisor, persons in day-to-day charge, educators, students, and volunteers at Family Day Care, including during offsite excursions and activities.

RESPONSIBILITIES	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Early childhood educators	Contractors, volunteers, and students
Conducting oneself in a professional manner and observe appropriate onsite behaviours in line with the <i>Code of Conduct Policy</i>	√	√	√	√
Providing advice, assistance, and support to all parties to a grievance in line with this policy and procedure	√	√		
Being aware of their obligations and responsibilities in relation to handling grievances	√	√	√	√
Identifying, preventing, and addressing potential problems before they become formal grievances	√	√		
Developing a grievances and dispute resolution procedure	√	√		
Ensuring that grievances are fully documented, and considering educator wishes in determining the appropriate steps and actions	√	√		
Ensuring all decisions relating to educator practices are made with consideration given to the ramifications for the individual, as well as for Family Day Care in general.	√	√		

Ensuring any grievance is handled in the most appropriate manner at the earliest opportunity in accordance with this Policy..	√	√		
Informing DE in writing within 24 hours of any grievances alleging that a serious incident ( <i>refer to Definitions</i> ) has occurred at the service or that the Education and Care Services National Law has been breached ( <i>National Law: Section 174, Regulation 176(2)(b)</i> )	R	R		
Notifying the Commission for Children and Young People (CCYP) within 3 business days of becoming aware of a reportable allegation ( <i>refer to Definitions</i> ), under the Reportable Conduct Scheme ( <i>refer to Definitions</i> ) ( <i>refer to Child Safe Environment and Wellbeing Policy</i> )	R	√		
Following processes for responding to and reporting suspected child abuse ( <i>refer to Child Safe Environment and Wellbeing Policy</i> )	R	R		
Working co-operatively with the approved provider, DE, CCYP or onsite investigator ( <i>refer to Definitions</i> ) in any investigations related to educator grievances		√	√	√
Ensuring all educators and volunteers are treated fairly and without fear of intimidation	√	√		
Attempting to resolve any issues through the Coordination Unit at the earliest opportunity			√	√
Raising a grievance and engaging in the resolution process under this policy in good faith ( <i>refer to Definitions</i> )			√	√
Respecting the rights of the complainant, the respondent and any other persons involved, and must not victimise any person for raising a grievance or for their involvement in the resolution of a grievance	√	√	√	
Participating genuinely if an investigation is undertaken and provide truthful answers when required	√	√	√	√
Maintaining a dialogue with all parties to the grievance to ensure constructive, respectful, and proactive resolution of any grievances that arise	√	√		
Acting fairly and ensuring conclusions reached are based on a fair and due process that relate to relevant evidence involving all parties to the grievance	√	√		
Maintaining confidentiality throughout the process ( <i>refer to Privacy and Confidentiality Policy</i> )	√	√	√	√
Engaging independent internal or external investigators as required	√	√		
Analysing complaints, concerns, and safety incidents to identify causes and systemic failures to inform continuous improvement	√	√		
Maintaining professionalism and integrity at all times ( <i>refer to Code of Conduct policy</i> )	√	√	√	√

## BACKGROUND AND LEGISLATION

### BACKGROUND

Grievances refer to complaints or concerns raised by educators regarding their treatment or other related matters. These grievances may stem from conflicts with Whittlesea Family Day Care, perceived unfair treatment, instances of discrimination or harassment, and policy violations.





When educators feel aggrieved, they may choose to voice their concerns formally through the grievance process. The purpose of a grievance process is to provide a structured mechanism for educators to express their dissatisfaction, seek resolution, and address any perceived injustices or violations of their rights.

## LEGISLATION AND STANDARDS

Relevant legislation and standards include but are not limited to:

- Age Discrimination Act 2004
- Australian Human Rights Commission Act 1986
- Charter of Human Rights and Responsibilities Act 2006 (Vic)
- Disability Discrimination Act 1992
- Sex Discrimination Act 1984 (Cwlth)
- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
- Equal Opportunity Act 2010 (Vic)
- Fair Work Act 2009
- Gender Equality Act 2020 (Vic)
- National Quality Standards
- Occupational Health & Safety Act 2004 (Vic)
- Privacy and Data Protection Act 2014 (Vic)
- Racial and Religious Tolerance Act 2001 (Vic)
- Racial Discrimination Act 1975
- Reportable Conduct Scheme

The most current amendments to listed legislation can be found at:

Victorian Legislation – Victorian Law Today: [www.legislation.vic.gov.au](http://www.legislation.vic.gov.au)

Commonwealth Legislation – Federal Register of Legislation: [www.legislation.gov.au](http://www.legislation.gov.au)

[Agreements/awards - Find an enterprise agreement | Fair Work Commission \(fwc.gov.au\)](#)



## DEFINITIONS

The terms defined in this section relate specifically to this policy.

**Complainant:** Person who brings the grievance to the attention of Family Day Care under this policy

**Good faith** Includes acting truthfully and confidentially throughout the resolution process, not attempting to submit an anonymous grievance, and not making frivolous or vexatious grievances.

**Grievance:** A formal complaint raised by an educator against Whittlesea Family Day Care. Educators usually file grievances for harassment, bullying, discrimination, nepotism, concerns regarding contractor management or regarding terms of contract (*Refer to Prevention of Harassment and Bullying Policy*).

**Dispute:** A state of disagreement over an issue or group of issues between two parties.

**Dispute resolution procedure:** The method used to resolve complaints, disputes, or matters of concern through an agreed resolution process.

**Mediator:** A person (neutral party) who attempts to reconcile differences between disputants.

**Mediation:** An attempt to bring about a peaceful settlement or compromise between disputants through the objective intervention of a neutral party.

**Reportable allegation:** any allegation that an educator, supervisor, volunteer or student has committed child abuse (*refer to Child Safe Environment and Wellbeing Policy*)

**Reportable Conduct Scheme:** aims to improve oversight of how organisations respond to allegations of child abuse and child-related misconduct by their workers and volunteers and contracted service providers. There are five types of 'reportable conduct':

- sexual offences committed against, with or in the presence of a child
- sexual misconduct committed against, with or in the presence of a child
- physical violence against, with or in the presence of a child
- any behaviour that causes significant emotional or psychological harm to a child
- significant neglect of a child.

**Resolution:** Person or entity whose behaviours, actions or decisions are the subject of the grievance.

**Respondent:** Person or entity whose behaviours, actions or decisions are the subject of the grievance.

**Educators:** Educators contracted to Whittlesea Family Day Care

**Investigator:** An external individual who is responsible for conducting impartial and objective investigations into incidents, complaints, or alleged misconduct. They are typically appointed by an approved provider or assigned by a designated authority within the organisation to gather relevant information, interview witnesses, review evidence, and make findings and recommendations based on their investigation.

**Onsite investigation:** The purpose of an onsite investigation is to thoroughly examine the allegations, determine the truth, and make informed decisions regarding appropriate actions, including disciplinary measures or corrective actions. The investigation process involves gathering evidence, interviewing relevant individuals, reviewing documents or records, and assessing the credibility of the information provided. The investigator remains impartial and objective throughout the process, ensuring a fair and unbiased examination of the situation.



## SOURCES AND RELATED POLICIES

### SOURCES

- NIL

### RELATED POLICIES

- Child Safe Environment and Wellbeing
- Code of Conduct
- Compliments and Complaints
- Inclusion and Equity
- Mental Health and Wellbeing
- Occupational Health and Safety
- Occupational Violence and Aggression
- Prevention of Harassment and Bullying
- Privacy and Confidentiality
- Selection and Registration of Educators



## EVALUATION

In order to assess whether the values and purposes of the policy have been achieved, the approved provider will:

- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- review the effectiveness of the policy and procedures to ensure that all complaints have been dealt with in a fair and timely manner
- keep the policy up to date with current legislation, research, policy, and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures unless a lesser period is necessary due to risk ([Regulation 172 \(2\)](#)).



## ATTACHMENTS

- Attachment 1: Grievance Dispute Resolution Guidelines



## AUTHORISATION

This policy was adopted by the approved provider of Family Day Care on 30 October 2024.

**REVIEW DATE:** 30 October 2025

## ATTACHMENT 1. – GRIEVANCE DISPUTE RESOLUTION GUIDELINES

This guideline aims to assist educators and Whittlesea Family Day Care to resolve grievances effectively and to the satisfaction of all concerned.

Family Day Care is committed to addressing grievances in a prompt and effective manner. Both the Whittlesea Family Day Care and the educator will abide by their obligations under any relevant agreement.

**These guidelines should be read in conjunction with the grievance procedure in your relevant your agreement.**

To avoid any perceived conflict of interest, if the approved provider (including nominated supervisors/directors/management teams or committee members) (if applicable) are personally involved in issues as a complainant, or in allegations of discrimination, they will stand aside from participation in Complaint subcommittees or procedures related to the investigation or management of complaints. The service or organisation will ensure that all complaints/grievances, regardless of whether they are of a major or minor nature, will be treated seriously and an investigation carried out fairly, efficiently, and expeditiously.

The following guidelines are to ensure that grievances are resolved by discussion between the parties. The approved Provider recognises that, from time-to-time, individual educators may have grievances that need to be resolved in the interest of good relationships.

- Listen to the complainant. Obtain a chronology of events (who, what, why, when, how etc).
- Offer the complainant assistance or a way to get home safely if they are visibly upset.
- Confidentiality is to be respected all times. Information about a grievance will not be disclosed or discussed outside of the grievance procedures, except as required by law.
- An educator who has commenced a grievance process may withdraw and stop the process at any time without penalty.
- Educators may elect to have a support person of their choice present as a witness at any meetings or interviews.
- Until the grievance is resolved, the service shall continue as normal unless there is a clear threat to any educators health or safety.

### Direct Resolution

Educators who wish to raise a grievance should, in the first instance (feel comfortable and safe to do so), attempt to resolve the issue directly with the person/s involved. The aggrieved person is encouraged to make the person or persons aware that their actions are unwelcome/offensive/intimidating.

### Coordination Unit

If matters are not resolved, or the educators are unwilling to raise it with the person/s involved or with the Coordination Unit, the educator should raise their grievance with the Approved Provider. The educator will move through each level only if they consider that their grievance has not been resolved.

### Approved Provider

The Approved Provider has responsibility to:

- be aware of their obligations and responsibilities in relation to handling grievances.

- appoint a grievance sub-committee (if applicable) to manage the grievance investigation process and ensure it is conducted in a fair and transparent manner and without undue delay
- appoint an external and/or independent investigator to conduct the investigation as required
- facilitate satisfactory resolution of the matter between parties and/or engage mediators as required
- review the findings and resolutions for compliance with this policy and/or any actions to be deemed necessary
- maintain a dialogue with all parties to the grievance to ensure constructive, respectful, and proactive resolution of any grievances that arise.

### Investigating a Grievance

If it is not possible to resolve the grievance through discussions with relevant parties expeditiously, conduct a formal investigation into the grievance.

Procedural fairness and transparency are critical in an investigation (*refer to Definitions*). Maintaining procedural fairness means that you can:

- protect the interests of the participants in the investigation
- enhance the credibility of the investigation process
- rely on the investigation (and your findings) when making decisions
- defend your agreement decisions in a court or tribunal.

The following list includes recommendations to ensure that an onsite investigation is procedurally fair. The investigator should ensure that:

- the respondent is aware of all the allegations made against them in sufficient detail
- the respondent is allowed a reasonable opportunity, including adequate time, to respond to each of the allegations
- the investigation is carried out in a reasonable time frame
- all participants are given the opportunity to have a support person in the interviews pertaining to the investigation
- all participants are required to maintain confidentiality and sign a confidentiality agreement
- the investigator has no personal interest or bias in the matter being investigated
- all participants are given the opportunity to respond to any contradictory evidence
- the investigator makes reasonable and diligent enquiries to ensure that there is sufficient evidence before making findings on the balance of probabilities.

### Dispute Resolution

Should a grievance not be resolved in a manner which is satisfactory to the Complainant or Respondent, then either party may enact their relevant dispute resolution provision..

### The Importance of Impartiality

It is critical to ensure that the person responsible for carrying out an investigation is impartial. The investigator must not have a vested interest in the outcome of the matter. It's important to consider:

- whether the use of an external investigator is necessary to ensure impartiality
- whether any conflicts of interest need to be disclosed (e.g. if any individuals are friends outside the home environment);
- whether the investigator has handled any previous disciplinary matters.
- If there is the possibility that a person's contract will be terminated if the allegations are proven as part of an investigation, then you should seriously consider the use of an external investigator to ensure that your investigation and the process followed will stand up in any potential court proceeding.

### Resolution and Documentation

When a grievance is resolved, the relevant parties will be notified accordingly. Where it is considered appropriate to document outcomes of a grievance procedure, it will be placed on the educators file and a copy given to the educator.

# OCCUPATIONAL VIOLENCE AND AGGRESSION

QUALITY AREA 2 & 7



## PURPOSE

Whittlesea Family Day Care is committed to the provision of a safe and healthy work environment and safe work procedures that protect educators and other persons at the service from the risk of occupational violence and aggression (OVA) (*refer to Definitions*). This policy outlines the minimum requirements and responsibilities of Whittlesea Family Day Care in supporting educators to have a safe workplace where educators children are not subjected to aggression and violence.



## POLICY STATEMENT

### VALUES

Whittlesea Family Day Care is committed to:

- promoting a no tolerance approach to any form of aggression or violence, including verbal abuse against educators
- educators and other persons at Whittlesea Family Day Care will be protected as far as reasonably practicable from all forms of OVA (*refer to Definitions*).
- following a risk management approach to eliminate or minimise the risks of OVA (*refer to Definitions*)
- regularly consulting with educators and to discuss OVA (*refer to Definitions*). concerns and the factors likely to increase the risk of OVA (*refer to Definitions*).



### SCOPE

This policy applies to the approved provider, persons with management or control, nominated supervisor, persons in day-to-day charge, educators, students, volunteers, parents/guardians, children, and others attending the programs and activities of Whittlesea Family Day Care, including during off-site excursions and activities and online (i.e. during an online meeting).

RESPONSIBILITIES	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Educators	Parents/guardians
Developing policies and procedures to prevent and manage aggressive and violent behaviours ( <i>refer to Definitions</i> ) in the service ( <i>refer to Attachment 1</i> )	√	√		
Building and maintaining an environment and culture that supports a commitment to a service that is free from violence and aggression	√	√	√	√
Promoting a safe environment where educators are not exposed to hazards. ( <i>refer to Attachment 1</i> )	R	√		

Identifying, assessing, and controlling environmental risks in each service to reduce the potential for harm to educators <i>(refer to Attachment 2)</i>	R	√		
Implementing a risk assessment <i>(refer to Definitions)</i> approach in the management of service aggression and violence <i>(refer to Attachment 2)</i>	R	√		
Promoting a no tolerance approach to any form of aggression or violence, including verbal abuse against educators <i>(refer to Code of Conduct Policy)</i>	√	√	√	√
Support training programs specific to the needs of educators, relative to the degree of risk faced within their working environment	√	√		
Supporting educators to actively report all incidents and hazards related to aggression and violence	R	√		
Informing educators and other persons at Whittlesea Family Day Care about unacceptable behaviours in the service	√	√		
Ensuring all incidents and near misses of violence or aggression are reported to the Coordination Unit. External reporting to WorkSafe may also be required, in the case of notifiable incidents <i>(refer to Definitions)</i>	R	√	√	
Support educators, volunteers and students are given an induction to learn relevant skills and strategies on conflict and aggression management	√	√		
Taking appropriate action after any incidents of violence and aggression, in terms of support and follow-up	√	√		
Keeping a record of persons who have exhibited past behaviours of violence and aggression and sharing amongst appropriate educators	√	√		
Ensuring that all allegations or acts of violence or aggression will be thoroughly investigated, and where appropriate may be referred to the Police	√	√	√	
Notifying Work Safe Victoria within 48 hours of a notifiable incident <i>(refer to Definitions)</i>	R	√	R	
Notifying DE within 24 hours of becoming aware of a notifiable complaint <i>(refer to Definitions)</i> or allegation regarding the safety, health and/or welfare of a child at the service	R	√		
Evaluating the effectiveness of this policy to minimise violence and aggression	√	√		
Immediately reporting any incidents or near misses of occupational violence or aggression which affect their own health or safety, or that of others in the service		√	√	√

## BACKGROUND AND LEGISLATION

### BACKGROUND

The approved provider has a duty under the *Occupational Health and Safety Act 2004* to eliminate risks to the health and safety of educators and other persons so far as is reasonably practicable. If it is not reasonably practicable to eliminate risks, they must be minimised so far as is reasonably practicable.

This means that approved providers must do all that they reasonably can to manage the risk of violence and aggression occurring at Whittlesea Family Day Care services.

They must also, so far as is reasonably practicable:

- give educators the necessary information, instruction, training or supervision to provide care safely and without risks to health, and
- consult with educators about health and safety issues that may directly affect them.

Service violence and aggression is any incident where a person is abused, threatened or assaulted at work or while they are carrying out the program. The approved provider has occupational health and safety duties to ensure educators and others are not exposed to risks to their health and safety, including violence.

Violence and aggression can be:

- physical assault – such as biting, scratching, hitting, choking, kicking, pushing, grabbing, and throwing objects
- coughing or spitting on someone on purpose
- sexual assault or any other forms of indecent physical contact
- harassment or aggressive behaviour that creates a fear of violence, such as stalking, sexual harassment, verbal threats and abuse, yelling and swearing

Violence from a family or domestic relationship when this occurs at the service. Violence may come from anyone in the service, including any other educators, parent/guardian, authorised nominee, Authorised Provider, visitor, a student on placement, service provider, allied health provider or child.

Violence and aggression can have significant short and long-term impacts on a person's physical and psychological (mental) health. It's not just violent incidents like physical assault which can cause harm, being exposed to lower level but frequent forms of aggression, like yelling, name calling and challenging behaviours, can also have a lasting effect on a person's health.

Violence and aggression can lead to:

- feelings of isolation, social isolation or family dislocation
- loss of confidence and withdrawal
- physical injuries
- stress, depression, anxiety or post-traumatic stress disorder (PTSD)
- illness such as cardiovascular disease, musculoskeletal disorders, immune deficiency and gastrointestinal disorders e.g. as a result of stress, and
- suicidal thoughts.

## LEGISLATION AND STANDARDS

Relevant legislation and standards include but are not limited to:

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
- National Quality Framework: Quality Area 7: Governance and Leadership
- Occupational Health and Safety Act 2004
- Occupational Health and Safety Regulations 2017

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: [www.legislation.vic.gov.au](http://www.legislation.vic.gov.au)
- Commonwealth Legislation – Federal Register of Legislation: [www.legislation.gov.au](http://www.legislation.gov.au)





## DEFINITIONS

The terms defined in this section relate specifically to this policy.

**Notifiable Incident:** (In the context of this policy) An incident that is required, under the Occupational Health and Safety Act 2004, educators must notify WorkSafe immediately after becoming aware a notifiable incident has occurred. Failure to report an incident to WorkSafe is an offence and may result in prosecution.

Workplaces must report incidents resulting in

- death of a person
- a person needing medical treatment within 48 hours of being exposed to a substance
- a person needing immediate treatment as an in-patient in a hospital
- a person needing immediate medical treatment for one of the following injuries: amputation, serious head injury or serious eye injury, removal of skin (example: de-gloving, scalping), electric shock, spinal injury, loss of a bodily function, serious lacerations (example: requiring stitching or other medical treatment)

For more information about obligation to notify visit: <https://www.worksafe.vic.gov.au/report-incident-criteria-notifiable-incidents>

**Occupational Violence and Aggression:** OVA involves incidents in which a person is abused, threatened or assaulted in circumstances relating to their work. This definition covers a broad range of actions and behaviours that can create a risk to the health and safety of educators and other persons attending the program.

Examples of work-related violence can include:

- biting, spitting, scratching, hitting, kicking, choking
- pushing, shoving, tripping, grabbing
- throwing objects
- verbal threats
- threatening someone with a weapon
- armed robbery
- sexual assault
- emotional abuse



## SOURCES AND RELATED POLICIES

### SOURCES

- 1800Respect: [www.1800respect.org.au](http://www.1800respect.org.au)
- Fair Work Ombudsman: [www.fairwork.gov.au](http://www.fairwork.gov.au)
- Our Watch: [www.ourwatch.org.au](http://www.ourwatch.org.au)
- Safe Work Australia: [www.safeworkaustralia.gov.au](http://www.safeworkaustralia.gov.au)
- Work Safe Victoria: [www.worksafe.vic.gov.au](http://www.worksafe.vic.gov.au)

### RELATED POLICIES

- Code of Conduct
- Workplace Health and Safety

## EVALUATION

In order to assess whether the values and purposes of the policy have been achieved, the approved provider will:

- regularly seek feedback from everyone affected by the policy regarding its effectiveness, particularly in relation to identifying and responding to child safety concerns
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice



- revise the policy and procedures as part of the service’s policy review cycle, or as required
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk ([Regulation 172 \(2\)](#)).



## ATTACHMENTS

- Attachment 1: Managing Risks
- Attachment 2: Responding to Incidents



## AUTHORISATION

This policy was adopted by the approved provider of Whittlesea Family Day Care on 30 October 2024

**REVIEW DATE:** 30 October 2025

## ATTACHMENT 1. MANAGING RISKS

### Risk Management

Risk management of OVA is an approach that involves:

1. identifying OVA risks;
2. assessing the likelihood of those risks causing injury or illness;
3. implementing risk control measures to eliminate the risk/s (or, where that is not reasonably practicable, reducing the risk so far as is reasonably practicable); and
4. reviewing and improving the effectiveness of risk control measures over time.

This needs to be done in consultation with educators.

### Identifying hazards and assessing risk

To identify the potential for violence or aggression gather information about the hazards in the service and assess the associated risk.

Factors that can increase the likelihood and risks of educators being exposed to violence or aggression include:

- providing care or services to people who are distressed, confused, afraid, ill, affected by drugs or alcohol, or receiving unwelcome or coercive treatment
- enforcement activities e.g. the activities of Police, prison officers or parking inspectors
- working in high crime areas
- handling valuable or restricted items e.g. cash or medicines
- the physical work environment e.g. poor lighting or visibility
- working alone, in isolation or in a remote area with the inability to call for assistance
- working offsite or in the community
- working in unpredictable environments e.g. where other people may pose a risk to educator's safety
- interacting with people including face-to-face, on the phone or online
- in relation to gendered violence
- service methods or policies that cause or escalate frustration, anger, misunderstanding or conflict

It is important to consider that educators may be more likely to experience violence and aggression, and/or be differently or more severely affected by it, because of their sex, gender, sexuality, age, migration status, disability and literacy - the risk of experiencing harm rises when a person faces multiple forms of discrimination.

Also less serious, but still unacceptable behaviour such as eye rolling, sneering, swearing and name-calling. This conduct can sometimes escalate to more serious forms of aggression and may be an indication of a risk of violence.

To identify hazards at the service, it may be useful to:

- observe work practices to identify risks of exposure
- walk-through and inspect the service
- observe parents/guardians, contractors, volunteers and students' behaviour and how they interact with educators, including lower level but more frequent behaviours like incivility from parents/guardians, contractors, volunteers and students
- identify whether issues already identified between educators, parents/guardians, contractors, volunteers and students could escalate to violence
- identify the physical, psychological and emotional demands involved in being an educator
- conduct confidential educator meetings about incidents or behaviours that have caused discomfort and situations that had the potential to become more violent
- conduct surveys of parents/guardians, contractors, volunteers and students to identify problems with service delivery
- identify factors external to the service which may lead to violence or aggressive behaviour impacting the educators e.g. gatherings of people like protests or people affected by drugs or alcohol
- monitor information like hazard and incident reports

After identifying the hazards, assess the risks in consultation with the educators. To do this, think about the following:

- Do particular tasks increase or decrease the likelihood of violence and aggression? How often are particular tasks done? Do particular tasks increase or decrease the severity of potential harm?
- Has violence happened before, either in this workplace or somewhere else? If it has happened, how often does it happen?
- What are the potential impacts? Will it cause harm to the health of the worker?

### Controlling the risks

The risk of violence can be affected by a number of factors, for example the:

- nature and location of work
- interactions with clients, customers and members of the public, and frequency of interaction, and
- educators levels and skills.

As these factors will vary between workplaces, the control measures that are put in place need to be tailored to context of the service and the educators. When deciding what control measures are reasonably practicable for the service consider and weigh up all relevant matters, including (but not limited to):

- the likelihood of educators and other people at the workplace being exposed to violence
- the degree of harm that might result e.g., physical assault can result in serious injury or death, which means the degree of harm is very high; violence can also result in serious psychological injuries like PTSD
- what you know about how to eliminate or minimise risks e.g., securing access to the service after hours or when educators are alone
- availability and suitability of ways to eliminate or minimise the risk, and
- costs associated with the available ways of eliminating or minimising the risk.

When thinking about control measures, it is important that educators and the Coordination Unit representatives are consulted. Engaging educators and others in developing controls will likely result in measures that are more effective and more widely used. Considering the views of educators into account when making decisions and advise them of decisions. Also consider whether the control measures introduced create new hazards or risks to health and safety.

## ATTACHMENT 2: RESPONDING TO INCIDENTS

**If an educator or anyone at the service is in immediate danger, call 000.**

Responses to violence will vary depending on the nature and severity of the incident.

Ensuring there is a response system in place to address what to do at the time of an incident and after an incident, including internal reporting and notifications required by external agencies such as Police and Occupational Health and Safety regulator.

Educators should be trained in these procedures, for example (but not limited to):

- using calm verbal and non-verbal communication, de-escalation and distraction techniques
- seeking support from other educators
- asking the aggressor to leave the premises or disconnecting the aggressor from the phone call
- activating alarms, or alerting security personnel or Police, and
- retreating to a safe location.

Immediately after an incident occurs at the service:

- address immediate safety issues and ensure that everyone is safe
- provide first aid or urgent medical attention where necessary
- provide individual support where required, including psychological support to the victim and other workers
- report criminal acts such as physical assault, sexual assault and threats to harm someone to Police on 131 444, and
- record what happened, who was affected and who was involved.

Depending on the circumstances, even if a matter has been referred to Police or another agency, the Occupational Health and Safety Regulator may still be involved. For example, notifying Occupational Health and Safety regulator and if the incident is a notifiable incident (*refer to Definitions*).

After an incident, review the risk management systems to identify and address factors that may have increased the risk of violence and aggression, evaluate what worked and what could be improved.



## PURPOSE

The purpose of this policy is to provide a safe and inclusive environment for all children, families, educators, and volunteers within Whittlesea Family Day Care. Whittlesea Family Day Care does not tolerate any form of workplace harassment or bullying, this policy sets out the process which is to be followed should any instances of workplace bullying be reported.



## POLICY STATEMENT

### VALUES

Whittlesea Family Day Care is committed to:

- providing and maintaining a working environment that is safe and free of health risks, so far as is reasonably practicable.
- acting on a positive duty to identify, manage and control, as so far as reasonably practicable, psychosocial risks and hazards
- promoting the cultural safety of Aboriginal and Torres Strait Islander communities/people, people from culturally and linguistically diverse backgrounds, people with a disability, LGBTQIA+ people and other diverse communities
- practicing zero tolerance of harassment and workplace bullying
- prevent unlawful discrimination, including acting on our positive duty to eliminate sex discrimination, sexual harassment, and victimisation as far as is reasonably practicable.
- Encouraging the reporting of behaviour which breaches this policy
- ensuring persons are free from a hostile work environment based on sex or other protected attributes
- handling all harassment or bullying complaints in a confidential and procedurally fair manner, including protection from victimisation or reprisals for person reporting
- ensuring that all parties will be treated with respect.
- ensuring the person against whom the allegation is made has the right to natural justice.

### SCOPE

This policy applies to the approved provider, persons with management or control, nominated supervisor, persons in day-to-day charge, educators, students, volunteers, parents/guardians, and others attending the programs and activities of Whittlesea Family Day Care, including during offsite excursions and activities.

RESPONSIBILITIES	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Educators	Parents/guardians
Ensuring the <i>Prevention of Harassment and Bullying and Policy</i> is adhered to at all times	R	√	√	√

Ensuring educators understand that they have a legal responsibility to care for their own health and safety, and must not engage in acts which constitute bullying	√	√	√	
Co-operating and complying with this policy and any other relevant policy	√	√	√	√
Following policies and procedures relating to the prevention of workplace injuries and illnesses		√	√	
Ensuring that acceptable standards of conduct are observed at all times, including a zero tolerance of any behaviour that may constitute bullying, harassment, vilification or discrimination	R	√	√	
Implementing measures to prevent workplace bullying which includes monitoring the work environment to ensure acceptable standards of conduct are observed, as so far as reasonably practicable.	R	√		
Taking all reasonable steps to eliminate harassment and bullying so far as is reasonably practicable ( <i>Refer to the Compliments and Complaints Policy</i> )	√	√		
Ensuring that all applicable occupational health and safety (OHS) legislation is observed ( <i>Refer to Legislations and Standards</i> )	R	√	√	
Ensuring that incidences of bullying are reported ( <i>refer to Educators Grievances and Dispute Resolution Policy, Attachment 1: Educators Grievances and Dispute Resolution Procedures Guidelines</i> )	R	√	√	
Providing an environment which discourages harassment and bullying, and setting an example by their own behaviour	R	√	√	
Ensuring that all complaints are treated seriously and confidentially ( <i>refer to Educators Grievances and Dispute Resolution Policy, Attachment 1: Educators Grievances and Dispute Resolution Procedures Guidelines</i> )	R	√		
Taking immediate and appropriate action if they become aware of any harassment, bullying or offensive behaviour ( <i>refer to Educators Grievances and Dispute Resolution Policy, Attachment 1: Educators Grievances and Dispute Resolution Procedures Guidelines</i> )	R	√		
Taking responsibility to ensure they do not promote or engage in bullying and otherwise take reasonable care that their acts or omissions do not adversely affect the health, wellbeing, and safety of other people	√	√	√	√
Ensuring any reported allegations of workplace harassment or bullying are promptly, thoroughly, and fairly investigated	R	√		
Ensuring this policy is displayed in the workplace and easily accessible to all workers and volunteers	√	√	√	

## LEGISLATION



### LEGISLATION AND STANDARDS

Relevant legislation and standards include but are not limited to:

- Equal Opportunity Act 2010 (Vic)
- Racial and Religious Tolerance Act 2001 (Vic)

- Sex Discrimination Act 1984 (Cth)
- Racial Discrimination Act 1975 (Cth)
- Disability Discrimination Act 1992 (Cth)
- Human Rights and Equal Opportunity Commission Act 1986 (Cth)
- Occupational Health and Safety Act 2004 (Vic)
- 

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: [www.legislation.vic.gov.au](http://www.legislation.vic.gov.au)
- Commonwealth Legislation – Federal Register of Legislation: [www.legislation.gov.au](http://www.legislation.gov.au)

## DEFINITIONS



The terms defined in this section relate specifically to this policy.

**Bullying:** Is repeated and unreasonable behaviour directed towards a person or group of persons that creates a risk to health and safety. It includes conduct that could be expected to intimidate, offend, degrade, humiliate, undermine, or threaten. Bullying also includes systematic/repetitive physical and/or psychological abuse.

**Discrimination:** Refers to the unjust or prejudicial treatment of individuals or groups based on certain characteristics referred to as protected attributes (*Refer to the Definitions*).

**Harassment:** Includes, but is not limited to, unwanted, unsolicited, unwelcome behaviour that is offensive, embarrassing, intimidating, or humiliating. For the purpose of this policy, harassment will include sexual and other forms of harassment

**Psychosocial risk (hazard):** A psychosocial hazard is a hazard that arises from systems of work, the design, layout and environment of a workplace, interactions, and behaviours (which can include a toxic workplace culture or sexual harassment), or the guidance of supervision provided to educators, to the extent that these factors may cause psychological harm.

**Protected attribute:** Under the *Fair Work Act 2009*, educators and prospective educators have the right to be free from discrimination on the basis of race, colour, gender, sexual orientation, physical or mental disability, marital status, family or caring responsibilities, pregnancy, religion, political opinion, national or social origin, breastfeeding, gender identity and/or intersex status

**Sexual harassment:** Under the *Sex Discrimination Act 1984* and the *Equal Opportunity Act 2010*, sexual harassment refers to unwanted, unwelcome behaviour of a sexual nature that is offensive, embarrassing, intimidating, or humiliating. Sexual harassment can involve physical contact or suggestive behaviour or comments, propositioning and unnecessary and/or unwelcome familiarity.

**Unreasonable behaviour:** Means behaviour that a reasonable person, having regard to all of the circumstances, would expect to victimise, humiliate, undermine, or threaten. Examples of behaviour, whether intentional or unintentional, that may be considered to be workplace bullying if they are repeated, unreasonable and create a risk to health and safety include but are not limited to:

- abusive, insulting or offensive language,
- belittling or humiliating comments, including practical jokes or initiation rituals
- victimisation, threats, or coercion
- aggressive or intimidating conduct
- making vexatious allegations against another educator or group of educators
- unjustified criticism or complaints
- deliberately excluding someone from workplace conversations/activities
- withholding information that is vital for effective work performance
- setting unreasonable timelines or constantly changing deadlines
- setting tasks that are unreasonably below or beyond a person's skill level



- denying access to information, supervision, consultation, or resources to the detriment of the worker
- spreading misinformation or malicious rumours
- conducting a workplace investigation in a grossly unfair manner

**Workplace bullying:** As defined under the [Fair Work Act 2009](#), workplace bullying is repeated, unreasonable behaviour directed towards a worker, or group of workers, that creates a risk to health or safety. Reasonable management action conducted in a reasonable manner does not constitute workplace bullying. Workplace bullying can be carried out in various ways, including through email, text, or social media channels. Workplace bullying can occur between educators (sideways), from managers to educators (downwards), or from educators to supervisors/managers (upwards)

**Workplace investigator:** An external individual who is responsible for conducting impartial and objective investigations into workplace incidents, complaints, or alleged misconduct. They are typically appointed by an employer/approved provider or assigned by a designated authority within the organisation to gather relevant information, interview witnesses, review evidence, and make findings and recommendations based on their investigation.

**Workplace investigation:** The purpose of a workplace investigation is to thoroughly examine the allegations, determine the truth, and make informed decisions regarding appropriate actions, including disciplinary measures or corrective actions. The investigation process involves gathering evidence, interviewing relevant individuals, reviewing documents or records, and assessing the credibility of the information provided. The investigator remains impartial and objective throughout the process, ensuring a fair and unbiased examination of the situation.

**Workplace sexual harassment:** The terms ‘sexually harassed at work’ and ‘sexual harassment’ are also defined under the [Fair Work Act 2009](#) and include prohibitions on a person making an unwelcome sexual advance, an unwelcome request for sexual favours, or unwelcome conduct of a sexual nature to a person harassed in connection with work

## SOURCES AND RELATED POLICIES



### SOURCES

- Victorian Equal Opportunity and Human Rights Commission: [www.humanrights.vic.gov.au](http://www.humanrights.vic.gov.au)
- Victorian Ombudsman for breaches of the Charter of Human Rights and Responsibilities Act 2006: [www.ombudsman.vic.gov.au/complaints/human-rights/](http://www.ombudsman.vic.gov.au/complaints/human-rights/)
- Occupational Health and Safety Amendment (Psychological Health) Regulations: [www.worksafe.vic.gov.au/occupational-health-and-safety-amendment-psychological-health-regulations](http://www.worksafe.vic.gov.au/occupational-health-and-safety-amendment-psychological-health-regulations)

### RELATED POLICIES

- Code of Conduct
- Compliments and Complaints
- Educators Grievances and Dispute Resolution
- Occupational Health and Safety

## EVALUATION



In order to assess whether the values and purposes of the policy have been achieved, the approved provider will:

- regularly seek feedback from persons affected by the policy regarding its effectiveness
- review the effectiveness of the policy and procedures to ensure that all complaints have been dealt with in a fair and timely manner
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required

- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk ([Regulation 172 \(2\)](#)).



### ATTACHMENTS

- Nil



### AUTHORISATION

This policy was adopted by the approved provider of Whittlesea Family Day Care on 30 October 2024

**REVIEW DATE:** 30 October 2025

# PRIVACY AND CONFIDENTIALITY

## QUALITY AREA 7



### PURPOSE

This policy provides a clear set of guidelines:

- for the collection, storage, use, disclosure, and disposal of personal information, including photos, videos, and health information at Whittlesea Family Day Care
- to ensure compliance with privacy legislation
- on responding to requests for information to promote child wellbeing or safety and/or assess and manage risk of family violence (mandatory)
- on sharing and requesting information to promote child wellbeing or safety and/or manage risk of family violence.



### POLICY STATEMENT

#### VALUES

Whittlesea Family Day Care is committed to:

- responsible and secure collection and handling of personal information
- protecting the privacy of each individual's personal information
- ensuring individuals are fully informed regarding the collection, storage, use, disclosure, and disposal of their personal information, and their access to that information
- proactively sharing information to promote the wellbeing and/or safety of a child or a group of children, consistent with their best interests

#### SCOPE

This policy applies to the approved provider, persons with management or control, nominated supervisor, persons in day-to-day charge, educators, families/household members, students, volunteers, parents/guardians, children, and others attending the programs and activities of Whittlesea Family Day Care, including during offsite excursions and activities.

RESPONSIBILITIES	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Educators	Parents/guardians
Ensuring all records and documents are maintained and stored in accordance with <i>Regulations 181 and 183</i> of the <i>Education and Care Services National Regulations 2011</i>	R	√	√	
Ensuring the service complies with the requirements of the <i>Health Privacy Principles</i> as outlined in the <i>Health Records Act 2001</i> , the <i>Information Privacy Principles</i> as outlined in the privacy and data protection act 2014 (Vic) and, where applicable, the <i>Australia Privacy Principles</i> as outlined in the <i>Privacy Act 1988 (Cth)</i> and the <i>Privacy Amendment (Enhancing Privacy Protection) Act 2012 (Cth)</i> , by taking proactive steps to establish	R	√		

<p>and maintain internal practices, procedures, and systems that ensure compliance with privacy legislations including:</p> <ul style="list-style-type: none"> <li>identifying the kind of personal, sensitive, and health information that will be collected from an individual or a family</li> <li>communicating the reason why personal, sensitive, and health information is being collected, and how it will be stored, used, and disclosed, and managed and are provided with the service's privacy statement (<i>refer to Attachment 4</i>) and all relevant forms</li> <li>communicating how an individual or family can access and/or update their personal, sensitive, and health information at any time, to make corrections or update information (<i>refer to Attachment 4</i>)</li> <li>communicating how an individual or family can complain about any breaches of the privacy legislation, and how the service will deal with these complaints</li> </ul>				
Ensuring a copy of this policy, including the Privacy Statement, is provided to all stakeholders, is prominently displayed at the service and/or electronically accessible, is up to date and available on request	R	√	√	
Reading and acknowledging they have read the <i>Privacy and Confidentiality Policy</i> , including the Privacy Statement ( <i>refer to Attachments 3 &amp; 4 as applicable</i> )	R	√	√	√
The management of privacy risks at each stage of the information lifecycle, including collection, use, disclosure, storage, destruction or de-identification	R	√	√	
Protecting personal information from misuse, interference, loss and unauthorised access, modification or disclosure, as well as unauthorised access, modification or disclosure.	R	√	√	
Identifying and responding to privacy breaches, handling access and correction requests, and receiving and responding to complaints and inquiries	R	√	√	
Providing regular educators training and information on how the privacy legislation applies to them and the service	R	√		
Appropriate supervision of educators who regularly handle personal, sensitive, and health information, through regular scheduled and unscheduled home visits	R	√		
Ensuring that personal, sensitive, and health information is only collected by lawful and fair means, and is accurate and complete	R	√	√	
Ensuring parents/guardians know why personal, sensitive and health information is being collected and how it will be used, disclosed and managed and are provided with the service's Privacy Statement ( <i>refer to Attachment 4</i> ) and all relevant forms	R	√	√	
Ensuring that an individual or family can have access to their personal, sensitive and health information at any time, to make corrections or update information ( <i>refer to Attachment 4</i> )	R	√	√	√
Providing adequate and appropriate secure storage for personal, sensitive, and health information collected by the service, including electronic storage ( <i>refer to Attachment 2</i> )	R	√	√	

Ensuring that records and documents are kept in accordance with <a href="#">Regulation 183</a>	R	√	√	
Notifying an individual or family if the service receives personal sensitive and health information about them from another source as soon as practicably possible	R	√		
Ensuring that if personal, sensitive and health information needs to be transferred outside of Victoria, that the individual or family that it applies to has provided consent, or if the recipient of the personal information is subject to a law or binding scheme.	R	√	√	
Ensuring the unique identifiers are not adopted, used or disclosed unless lawfully required to ( <a href="#">refer to Attachment 2</a> )	R	√		
Ensuring reasonable steps to destroy personal and health information and ensure it is de-identified if the information is no longer required for any purpose as described in <a href="#">Regulations 177, 183, 184</a> ( <a href="#">refer to Attachment 2</a> ). This means that once an Educator's license agreement is terminated and educators leave the service, they must not retain any copies of such information	R	√		
Complying with the Notifiable Data Breaches Scheme ( <a href="#">refer to Definitions</a> ) which imposes an obligation to notify individual whose personal information is in a data breach that is likely to result in serious harm.	R	√	√	
Developing a data breach ( <a href="#">refer to Sources</a> ) response plan that sets out the roles and responsibilities involved in managing a data breach, the steps taken if a data breach occurs ( <a href="#">refer to Sources</a> ) and notifying the <a href="#">Office of the Australian Information Commission</a> as appropriate.	R	√	√	
Promoting awareness and compliance with the Child Safe Standards ( <a href="#">refer to Definitions</a> ), and disclosing information to promote the wellbeing and safety of a child or group of children	R	R	R	
Provide permissions for photographs and videos at the service through the child's registration process, by completing the Parent Agreement ( <a href="#">refer to Attachment 5</a> )				√
Providing notice to children and parents/guardians when photos/video recordings are going to be taken at the service	√	√	√	
Ensuring that images of children are treated with the same respect as personal information, and as such are protected by privacy laws in the same way	R	R	R	R
Ensuring the appropriate use of images of children, including being aware of cultural sensitivities and the need for some images to be treated with special care	√	√	√	√
Being sensitive and respectful to parents/guardians who do not want their child to be photographed or videoed	R	√	√	√
Being sensitive and respectful of the privacy of other children and parent/guardian in photographs/videos when using and disposing of these photographs/videos	R	√	√	
Establishing procedures to be implemented if parents/guardians request that their child's image is not to be taken, published, or recorded, or when a child requests that their photo not be taken	R	√	√	

Including a confidentiality clause relating to appropriate information handling in the agreement or contract between a photographer and the service.	R	√		
<b>Child Information and Family Violence Sharing Scheme</b>				
Ensuring information sharing procedures abide by the <i>Child Information Sharing Scheme (CISS) Ministerial Guidelines and Family Violence Information Sharing (FVISS) Ministerial Guidelines (refer to Source)</i> and exercising professional judgment when determining whether the threshold for sharing is met, what information to share and with whom to share it ( <i>refer to Attachment 7</i> )	R	R	R	
Identifying which educator should be authorised point of contact in relation to the CISS and the FVISS ( <i>refer to Definitions</i> )	R	√		
Ensuring the authorised point of contact undertakes appropriate training and is aware of their responsibilities under the CISS and FVISS ( <i>refer to Definitions</i> )	R	√		
Being aware of who the point of contact at the service under the CISS and FVISS, and supporting them (if applicable) to complete the threshold test ( <i>refer to Attachment 7</i> )		R	R	
Communicating to educators about their obligations under the Information Sharing Schemes, and ensure they have read this policy	R	√		
Providing opportunities for identified ISE Educator to undertake the appropriate Information Sharing and MARAM online Learning System training ( <i>refer to Sources</i> )	R	√		
Engaging in training about Information Sharing and MARAM online Learning System training ( <i>refer to Sources</i> )	√	√	√	
Ensuring information sharing procedures are respectful of and have regard to a child's social, individual, and cultural identity, the child's strengths and abilities, and any vulnerability relevant to the child's safety or wellbeing	√	√	√	
Ensuring any requests from ISE's are responded to in a timely manner and provide relevant information if the requirements for sharing under CISS or FVISS ( <i>refer to Definitions</i> ) are met ( <i>refer to Attachment 7</i> )	R	R	R	
Promoting a child's cultural safety and recognise the cultural rights and familial and community connections of children who are Aboriginal, Torres Strait Islander or both when sharing information under the CISS and FVISS ( <i>refer to Definitions</i> )	R	R	R	
Giving precedence to the wellbeing and safety of a child or group of children over the right to privacy when sharing information under the CISS and the FVISS ( <i>refer to Definitions</i> )	R	R	R	
Ensuring confidential information is only shared to the extent necessary to promote the wellbeing or safety of a child or group of children, consistent with the best interests of that child or those children	R	R	R	
Maintaining record keeping processes that are accurate and complete as set by <i>Child Wellbeing and Safety (Information</i>	R	R	R	

<i>Sharing Regulations</i> concerning both written and verbal sharing of information and or complaints ( <i>refer to Attachment 7</i> )				
Ensuring actions are taken when an ISE becomes aware that information recorded or shared about any person is incorrect, and is corrected in a timely manner	R	R	R	
Working collaboratively with services that are authorised and skilled (including those located within The Orange Door) to determine appropriate actions and promote collaborative, respectful practice around parent/guardian and children	R	R	R	
Seeking and taking into account the views and wishes of the child and the child's relevant family members, if it is appropriate, safe and reasonable to do so when sharing information under the CISS and the FVISS ( <i>refer to Definitions</i> )	R	R	R	
Educators are to forward any family or child's records to the Coordination Unit as they complete them, and once the child leaves the service or the educator ceases their Family Day Care business. These records will be stored according to the Council Policy and legal requirements.			√	
Educators will respect any personal or sensitive parent and child information at all times by ensuring information shared with them is not discussed with any other parties except the coordination unit.			√	
All records are securely archived according to the City of Whittlesea policy and are retained for the period of time as required by law.	R			



## PROCEDURES

### SHARING INFORMATION AND RECORD KEEPING UNDER THE CHID INFORMATION AND FAMILY VIOLENCE SHARING SCHEME – REFER TO ATTACHMENT 7



## BACKGROUND AND LEGISLATION

### BACKGROUND

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

The *Health Records Act 2001 (Part 1, 7.1)* and the *Privacy and Data Protection Act 2014 (Vic) (Part 1, 6 (1))* include a clause that overrides the requirements of these Acts if they conflict with other Acts or Regulations already in place. For example, if there is a requirement under the *Education and Care Services National Law Act 2010* or the *Education and Care Services National Regulations 2011* that is inconsistent with the requirements of the privacy legislation, services are required to abide by the *Education and Care Services National Law Act 2010* and the *Education and Care Services National Regulations 2011*.

In line with the Victorian Government's Roadmap for Reform, Education State reforms and broader child safety initiatives, *Part 6A* of the *Child Wellbeing and Safety Act 2005 (the Act)* was proclaimed in September 2018. The Act established the Child Information Sharing (CIS) Scheme, which enables sharing of confidential information between prescribed entities in a timely and effective manner in order to promote the wellbeing and safety of children. The Act also authorised the development of a web-based platform that will display factual information about children's participation in services known as the Child Link Register (to become operational by December 2021). The Child Link Register aims to improve child wellbeing and safety outcomes, monitor and support the participation in government-funded programs and services for children in Victoria.

Alongside the CIS Scheme, the *Family Violence Protection Act 2008* includes the Family Violence Information Sharing (FVIS) Scheme and the Family Violence Multi-Agency Risk Assessment and Management (MARAM)

Framework, which enables information to be shared between prescribed entities to assess and manage family violence risk to children and adults. The MARAM Framework can be used by all services including ECEC services that come into contact with individuals and families experiencing family violence. The MARAM Framework aims to establish a system-wide shared understanding of family violence. It guides professionals across the continuum of service responses, across the range of presentations and spectrum of risk. It provides information and resources that professionals need to keep victim survivors safe, and to keep perpetrators in view and hold them accountable for their actions.

## LEGISLATION AND STANDARDS

Relevant legislation and standards include but are not limited to:

- Child Wellbeing and Safety Act 2005
- Child Wellbeing and Safety (Information Sharing) Amendment Regulations 2020
- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011: Regulations 181, 183
- Family Violence Protection Amendment (Information Sharing) Act 2017
- Freedom of Information Act 1982 (Vic)
- Health Records Act 2001 (Vic)
- National Quality Standard, Quality Area 7: Leadership and Service Management
- Privacy Act 1988 (Cth)
- Privacy and Data Protection Act 2014 (Vic)
- Privacy Regulations 2013 (Cth)
- Public Records Act 1973 (Vic)

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: [www.legislation.vic.gov.au](http://www.legislation.vic.gov.au)
- Commonwealth Legislation – Federal Register of Legislation: [www.legislation.gov.au](http://www.legislation.gov.au)



## DEFINITIONS

The terms defined in this section relate specifically to this policy.

**Child Information Sharing Scheme (CISS):** enables Information Sharing Entities (ISE) (*refer to Definitions*) to share confidential information about any person to promote the wellbeing and/or safety of a child or group of children. The CISS works in conjunction with existing information sharing legislative provisions. All Victorian children from birth to 18 years of age are covered. Unborn children are only captured when there has been a report to Child First or Child Protection. Consent is not required from any person when sharing under CISS. The CISS does not affect reporting obligations created under other legislation, such as mandatory reporting obligations under the *Children, Youth and Families Act 2005*.

**Child Safe Standards:** Promotes the safety of children, prevent child abuse, and ensure organisations have effective processes in place to respond to and report all allegations of child abuse.

**Confidential information:** For the purposes of this policy, the CISS and FVISS, the health information and identifiers for the *Health Records Act 2001* and the personal information for the *Privacy and Data Protection Act 2014*, including sensitive information (such as a criminal record), and unique identifiers.

**Data breach:** Unauthorised access or disclosure of personal information, or loss of personal information.

**Discloser:** In the context of the Schemes, this is defined as sharing confidential information for the purpose of promoting the wellbeing or safety of a child or group of children. In the context of family violence, this is defined as when someone tells another person about violence that they have experienced, perpetrated or witnessed.

**Family Violence Information Sharing Scheme (FVISS):** enables the sharing of relevant information between authorised organisations to assess or manage risk of family violence.



**Freedom of Information Act 1982:** Legislation regarding access and correction of information requests.

**Health information:** Any information or an opinion about the physical, mental, or psychological health or ability (at any time) of an individual.

**Health Records Act 2001:** State legislation that regulates the management and privacy of health information handled by public and private sector bodies in Victoria.

**Identifier/Unique identifier:** A symbol or code (usually a number) assigned by an organisation to an individual to distinctively identify that individual while reducing privacy concerns by avoiding the use of the person's name.

**Information Sharing Entities (ISE):** are authorised to share and request relevant information under the Child Information Sharing Scheme and the Family Violence Information Sharing Scheme (the Schemes) and are required to respond to requests from other ISEs. All ISEs are mandated to respond to all requests for information.

**Multi-Agency Risk Assessment and Management Framework (MARAM):** Sets out the responsibilities of the organisation in identifying, assessing, and managing families and guide information sharing under both CIS and FVIS schemes wherever family violence is present.

**Notifiable Data Breaches scheme (NDB):** a Commonwealth scheme that ensures any organisation or agency covered by the [Privacy Act 1988](#) notifies affected individuals and the Office of the Australian Information Commissioner (OAIC) when a data breach is likely to result in serious harm to an individual whose personal information is involved.

**Personal information:** Recorded information (including images) or opinion, whether true or not, about a living individual whose identity can reasonably be ascertained.

**Privacy and Data Protection Act 2014:** State legislation that provides for responsible collection and handling of personal information in the Victorian public sector, including some organisations, such as early childhood services contracted to provide services for government. It provides remedies for interferences with the information privacy of an individual and establishes the Commissioner for Privacy and Data Protection.

**Privacy Act 1988:** Commonwealth legislation that operates alongside state or territory Acts and makes provision for the collection, holding, use, correction, disclosure, or transfer of personal information. The [Privacy Amendment \(Enhancing Privacy Protection\) Act 2012 \(Cth\)](#) introduced on 12 March 2014 has made extensive amendments to the [Privacy Act 1988](#). Organisations with a turnover of \$3 million per annum or more must comply with these regulations.

**Privacy breach:** An act or practice that interferes with the privacy of an individual by being contrary to, or inconsistent with, one or more of the Information Privacy Principles ([refer to Attachment 2](#)) or the new Australian Privacy Principles ([refer to Attachment 7](#)) or any relevant code of practice.

**Public Records Act 1973 (Vic):** Legislation regarding the management of public sector documents.

**Risk Assessment Entity (RAE):** Under FVISS, there is also a subset of specialist ISEs known as Risk Assessment Entities that are able to receive and request information for a family violence assessment purpose. RAEs have specialised skills and authorisation to conduct family violence risk assessment, examples can include but not limited to Victorian Police, child protection, family violence service and some Orange Door services.

**Sensitive information:** Information or an opinion about an individual's racial or ethnic origin, political opinions, membership of a political association, religious beliefs or affiliations, philosophical beliefs, membership of a professional or trade association, membership of a trade union, sexual preference or practices, or criminal record. This is also considered to be personal information.

## SOURCES AND RELATED POLICIES



### SOURCES

- *Child Care Service Handbook Version 2, 2019:* [www.dese.gov.au/resources-child-care-providers/resources/child-care-provider-handbook](http://www.dese.gov.au/resources-child-care-providers/resources/child-care-provider-handbook)

- *Child Information Sharing Scheme Ministerial Guidelines:* [www.vic.gov.au/guides-templates-tools-for-information-sharing](http://www.vic.gov.au/guides-templates-tools-for-information-sharing)
- Ministerial Guidelines for the Family Violence Information Sharing Scheme: [www.vic.gov.au/family-violence-information-sharing-scheme](http://www.vic.gov.au/family-violence-information-sharing-scheme)
- *Guidelines to the Information Privacy Principles:* [www.oaic.gov.au/privacy/australian-privacy-principles-guidelines/](http://www.oaic.gov.au/privacy/australian-privacy-principles-guidelines/)
- ELAA Early Childhood Management Manual: [www.elaa.org.au](http://www.elaa.org.au)
- Office of the Health Complaints Commissioner: <https://hcc.vic.gov.au/>
- *Office of Australian Information Commissioner, Data breach preparation and response:* [www.oaic.gov.au/privacy/guidance-and-advice/data-breach-preparation-and-response](http://www.oaic.gov.au/privacy/guidance-and-advice/data-breach-preparation-and-response)
- Office of the Victorian Information Commissioner: <https://ovic.vic.gov.au>
- Information Sharing and Family Violence Reforms Contextualised Guidance: [https://www.education.vic.gov.au/Documents/school/teachers/health/V10\\_Info%20Sharing%20and%20Family%20Violence%20Reforms%20Contextualised%20Guidance.pdf](https://www.education.vic.gov.au/Documents/school/teachers/health/V10_Info%20Sharing%20and%20Family%20Violence%20Reforms%20Contextualised%20Guidance.pdf)
- Information Sharing and Family Violence Reforms Toolkit: [www.vic.gov.au/guides-templates-tools-for-information-sharing](http://www.vic.gov.au/guides-templates-tools-for-information-sharing)
- Office of the Victorian Information Commissioner, Child information sharing scheme and privacy law in Victoria: <https://ovic.vic.gov.au/wp-content/uploads/2019/01/20190109-Child-information-sharing-scheme-FAQs-1.pdf>
- Family Violence Multi-Agency Risk Assessment and Management Framework: [www.vic.gov.au/sites/default/files/2019-01/Family%20violence%20multi-agency%20risk%20assessment%20and%20management%20framework.pdf](http://www.vic.gov.au/sites/default/files/2019-01/Family%20violence%20multi-agency%20risk%20assessment%20and%20management%20framework.pdf)
- Information Sharing and MARAM Online Learning System: <https://training.infosharing.vic.gov.au/login/index.php>

## RELATED POLICIES

- Child Safe Environment and Wellbeing
- Code of Conduct
- Compliments and Complaints
- Delivery and Collection of Children
- Enrolment and Orientation
- Information, Communication and Technology
- Inclusion and Equity

## EVALUATION



In order to assess whether the values and purposes of the policy have been achieved, the approved provider will:

- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints, and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy, and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notifying all stakeholders affected by this policy at least 14 days before making any significant changes to this policy or its procedures, unless a lesser period is necessary due to risk (*Regulation 172 (2)*)

## ATTACHMENTS



- Attachment 1: Record keeping and privacy laws
- Attachment 2: Privacy Principles in Action
- Attachment 3: Letter of acknowledgment and understanding
- Attachment 4: Privacy Statement
- Attachment 5: Permission for photographs and videos
- Attachment 6: Sharing information and record keeping under the Child Information and Family Violence Sharing Scheme



### **AUTHORISATION**

This policy was adopted by the approved provider of Whittlesea Family Day Care on 30 October 2024.

**REVIEW DATE:** 30 October 2025

## ATTACHMENT 1. RECORD KEEPING AND PRIVACY LAWS

Early childhood services must ensure that their processes for the collection, storage, use, disclosure and disposal of personal, sensitive and health information meet the requirements of the appropriate privacy legislation and the [Health Records Act 2001](#).

The following are examples of records impacted by the privacy legislation:

- **Enrolment records:** [Regulations 160, 161 and 162](#) of the [Education and Care Services National Regulations 2011](#) detail the information that must be kept on a child's enrolment record, including personal details about the child and the child's family, parenting orders and medical conditions. This information is classified as personal, sensitive and health information ([refer to Definitions](#)) and must be stored securely and disposed of appropriately. Enrolment records must be archived by educators at least once per year, but can also be archived during any home visit.
- **Attendance records:** [Regulation 158](#) of the [Education and Care Services National Regulations 2011](#) requires details of the date, child's full name, times of arrival and departure, and signature of the person delivering and collecting the child or the Nominated Supervisor/educator, to be recorded in an attendance record kept at the service. Contact details may be kept in a sealed envelope at the back of the attendance record or separate folder for evacuation/emergency purposes. Attendance records are collected and archived through our third-party software provider, Harmony Web. In the event the system is not working, manual copies are to be recorded on paper timesheets.
- **Medication records and incident, injury, trauma and illness records:** [Regulations 87 and 92](#) of the [Education and Care Services National Regulations 2011](#) require the Approved Provider of a service to maintain incident, injury, trauma and illness records, and medication records which contain personal and health information about the child. Medication records and incident, injury, trauma and illness records must be sent to the Coordination Unit as soon as practically possible, to be recorded on a register. All hard copies must be archived by educators at least once per year, but can also be archived during any home visit.
- **Handling and storage of information:** Limited space can often be an issue in FDC service environments, and both authorised Educators and the Approved Provider need access to secure storage for personal and health information. Wherever confidential information is stored, it is important that it is not accessible to unauthorised persons, including FDC Educator family members, visitors other family members of children in care. When confidential information is required to be taken off-site (e.g. on excursions, a list of children with medical conditions and contact numbers will be required), consideration must be given to how this is transported and stored securely.
- **Electronic records:** It is important that electronic records containing personal, sensitive or health information are stored in password protect folders or software platforms and can only be accessed by authorised personnel. Services need to incorporate risk management measures to ensure that passwords are recorded and stored in a secure folder at the service, and to limit access to the information only to other authorised persons. ([refer to the Information Technology Policy](#)).
- Forms: Enrolment forms and any other forms used to collect personal, or health information should have the service's Privacy Statement ([refer to Attachment 4](#)) attached.
- **Collecting information for which there is no immediate use:** A service should only collect the information it needs and for which it has a specific purpose. Services should not collect information that has no immediate use, even though it may be useful in the future.

## ATTACHMENT 2. PRIVACY PRINCIPLES IN ACTION

Whittlesea Family Day Care may have to comply with more than one set of privacy obligations listed below.

### The Australian Privacy Principles

The APPs are legal obligations under federal Privacy Laws. They apply to every Australian organisation and federal government agency that meets the qualifying criteria below:

- it has an annual turnover of more than \$3 million
- it provides a health service (which is broadly defined) to a person (even if the organisation's primary activity is not providing that health service)
- it trades in personal information (for example, buying or selling a mailing list)
- it is a contracted service provider under a Commonwealth contract (for example, an aged care provider or a disability services provider under a Commonwealth agreement)
- it is a credit reporting body
- it operates a residential tenancy database
- it is a reporting entity for the purposes of the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (Cth) (AML/CTF Act)
- it is an employee association registered or recognised under the Fair Work (Registered Organisations) Act 2009 (Cth)
- it is a business that conducts protection action ballots
- it is a business prescribed by the Privacy Regulation 2013
- it is related to a body corporate (for example, a subsidiary) that meets any of the above criteria (even if your not-for-profit itself does not), or
- it has opted into the Privacy Act (choosing to comply, despite not meeting any of the above criteria)

### The Information Privacy Principles

The IPPs are relevant for all Victorian public sector organisations, as well as some private or community sector organisations, where those organisations are carrying out functions under a State contract with a Victorian public sector organisation.

A State contract means a contract between an organisation (e.g. the Department of Education and Training) and a Contracted Service Provider [CSP] (e.g. an Approved Provider) under which services are provided by the CSP for the organisation (e.g. a funded Kindergarten Program).

### The Health Privacy Principles

Victoria has specific Health Privacy Laws that provide a higher standard of protection of certain health information. Early Childhood Education and Care services collect, hold and use health information, therefore are required to follow the Health Privacy Principles under the Health Records Act, 2001.

### Principles in Action

Organisations need to make sure their policy and procedures are consistent with all the Privacy Laws that apply to their organisation. If you're not sure, you should get legal advice.

The Child Information Sharing Scheme and Family Violence Information Sharing Scheme make certain modifications to the Information Privacy Principles and the Health Privacy Principles to ensure that the scheme is able to operate as intended.

The table below is a reference tool that identifies how all three pieces of legislation can work together and what it may look like in practice.

Australian Privacy Principles	Information Privacy Principles	Health Privacy Principles	Principles in action
<b>APP 1 – Open and transparent management of personal information</b>	IPP 5: Openness	Principle 5 Openness	Whittlesea Family Day Care has an up to date <i>Privacy and Confidentiality policy</i> that clearly sets out how we collect, use, disclose and store personal and health information. Stakeholders have access to this policy at any time, upon request.
<b>APP 2 – Anonymity and pseudonymity</b>	IPP 8: Anonymity	Principle 8 Anonymity	Wherever it is lawful and practicable, individuals and families will have the option of not identifying themselves when entering into transactions with Whittlesea Family Day Care. This may include surveys, suggestion boxes, QIP feedback etc.
<b>APP 3 Collection of solicited personal information and APP 4 – Dealing with unsolicited personal information</b>	IPP 1: Collection IPP 10: Sensitive information	Principle 1 Collection	<p>Whittlesea Family Day Care will only collect the personal, sensitive and health information needed, and for which there is a purpose that is legitimate and related to the service's functions, activities and/or obligations.</p> <p>Personal, sensitive and health information about children and parents/guardians either in relation to themselves or a child enrolled at the service, will generally be collected via forms filled out by parents/guardians. This can include but not limited to Enrolment Records, Enrolment Application Forms, Medical Management Plans, Risk Minimisation Plans, Communication Plans, Attendance Records, Educators Records, Direct Debit Application Forms, Visitors Logbook, etc.</p> <p>Other information may be collected from Contractor educator applications, face-to-face interviews and telephone calls. Individuals from whom personal information is collected will be provided with a copy of the service's <i>Privacy Statement (refer to Attachment 4)</i>.</p> <p>When Whittlesea Family Day Care receives personal information (<i>refer to Definitions</i>) from a source other than directly from the individual or the parents/guardians of the child concerned, the person receiving the information will notify the individual or the parents/guardians of the child to whom the information relates to. Whittlesea Family Day Care will advise that individual of their right to share or not share this information with the source.</p> <p>Sensitive information (<i>refer to Definitions</i>) will be collected only for the purpose of enabling the service to provide for the education and care of the child attending the service.</p> <p>CISS &amp; FVISS: Information sharing entities are not obliged to collect personal or health information about an individual directly from that person if they are collecting the information from another information sharing entity under the scheme.</p>

			<p>If an information sharing entity collects personal or health information about a person from another information sharing entity under the scheme, it will not be obliged to take reasonable steps to notify that person that their information has been collected if doing so would be contrary to the promotion of the wellbeing or safety of a child.</p> <p>Information sharing entities will not be obliged to obtain consent from any person before collecting information under the scheme, including 'sensitive information' if they are sharing in accordance with the scheme.</p>
<p><b>APP 5 – Notification of the collection of personal information and APP 6 – Use or disclosure of personal information</b></p>	<p>IPP 2: Use and disclosure</p>	<p>Principle 2 Use and Disclose</p>	<p>Upon enrolment or any other time personal, sensitive or health information is collected, Whittlesea Family Day Care will take reasonable steps to ensure individuals or families understand why this information is being collected, used, disclosed and stored. Individuals or families will be informed of the following:</p> <ul style="list-style-type: none"> <li>• Whittlesea Family Day Care contact details</li> <li>• the facts and circumstances of why personal, sensitive and health information is being collected</li> <li>• what information is required by authorised law</li> <li>• the purposes of collection</li> <li>• the consequences if personal information is not collected</li> <li>• Whittlesea Family Day Care usual disclosures of personal information; if applicable</li> <li>• information about the Whittlesea Family Day Care Privacy and Confidentiality Policy</li> </ul> <p>The following table identifies the personal, sensitive and health information that will be collected by Whittlesea Family Day Care, the primary purpose for its collection and some examples of how this information will be used.</p>

<p>Personal, sensitive and health information collected in relation to:</p> <p>Children and parents/guardians</p>	<p>Primary purpose of collection:</p> <ul style="list-style-type: none"> <li>To enable the service to provide for the education and care of the child attending the service</li> <li>To promote the service (<i>refer to Attachments 5 and 6</i>)</li> </ul>	<p>Examples of how the service will use personal and health, (including sensitive) information include:</p> <ul style="list-style-type: none"> <li>Day-to-day administration and delivery of service</li> <li>Provision of a place for their child in the service</li> <li>Looking after children's educational, care and safety needs</li> <li>For correspondence with parents/guardians relating to their child's attendance</li> <li>To satisfy the service's legal obligations and to allow it to discharge its duty of care</li> <li>Visual displays in the service</li> <li>Newsletters</li> <li>Promoting the service through external media, including the service's website</li> </ul> <p>The Approved Provider if an individual, or members of the Committee of Management/Board if the Approved Provider is an organisation</p> <ul style="list-style-type: none"> <li>For the management of the service</li> </ul> <p>Contracted Educator applicants, Educators, contractors, volunteers and students</p> <ul style="list-style-type: none"> <li>To satisfy the service's legal obligations</li> <li>Administering the individual's contract or placement, as the case may be</li> <li>Ensuring the health and safety of the individual</li> <li>Promoting the service through external media, including the service's website</li> </ul>
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			<p>The service may disclose some personal and/or health information held about an individual to:</p> <ul style="list-style-type: none"> <li>• government departments or agencies, as part of its legal and funding obligations</li> <li>• local government authorities, in relation to enrolment details for planning purposes</li> <li>• law enforcement agencies</li> <li>• health organisations and/or families in circumstances where the person requires urgent medical assistance and is incapable of giving permission</li> <li>• anyone to whom the individual authorises the service to disclose information.</li> </ul> <p>Sensitive information (<i>refer to Definitions</i>) will be used and disclosed only for the purpose for which it was collected, unless the individual agrees otherwise, or where the use or disclosure of this sensitive information is allowed by law.</p>
<b>APP 7 – Direct marketing</b>	N/A	N/A	<p>A service must not use or disclose personal information it holds for the purpose of direct marketing.</p> <p>Direct marketing involves the use or disclosure of personal information to communicate directly with an individual to promote goods and services.</p>
<b>APP 8 – Cross-broader disclosure of personal information</b>	IPP 9: Transborder data flows	Principle 9 Transborder Data Flows	Whittlesea Family Day Care will only transfer personal of health information outside Victoria in certain circumstances, for example, if the individual consents, or if the recipient of the personal information is subject to a law or binding scheme.
<b>APP 9 – Adoption, use or disclosure of government related identifiers</b>	IPP 7: Unique identifiers	Principle 7 Identifiers	<p>Whittlesea Family Day Care will not adopt, use or disclose a government related identifier unless an exception applies.</p> <p>The service will collect information on the following identifiers (<i>refer to Definitions</i>) including but not limited to:</p> <ul style="list-style-type: none"> <li>• Medicare number: for medical emergencies</li> <li>• For childcare services only: Customer Reference Number (CRN) for children attending childcare services to enable the family to access the Commonwealth Government’s Child Care Subsidy (CCS) – failure to provide this would result in parents/guardians not obtaining the benefit.</li> </ul>
<b>APP 10 – Quality of personal information</b>	IPP 3 - Data quality	Principle 3 Data quality	<p>Whittlesea Family Day Care will take reasonable steps to ensure that the personal and health information it collects is accurate, up-to-date and complete, as outlined in this Privacy and Confidentiality policy. Whittlesea Family Day Care will ensure any updated or new personal and/or health information is promptly added to relevant existing records and will send timely reminders to individuals or families to update their personal and/or health information to ensure records are up to date at all times. This can include but not limited to emergency contact details, authorised nominees, medical management plans, banking details, working with children checks, VIT registration etc</p>

<p><b>APP 11 – Security of personal information</b></p>	<p>IPP 4 - Data security</p>	<p>Principle 4 Data Security and Data Retention</p>	<p>Whittlesea Family Day Care takes active measures to ensure the security of personal, sensitive and health information it holds, and takes reasonable steps to protect the stored information from misuse, interference and loss, as well as unauthorised access, modification or disclosure (<i>refer to Privacy and Confidentially policy</i>). Whittlesea Family Day Care will also take reasonable steps to destroy personal and health information and ensure it is de-identified if it no longer needs the information for any purpose as described in <i>Regulations 177, 183, 184</i>. In disposing of personal, sensitive and/or health information, those with authorised access to the information will ensure that it is either shredded or destroyed in such a way that the information is no longer accessible.</p> <p>Whittlesea Family Day Care will ensure that, in relation to personal, sensitive and health information:</p> <ul style="list-style-type: none"> <li>• access will be limited to authorised educators, the Approved Provider or other individuals who require this information in order to fulfil their responsibilities and duties</li> <li>• information will not be left in areas that allow unauthorised access to that information</li> <li>• all materials will be physically stored in a secure cabinet or area</li> <li>• computerised records containing personal or health information will be stored safely and secured with a password for access</li> <li>• there is security in transmission of the information via email, telephone, mobile phone/text messages, as detailed below: <ul style="list-style-type: none"> <li>○ emails will only be sent to a person authorised to receive the information</li> <li>○ faxes will only be sent to a secure fax, which does not allow unauthorised access</li> <li>○ telephone – limited and necessary personal information will be provided over the telephone to persons authorised to receive that information</li> </ul> </li> <li>• transfer of information interstate and overseas will only occur with the permission of the person concerned or their parents/guardians.</li> </ul>
<p><b>APP 12 – Access to personal information and APP 13 – Correction of personal information</b></p>	<p>IPP 6 - Access and correction</p>	<p>Principle 6 Access and Correction</p>	<p>Individuals or families have the right to seek access to their own personal information and to make corrections to it if necessary. Upon request Whittlesea Family Day Care will give an individual or families access to their personal or health information it holds are part of service operations in a timely manner. Whittlesea Family Day Care must be satisfied through identification verification, that a request for personal or health information is granted.</p> <p>Process for considering access requests</p> <p>A person may seek access, to view or update their personal or health information:</p> <ul style="list-style-type: none"> <li>• if it relates to their child, by contacting the Nominated Supervisor</li> <li>• for all other requests, by contacting the Approved Provider/secretary.</li> <li>• Personal information may be accessed in the following way:</li> <li>• view and inspect the information</li> </ul>

N/A	N/A		<ul style="list-style-type: none"> <li>take notes</li> <li>obtain a copy (scanned or photographed).</li> </ul> <p>Individuals requiring access to, or updating of, personal information should nominate the type of access required and specify, if possible, what information is required. The Approved Provider will endeavour to respond to this request within 45 days of receiving the request.</p> <p>The Approved Provider and Educators will provide access in line with the privacy legislation. If the requested information cannot be provided, the reasons for denying access will be given in writing to the person requesting the information.</p> <p>In accordance with the legislation, the service reserves the right to charge for information provided in order to cover the costs involved in providing that information.</p> <p>The privacy legislation also provides an individual about whom information is held by the service, the right to request the correction of information that is held. The service will respond to the request within 30 days of receiving the request for correction. If the individual is able to establish to the service's satisfaction that the information held is incorrect, the service will endeavour to correct the information.</p> <p>There are some exceptions set out in the <a href="#">Privacy and Data Protection Act 2014</a>, where access may be denied in part or in total. Examples of some exemptions are where:</p> <ul style="list-style-type: none"> <li>the request is frivolous or vexatious</li> <li>providing access would have an unreasonable impact on the privacy of other individuals</li> <li>providing access would pose a serious threat to the life or health of any person</li> <li>the service is involved in the detection, investigation or remedying of serious improper conduct and providing access would prejudice that.</li> </ul>
N/A	N/A	Principle 10 Transfer or closure of the practice of a health service provider	N/A
N/A	N/A	Principle 11 Making information available to another health service provider	N/A



### ATTACHMENT 3. LETTER OF ACKNOWLEDGEMENT AND UNDERSTANDING FOR EDUCATORS

Dear,

Re: *Privacy and Confidentiality Policy*

Please find attached the Whittlesea Family Day Care *Privacy and Confidentiality Policy*, which outlines how the service will meet the requirements of the *Health Records Act 2001* and the *Privacy and Data Protection Act 2014 (Vic)* (or where applicable, the *Privacy Act 1988 (Cth)*), The Child Information Sharing Scheme under Part 6A of the *Child Wellbeing and Safety Act 2005* and the Family Violence Information Sharing Scheme under Part 5A of the *Family Violence Protection Act 2008* in relation to both personal, sensitive and health information.

Educators have an important role in assisting the service to comply with the requirements of the privacy legislation by ensuring they understand and implement the [Service Name] *Privacy and Confidentiality Policy*. Educators need to ensure they are aware of their responsibilities in relation to the collection, storage, use, disclosure, disposal of personal and health information and the requirements for the handling of personal and health information, as set out in this policy. Therefore, all Educators are required to read this policy and complete the attached acknowledgement form.

Please return the completed form below by .

Yours sincerely,

(on behalf of the Approved Provider)

Please note: this form will be kept with your individual educators record.

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Whittlesea Family Day Care

Acknowledgement of reading the *Privacy and Confidentiality Policy*

I, \_\_\_\_\_, have received and read the

service's *Privacy and Confidentiality Policy* and understand my responsibilities in relation to the collection, storage, use, disclosure, disposal of personal and health information and the requirements for the handling of personal and health information, as set out in this policy.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Attachment 4. Privacy Statement

We believe your privacy is important.

**Privacy and Confidentiality** | Date Reviewed Septemembr 2024

Email: [famdaycare@whittlesea.vic.gov.au](mailto:famdaycare@whittlesea.vic.gov.au)

Web Address: [www.whittlesea.vic.gov.au](http://www.whittlesea.vic.gov.au)

Street Address: 25 Ferres Boulevard South Morang 3752

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Whittlesea Family Day Care has developed a *Privacy and Confidentiality Policy* that illustrates how we collect, use, disclose, manage and transfer personal information, including health information. This policy is available on request.

To ensure ongoing funding and licensing, our service is required to comply with the requirements of privacy legislation in relation to the collection and use of personal information. If we need to collect health information, our procedures are subject to the *Health Records Act 2001*.

The Child Information and Family Violence Information Sharing Scheme allows Early Childhood Services to freely request and share relevant information with Information Sharing Entities to support a child or group of children’s wellbeing and safety when the threshold test has been met.

### **Purpose for which information is collected**

The reasons for which we generally collect personal information are given in the table below.

<b>Personal information and health information collected in relation to:</b>	<b>Primary purpose for which information will be used:</b>
Children and parents/guardians	<ul style="list-style-type: none"> <li>• To enable us to provide for the education and care of the child attending the service</li> <li>• To manage and administer the service as required</li> </ul>
The Approved Provider if an individual, or members of the Committee of Management/Board if the Approved Provider is an organisation	<ul style="list-style-type: none"> <li>• For the management of the service</li> <li>• To comply with relevant legislation requirements</li> </ul>
Job applicants, Educators, contractors, volunteers and students	<ul style="list-style-type: none"> <li>• To assess and (if necessary) to engage Educators, contractors, volunteers or students</li> <li>• To administer the individual’s contract or placement of students and volunteers</li> </ul>

*Please note that under relevant privacy legislation, other uses and disclosures of personal information may be permitted, as set out in that legislation.*

### **Disclosure of personal information, including sensitive and health information**

Some personal information, including health information, held about an individual may be disclosed to:

- government departments or agencies, as part of our legal and funding obligations
- local government authorities, for planning purposes
- insurance providers, in relation to specific claims or for obtaining cover
- law enforcement agencies
- health organisations and/or families in circumstances where the person requires urgent medical assistance and is incapable of giving permission
- anyone to whom the individual authorises us to disclose information.
- information sharing entities to support a child and a group of children’s wellbeing and safety.

### **Laws that require us to collect specific information**

*The Education and Care Services National Law Act 2010* and the *Education and Care Services National Regulations 2011*, require us to collect specific information about individuals from time-to-time. Failure to provide the required information could affect:

- a child’s enrolment at the service;
- the educator’s contract with the service

## Access to information

Individuals about whom we hold personal, sensitive or health information can gain access to this information in accordance with applicable legislation. The procedure for doing this is set out in our *Privacy and Confidentiality Policy*, which is available on request.

For information on the *Privacy and Confidentiality Policy*, please refer to the copy available at the service or contact the Approved Provider/Nominated Supervisor.

## ATTACHMENT 5. PERMISSION FOR PHOTOGRAPHS AND VIDEOS

### Background information

Photographs and videos are classified as 'personal information' under the *Privacy and Data Protection Act 2014*.

Permission is obtained through the Parent Agreement form complete at children's registration. The purpose of this permission is to:

- notify parents/guardians as to who will be permitted to take photographs/videos, where these will be taken and how they will be used.
- comply with the privacy legislation in relation to all photographs/videos taken at the service, whether by the Approved Provider, Nominated Supervisor, Persons in Day to Day Charge, educators, parents/guardians, volunteers or students on placement
- enable photographs/videos of children to be taken as part of the program delivered by the service, whether group photos, videos or photos at special events and excursions etc.

### Photographs/videos taken by educators

Educators at the service may take photographs/videos of children as part of the program. These may be displayed at the service, on the Whittlesea Family Day Care website/social media platforms or placed in the service's publications or promotional material to promote the service, or for any other purpose aligned to the service's business operations. Some educators may use learning journals in which photographs are included.

When the photographs/videos are no longer being used, the service will destroy them if they are no longer required, or otherwise store them securely at the service. It is important to note that while the service can nominate the use and disposal of photographs they organise, the service has no control over those photographs taken by parents/guardians of children attending the service program or activity.

### Group photographs/videos taken by parents/guardians

Parents/guardians may take group photographs/videos of their own child/children at special service events such as birthdays, excursions and other activities. Parents must ensure that where the photographs/videos include other children at the service they are sensitive to and respectful of the privacy of those children and families in using and disposing of the photographs/videos.

### Photographs/videos for use in newspapers, the Whittlesea Family Day Care Whittlesea Family Day Care website and other external publications

The permission of parents/guardians of children will, on every occasion, be obtained prior to a child's photograph being taken to appear in any newspaper/media or external publication, including the service's newsletter, publications and website.

### Photographs/videos taken by students on placement

Students at the service may take photographs/videos of children as part of their placement requirements with permissions from parent/guardian.

### Access to photographs/videos

Access to any photographs or videos, like other personal information, is set out in the service's *Privacy and Confidentiality Policy*, which is displayed at the service and available on request.



## ATTACHMENT 6. SHARING INFORMATION UNDER THE CISS AND FVISS

This attachment has been developed based on the Information Sharing and Family Violence Reforms Contextualised Guidance: For centre-based education and care services; government, Catholic and independent schools; system and statutory bodies; and education health, wellbeing and inclusion workforces, September 2020.

### Applying the threshold test

Before sharing information with other Information Sharing Entities (ISE)'s the threshold test requirements must be met.

The requirements for sharing are different depending on the purpose of the sharing, if sharing for both purposes (Child Wellbeing or Safety and/or Family Violence), you must meet the requirements of each of the schemes.

**Although child wellbeing and safety takes precedence over an individual's privacy, privacy must still be protected through careful and selective information sharing.**

### Threshold requirements for the Child Information Sharing Scheme:

1	The information sharing entity is requesting or disclosing confidential information about any person for the purpose of promoting the wellbeing or safety of a child or group of children; and
2	The <b>disclosing</b> information sharing entity reasonably believes that sharing the confidential information may assist the receiving information sharing entity to carry out one or more of the following activities: <ul style="list-style-type: none"><li>• make a decision, an assessment or a plan relating to a child or group of children</li><li>• initiate or conduct an investigation relating to a child or group of children</li><li>• provide a service relating to a child or group of children</li></ul> manage any risk to a child or group of children; and
3	The information being <b>disclosed</b> or <b>requested</b> is not known to be 'excluded information' under Part 6A of the Child Wellbeing and Safety Act (and is not restricted from sharing by another law), information that could: <ul style="list-style-type: none"><li>• endanger a person's life or result in physical injury</li><li>• prejudice a police investigation or interfere with the enforcement or administration of the law; prejudice a coronial inquest; prejudice a fair trial of a person</li><li>• be legally privileged</li><li>• reveal a confidential police source</li><li>• contravene a court order</li><li>• be contrary to the public interest</li><li>• information sharing would contravene another law.</li></ul>

## Threshold requirements for the Family Violence Information Sharing Scheme:

1	<p><b>The purpose of sharing is to assess family violence risk OR protect victim survivors from family violence risk.</b></p> <p>There are two purposes for which information can be shared between ISEs:</p> <ul style="list-style-type: none"><li>• Family violence assessment purpose: the purpose of establishing or assessing the risk of a person committing family violence or being the subject of family violence. This would include:<ul style="list-style-type: none"><li>○ establishing family violence risk</li><li>○ assessing the risk to the victim survivor</li><li>○ correctly identifying the perpetrator.</li></ul></li></ul> <p>Family violence protection purpose: once family violence risk is established, to manage the risk to the victim survivor. This includes information sharing to support ongoing risk assessment.</p>
2	<p><b>The applicable consent requirements are met.</b></p> <p>Is the consent required when a child is at risk of family violence?</p> <ul style="list-style-type: none"><li>• Consent is not required from any person to share information relevant to assessing or managing family violence risk to a child. However, you should seek the views of the child and non-violent family members where it is safe, reasonable and appropriate to do so.</li><li>• Where a student is 18 years of age or older, they are an adult and so you may need their consent to share their information, or the information of third parties, unless you can legally share under existing privacy laws or when there is a child at risk.</li></ul> <p>In situations where an adolescent is using family violence against an adult family member, you may need the consent of the adult victim survivor to share their information.</p>
3	<p><b>The information is not excluded information.</b></p> <p>Excluded information is information that could:</p> <ul style="list-style-type: none"><li>• endanger a person's life or result in physical injury</li><li>• prejudice a police investigation or interfere with the enforcement or administration of the law; prejudice a coronial inquest; prejudice a fair trial of a person; be legally privileged</li><li>• reveal a confidential police source</li><li>• contravene a court order</li><li>• be contrary to the public interest</li></ul> <p>information sharing would contravene another law.</p>

## Making a request to another Information Sharing Entity

**Before disclosing information under the Child Information Sharing Scheme and Family Violence Information Sharing Scheme, it is important that information sharing entities take reasonable care to verify the identity of the professional or service and ensure that they are an information sharing entity.**

- The ISE list is a searchable database that can be used to identify organisation and services prescribed under the CISS and FIVSS
- Before making a request, check to see if the organisation is a prescribed entity via the [Access the ISE list](#)
- Refer to [Information Sharing Entity List Uses Guide](#) on how to navigate the database.
- ISE's should respond to requests for information in a timely manner, including when they are declining to provide information in response to the request.
- If an ISE is declining a request from another ISE, they are required to provide written reasons for doing so.

## Making a request or receiving a request under the Child Information Sharing Scheme

An ISE may request information when it meets the first and third parts of the threshold. That is, the information being requested is:

- to promote the wellbeing or safety of a child or group of children
- not excluded information under the Child Information Sharing Scheme to their knowledge.

ISE should use professional judgement to decide which organisation or service to request information from, taking into account the following:

- the activity the requesting information sharing entity is seeking to undertake and the type of information that may assist them
- the roles and responsibilities of other information sharing entities and the information they are likely to hold
- the currency and relevance of the information other information sharing entities are likely to hold.

The ISE requesting the information should provide sufficient detail to enable the responding ISE to make a decision about whether all three parts of the threshold have been met, in order to assist them to:

- identify relevant information to respond to the request
- form an opinion about whether the information may be disclosed under the CISS (whether the disclosure meets the threshold).

When making a request, an ISE may disclose any confidential information that may assist the responding ISE to:

- identify the information they hold that is relevant to the request
- form an opinion on whether the information may be disclosed under the scheme.

If the legal requirements (or threshold) of the scheme are met, an ISE:

- **may** make requests for information to another ISE
- **must** disclose relevant information to another ISE, if requested
- **may** disclose information voluntarily (proactively) to other ISE's

ISE's will use their expertise and exercise their professional judgement to identify:

- the range of needs and risks that impact on a child's life to inform a decision as to whether the threshold is met
- what and how much information to share

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- who to share with to support improved service delivery and promote the wellbeing or safety of the child or children.

## Making a request or receiving a request under the Family Violence Information Sharing Scheme

Under Part 5A of the *Family Violence Protection Act 2008* (FVPA), ISEs may request or share information with other ISEs about a person that is relevant to assessing or managing a family violence risk. The information may relate to a victim survivor (adult or child), alleged perpetrator/perpetrator or third party.

Only information that is **relevant** to assessing or managing a risk of family violence can be shared under the Scheme. In determining what information is relevant, practitioners should use their professional judgement and refer to the *Family Violence Policy*.

Where an ISE receives a request, it **must** share that information, either verbally or in writing, provided that the information meets the requirements (the threshold) of the Scheme. The onus is on the ISE sharing information to ensure that they are disclosing information about a person in accordance with the law. There is no restriction on an ISE making a request.

If there is no existing relationship with the ISE the information is being requested from, verification may need to take place (e.g. by sending an email with the entity's official account).

There are **two purposes** for which ISEs can share information with each other under the FVPA, Part 5A:

- a. for family violence assessment purposes
    - Only prescribed risk assessment entities (RSE) (see Definition) are entitled to make requests and receive information for a family violence assessment purpose, which focuses on identifying who the 'actual' perpetrator and victim survivor are and establishing the level of risk the perpetrator poses to the victim survivor.
- OR**
- b. for family violence protection purposes
    - Any prescribed ISE is permitted to request and receive information for a family violence protection purpose. The focus at this stage is about managing the risk of the perpetrator committing family violence or the victim survivor being subjected to family violence. This could include information sharing as part of ongoing risk assessment.

Once it has been established which purpose the information is to be exchanged, ensure that:

- sufficient information is provided to the ISE to help them identify what information they hold that might be relevant and whether they should disclose that information.
- the purpose of the information is clearly identified and why it is believed the information is relevant
- precedence is given to a victim survivor's right to be safe from family violence when discussing relevant information.
- record keeping is completed, including the name of the service that was contacted, the name of the ISE and the information that was disclosed.
- any risk assessment or safety plan are documented, as a result of the information sharing.
- information is used only for a purpose permitted by law.
- if information request is refused, record this refusal in writing and keep this refusal on file.

## Sharing information for risk assessment

Once a reasonable belief has been established that family violence risk is present and the identity of the perpetrator or victim survivor/s are clear (e.g. the victim survivor has identified the perpetrator), this would enable any ISE to make referrals for specialist services or professionals to complete a comprehensive family violence risk assessment. Some of these specialist services are prescribed as Risk Assessment Entities (RAEs) (*refer to Table 1*).

ISEs can share relevant information proactively or on request with RAEs for risk assessment purposes. That is, in order to:

- confirm whether family violence is occurring

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- enable RAEs to assess the level of risk the perpetrator poses to the victim survivor
- correctly identify the perpetrator who is using family violence.

Family violence risk assessment is an ongoing process and is required at different points in time from different service perspectives. Education and care services will have a role in working collaboratively with other services to contribute to ongoing risk assessment and management of family violence.



Figure 1 Overview of activities when sharing information for risk assessment

Victoria State Government, 2021. *Information Sharing and Family Violence Reforms Contextualised Guidance*. Melbourne, p.38.

ISEs can only share information with other ISEs that are not RAEs. Request information from RAEs once family violence risk is established and the identity of the perpetrator and victim survivors are known. This is to prevent sharing that might escalate risk to a child or family member.

### Sharing for risk management (protection):

Once family violence is established, ISEs can share proactively with other ISEs and request information, including from RAEs, if they reasonably believe sharing is necessary to:

- remove, reduce or prevent family violence risk
- understand how risk is changing over time
- inform ongoing risk assessment.

This opens a two-way flow of information that enables ISEs to form a complete picture of risk and collaborate to support children and families experiencing family violence.



Figure 2 Overview of activities when sharing information for risk management (protection)

Victoria State Government, 2021. *Information Sharing and Family Violence Reforms Contextualised Guidance*. Melbourne, p.39.

When making a request, ensure you are speaking with someone suitably trained to use Part 5A of the Family *Violence Protection Act 2008* (FVPA).

**Table 1**

<b>Information Sharing Entities that are also Risk Assessment Entities</b>	
<ul style="list-style-type: none"> <li>▪ State-funded specialist family violence services (including refuges, Men’s Behaviour Change Programs, family violence counselling and therapeutic programs)</li> <li>▪ Risk Assessment and Management Panel (RAMP) members (including those services that would not otherwise be prescribed but only when participating in a RAMP)</li> <li>▪ State-funded sexual assault services</li> </ul>	<ul style="list-style-type: none"> <li>▪ Child Protection</li> <li>▪ Child FIRST services (excluding broader family services)</li> <li>▪ Victims Support Agency (including Victim Assistance Programs and Victims of Crime Helpline)</li> <li>▪ Victoria Police</li> <li>▪ The Orange Door services.</li> </ul>
<b>Information Sharing Entities</b>	
<ul style="list-style-type: none"> <li>▪ Magistrates’ Court of Victoria officials</li> <li>▪ Children’s Court of Victoria officials</li> <li>▪ Corrections Victoria and Corrections-funded services</li> <li>▪ Adult Parole Board</li> <li>▪ Youth Justice (including the Secretariat to the Youth Parole Board) and Youth Justice funded services</li> <li>▪ Multi-Agency Panels to Prevent Youth Offending</li> <li>▪ Justice Health and funded services</li> <li>▪ State-funded sexually abusive behaviour treatment services</li> <li>▪ State-funded perpetrator intervention trials</li> <li>▪ Registered community-based child and family services</li> </ul>	<ul style="list-style-type: none"> <li>▪ Maternal and Child Health</li> <li>▪ Registered out of home care services</li> <li>▪ Department of Families, Fairness and Housing</li> <li>▪ State-funded homelessness accommodation or homelessness support services providing access point, outreach or accommodation services</li> <li>▪ Designated mental health services</li> <li>▪ State-funded alcohol and other drug services</li> <li>▪ Tenancy Advice and Advocacy Program</li> <li>▪ State-funded financial counselling services</li> <li>▪ Commission for Children and Young People</li> <li>▪ Disability Services Commissioner.</li> </ul>

**Record keeping**

ISEs have specific record keeping obligations under the FVISS and the CISS. ISEs can choose how they will meet their record keeping obligations, which might include written or online case notes, specific record keeping forms or IT solutions, and are in line with the [Privacy and Data Protection Act 2014 \(Vic\)](#) and, where applicable, the Australia Privacy Principles obligations.

When an ISE receives a request to share information they must record:

- the ISE that requested the information
- the date of the request
- the information that was requested
- if refusing a request, the request and the reason why it was refused.

When an ISE shares information (either proactively or on request) they should:

- know and record what scheme they are sharing under (FVISS, CISS or both)
- know and record whom information is being shared about
- record how the threshold for sharing was met.
- relevant risk assessments or safety plans that have been prepared for a person at risk of family violence.

Documentation is also required if sharing about:

- adult victim survivors of family violence or third parties under FVISS (where a child is at risk)
- a child’s parent under CISS
- child victim survivors of family violence
- any child in order to promote their wellbeing or safety.
- whether their views were sought about sharing their information
- if their views were not sought, record the reason why
- if they were informed that their information was shared
- whether information was shared with consent and whether the consent was written, verbal or implied

- if the information was shared without consent, record the reason why
- if the information was shared without consent, record if the person was informed that their information was shared without consent

Examples of record keeping forms can be found at: [www.vic.gov.au/guides-templates-tools-for-information-sharing](http://www.vic.gov.au/guides-templates-tools-for-information-sharing)

## Handling information sharing and risk assessment complaints under the CISS and FVISS

### Types of complaints

ISEs may receive complaints from:

1. Individuals in relation to privacy breaches, for example the ISE has:
  - misidentified an adult victim survivor as a perpetrator and shared information about them without consent
  - shared information that is not relevant to the purpose for which it was shared.
2. Individuals in relation to any other conduct under the Schemes, for example the ISE has:
  - not sought the views of a child and/or relevant family member and the complainant believes it was reasonable, safe and appropriate to do so
  - in the view of the complainant, failed to foster positive relationships between a child and significant people in the child's life, in the way they applied the Schemes.
3. Other ISEs in relation to how the ISE is sharing information under the Schemes. For example, an ISE may make a complaint about:
  - another ISE refusing to share relevant information that should be shared
  - the timeliness of responses.

### Complaints record keeping

The following information must be recorded if a complaint is received under the Schemes:

- date the complaint was made and received
- nature of the complaint
- action taken to resolve the complaint
- action taken to lessen or prevent the issue from recurring
- time taken to resolve the complaint
- if the complaint was not resolved, further action that was taken

**Note:** accepted standard practice is that a response should be provided within 30 days of receiving the complaint. All complaints must be handling according to the [Privacy and Data Protection Act 2014 \(Vic\)](#) and, where applicable, the Australia Privacy Principles