POLICIES&PROCEDURES V.15 April 2012

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POLICY NUMBER 1

OUR VISION

Elizabeth Grove Community Campus Children’s Centre is an integrated centre that is committed to the wellbeing, care and education of all children, families, staff and community members. We value, respect and promote a sense of belonging, collaboration and participation.

We work with government and non-government agencies to provide a range of child and family programs and services through a responsive strength and community based approach

OUR PHILOSOPHY

We believe that each child is individual, unique and important, and has the right to develop to their full potential by:
providing a curriculum that allows children to explore, imagine, create, problem solve, develop independence, socialize, have fun, and play often
providing a high quality, safe, welcoming, happy, supportive and accessible, care and educational environment that caters for individual children’s and family needs
providing children and families with opportunities to become involved in campus programs and services
providing children and families with opportunities to develop stable and caring relationships with staff and others
respecting and valuing the cultural and social diversity of children and their families

We believe that parents and families are children’s ‘first educator’, and we aim to:
welcome parents and family members with respect and sensitivity
encourage communication between staff and parents / carers
respond to individual family needs
recognise and respect the diversity of families
create, support and encourage involvement and participation
provide information about other services available on campus and in the local community

We believe that staff are the Centre’s most valuable resource. In order to provide a high quality of program we aim to:
provide job satisfaction
value the skills and knowledge that each individual staff member brings with them
respect the diversity of staff backgrounds and experiences
encourage ongoing professional development opportunities
maintain a safe and supportive working environment

We believe that the Centre is a valuable community resource, and as such we aim to:
build relationships with all campus services
build relationships with other community agencies
provide an accessible, flexible, and high quality service in response to community needs

REVIEWED: January 27th 2012Sourced: Governing Council & Centre Staff Team, BBB: Early Years Learning Framework, Respect Reflect Relate DECS

Enrolment POLICY NUMBER2
Regulation 75-76 : 99, 158-159,176

ENROLMENT CHILDCARE

To enrol your child for Childcare at Elizabeth Grove Children’s Centre you will need to place your child on a waiting list. This can be given to you by any staff member. Your need for childcare will be considered for enrolment using the priority of access guidelines, devised by the Families Assistance Office. The success of your application also depends on the spaces available at The Centre.

Priority of access is given to:
1. Families experiencing crisis e.g. Domestic violence, abuse
2. A child of a single parent who satisfies, or of parents who both satisfy the work/training/study test under the section 14 of The Families Assistance Act
3. Any other child.

Within these categories priority will also be given to the following children:
- Children of Aboriginal or Torres Strait Islander background, children of English as a second language background
- Children from lower income families
- Children with additional needs or of families with additional needs.
- Children of sole parents

ENROLMENT PROCEDURES

Parents/carers will need to contact The Director/Assistant Director to arrange a time to go through The Enrolment Procedure. The Director/Assistant Director will assist in filling in the enrolment form as required, or parents may choose to take the form and return it before the child starts care. The Director/Assistant Director will ensure that everything is completed and in accordance with the requirements of “Licensing and Standards” before a child commences care.

During the enrolment process the Director/A/Director will book a tour of the campus with the Community Development Coordinator, as well as supply the parent handbook. We will provide information on the following:
- Visit Days (a primary caregiver will be allocated and minimum of 2 visits is required)
- Enrolment form
- Fees, CCB (the Director will assist you to register for childcare benefit)
- Ambulance policy
- Medication policies
- Emergency and asthma policies
- Curriculum
- Accreditation and the stage the Centre is at.
- Community Campus Program
- Family Services Coordinator, Allied Health practitioners

Our preferred method of payment of fees is through Centrepay deductions. Parent’s choosing this method of paying their fees will not be required to pay the 2 week bond in advance.

At the time of registration for CCB you are encouraged to nominate payment of your Child Care Rebate to the Centre. This will minimise your out of pocket expenses.

A Parent Handbook is issued to the parent/carer on completion of enrolment detailing all of the Centre’s policies, procedures and other relevant information. Policies and procedures are displayed and available in each room. A checklist for new families is given to take home before commencing childcare which includes the following:
- What to bring to childcare
- Primary Care giving information
- Parent Orientation checklist

ORIENTATION

Orientation is an important because it assists children, families and educators to begin to build in relationships. Therefore parents and children are required to visit and become familiar with the Centre and their primary care giver prior to enrolment to assist a smooth transition into care.

ORIENTATION PROCEDURES
A suitable time is arranged with parent/guardian and staff team to organise a visit with your child/children. Our Centre uses Primary Care giving model and an initial meeting will be arranged to gather important information such as your child’s:

- likes/dislikes routines
- Allergies and emergency plans
- Curriculum needs
- Sunsmart Policy
- Primary Care giving Practices
- Children’s individual needs
- Cultural practices, foods, special celebrations
- Any other relevant information

Staff are aware of individual children and families needs and some families may require more visits than others. We provide the opportunity for as many visits as needed. We recognise that sometimes it is harder for the parent than the child to separate and if families need assistance with strategies speak to your primary caregiver who is very experienced in this area. We welcome and encourage parents to ring throughout the day and speak to their child’s primary caregiver to see how their child is doing.

Enrolment Kindergarten/preschool
Children in South Australia are entitled to 4 terms of Preschool (kindergarten) prior to starting school. Children must be 4 before May 1st to begin preschool that year. Children not already enrolled in child care will need to do a full enrolment which will entail many of the processes outlined above. In addition parents and caregivers will be given information regarding extra services available to 4 year olds, the importance of attendance and a discussion regarding schooling.

Children who are not in long day care at our Centre may be offered Pre-entry which is a session a week for one term prior to starting preschool.

Staffing at preschool is based on attendance. It is also in the best interests of children to attend regularly and parents will be strongly encouraged to send their children to preschool on a regular basis.

Children may begin early entry or have an extension of time at kindergarten where children have special needs and circumstances e.g. being from a culturally or linguistically diverse background.

Children who are from an Indigenous Backgrounds may start kindergarten from the age of 3 years.

Parents are encouraged to use Centre Pay to pay fees.

The Centre provides a healthy snack and therefore requires a commitment from families to pay the snack levy in full within the first 2 weeks of each term. The price of the Snack levy is outlined in the invoice which is issued within the first 2 weeks of each term.

PARENT’S ORIENTATION CHECKLIST

Welcome to the Elizabeth Grove Children’s Centre. We endeavour to ensure that we can provide the best information to families when enrolling their child at our centre. We are aware that it can be overwhelming for parent’s to take in all the information when they are enrolling their child for the first time and upon acknowledging this we have compiled a checklist to assist you in any areas that you may require some assistance. Please tick the information that you are aware of and please see staff if there are some areas that you need assistance.

CHECKLIST:
- Tour of The Centre
- Tour of The Community Campus with Community Development
• Enrolment form/ waiting list form
• Copy of The Community Campus Program
• Centrepay
• How to apply for Childcare Benefit
• Fees are payable for absences and holidays (excepting Closure days and Christmas Holiday period)
• Copy of The Parent Handbook/Centre parent pack
• Curriculum (EYLF framework)
• Profile Folders
• Centre’s operating hours.
• Centre’s phone number, fax, email address
• Christmas closure
• Booking in for extra sessions of Childcare over school holidays if required
• Parking facilities
• Hat and nappies provided, supply a nappy for home each day
• All meals provided.
• No additional foods to be brought to the Centre other than formula or milk bottles for children 0-2 years
• Signing in/ out attendance sheets when dropping of and collecting your child
• Procedure for another person to collect your child
• Applying for lunch care if using full day of sessional pre-school
• Displays of menus
• Where your child’s information pockets are
• Where your children’s lockers are
• Where the medication folders are located
• Governing Council information
• Where are Parent Committee Minutes displayed
• How to pay fees/location of fees box
• Where to place medication and procedures for competing medication form
• Asthma Plans
• Allergy and Medication Plans
• Ambulance and Emergency procedures
• Booking in for extra sessions or changing sessions
• Two weeks notice to be given when no longer requiring the service
• Who to speak to regarding fees and payments
• Where the policy folders are located
• Routine times for lunch, sleep or rest
• Ringing when your child is going to be absent
• Checking your child’s information pockets daily
• Introduction to your child’s primary caregiver and opportunity to book a visit for you and your child free of charge before commencing care
• Where to access information about your child’s day
• Where the children and adult toilets are located
• National Quality Standards
• Who to return the completed enrolment form to before commencing The Centre.
• Ensuring families update information as needed

We look forward to your Child’s stay at Elizabeth Grove Children’s Centre and getting to know your family. Please return completed enrolment form before your child’s first day in care to ensure we have all the correct information registered. To assist us to improve our practices and maintain a high quality program we would appreciate your feedback on the enrolment process that you received.

Please add any comments below and return with your completed enrolment form

COMMENTS:

Reviewed: April 2012
PRIORITY OF ACCESS

The Children’s Centre aims to operate to its full capacity for every session, five days per week. Its total licensing capacity is 68 children at any give time.

No more that ten (10) children under two (2) years of age to be cared for at any given time.

When preschool is in operation and the number of preschool children in attendance is less than thirty-five (35), the number of child care children attending can be increased proportionally as long as the total number of children in the centre does not exceed 68 children, of whom no more than 10 are under the age of two (2) years. Staff must be provided by the child care service and ratios as required by the regulations must be applied.

If the Centre is not running to its full potential we will enrol children (and their families) as they make contact with the Director to fill the spaces that are available.

When the Centre is at maximum numbers of children attending, the Director will develop a waiting list. The system will be a folder divided into two groups (over two and under two years of age), providing information of date of contact, name of family, child/ren’s date of birth, the date care is required and reason for needing care.

As stated in the Department of Education and Child Development (DECD) guidelines, the Centre supports first priority of access to

- Child at risk of abuse or neglect OR Family in crisis
- Family with recognised work or work-related commitments
- Family with the greatest need for child care support

REVIEWED: April 2012

Sourced: DECD - EECSRS, Governing Council, families & Centre Staff Team

Fees Policy

The Centre is a not-for-profit, community focussed organisation. This means that all money received from child care fees is used to pay staff wages and operating costs. It is a priority of management that the fees are kept affordable while still providing a high quality of care service

- To secure a child care position a bond, reflecting the cost of two weeks care is required upon commencement of care. The bond will be held by the Centre, and will be used to pay for the last two weeks of care used.
- Alternatively if you choose you may use CentrePay and no bond will be charged. CentrePay is a direct debit system from your Centrelink payment. This can be arranged with Aldene or Sandra in the office. A receipt will be issued as soon as possible. If your Centrpay is cancelled and you are no longer using this method of payment you will be required to pay a bond.
- At the time of registration for CCB you are encouraged to nominate payment of your Child Care Rebate to the Centre. This will minimise your out of pocket expenses.
- Payment plans may be negotiated with the Director.
- Accounts are issued weekly in arrears, and should be paid by the Friday of the week accounts are issued.
- Payments may be made in cash, direct debit, centre pay, or by cheque made payable to ‘Elizabeth Grove Children’s Centre’. Fees can be paid at the office or placed in an envelope provided at the fee box. Large amounts of cash must be handed to the Director, Admin Officer, or Assistant Director.
• A late fee of $1 for every minute will be charged when children are not collected by the end of session times (7 am - 12.30pm and 12.30 - 6.00pm)
• Two weeks notice in writing must be given when a child is withdrawn from care.
• Public Holidays: Fees are charged for public holidays.
• Annual Closure: The Centre will close for two weeks per year including Christmas Day and New Year’s Day. No fees will be charged during this time.
• Centre Closure: From time to time the Centre will be closed for the purpose of staff training and development, though these days will be kept to a maximum of two per year. No fees will be charged to families for Closure Day.

Overdue Child Care Accounts

The Centre is a non-profit organization and relies on the fees paid by the families using the Centre to maintain its operation.

Policy

1) All overdue bills will be followed up for payment, initially by the Centre’s staff and, if necessary, by the Centre’s Debt Collection Agency.
2) Parents/guardians will be given approval to use extra sessions at the Centre whilst their bill is overdue only at the Director’s discretion.
3) If no contact has been made by parents/guardians and the child has not attended the Centre for two consecutive weeks, the child’s placement in the Centre will be deemed as ‘abandoned’. The placement will be withdrawn and a fortnight’s fees will be charged in lieu of notice of withdrawal at full fee.

Procedures – Child Still Attending the Centre

1) If a bill is two weeks overdue, a reminder will be given on the next account.
2) Notices / letters may be issued at the Director’s discretion.
3) If the child has not attended for one week, the staff will inform the Director, who will then attempt to make contact with the parents/guardians.
4) If no contact has been made, after two weeks the staff will inform the Director and the child’s placement will be withdrawn and fees will be charged for a fortnight in lieu of notice.

Procedures – Child No Longer Attending The Centre

1) An invoice will be sent a week after the withdrawal date. If payment is not made the Director may also choose to make contact by telephone to workout a payment plan.

2) If the final payment has not been made to the Centre within two weeks of the withdrawal date the Centre’s legal firm will follow up payment.

Preschool Fees

A term fee is charged for each child, to help cover these costs of running the Preschool service. This fee applies whether the week is interrupted by holidays (other than school holidays) or sickness. If 4 or more of a child’s preschool sessions are also child care sessions they will not be charged a fee for preschool.
Our preferred method of payment for kindy fees is Centre Pay. Fees will be deducted from Centrelink payments e.g. pension, Family tax benefit etc.

Otherwise kindy fees will need to be paid in full within the first 2 weeks of each term.

For kindergarten families accessing lunch care our preferred method of payment is through Centrepay as per Schedule A / Services and fees.

I/we........................................................................................................... understand, agree too and accept the Fees Policies at the Elizabeth Grove Children’s Centre (Child Care).

Signed:........................................................... Date:............................
## Schedule A

**Service hours and fees**  
**As at January 9th 2012**

<table>
<thead>
<tr>
<th>CHILDCARE SERVICES</th>
<th>PER DAY</th>
</tr>
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</table>
| Full Day (Day)      | $62     | Monday – Friday 7 am – 6.00 pm  
| Morning Session (Morning) | $31   | 7 am – 12.30 pm (includes lunch)  
| Afternoon Session (Afternoon) | $31 | 12.30-6.00 pm  

<table>
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<tr>
<th>KINDERGATREN SERVICES</th>
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| Morning session (DECS preschool) | $1.40 | 8.30 -11.30 am (includes fruit/snack)  
| Morning session (DECS preschool) | $1.40 | 12 -3.00 pm (includes fruit/snack)  

<table>
<thead>
<tr>
<th>KINDY/CHILDCARE SERVICES</th>
</tr>
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</table>
| a. Kindy-lunch care      | $31 | 7-12.30 pm lunch care  
| (with 100% CCB cost is approximately $6.80 per lunch) |  
| b. Lunch care            | $10 | This option is for families not eligible for CCB |
LATE COLLECTION POLICY NUMBER

PENALTY FEES
A late fee of $1 a minute is chargeable to parents/guardians who are late collecting their children (i.e. later than 12.30 p.m. for morning session or later than 6.00 p.m. for an afternoon session). The Director has the responsibility to determine whether or not a late fee will be charged and he/she will need to take into consideration the reason for lateness and the frequency of the parents being late.

Parents/guardians who bring their children to the Centre earlier than their session start time will be asked to wait with their children until the start of their session. Should children be left at the Centre earlier than their session start time, a fee will be charged at the rate of $1 a minute.

LATE COLLECTION PROCEDURES
PROCEDURE FOR CAREGIVERS
If a child is not collected from the Centre by 12.30 p.m. for morning session, the incident must be recorded on the “Late Child” list by staff. The incident must be highlighted to the Director as soon as practicable.

If a child is collected from the Centre after 12.30 p.m. for morning session or after 6.00 p.m. for an afternoon or full day session a late fee is charged. Staff will be paid or given time off in lieu (TOIL) for their time at the Centre.

PROCEDURE IN THE EVENT OF A CHILD NOT BEING COLLECTED
Children must be collected from the Elizabeth Grove Children's Centre by 6.00 p.m. at the latest.

On occasions when children have not been collected by 6.00 p.m. and all effort has been made to contact parents/guardians and people nominated as emergency contacts on the child’s enrolment form, staff are required to contact the CRISIS CARE CENTRE – 8272 1222 to seek their assistance. As a Statutory Authority, the Crisis Care Centre has the resources and the legal ability to exercise their discretion handling these situations. Notwithstanding the above, the Centre's late fee of $1.00 per minute, or part thereof, can be applied.

REVIEWED: April 2012
Sourced: DECD- EECSRS, Governing Council, families & Centre Staff Team

AUTHORISED CHILD COLLECTION POLICY NUMBER

Regulation 99,158-159,176

1. The only people authorised to collect children are parents/guardians and those people nominated by parents/guardians on the child’s enrolment form.
2. Special authorisation may be given by the parents/guardians for a person not nominated on the enrolment form to collect their child.
3. If there is a joint custody order for a child, both parents should be included on the enrolment form along with child collection procedures.
4. If there is a sole custody order for a child, the custodial parent/guardian may have nominated the non-custodial parent(s) as being authorised to collect their child on the enrolment form. If the non-custodial
parent(s) have not been included on the enrolment form, special authorisation may be given by the custodial parent/guardian for the non-custodial parent(s) to collect their child.

5. If there is a restraining order against a particular person having access to a child, a copy of the order needs to be provided by the parents/guardians for the Centre retention. All staff will be notified of the relevant information. If the person with the order against them arrives at the Centre all efforts will be made to refuse access to the child. Police will be called if the staff feel the person poses a threat to any person’s and/or child’s safety. Staff will contact the parent/guardian to inform them of the situation.

**PROCEDURE FOR PARENT IF A NEW PERSON IS TO COLLECT THEIR CHILD**

1. The parent/guardian is responsible for advising the caregiver of the person who will be collecting their child/ren and providing a general description of that person.

2. The parent/guardian is responsible for advising the person collecting their child to bring identification.

**PROCEDURE FOR PERSONS OTHER THAN PARENTS/GUARDIANS COLLECTING CHILDREN**

1. Approach a caregiver from the section (photos of caregivers are in the main foyer entrance) and ask for the child to be collected. An appropriate form of identification must be provided.

**PROCEDURE FOR CAREGIVER WHEN A NON-PARENT/GUARDIAN IS COLLECTING A CHILD**

1. Check the diary and enrolment form to ensure that the parent/guardian has given approval for the person to collect their child.

2. Check the person’s identification before allowing the child to leave the Centre.

3. If the person has no identification, the child will not be allowed to leave under any circumstances. The parent/guardian must be telephoned and permission obtained before the child will be allowed to leave.

4. If the person who has requested to collect a child has a restraining order against them having access to the child staff will ask them to leave and warn them that the Police will be called if they fail to do so.

If the person refuses to leave the Centre contact the Police and act on their advice. If you need some sort of back-up/support and/or if the person gets violent in anyway the invacuation process will be invoked and staff will call the police immediately.

REVIEWED: April 2012
Sourced: DECD–EECSRS, Legal Services Unit Tel 82261555, Governing Council, families & Centre Staff Team
At Elizabeth Grove Children’s Centre we obtain parents permission to take children’s photos and display them within the Centre. We are also committed to participating and supporting the professional development of staff. As part of this there may be times when samples of children’s work and photos/videos of children, families or staff will be used outside the Centre. Whenever this occurs special signed permission will be obtained from parents and an explanation of what they will be used for will be fully explained. The following forms may be modified to reflect the specific permission being sought.

Elizabeth Grove Community Campus Children’s Centre

CONSENT FORM/TALENT RELEASE FORM
FOR USE OF CHILDREN’S WORK AND/OR IMAGES
FOR PROMOTIONAL PURPOSES

Our Centre is developing materials to support our centre.

It is planned that these materials may either be printed or online and will contain samples of learners’ work and/or images of students. This document seeks permission to reproduce your child’s work or image in these materials.

I: ___________________________________________________________

(parent’s/guardian’s name – PLEASE PRINT)

of: ___________________________________________________________

(address – PLEASE PRINT)

on behalf of:

_________________________________________________________________

1. Consent to video footage/photos/other images/student work of my child being used by the Site/Department of Education and Children’s Services for a variety of public relations, communications and promotional activities, including for publications, promotional material, websites and advertisements, for an undefined period of time;

2. Acknowledge that any video footage/photos/other images/student work used by the Department of my child in connection with promotional activities and/or publications is an authorised use of my child’s performance for the purposes of the Copyright Act 1968;

3. Understand that any video footage/photos/other images/student work taken may be shown in a public environment (in South Australia, interstate and/or overseas);

4. Agree that my child’s participation in promotional activities and/or publications may be edited at the sole discretion of the Department;

5. Acknowledge that the Department is not obliged to include my child in the promotional activities and/or publications;

6. Release the Department from any claim by me or anyone on my behalf and arising out of my child’s appearance in promotional activities and/or publications;

7. Acknowledge that there is to be no payment or further consideration paid for my child’s video footage/photos/other images/student work.

Signed by: ___________________________________________ Date: __________

(parent’s/guardian’s signature) 

__/__/____
Consent form should be held by the Site

Elizabeth Grove Community Campus Children’s Centre

CONSENT FORM/TALENT RELEASE FORM FOR USE OF STAFF and PARENT WORK AND/OR IMAGES FOR PROMOTIONAL PURPOSES

Our Centre is developing materials to support our centre.

It is planned that these materials may either be printed or online and will contain samples of learners’ work and/or images of students. This document seeks permission to reproduce your child’s work or image in these materials.

I: ____________________________

(parent’s/guardian’s name – PLEASE PRINT)

of: ____________________________

(address – PLEASE PRINT)

on behalf of: ___________________

8. Consent to video footage/photos/other images being used by the Site/ Department of Education and Children’s Services for a variety of public relations, communications and promotional activities, including for publications, promotional material, websites and advertisements, for an undefined period of time;

9. Acknowledge that any video footage/photos/other images/ used by the Department in connection with promotional activities and/or publications is an authorised use of my performance for the purposes of the Copyright Act 1968;

10. Understand that any video footage/photos/other images/ taken may be shown in a public environment (in South Australia, interstate and/or overseas);

11. Agree that my participation in promotional activities and/or publications may be edited at the sole discretion of the Department;

12. Acknowledge that the Department is not obliged to include me in promotional activities and/or publications;

13. Release the Department from any claim by me or anyone on my behalf and arising out of my appearance in promotional activities and/or publications;

14. Acknowledge that there is to be no payment or further consideration paid for my video footage/photos/other images/ work.

Signed by: ____________________________

(parent’s/staff members signature) Date: ___/___/____
Consent form should be held by the Site

Reviewed April 2012 Sourced: DECD Policy Template and procedure

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**INCLUSION OF ALL CHILDREN**

**POLICY NUMBER 8**

Through the centre’s philosophy, goals and policies, this centre will be accepting and supportive to all children.

The program encourages and involves the inclusion of children/families with additional needs, children/families from other cultures, children/families from all religions, children/families who speak other languages and children/families from all backgrounds.

Each child will be respected as individuals and staff will consult with all families regarding the care, education and development of their child/ren. Staff will encourage families to share and contribute their diverse individual knowledge and skills to the program.

Each child will have opportunities to engage in experiences that promote non-sexism and anti-bias philosophies.

Each child will be allocated a primary care giver.

All children will have a program tailored to meet their individual developmental, cultural and learning needs.

**Working with families:**

- The participation of all families in their children’s programme and in the management structure of the centre is encouraged, valued and supported
- Staff aim to develop positive ways of communicating with all parents
- REVIEWED: April 2012

Sourced: DECD- EECSRS, DFCS Child Care Services Handbook, Governing Council, families & Centre Staff Team

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**CHILD PROTECTION POLICY NUMBER**

**Regulation 84, 168,12,87**

All staff at the Centre are Mandatory notifiers. Staff have a legal responsibility to contact CARL on 131478 where they suspect abuse has occurred.

Confidentiality will be respected at all times. Throughout all phases of the child protection process, confidentiality will be maintained and the matter will ONLY be discussed with other professionals who are responsible for ensuring the safety of all children.

The decision to report any suspected cases of child abuse or neglect will be seen as a fundamental professional responsibility of any person employed at the Centre. Please refer to the DECD Policy in the Appendix which guides the Centres procedures.

The fundamental professional responsibility of a caregiver to contact Families SA will take priority over the client / worker relationship considerations.
The Centre’s main responsibility in this area is to ensure the safety of each and every child and support the children’s right to feel safe and secure in their environment.

Staff implement the Keeping Safe Child Protection Curriculum within the Centre Programs for all children birth to 5 years. Parents are informed of the ideas and concepts being introduced to their children.

REVIEWED: April 2012


SUPERVISION OF CHILDREN POLICY NUMBER

All children will be under the supervision of a staff member during all activities while attending the Elizabeth Grove Children’s Centre. Staff will maintain either visual sight of all children or children will be within hearing distance while engaging in programmed activities. While we promote supervision of all children, there is the reality of being responsible for a large group of children. We implement preventative/safety measures when considering the set-up of the indoor and outdoor environments. Staff maintain a safe environment to the best of their ability but, sometimes, accidents do happen. All known accidents are reported to the collecting adult on the day of occurrence via a written report. A copy of the Accident Reports can be made at parent’s request. If this fails to happen then we may make other attempts to notify the parent as soon as possible. On occasions, accidents may happen without the staff’s knowledge. Every attempt is made to encourage children to inform staff when an incident occurs.

The staff team will endeavour to nominate a Health, Safety and Welfare Representative (HS&W Rep.) This person has separate roles and responsibilities which are dedicated to ensuring that we provide an environment that is monitored for safety, health/hygiene and the well-being of all children.

The centre supports the training of TAFE and University students and volunteers. These ‘extra’ people will never be left alone with any children, nor will they be left responsible for the care and supervision duties. Their roles are for training purposes only. On occasions, these people may be engaged in future employment, when they may become a paid staff member and then they will be allowed to take on other responsibilities that are similar to other paid staff members.

Reviewed: April 2012
Sourced: NQS, current information & training, Centre Governing Council & Families, Centre Staff Team

CHILDREN’S LEARNING RECORDS POLICY NUMBER

Regulation 73-76

The centre will maintain learning records on individual children enrolled.

Each educator will be responsible for collating information. The records will incorporate information from the child’s commencement at the centre and up-dated information will be added during the enrolment period. The folder will include written observations of the child’s play while in attendance, photos, art work, learning stories, evaluations etc. Children’s Portfolios are sent with the child when they leave the Centre. This information contained in the portfolios is will be treated as confidential and parents, relevant family members and staff members may access these only.
Staff will make formal opportunities available families to give information and receive information about their child’s progress through interviews. Parents of children in their first and third term of kindergarten will be offered a formal interview with their focus teacher. Children in child care will be invited to have a formal interview with their primary caregivers. The aim of interviews is to share information about individual children in order to optimize their care and learning experiences whilst in the Centre as well as supporting parents in their parenting roles.

REVIEWED: April 2012

Sourced: Current information & training sessions, NQS, Governing Council, families & Centre Staff Team

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**CURRICULUM PLANNING**

**POLICY NUMBER 12**

**Regulation 73-76**

The centre promotes a balance between an educational curriculum and care program within the service that we provide. The staff team has professional educators from many backgrounds. This complements the community needs by ensuring people are well-suited to their roles and responsibilities. The curriculum operates daily and is personalised according to the needs of the individual children in each room. The curriculum is based on the National Curriculum Framework Belonging Being and Becoming: The Early Years Learning Framework of Australia

**OUR CENTRE’S GUIDE TO THE CURRICULUM PLANNING CYCLE**

The planning cycle differs slightly for children attending sessional preschool and those attending child care. The main aim of the planning cycle (observation, evaluation and planning) is to provide educators working with children the necessary information and tools to plan for their children’s learning.

1. Educators collect information from a variety of sources e.g. parents, family members, other carers, outside agencies, observations.

2. Educators record information.

3. Educators use the Early Years Learning Framework for Australia.

4. Staff use a variety of proformas for observing children’s progress.

5. A daily evaluation plan for the overall program in the Ocean and the Hummingbird Rooms is considered best practice and every endeavour will be made to do this daily. Sessional Preschool evaluations are embedded in individual children’s Individual Learning Plans. An overall evaluation of the kindergarten/preschool program is carried out during the fortnightly programming cycle.

6. When programs are completed staff ensure it has a date on it before displaying at all entrances.

7. When the curriculum cycle is finished (end of the fortnight) staff write an evaluation and follow-up through planning. The next planning cycle begins at this stage.

REVIEWED: April 2012

Sourced: DECD, EYLF, Current information & training sessions, NQS, Governing Council, families & Centre Staff Team
At Elizabeth Grove Community Campus Children’s Centre we believe that:

- All children have the right to quality education and child care
- Children learn best when they can experience positive feelings of self and a sense of achievement.
- Children learn best in an environment that is supportive of their efforts, is safe to explore and experiment, and that caters for the needs of the individual and the group.
- Children learn best through play, and our curriculum should foster and promote this belief.
- Everyone has the right to feel safe all of the time, this includes families, children and staff
- Children, families and staff should work together to build cohesive positive relationships, staff that aim to foster shared responsibilities and understandings of children’s development.
- Children and families experience varying family contexts and situations and these should be acknowledged, understood and celebrated when appropriate.
- Adults should model appropriate behaviour consistently, and support children towards developing positive and appropriate behaviour.
- Positive behaviour is any behaviour that is helpful, respectful, and cooperative, and helps to generate further learning.
- Negative behaviour is any behaviour that is unsafe (i.e. any behaviour that may potentially or does result in physical harm to oneself or others), and / or unacceptable (i.e. any behaviour that is unfair or disrespectful towards others).
- Children have the right to express their feelings, and may need adult guidance to express them in an appropriate manner.

The behaviours that we encourage at Elizabeth Grove Community Campus Children’s Centre are:

- Mutual respect and care
- Trust
- Cooperation and helping
- Care and empathy for others
- Positive social interaction with others and development of friendships
- Participation
- Enthusiasm
- Confidence
- Independence and taking responsibility
- Positive risk taking – ‘Having a go’

Ways we maximize positive behaviours at Elizabeth Grove Community Campus Children’s Centre include:

- Finding out about children’s prior knowledge, and family expectations
- Considering children’s developmental stages, individual and temperamental differences
- Acknowledgement and understanding of differing family backgrounds
- Providing a curriculum that gives children various enriching and challenging play opportunities and experiences, in which to experiment, problem solve, negotiate, create and express themselves
- Keeping expectations simple, clear and consistent for all, and to take into account children’s individual needs.
- Positive interactions with children that are responsive to children’s individual development
- Promoting a positive outlook, sense of humour, enthusiasm and fun
- Providing opportunities for children to take risks and experience ‘achievement’, and allowing time for practice and success
- Structuring the learning environment so that it promotes positive behaviour. E.g. using visual cues to remind children of rules/expectations, provision of adequate number of materials, free choice play, inside/outside program, maximising small group times and limiting the number of children, provision of quiet and active play areas, providing warning time for finishing activities.
- Provision of a flexible curriculum that caters for the individual learning needs and interests of children – concentration span, ability to focus, favourite activities or topics of interest
- Role modelling and positive reinforcement for positive behaviour – regular discussions with children about rules, and responsibilities
- Displays that are informative and are regularly updated for both families and children
- Explicit teaching of behaviour and play skills, and including Child Protection Curriculum
• Children are encouraged to help and take responsibility for the centre’s physical environment, i.e. children help to clean up after each session, work together cooperatively, and look after their own belongings.
• Using assessment, monitoring and reporting tools that focus on children’s progress and achievements
• Assessments / observations are regularly updated, and Profile Folders are kept updated and available for families and children at all times.
• Preschool Support and / or Inclusive Directions support is accessed for children with additional needs.
• All staff are informed about children’s additional needs, and these needs are taken into account during the curriculum programming cycles. Reports and information are, circulated amongst staff for reading and discussion if needed. Review meetings are held to discuss individual children’s progress – all staff including support staff are part of this planning cycle.

*The behaviours that are not acceptable or appropriate at Elizabeth Grove Community Campus Children’s Centre are:*

- Hitting
- Kicking
- Pinching
- Pushing
- Spitting
- Biting
- Bullying
- Throwing things
- Deliberate damage to furniture
- Swearing and abusive language

*Ways in which we minimize challenging behaviour at Elizabeth Grove Community Campus Children’s Centre include:*

- Utilising the Prevention-Intervention Framework. See Appendix 1.
- Fostering and encouraging engagement in play experiences
- Clear and open communication with families about challenging behaviour at the earliest opportunity, that is confidential and positive in its approach.
- Building on children’s positive experiences
- Acknowledgement of children’s feelings
- Understanding the behavioural needs of children, and how behaviours may be triggered
- Program planning that considers behavioural needs.
- Utilising Individual Learning Plans to organise Behaviour Plans
- Accessing support from DECS support services, Allied Health Program, Inclusive Directions, TAP, Kids ‘N You Family Services, CAHMS, CYHS, Lyell McEwin Hospital.
- Children are always treated with dignity, and respect, and are always supervised.
- Only staff are to supervise and manage children’s behaviour once children have been placed into the care of centre staff. Volunteers, students, and parents/carers (other than the child’s own) are not expected to intervene, and should report concerns to the centre staff.
- Physical, verbal, or emotional punishments are not used.
- Consequences for inappropriate behaviour should be immediate, and may include time away with support which is non-emotional and followed by redirection.
- Using ‘Strategic ignoring’ as a strategy for behaviour that is not harmful or dangerous
- ‘Time Away’ with support is used only in extreme circumstances where behaviour is repetitive and physically harmful to the child, peers or staff. Set ‘Time Away’ procedures must be adhered to.
- Take home, where a parent is called to take their child home is only used in extreme situations where the child shows extreme behaviour that is persistently harmful, dangerous and only after all other strategies have been implemented and failed.
- Restraining of children is not appropriate unless part of an established behaviour management program, or the child is in danger of physical harm.

*We inform children by:*

- Open and honest discussion about issues and concerns
  - Using role play as a strategy for demonstrating and practicing positive behaviour
  - Revisiting rules, responsibilities and expectations regularly
  - Using a problem solving approach that encourages children to take responsibility for their actions
  - Using visual cues to back up what educators are saying e.g. using the ‘5 Ls of Listening’ chart
• Displaying expectations, rules and routines in a visual format

**We consult and inform parents / carers:**
• Through prompt follow–up with parent and primary caregivers when an incident has occurred
• By including the BC as part of our enrolment process
• Through regular newsletters
• By responding promptly to parents / carers requests and concerns
• By maintaining an ‘open door’ policy whereby parents / carers can feel comfortable in discussing concerns and issues
• By keeping displays up to date
• By involving parents in review / transition meetings when required
• Through informal and formal discussion with parents / carers
• By providing opportunities for parents to attend workshops and groups provided by the centre
• Through annual review of the BC at Governing Council and through staff meetings
• By creating Individual Learning Plans for children with additional needs
• By providing opportunities for parents / carers to discuss children’s development

**Parents / carers can help support the Behaviour Code by:**
• Reading it and clarifying points with staff
• Reinforcing and discussing positive behaviour at home
• Staying informed about changes to the code
• Participating in family events at the centre
• Following Grievance Procedures when needed
• Refrain from intervening in the behaviour management process of a child at the centre, or speak with the parents / carers. Any concerns must be directed to the director.

**Staff will be informed through:**
• The induction process – the BC will part of the Induction Information
• Discussion and review of the BC at staff meetings
• Discussion and involvement in the planning cycle
• Training and development, and regular professional reading

**Review of the Behaviour Code:**
• Will be an annual process with staff and the community
• May also occur when a particular issue of concern arises
• Parents / carers and staff will receive the BC to review and make suggestions. These will then be discussed in an open forum. Changes to the BC may then be made if agreed upon.
APPENDIX 1

Prevention-Intervention Framework

The framework below outlines a **positive framework** for approaching children’s behaviour management.

This is the pyramid framework for looking at behaviour. The basic premise is that when most emphasis and energy is directed on the lower levels, it is likely that input using the strategies in the top half of the pyramid will not be needed as much.

The pyramid also demonstrates that the bottom levels involve strategies that impact on almost all of the children. These levels reflect an inclusive and preventative approach.

The upper two levels involve more targeted strategies which are targeted to an identified child or small groups of children.

An effective behaviour management approach involves considerations at every level. Every level requires consideration when developing a Site Behaviour Code.

Rationale

At Elizabeth Grove Children’s Centre Staff will work with each other and with families to ensure children have smooth transitions between rooms and onto school.

“Transitions, including from home to early childhood settings, between settings, and from early childhood settings to school, offer opportunities and challenges. Children, families and early childhood educators all contribute to successful transitions between settings.

In partnership with families, early childhood educators ensure that children have an active role in preparing for transitions. They assist children to understand the traditions, routines and practices of the settings to which they are moving and to feel comfortable with the process of change. As children make transitions to new settings (including school) educators from early childhood settings and schools commit to sharing information about each child’s knowledge and skills so learning can build on foundations of earlier learning. Educators work collaboratively with each child’s new educator and other professionals to ensure a successful transition.”

[The Early Years Learning Framework for Australia p.16]

Procedure

Checklist and Procedure for children transitioning between rooms

1. Discuss with child’s primary care-giver. Consider – siblings. Allow 2-4 weeks notice to organise visits and official moving date.
2. Background information sheet to be completed by staff (primary care-giver).
3. All relevant information to be passed on to the newly assigned primary care-giver including; background information sheet, profile folder and update of enrolment form. Primary care-giver to introduce parent to other staff and the newly assigned primary care-giver for their child.
4. Give a tour of the room highlighting where everything is including; lockers, art file, program, profile folders, medication folder, toilets (talk about toileting, also exploring water and the possible need for extra spare clothes),
5. Staff involved discuss best way for each individual child to transition through. Staff may need to visit with child if possible. Prepare child who is transitioning, talk about visits with the child.
6. Children to begin with short visits, depending on children’s needs and then extend to longer visits

REMEMBER to maintain open communication to ensure a smooth transition for children

Background information to make a smoother transition between rooms with in the Centre:
Toileting needs
Sleep needs
Lunch routine/ Allergies
Likes and dislikes
Any other relevant information
Checklist and Procedure for children transitioning to school

1. Encourage families to enrol their child in school as soon as possible after their child turns 4 years old.
2. Work with the relevant school staff to organise and support transitions visits.
3. Wherever possible invite school staff to visit the child in the Centre.
4. For children with additional needs work with families, Regional support staff and the school to pass on relevant information, hold an NEP meeting and support transition visits.
5. Celebrate the child’s time at the Centre and their move to school by farewelling them and presenting them with their portfolios and art work.

Reviewed April 2012
Sourced: Early Years Learning Framework for Australia, Lady Gowrie Child Centre

CHILDREN’S EXPERIENCES

Food is not to be used for creative play experiences (e.g. noodles for threading, jelly play, etc).

Magazines are not to be used for cutting in book form. Selected pages (non-sexist / anti bias / non-violent) may be made available for cutting.

Chalk drawing is not allowed on the walls; however children may draw on the concrete / cement paths.

If children wish to have water outside (e.g. for the sandpit), it is to be taken from the outside tap with supervision and not from the bathroom / toilet room’s sink.

Small bead threading experiences are only programmed on the curriculum during times that they can be closely supervised and mainly children over three would be involved.

Toys and equipment that is set-up by staff must remain in the area they were planned for e.g. inside toys, inside, table equipment to be kept at the table and outside toys, outside, sandpit toys remain in the sandpit.

All children’s experiences are planned and implemented to enhance the individual’s growth and development.

GUIDELINES FOR OUTDOORS


1. The children and staff will follow the guidelines of the ‘Sun Protection Policy’ as stated in the centre’s Policy and Procedures manual. Sunscreen must be applied 20 minutes before going outside (or the children who arrive late will be encouraged to play in the shade for 20 minutes while the sunscreen takes effect). CHECK ALLERGY CHART FOR SENSITIVE SKINS BEFORE APPLYING THE CENTRE’S SUNSCREEN ON EACH CHILD.

2. Staff and children are encouraged to wear Centre legionnaire hats as provided at all times while outdoors.

3. Suitable indoor programmed activities / experiences may be set-up outdoors, weather permitting.
4. Meal times may be conducted outdoors, weather permitting. The use of a mat is provided for the children to sit on and must be located in a shady position. (Hats to be worn.)

5. Climbing equipment is provided for safe climbing.

6. Children must sit on the swing seats if they want to use the swings. Standing is unsafe and may cause an accident.

7. The sand-pit must be used appropriately. Sand is dangerous to the eyes and therefore must be kept low to the ground. Throwing sand in the air can be harmful. Children will be verbally encouraged to keep sand at ground level.

8. All equipment must be used for a suitable purpose and must stay where it can be used appropriately e.g. sand toys stay in the sand-pit area.

9. Children to have hands free of any items/toys when choosing to climb equipment or using the slide.

10. The bathroom sinks are used for washing hands only drinking from the sink taps will be discouraged due to its unhygienic nature.

11. Filling buckets and troughs with water from the outside taps is encouraged when related experiences are programmed on the curriculum. Staff will discuss the drought restrictions with the children and therefore, the centre will promote ‘water saving’ philosophies.

12. Drinking water will only give from a suitable water drinking vessel. This container will be regularly cleaned and sanitised according to health and food safety laws e.g. dishwasher cleaned at the end of each day.

13. When the use of a water trough/container for water play experience is programmed within the curriculum the activity must be supervised at all times and after use all water must be emptied from the container immediately in an appropriate place. Water shall never be left in any type of troughs/ large containers unsupervised or after the completion of a supervised experience.

14. Educators (staff) interactions with children while outside are positive and promote individual and group attention. Supervision of the whole group is adequate and maintained. When redirecting inappropriate behaviours is necessary, staff will endeavour to move to other areas to talk to children, rather than ‘yelling’ across the yard. The word ‘stop!’ is used when needed, with a positive explanation to follow, thus, encouraging a change to more appropriate behaviour.

REVIEWED: April 2012
Sourced: Current information & training sessions, NQS, EYLF

**CHILDREN AND TELEVISIONPOLICY NUMBER**

Regulations 73-76

Selected, occasional television/DVD viewing may be used to enhance learning. These programs will be developmentally/age appropriate programs.

The occurrence of these spontaneous experiences may be directed by weather (extreme heat or cold) or if a child has brought a ‘special’ video from home to share with the group.
All children will not be expected to sit down and watch TV. Alternative activities will be made available for children who do not choose to watch television. These could be quiet activities that will not disturb the children watching television or alternatively, children may be taken outside.

The role of the staff........

- Use the trolley provided to transport the television
- After the program has ceased the television is returned immediately
- Will prepare children for what they are going to be watching by discussion prior to the program.
- Will be to explain what is happening and discuss this with the children by answering any questions or queries they may have.
- Talk through ideas and anxieties.
- Discuss standards and values expressed.
- Relate the program to the child’s own life (if appropriate).
- Set up the environment so that the viewing area is not used as a thoroughfare.
- Will supervise the children watching the TV program at all times. Staff are expected to sit down with the large group of children while the TV program is operating. In the event, children begin to move away from the TV and to other inside experiences, the staff member responsible for the group must be aware of all children in the room, therefore, they may need to supervise move around to all experiences.

REVIEWED: April 2012
Sourced: Current information & training sessions, NQS,

EXCURSIONS POLICY NUMBER

Regulations 165, 167, 174,100-102,168, 99

The Centre’s belief is that excursions and outings are an important part of every child’s development.

In order to plan and organise more excursions and outings it may not be possible for all children to participate every time, but staff will keep a record of children attending such activities to ensure that each child is included at some stage.

Some planned excursions and outings will be suitable for particular age ranges of children, staff will keep this in mind when selecting children to participate and will reinforce sharing and turn taking with others, together with lots of discussion and explaining. This is important in every child’s development.

A Risk assessment will be carried out before each excursion by the centre Director. (Please refer to DECD Risk ManagementPolicy No07/4385 a (attachment to OHS Policy No 46).

Parents will be informed of all programmed excursions for their child/ren. Detailed written consent forms will be issued to parents who need to be signed and returned to staff before their child can participate.

On the occasions that a room is planning an excursion, there are always provisions made for any child that is unable to participate and child care facilities are organised within the Centre (child care may not always be in the same room in which the child/ren is booked into).

Staff are ultimately responsible for the planning and implementing of all excursions. Ratios for children and staff will be closely watched, ensuring that, according to the licensing regulations, there are appropriate numbers of qualified and unqualified staff members to children participating. The age range of the children involved and the destination will also be taken into consideration. Staff are responsible for all activities occurring on excursions or outing. They are the ultimate decision-makers.
Other adult people (over 18 years of age) involved in the excursion or outing will be considered as volunteers and cannot be counted in child/adult ratios. They will be responsible to staff and under direction at all times.

The number of children that hold hands with an adult, other than staff, will depend on the situation and be at the discretion of staff.

Staff will inform all other adult people of their role and responsibilities while participating in a Centre excursion. They will be asked to encourage the children to listen to staff for instructions, procedures and direction. Staff will carry a First Aid bag with them on all occasions.

Staff will organise the group so that when walking one staff member leads and another follows at the end. The rest of the group, children and adults, will form in the middle to ensure safety of all.

A qualified staff member will nominate and be responsible for monies, cheques and emergencies. Also for carrying a detailed list of the number attending and full names of all adults and children.

Staff will use their common sense with regard to unsuitable weather conditions. Weather that is too hot or too wet may determine the need to cancel or postpone a planned excursion.

A list of children and staff participation on any excursion or outing will be left at the front desk. Details such as names, estimated times of departure and return and destination would be given to the Director before leaving the Centre.

All children participating on a Centre excursion will wear a badge with the Centre’s name and telephone number. Ratios of staff to children will be as per Licensing requirements.

REVIEWED: April 2012

Sourced: NQS, DECS Licensing & Standards Unit, current information & training,

Primary Care Giving  Policy Number  19
Regulations 73-76,80,86,99,111,157,168,171,173, 129-135

Rationale
At Elizabeth Grove Children’s Centre we believe in primary care giving practices and attachment theories where relationship between a child and primary caregiver enables the child to feel safe and free to learn and explore. We believe that the primary caregiver should wherever possible look after their primary child’s needs, taking a key role in feeding, sleeping, changing and playing with the child.

“Educators who are attuned to children’s thoughts and feelings, support the development of a strong sense of wellbeing. Educators who give priority to nurturing relationships and providing children with consistent emotional support can assist children to develop the skills and understandings they need to interact positively with others. They also help children to learn about their responsibilities to others, to appreciate their connectedness and interdependence as learners, and to value collaboration and teamwork.

Learning outcomes are most likely to be achieved when early childhood educators work in partnership with families in genuine partnerships where families and early childhood educators:
• value each other’s knowledge of each child
• value each other’s contributions to and roles in
each child’s life
• trust each other
• communicate freely and respectfully with each other
• share insights and perspectives about each child
• engage in shared decision-making.

[Early Years Learning Framework for Australia p 12]

Educators at Elizabeth Grove Children’s Centre work to create safe havens and a secure base for all children. Each child is encouraged to discover, explore, investigate and have fun in a stimulating and challenging environment that has positive role models.

Procedure
When your child starts at the Centre they will be assigned a Primary Caregiver. At this time a primary care giver will be allocated, a meeting arranged and a minimum of 2 visit days booked in prior to children commencing care. This educator will assist your child to settle in and spend lots of 1:1 time getting to know your child. Once your child has formed an attachment to their primary caregiver other educators working with your child will work on building secondary attachments with your child. This process allows your child to feel comfortable and happy with all staff in the room.

All staff work together in the room and Primary Caregivers do not only care for their focus children. Educators have responsibilities for all the children and collective responsibility for maintaining the learning environment.

We are aware that a rigid system of primary care giving can work against the children’s best interests by creating delays in attention or by encouraging children to become too dependent on one caregiver. With this knowledge in mind staff form secondary attachments with all the children so that each child feels safe and secure when their primary caregiver is absent. If your child’s primary caregiver is on a rostered day off or on leave there is no need to feel concerned as the other educators working in the room are aware of your child’s needs.

Keeping families informed
Children will have opportunities to extend their interest through play and be able to look back at experiences with their primary caregiver and their family. Children will have lots of opportunities to be involved in the creation of the program and the direction it will take.

Parents will have opportunities to share experiences that their children have had whilst in care, and to discuss their child’s development, interests and needs with their primary caregiver. The staff will observe children through the use of photographs, learning stories and other assessment tools, in a way that is creative and interesting to all who read them.

Staff will ensure that each child has an appropriate amount of observations over each term period and they will discuss their primary care children’s portfolios with the child’s family and ensure that the children and their families know that they have open access to them at all times. Parents of children who are 4 years old and in kindergarten will receive regular and timely opportunities to discuss their child’s learning with their teacher (primary caregiver).

At all times we encourage families to share, discuss and celebrate their child’s care, development and learning needs with their primary caregiver.

Reviewed April 2012
Sourced NQS, Early Years Learning Framework, Lady Gowrie Child Centre, Circle of Security, Cooper, Hoffman, Marvin and Powell, Robyn Dolby Closure Day June 24th 2011.
Foods and drinks
Elizabeth Grove Children’s Centre is committed to providing a well-balanced and nutritious diet with the emphasis on introducing the children to a wide variety of foods, including meals from various cultures.

The Centre is also committed to providing the children with healthy fluids within the diet. We will offer the children water throughout the course of the day.

The food is prepared with low added sugar and no added salt, the addition of fats is kept to a minimum and the use of preservatives and colourings will be avoided where possible. Due to current information on the prevention of choking, we will ensure that children are NOT given raw apple, green pear, raw carrot or celery to eat, unless grated. Also we will ensure that grapes, prunes, cherry tomatoes and apricots are cut in half before being served to the children.

The Centre does not purchase sliced and processed meats due to the risk of listeria. Such meats may be used if donated and in tinned form and approved by the manager.

Food and beverages are offered appropriate to the needs of each child on a regular basis throughout the day. Approximate times are as follows:

- Morning Fruit Snack - 9.30am
- Main Meal Under 2 years Lunch (mixed vegetable accompaniment) - 11.00am
- Main Meal Ocean over 2 years Lunch - 11.15am
- Main Meal Kindy Room Lunch - 11.30am
- Main Afternoon Snack - 2.30pm
- Late Fruit & Crackers Snack - 4.30pm

Extra eating opportunities are provided for children to ensure they are not hungry throughout the day e.g. bread, fruit or crackers are offered.

The full menu is displayed in the front foyer. Parents, children and all staff members are encouraged to be actively involved in the menu planning, preparation and implementation whenever appropriate. New recipes and ideas are always encouraged and welcomed.

Requests for individual dietary needs will be catered for as much as possible and the Director needs to be notified in writing of any special dietary restrictions and/or allergies.

The main menu is planned by our ‘in-house’ Cook. It is based on the program ‘Start Right, Eat Right’, which provides for 50% of a child’s daily nutritional requirements. Therefore food provided will be consistent with the Dietary Guidelines for Children and Adolescents. Our Food Safety plan is maintained and updated. Within each fortnight the Menu will include four red meat dishes, (beef, veal and lamb), three white meats (fish and chicken), four serves of high fibre (wholemeal bread) and at least two varieties of vegetarian dishes. Each day will include three dairy serves and at least two serves of fruit.

The menu will be reviewed each term.

Introducing solids
If a child requires infant formula during the day, it will be necessary to bring the required number of bottles (already made up) to the Centre each day. When it is time for children to be introduced

To solids resources are given to parents in the form of pamphlets, newsletters and through discussion.

We aim to make meal times a pleasant social experience for all to enjoy and positive eating habits will be
encouraged. Food and meal times will be seen as a learning experience for all children.

**How will I be informed about my child’s food and nutrition?**

The Centre communicates with caregivers:
- Via the whiteboard which summarizes information for each child
- Verbally at pick up time
- Hummingbird Day Sheets

**MENUS AND MEAL TIMES FEEDBACK SHEET**

Our menu is based on the five food groups and planned in advance so that we can serve nutritious meals daily. The cook ensures that 50% of your child’s nutritional value may be achieved if spending a day in care. The meal times are a pleasant occasion, with opportunities for children and staff to involve themselves in conversation. The menu includes recipes from other countries and cultures, promoting a multicultural flavour. A display of our weekly menu and related information is found on the wall in the front foyer. Water is available (or on request) at any time throughout the day. Lunch is accompanied by water only. This supports our Dental Plan and cleanses the teeth after finishing the main meal. Afternoon snack is served with water and late snack is accompanied by a drink of water.

Please complete the following by suggesting menu ideas and /or write your child/ren’s likes and dislikes. How can we better serve the needs of your child’s daily nutritional diet?

**COMMENTS**

__________________________________________________________

__________________________________________________________

__________________________________________________________

REVIEWED: April 2012 Please Refer to Food Safety Plan located in Kitchen
Sourced: Playford City and Gawler Councils, Food Alert, Bug Busters Right - Eat Right Program, Guidelines Women’s & Children’s Hospital,

**FOOD HANDLING AND STORAGE**

**POLICY NUMBER** 20b

**Regulations 77-80,168**

The staff at Elizabeth Grove Children’s Centre will ensure that all food handling, preparation and storage is hygienically maintained as per the Centre’s Food Safety Plan to reduce the risk of poisoning/contamination and accept the responsibility of serving high food standards. Staff are required to become accredited food handlers and attend relevant training courses to maintain up-to-date information regarding this matter. The Centre is responsible for negotiating and participating in a Food Audit s required by local council.

All food handlers will ensure that they maintain minimum hygiene standards by washing their hands:
- on arrival into the kitchen or food preparation area
- before and after handling food
- before and after eating food
- before and after handling raw foods
- between raw and cooked foods
- after toileting
• after wiping their nose
• after touching body parts
• after handling refuse
• after handling soiled utensils

All food handlers will consider their health and hygiene by :-
• Completing a food handlers training and questionnaire “Bug Busters” and Food Alert on commencing at the Centre
• wearing an apron in the kitchen and when serving food
• ensuring hair that is below shoulder length is tied back or in a hair net in the kitchen
• being free from illnesses
• have all cuts and sores covered with coloured bandaids
• be free of jewellery
• have clean, well maintained fingernails
• wear gloves when in direct contact with food
• use serving utensils to serve all foods (especially if gloves are not worn)

The kitchen or food preparation environment will be :-
• sanitised on arrival and departure
• sanitised prior to commencement and on completion of food handling/preparation
• free from pests and vermin
• stocked with clean utensils available for use
• equipped with a dishwasher that washes at above 70 degrees Celsius to thoroughly clean/sanitise utensils and equipment
• equipped with a dish rack to ensure dishes drip dry
• supplied with clean rubbish bins and well fitted lids
• equipped with a regularly maintained fridge and freezer
• equipped with an appropriate thermometer to record accurate readings inside the fridge and freezer
• equipped with an appropriate thermometer for testing and recording appropriate food temperatures

Kitchen hygiene guidelines

1. Wash hands effectively with running water and soap in hand basin on arrival.
2. Wipe down and sanitize all bench tops on arrival and departure with spray and paper towel.
3. Wash hands effectively with running water and soap in hand basin at regular intervals throughout the day, when changing jobs and especially before handling any food products.
4. Put on and wear a clean apron each day while in the kitchen.
5. If hair length is at the shoulders, it must be tied back or in a hair net.
6. Wear gloves when handling foods outside the kitchen.
7. Use tongs or serving utensils when serving food.
8. Use separate knives and cutting boards as labelled, e.g. fruit, raw and cooked meats all have separate boards and cut with different/clean knives.
9. Thoroughly rinse in hot, soapie water, all plates, cups, cutlery, etc before placing in the dishwasher. All items in the kitchen must be put through the dishwasher cycle.
10. Keep bench tops and trolleys clean and free of mess - wiping down regularly throughout the day.
11. Change regularly and use clean tea towels throughout the day.
12. Sweep kitchen floor before departing each day.
13. Do not allow kitchen floor to become slippery or hazardous with water or food spillage.
14. In a laundry bucket, soak apron/s, all tea towels and kitchen cloths in nappy soaker/antibacterial
solution at the end of each day.

**General hygiene procedures will be followed as listed :-**

- food will remain covered after preparation and until serving commences
- cold food will be stored at a temperature between 0 degrees and 5 degrees Celsius
- all frozen food will be stored in the freezer below minus 15 degrees Celsius
- all hot cooked foods/meals will be served at above 60 degrees Celsius
- all meat will be thawed inside the fridge over a period of time or within the microwave immediately prior to use
- utensils will not be shared between foods or people
- Guidelines for
- are Thawing, storing and warming breast milk and formula, Introducing solids to infants and Fluids for 1-5 year olds is information from Start Right Eat Right and is attached to this and is displayed in the Hummingbird preparation area and the kitchen

**Food safety programs as listed below will be maintained by the Director, Assistant Director and the ‘Cook’ (Support Worker Level 2). They will :-**

- Maintain accurate readings and recordings of all deliveries of cold food, frozen food, meats etc. These food items should be delivered at a reading of less than 5 degrees Celsius
- identify and report (if necessary) all hazards immediately
- reduce any risks at the time of identifying them
- record a pest control maintenance programs
- check stock and record returns
- maintain accurate records of cleaning programs
- follow-up/respond to any identified areas after receiving written documentation from impartial health authorities

REVIEWED: April 2012 Please Refer to Food Safety Plan located in Kitchen

Sourced: Start Right Eat Right; Bug Busters, Playford City and Gawler Council, ASCIA Australian Society of Clinical Immunology and Allergy Inc.

**START RIGHT**

**EAT RIGHT**

Recommended procedures for storing, thawing and warming of breast milk

**Storing Breast Milk**

- Expressed breast milk (into a clean sterile container) should be date labelled (date of expression) and refrigerated at 4º C or lower at the back of the fridge where it is coldest. Breast milk that will not be used within two days should be frozen.
- If the baby has begun feeding, any unused breast milk should be discarded
• **Tips for parents:** Breast milk should be transported to childcare in an esky with a freezer brick, and placed immediately in the back of the refrigerator upon arrival.

**Frozen breast milk**
- Frozen breast milk can be kept for 2 weeks in the freezer compartment of a one door refrigerator, or 3 months in a freezer section of a fridge with separate door.
- If some milk has thawed it should be used within 24 hours. Do not refreeze it.
- **Tips for parents:** Breast milk should be transported to childcare in an esky with a freezer brick, and placed immediately in the back of the refrigerator upon arrival (or in the freezer if still frozen and to remain so).

**Thawing frozen breast milk**
- Breast milk can be thawed in the fridge or at room temperature in a warm water bath.
- Breast milk that has been thawed in the fridge but not warmed should be used within 24 hours, and should not be refrozen.
- Breast milk that has been thawed outside the fridge in warm water can be used immediately, or stored in the fridge for up to 4 hours.

**Warming Breast Milk**
- Breast milk should NEVER be microwaved. It destroys the immunological properties in the breast milk.
- Breast milk should be warmed by standing the bottle in warm water.
- Bottle warmers can be used, but they must have a thermostat control. Bottles should only be warmed in this way for less than 10 minutes.
- Before giving the child a drink from the bottle:
  - put the teat/bottle top back on, and invert the bottle at least 10 times
  - make sure the breast milk is cool to touch - test by placing several drops on the back of the hand

Recommended procedures for storing, thawing and warming of infant formula

**Storing Infant Formula**
- Infant formula should be name and date labelled and stored immediately in the centre at the back part of the fridge where it is coldest (not in the fridge door where it is warmer).
- Discard the contents of partially used bottles after 1 hour. Reusing half empty bottles is risky once they have been heated and sucked on.
- Throw out any unused formula after 24 hours.
- **Tips for parents:** the safest way to transport formula is to take the cooled, boiled water and the powdered formula in separate containers and mix them when needed. When it is necessary to transport prepared formula (or expressed breast milk) it must be icy cold when leaving home and be carried in an insulated pack to keep it cold.

**Warming Infant formula**
- Microwaving infant formula is not recommended by the NHMRC for safety reasons, they do not heat the milk evenly and may create hot spots in the milk which could burn the baby’s mouth.

- Formula should be warmed by standing the bottle in warm water.

- Bottle warmers can be used, but they must have a thermostat control. Bottles should only be warmed in this way for less than 10 minutes.
• If a centre decides to use a microwave to warm formula (ie breast milk should not be microwaved), the following guidelines are recommended to minimise the risk of hot spots and overheating:
  - Make sure the bottle is microwave-safe.
  - Make sure there is at least 120 mls of formula in the bottle (otherwise it will overheat).
  - Heat only cold formula straight from the refrigerator.
  - Always stand the bottle upright.
  - Always take off all the teat/bottle top assembly and leave these outside the microwave.
  - Do not use microwave ovens with a wattage over 700W.
  - For a 120 ml size bottle - use high setting and heat for less than 30 seconds.
  - For a 240 ml size bottle - use high setting and heat for less than 45 seconds.

• Before giving the child a drink from the bottle:
  - put the teat/bottle top back on, and invert the bottle at least 10 times
  - make sure formula is cool to touch - test by placing several drops on the back of the hand.

References:
- Dietary Guidelines for Children and Adolescents in Australia (National Health & Medical Research Council, 2003)
- Infant Feeding Guidelines for Health Workers (National Health & Medical Research Council, 2003)
- Feeding and nutrition of Infants and Young Children (World Health Organisation, 2000)
- Child and Youth Health www.cyh.com.au
- Australian Breast Feeding Association Guidelines.

Recommended schedule for introducing solids to infants

Our centre will follow the following recommended schedule for introducing solids.

<table>
<thead>
<tr>
<th>Age and Texture</th>
<th>Suitable Foods</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth – 6 months</td>
<td>• Breast milk/infant formula provides all the nutrition a baby needs for about the first 6 months of life.</td>
</tr>
<tr>
<td>“First tastes”</td>
<td></td>
</tr>
<tr>
<td>6 months to 7 months.</td>
<td>• Breast milk/infant formula</td>
</tr>
<tr>
<td>(If needed earlier, solids can be offered after 4 months, but NOT BEFORE 4 months.)</td>
<td>• Introduce first solids:</td>
</tr>
<tr>
<td></td>
<td>- First introduce baby rice cereal (iron enriched)</td>
</tr>
<tr>
<td></td>
<td>- Then fruits and vegetables</td>
</tr>
<tr>
<td></td>
<td>- Then pureed, well-cooked lean meat, poultry and *fish</td>
</tr>
<tr>
<td></td>
<td>- “Baby” *Yoghurts and *custard,</td>
</tr>
<tr>
<td></td>
<td>- *Cow’s milk in small amounts in the preparation of foods</td>
</tr>
<tr>
<td>Smooth and pureed foods.</td>
<td></td>
</tr>
<tr>
<td>“Learning to chew and self-feeder”</td>
<td></td>
</tr>
<tr>
<td>7-12 months.</td>
<td>• Breast milk/infant formula as the main drink.</td>
</tr>
<tr>
<td></td>
<td>• Fruits, vegetables and legumes</td>
</tr>
<tr>
<td></td>
<td>• Well-cooked lean meat, poultry and *fish.</td>
</tr>
<tr>
<td></td>
<td>• *Yoghurt with soft lumps, *custard, *cheeses.</td>
</tr>
</tbody>
</table>
Mashed or chopped food progressing to finger foods.

• Other cereals (eg., wheat, oats), bread, pasta
• *Eggs – (well cooked)

"Centre menu with some changes”

1-2 years

| Offer a wide variety of foods from the centre menu, some changes in texture or flavour may be needed. Use the SRER Nutrition Checklist or the reference below** as a guide to food variety but quantities may differ for younger age groups. |
| • Breast milk and/or full cream cows milk as a drink. |
| • Water and no more than one small cup of diluted fruit juice from a cup, not a bottle. |

*Parents should seek advice from a dietitian regarding the timing of the introduction of eggs, nuts, cow’s milk/dairy products, fish and soy if there is a family history of allergy.


Guidelines for Fluids allowed for babies and 1-5 year olds at the centre

This is a list of suitable and unsuitable fluids for babies (birth-1 year old) and all children in care at our centre. Other than milk and prepared formulas parents do not need to bring any other fluids into the Centre.

Cows milk is not recommended for babies less than 12 months old because it is a poor source of iron and predisposes an infant to iron deficiency. It also has high levels of protein, sodium, potassium, phosphorous and calcium which has a high renal solute load.

Allowed fluids for babies (birth to 12 months)

• Breast milk and infant formula
• Cooled boiled water
• (Soy formula only under medical advice)

Suitable fluids for 1 year olds

• Breast milk
• Cows milk (full cream)
• Water
• Diluted juice (limit to 100-200ml per day, 50:50 dilution)
• Soy beverage, calcium fortified (full fat)
Suitable fluids for 2-5 year olds

- Reduced fat milk (1.0-2.5% fat)
- Soy beverage, calcium fortified (full fat or reduced fat)
- Water
- Diluted juice (limit to 100-200ml per day, 50:50 dilution)

Unsuitable fluids for child care (all ages)

Soft drinks
Cordials
Sweet syrups eg. Ribena, Delrosa
Vegetable juices
Tea, Coffee, herbal teas
Full strength juice
Sweetened milk
Vegan beverages (eg. rice milk, oat milk) not suitable, except under medical advice
Alcohol

References:


WA Dept. of Health and SA Dept. of Human Services.

BREASTFEEDING CHILDREN WITHIN THE CENTREPOLICY NUMBER 22

Regulations 97-101

A mother who wishes to continue to breast-feed her baby whilst the baby attends the Elizabeth Grove Children’s Centre will be encouraged to do so.

Any staff person wishing to continue to breast feed their baby when they return to work will be encouraged to do so, providing their hours of work can cater for such and without undue disruption to the proper functioning of the Centre.

Parents will need to arrange with the staff how they will accommodate the baby’s / child’s feeding pattern / routine. A back-up plan would need to be discussed for when situations arise and the mother is unable to breast feed her baby (e.g. the baby will be encouraged to drink expressed milk or formula from a bottle or cup).

At all times during the child’s day at the Centre, the staff will make every effort to accommodate the mother’s and the child’s needs and ongoing communication is essential to ensure that these needs are being fulfilled.

If a mother would prefer to have a quite and/or private place to do her breast feeding, then the Director’s Office will be made available to her. A mother is otherwise welcome to feed her baby anywhere in the centre, providing she feels comfortable to do so.

REVIEWED: April 2012

Sourced: Australian Breast Feeding Association Current; Australian Government Dept of Health and Aging, Child and Youth Health

HYGIENEPOLICY NUMBER 23

Regulations 77-81

The goal of our Centre’s hygiene program is to maintain an environment that minimises risk of contraction or spread of illness or infection. Maintaining stringent hygiene procedures are the staff’s responsibility and therefore, demonstrating positive role modelling for the children.

- The staff will maintain cleanliness of the children’s toys and equipment during the course of their day.
- All potentially hazardous materials or articles must be stored out of the reach of children and clearly labelled.
- Tables that are used for eating or cooking purposes are to be cleaned with a sanitiser / disinfectant immediately prior.
- Children are encouraged to put rubbish in the bins provided.
- Wet areas and toilet and hand washing facilities are cleaned and mopped with disinfectant in the middle of each day and when necessary at other times.
- Our Centre employs a contract cleaner outside of opening hours to ensure the cleanliness of the
whole Centre each day.
  - The nappy change mat must be cleaned with detergent after each nappy change. Gloves must be worn when changing a soiled nappy and disposed of immediately afterwards.
  - Staff must have their hair back (which is longer than shoulder width) and wear gloves when preparing and serving meals. Staff and children should use tongs when choosing foods.
  - Staff check children’s face and hands regularly throughout the day to ensure they are clean. When wiping a child's face and hands a clean (individual) face cloth is used for each child.
  - All staff have a responsibility to assist with the Centre’s washing and laundry needs. A daily roster is displayed in each room. Sheets are hung on the line weather permitting.
  - When assisting with the washing staff will adhere to the strict loading and separating of certain items. Only face washers, bibs and tea towels may be washed together in a load. Cleaning cloths, sheets and pillowcases must be washed separately. Smocks, dress-up clothing and children's clothes must also be washed in a separate load.
  - The Centre has a smoke free environment policy

Strict requirements are followed when washing hands. Staff use soap and running water when washing their hands. To prevent the spread of illness the washing of staff's and children's hands is thorough and often.

**Staff wash their hands:**
  - after assisting a child at the toilet
  - before and after changing a child’s nappy
  - after wiping noses
  - after cleaning up messes
  - after handling sick children
  - before preparing food
  - before eating and drinking
  - whenever necessary, at the staff’s discretion
  - at commencement of shifts and before and after breaks

**Children wash their hands:**
  - after using the toilet
  - before and after meal times
  - after painting, collage, messy experiences
  - after playing in the sand or mud
  - before and after touching or blowing their nose
  - whenever necessary, at the staff’s discretion

REVIEWED: April 2012 Please Refer to Food Safety Plan located in Kitchen

**NAPPY CHANGING AND TOILETING**

**POLICY 24**

**Regulations 77, 106,109,112**

Nappy changing and toileting of children will always be carried out in a positive and supportive manner. It will take place as part of children’s learning and development and in consultation and partnership with families. The policy and procedures for nappy changing will follow the recommended guidelines from the current addition of “Staying Healthy in Child Care”.

Nappy changing and toileting hygiene procedures will be displayed on the walls in appropriate areas.
Staff will use strict, consistent hygiene routines to maintain a high standard of recommended health and hygiene procedures. This centre will be consistent in the following areas:-

- The centre will provide disposable nappies for use throughout the day. Families may provide an alternative nappy and the staff will use as directed.
- Washing hands before and after every nappy change and toileting experience.
- Staff wear protective gloves for each nappy change and toileting accident.
- Staff will place a sheet of paper underneath each child before nappy changing commences and discard after each child.
- Staff use nappy wipes to clean the child’s bottom area.
- The change mat will be cleaned with a detergent/ disinfectant after the completion of each nappy
- The nappy and the cleaning cloth will be discarded immediately.
- Toilet seats will be cleaned with a disinfectant/sanitizer routinely. Toilets will be flushed throughout the day when necessary.
- Soiled (used) nappies will be placed in a sealed and lined bin which is not accessible to children
- Soiled clothes will be placed in double plastic bags and sent home with the child’s belongings each day.

REVIEWED: April 2012

<table>
<thead>
<tr>
<th>Food not prepared at the Centre</th>
<th>POLICY NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regulations 77-80,168</td>
<td>25</td>
</tr>
</tbody>
</table>

Children’s Centres are recognised as high risk food services as they are feeding young children and therefore staff have a responsibility when preparing, handing and serving meals. Government legislation and fines are in place and are enforced by local councils and or the Health Department.

Food from Home
As a result of this the centre is asking families to not bring food that has been handled/prepared at home. We still want to encourage cultural celebrations of children’s birthdays or other special occasions, and to be in line with the Food Safety Plan we would request that the food is not ‘home baked’ and when purchased from a shop it is supplied in its original packaging that has a label noting the ingredients used and the use-by date. This will mean that all food handling is the centre’s responsibility and therefore, we can monitor particular children’s food allergies.

Involving Children and families
Parents who would like to cook with children as part of the Centre’s program are welcome to organise this with staff, help source the ingredients and share their families’ favourite recipes whilst engaging in the enjoyment that comes from cooking.

The Centre will program to increase children’s awareness of food and nutrition such as opportunities to prepare and cook meals and snacks, excursions and gardening.
If you have any further questions or queries, as always, please do not hesitate to discuss them with the Director or the staff team members.

Sourced: Kids Safe SA; Child and Youth Health; Start Right Eat Right; Playford City and Gawler Council; Lyell McEwen Hospital
Reviewed April 2012
INFECTIONOUS DISEASES
At Elizabeth Grove Children’s Centre, we aim to try to prevent the spread of infection to other children. For this reason infectious diseases will be handled according to the guidelines in the Department of Health and Community Services “Staying Healthy in Child Care” website.
If symptoms occur while the child is in care and indicate that the child may be contagious or if a fever occurs, parents/guardians will be contacted and asked to collect their child as soon as possible.

COMMON COLDS
Children with the common cold will be admitted to the Centre, but will be excluded when/if the child becomes feverish or seems unwell and not coping with child care.

VOMITING AND DIARRHOEA
Parents/guardians will be contacted and asked to collect their child from the Centre if their child vomits and/or has diarrhoea twice in the same day or at the Director’s discretion. The child will not be able to return to the Centre until all vomiting and/or diarrhoea has ceased for a period of 24 hours and the child has been eating his/her usual diet. A doctor’s clearance is required for the child to return to the Centre.

EYE DISCHARGE
Parents/guardians will be contacted if their child has a discharge coming from his/her eyes and will need to collect their child as soon as possible. Treatment is required for a minimum of 24 hours and no discharge present before returning. A Medical Clearance Certificate will be given and we ask that a doctor’s opinion be sought.

MEDICAL CLEARANCE CERTIFICATE
Any child having a known contagious illness must not be brought to the Centre until a doctor has certified that the child is no longer contagious. This is the purpose of the Medical Clearance Certificate and the reason we ask for a doctor’s opinion and in relation to requirements as stated in Staying Healthy in Childcare.

GENERAL
If there is any doubt as to whether a child is fit to be brought to the Centre, the staff should be contacted prior to bringing the child to the Centre for advice

PROCEDURES FOR COMMUNICATING WITH HEALTH AUTHORITIES IN THE EVENT OF A NOTIFIABLE DISEASE OUTBREAK
The Health Department’s Communicable Diseases Control Branch will be notified on 82267177 in the event of an outbreak of a notifiable disease at the Centre.
These include:
- Diarrhoea (if several children in one group are ill);
- Haemophilus influenzae type B (Hib);
- Hepatitis A;
- Hepatitis B (recent illness only);
- Measles;
  - Meningococcal infection;
- Parvovirus B19 (if 2 or more cases);
- Pertussis;
- Roseola (if two or more children in one group are ill);
- Scarlet fever; and
- Tuberculosis (TB).
By informing the public health unit, the centre benefits because public health staff may
be able to help:
- identify the cause of the illness.
- explain the consequences to children and staff of an infection.
- trace the source of the infection (for example, contaminated food).
- advise on appropriate control measures (for example, vaccines, antibiotics, exclusion, education, infection control practices).

Public health staff can provide valuable advice and support and have access to resources that may be necessary to manage outbreaks.

REVIEWED: April 2012
NQS, current information & training,

**CHILD IMMUNISATION POLICY NUMBER**

Regulations 4,85-89,90,92-96,168,177-178,181-184

The Elizabeth Grove Children’s Centre strongly promotes and recommends all families exploring the options for childhood immunisations. The two most accessible locations are either your family doctor or the local council office at Playford Council. Kids and You also carry out immunisations from time to time.

Centre’s Policy guidelines: The Centre strongly recommends and promotes the Immunisation Plan for children implemented by the Council. We encourage all families to pursue Immunization for any of the well known infectious diseases as advertised on publications; however, we do not restrict enrolment on this basis. (However Centrelink may restrict your child’s child care benefit if immunisations are not maintained.) When a notifiable disease has occurred staff will notify families who do not immunise their children. The centre has booklets, pamphlets and leaflets of information regarding the recommended plan for Immunisation of children from birth in our resource supplies that are readily available to families. We will also promote Immunisation by regularly displaying information on the notice board in the front foyer. Immunisation details and updates are recorded on the enrolment form.

REVIEWED: April 2012
NQS, current information & training,

**MEDICATION POLICY NUMBER**

Regulations 4,85-89,90,92-96,168,177-178,181-184

No medication will be administered to the children who attend the Centre unless authorised by a doctor or pharmacist and accompanied by a medication plan. The exception to this is in relation to anaphylaxis and asthma emergencies and in accordance with any instructions provided by a medical practitioner (Regulation 94). If medication is administered under this regulation the nominated supervisor will ensure that the parent of that child and emergency services are notified as soon as practical.

**GENERAL**

Medication must be brought to the Centre in the original container and handed personally to a staff member, at which time the parent/guardian will be asked to fill in and sign a medication form authorising the staff to administer the medication. Only qualified staff are required to administer medication. Staff must witness, record and obtain parents consent on individual mediation record sheets. These are confidential document and only one child per sheet is recorded. At the end of the day parents should sign the medication sheet and take the medication home.

Authorised staff will only administer the dosage of medication that is stated on the bottle/tube, unless a doctor’s letter states otherwise.
MEDICATION MUST NOT be left in your child’s bag.

PRESCRIBED MEDICATION
A written Medication Plan must be authorised by a Doctor and written on their surgery letterhead, or the bottle/tube must be clearly labelled by a Pharmacist, with the CHILD’S name, date of birth, the dosage amount and the exact time to administer.

Staff will not administer medication from a container that has another child’s (brother or sister) name on it.

NON-PRESCRIPTION MEDICATION
Non-prescription medications e.g. paracetamol, Demazin etc, will not be administered by staff, unless supported by a written medication plan authorised by a Doctor or pharmacist and written on their surgery letterhead.

Staff will not administer medication that is past the “use by” date.

REVIEWED: April 2012


CHILDREN WITH HIGH TEMPERATURE READINGS POLICY NUMBER 28
Regulations 4.85-89, 90.92-96, 168, 177-178, 181-184

If a staff member feels that a child’s skin feels warm and/or clammy, the staff member will use a thermometer to get an accurate reading of the child’s temperature. The normal readings being 36.4°-37C. When using a thermometer under the armpit for taking temperatures, 0.5oC. has to be added to the actual reading. (Advice given to us by the Women’s and Children’s Hospital experts.)*When recording children’s temperature for parents, be sure to add 0.5°C. if appropriate.

The qualified staff been trained in First Aid and will perform only what they are trained to do so. The Centre does not require other staff to perform first aid. The staff will not use the methods of a cold compress or bathing the child to help reduce the temperature due to the risk of febrile convulsions. The Staff Team are not qualified to diagnose symptoms when a child show signs of sickness, and therefore, they will not administer any non-prescribed medication e.g. paracetamol / panadol to reduce high temperatures. Referral to a Doctor will be recommended.

If a child has a temperature of 37.4°C or above, the parents or emergency contact person/s, will be telephoned and the child will be undressed to underclothes to help reduce the temperature and assist comfort. During the telephone conversation the staff member will strongly request that they make arrangements for the child to be collected as soon as possible. The staff person will ask a series of questions to gain information about previous related behaviour or medication that may have been administer prior to the child’s arrival at child care. This information will be recorded in writing by the staff member and signed. If the child’s temperature does not reduce and respond to the undressing to underclothes and the parent / guardian / emergency contacts have not arrived in an appropriate timeframe or they can not be contacted at all, then the Centre Staff will telephone the SA Ambulance Service for telephone advice and/or transportation to the nearest hospital if required. The nominated supervisors will make their decision regarding appropriate action to be taken, based on ‘duty of care’ and the best interest of the child’s well-being, health and safety.

Where a child is not displaying a temperature but is clearly unwell the nominated supervisors may call the caregiver to pick up the child.

The Elizabeth Grove Children’s Centre has membership with the SA Ambulance Service for all enrolled
children. The cost of transportation to the nearest hospital will be covered by the centre.

REVIEWED: April 2012
Sourced: Adelaide Women’s & Children’s Hospital, ‘Staying Healthy in Child Care’
www.nhmrc.gov.au/guidelines/publications/ch43,

ASTHMAMANAGEMENT PLANPOLICY NUMBER 29
Regulations 4,85-89, 90,92-96,168,177-178,181-184

The Centre will work with families and treating doctors to ensure children with asthma have a well managed procedure in place whilst in our care.

Please note that if a child becomes unwell and shows symptoms of allergic reaction staff will follow the Individual First Aid Plan and call for assistance or advice from. There will always be a Qualified staff member trained in anaphylaxis and asthma emergences. Staff will undertake and update training in managing asthma every 3 years.

Lyell McEwen Hospital TEL; 8182900, Emergency Medical Service 1800 022222 or 000
All information is completely confidential.

Steps to be taken
- If a child has been diagnosed with asthma caregivers will need to provide an Asthma Care Plan filled out by their treating doctor
- All plans and medications are to be given to staff and kept in the designated areas.
- If a child has a sudden asthma attack then the child’s emergency asthma plan will be put into place.
- Parents are responsible for picking up their child’s medication at the end of each day if necessary and initial the medication sheet

REVIEWED: April 2012
Sourced: DECS www.chess.sa.edu.au ; Staying Healthy in Child Care
Care www.nhmrc.gov.au/guidelines/publications/ch43,

SPECIAL DIETS /DIABETES ALLERGY MANAGEMENT AND ACTION PLAN POLICY NUMBER 30
Regulations 4,85-89,90,92-96,168,177-178,181-184

Where a child has a suspected or diagnosed allergy or for cultural/ religious dietary requirements the Centre will work with parents, caregivers and the treating Doctor to take the necessary dietary steps. The Centre will display notifications if a child enrols and has diabetes/anaphylaxis/ allergic reactions. This is to ensure all relevant staff and families are aware of procedures for maintaining a safe environment. There will always be a Qualified staff member trained in diabetes/anaphylaxis as allergic reactions. Staff will undertake and update training in managing first aid every 3 years.

Steps to be taken
1. The Special Diet Form (attached) or the Modified Diet Plan is to be filled out by a doctor if there is diagnosed diabetes/food allergy or intolerance (available on enrolment or request).
3. Special Diets will be reviewed regularly as required.
4. If a child becomes unwell and shows symptoms of allergic reaction staff will follow the Individual First Aid Plan and call for assistance or advice from Lyell McEwen Hospital TEL; 8182900 , Emergency Medical Service 1800 022222 or 000

Special Diet Form
To be completed when a child is on a special diet for reasons of a non–medical nature e.g. cultural or religious reasons, vegetarian diet or other reasons.

If a special diet is required for a proven medical condition (e.g. diabetes, coeliac disease, lactose intolerance) the “Modified diet care plan” and /or other documents from the Health Support Planning package should be used. If there is a severe food allergy the “Anaphylaxis (severe allergy) care plan” should be completed in addition to the “Modified diet care plan”.

Child’s name_______________________________________Date of birth___/___/___

name (please print) Family
(please print) First name

1. Reason for the child’s special diet. Please tick the relevant box.
   □ Religious/cultural
   □ Parental decision
   □ Other, please specify……………………………………………….

2. What are the foods and substances that the child must avoid or include?
   __________________________________________________________________________
   __________________________________________________________________________

3. Please list, in detail, alternative foods the child can eat so that no food groups are excluded (e.g. eggs, dairy food, nuts, tofu, beans instead of meat for vegetarian diets).
   __________________________________________________________________________
   __________________________________________________________________________

4. Please provide details of any special feeding routine (e.g. meals at particular times or intervals for health reasons, providing extra food to meet increased needs).
   __________________________________________________________________________

5. How long will the child be on this special diet?
   __________________________________________________________________________

Date:___/___/___ Parent/Guardian________________________Signature________________________

To help your Care-provider to continue to provide your child with adequate nutrition and protection from potentially harmful substances, this form must be reviewed every 6 months, or whenever more up to date information is available.

Date for diet to be reviewed: ___/___/___

Adapted from the “Special diet form” in the Good Food in Family Day Care Kit, Good Food in FDC project: South Eastern Sydney Health Service, Central Sydney Area Health Service and South Western Sydney Area Health Service.
NB. Currently there are no staff on the premises who have had training in the use of evasive medication e.g. Epi-pens. Therefore we would not be authorised to administer such medication. The qualified staff are required to have a current ‘Senior First Aid Certificate’. Staff will respond as described and an ambulance will be called immediately. If a child enrols at the Centre and has an allergy requiring epi-pen or other medication staff would be trained to deliver this medication.

REVIEWED: April 2012
Sourced: DECS www.chess.sa.edu.au ; Staying Healthy in Child Care
www.nhmrc.gov.au/guidelines/publications/ch43,

NUT ALLERGIES POLICY NUMBER

Regulations 4,85-89,92-96,168,177-178,181-184,90

It is promoted by all medical and health authorities that children under the age of twelve months should not come into contact with nuts of any description. This information forms the base level of this ‘Nut’ policy.

The Centre will display notifications if a child enrolls and has anaphylaxis/ allergic reactions. This is to ensure all relevant staff and families are aware of procedures for maintaining a safe environment. There will always be a Qualified staff member trained in anaphylaxis and asthma emergencies. Staff will undertake and update training in managing asthma every 3 years.

Many children (and adults) suffer from allergic reactions to nuts that vary from severe, life threatening reactions to mild itchy rashes. It is for these reasons that the centre tries to restrict the provision or availability of any foods that contain nuts in any form or shape.

The Centre will try to ensure we are a nut free environment. Peanut paste spread will not be included on the menu and will not be stored within the building. Some other products that will not be permitted in the building are breakfast cereals that contain nuts, muesli bars, and chocolate with nuts, biscuits with nut ingredients, dried fruit and nut mixtures, and satay meals with nut ingredients. The nut product does not have to be digested to cause an extreme reaction; it may be that the traces of nuts comes into contact with the skin that can cause the need for emergency medical support and hospitalisation. For example, a child may touch the food product with his/her finger or they may touch someone or an object that has traces of nuts on their skin.

This centre respects the diversity of every family’s needs and ensures that it provides an environment that is safe for all people involved in its program. Please refer to Policy 31 Allergies and Action Plan

NBIf a child becomes unwell and shows symptoms of allergic reaction staff will follow the Individual First Aid Plan and call for assistance or advice from

Lyell McEwen Hospital TEL; 8182900 , Emergency Medical Service 1800 022222 or 000

Reviewed: August 2010
Sourced: DECS www.chess.sa.edu.au ; Staying Healthy in Child Care
www.nhmrc.gov.au/guidelines/publications/ch43, Medical and Health Authorities, Local
Doctor, CYFS, Women’s & Children’s Hospital Anaphylaxis and severe allergic reactions in
school, preschool and childcare The local DECS Office www.decs.sa.gov.au/custserve/pages/default/
district/offices/ Australasian Society of Clinical Immunology and
Allergy (ASCIA) www.allergy.org.au, Anaphylaxis Australia Inc (AAI) Telephone 1300 728 000
www.allergyfacts.org.au
Children Youth and Women’s Health Service
Parent Helpline: Telephone 1300 364 100
Information Centre: Telephone 8161 687
Rationale
Too much ultraviolet (UV) radiation from the sun can cause sunburn, skin damage, eye damage and skin cancer. Australia has the highest incidence of skin cancer in the world, with two in three Australians developing some form of skin cancer during their lifetime. Overexposure to the sun during childhood and adolescence is known to be a major cause of skin cancer. Our sun protection policy is followed from the beginning of September until the end of April and whenever the UV Index level reaches 3 and above*. Due to concerns about lack of Vitamin D children will not have sunscreen applied when levels are under the UV level index of 3.

Aim
Elizabeth Grove Children’s Centre’s Sun Smart policy has been developed to ensure that all children and staff are protected from damaging levels of ultraviolet (UV) radiation from the sun.

Our sun protection strategies
• All children and staff use a combination of sun protection measures whenever UV Index levels reach 3 and above*. Particular care is taken between 10 am and 2pm (11 am and 3 pm daylight saving time) when UV Index levels reach their peak during the day.
• The centre sun protection practices consider the special needs of infants. Babies under 12 months are kept out of direct sun.

Managing the physical environment - shade
• The governing council aims to ensure there is a sufficient number of shelters and trees providing shade in the centre / pre-school grounds.
• The availability of shade is considered when planning excursions and outdoor activities.
• Children are encouraged to use available areas of shade when outside. Children who do not have appropriate outdoor clothing are asked to play in the shade or a suitable area protected from the sun.

Protective behaviours and practices
Clothing
• When outside, children and staff are required to wear loose fitting clothing that covers as much skin as possible. Tops with elbow length sleeves, and if possible, collars and knee length or longer style shorts and skirts are best. (Please note: Singlet tops do not offer enough protection and are therefore must not be worn)

Hats
• Children and staff are also required to wear hats that protect their face, neck and ears, i.e. legionnaire supplied by the Centre/ staff provide their own hats
• (Please note: Baseball caps do not offer enough protection.

Sunscreen
The Centre encourages parents to apply a broad-spectrum sunscreen with a SPF of at least 30+ to clean, dry skin, 20 minutes before going outdoors, on arrival or before arrival. Sunscreen will be reapplied every two hours if outdoors for a prolonged period of time. Staff will not apply sunscreen to those children who are under the age of 6 months. Children under the age of 6 months will be kept in a shaded area and encouraged to wear a hat. Children will not wear sunscreen on days when the UV level index under 3.

Review
Management and staff monitor and review the effectiveness of the sun protection policy every two years and revise the policy when required.
• Reviewed August 2012
• Next policy review: April 2014

Sources / Further reading
• Children’s Services Act 1996, Section 26: Protection of children from hazards
• AS/NZS 4486.1:1997 – Playgrounds and Playground Equipment Part 1: Development, installation, inspection, maintenance and operation Shade/Sun Protection (Appendix A)
• Department of Human Services: Children’s Services Guidelines
• Occupational Health and Safety Act 2004 Sections 21 and 23: Main Duties of Employers
  Section 25: Duties of Employees
• *SunSmart UV Alert (issued whenever the UV Index reaches 3 and above)

CHILDREN’S HATS POLICY NUMBER

The centre maintains a Sun Protection Policy which states that hats must be worn when engaging in outdoor activities. The centre provides a quantity of legionnaire style and/or broad brim hats which are available to children. Children are encouraged to wear a hat at all times when outside to protect their facial skin from the sun, and especially, the UV rays which are harmful to all. The policy is practiced all year around, regardless of the sunshine and temperatures.

The maintenance and cleanliness of the hats are monitored by the staff team. The hats are washed on a regular basis, depending on when needed. On occasions, the hats may need to be washed on a daily basis which will be arranged by the staff team.

This policy allows the centre to monitor the suitability and availability of hats for children at child care.

Families are discouraged from providing a hat for several reasons. Some of those reasons follow:

• unsuitable styles of hats brought e.g. caps, visas, promotional hats
• families forget to pack them in the bag - no hat, no outside play according to Sun Protection Policy
• children argue over other children’s hats (causing stress for individual children and staff)
• other children wear each others hats
• hats are not clearly labelled with owner’s name
• hats get lost / taken home by the wrong child / mistakenly put in the wrong bag (causing stress for all)
• hats are used that we have no control over the hygienic maintenance of them (never washed)
• ensuring appropriate action is taken when a head lice outbreak occurs (we can not guarantee washing)
• staff time is impacted on when getting hats out of individual children’s bags and then again when replacing them at the end of the day (therefore, interactions with and supervision of children are of a lesser quality)
• parent requests regarding the care and maintenance of their child’s hat becomes unrealistic at times and impossible for staff to monitor varying instructions from many different families (staff already have many things of higher priority to remember and monitor)

REVIEWED: April 2012
Sourced: DECD- EECSRS, current information & training, Centre Governing Council & Families, Centre Staff Team
The Centre recognises that young children, for a variety of reasons, may attempt to bite other children, from time to time. While motivation or the attempt to bite is not particularly worrying within the child’s development, the health issues and discomfort to the victim does cause concerns. The Centre recognises that a human bite that breaks the skin brings a risk of possible infection to the victim. Parents are requested to make sure their child’s immunisations and tetanus are kept up to date.

Due to the speed and randomness with which biting accidents occur it is not always possible to prevent these from happening.

Where a bite does occur, qualed staff will immediately check for broken skin - regardless of whether the skin is broken first and the victim comforted.

When the skin is broken the Director or a nominated staff member will inform parents, as soon as possible. The parent is responsible for the decision of medical follow up.

If the offending child has any known medical condition that could cause great risk to the child who has been bitten the parent of that child will be asked to meet with the Director as soon as possible, where the Director can inform them, in person, of the necessary details. In the Director’s absence, the Assistant Director will do same and in the Assistant Director’s absence a permanent qualified staff person will seek advice via the phone form the Director/ Regional Office.

Staff will be aware of any ‘repeat offender’ and will develop a specific program to help prevent the biting and assist the child to find other methods of self-expression. Staff will work with all families involved to develop understandings and strategies to deal with the biting issue.

Where the ‘repeat offender’ is known to have any medical condition that could cause great risk the centre reserves the right to exclude the child from the Centre’s daily program until the Director, staff and parents develop a procedure to prevent further occurrence.

The Centre accepts no liability, financial or otherwise for any consequences suffered by the victim or the biter as a result of unsuccessful prevention of a bite.

REVIEWED: April 2012
Sourced: Current information & training, Centre Governing Council & Families, Centre Staff Team, Occupational Therapist (Allied Health)

The safety of the children in the Centre is of prime importance to the staff. For this reason, the doors in the Centre are especially made to prevent children from opening them and it is therefore important for parents to ensure that all doors are secure when entering and leaving the building.

When children are taken on excursions, every safeguard is put in place to ensure the safety of the children.

PROCEDURE IF A CHILD IS LOST FROM THE CENTRE
Report to the Director. (In the Director’s absence the certified supervisor will take responsibility)
The Director (or certified supervisor) will organise the staff to search both the inside and the outside of the building, instructing the staff to report back as soon as possible or after 10 minutes.

If the child has not been found, the Director (or nominated person) will then call the Police and provide them with all the information they require. Immediately after this, the Director (or nominated person) will call the parents / guardians and report all that has been done.

The staff will continue to search the area reporting back in person to the Centre every 15 minutes.

If necessary, relief staff will be arranged to cover staff while searching.

**PROCEDURE IF A CHILD IS LOST ON AN EXCURSION**

Make all other staff aware that the child is missing.

Assign at least two staff members to remain with the children whilst the other adults search for the missing child.

Staff searching to report back to the main group in person after 15 minutes.

Inform Campus staff.

Contact Police and Elizabeth Grove Children’s Centre and report steps already taken. Centre to contact child’s parents. Await the arrival of the Police and act on their instructions.

**REVIEWED: April 2012    Sourced: Centre Governing Council & Families, Centre Staff Team**

**SAFE SLEEPING AND RESTING PROCEDURES**

**POLICY NUMBER 36**

**Regulations 12, 87, 81**

**REDUCING THE RISK OF SUDDEN UNEXPLAINED DEATH SYNDROME (SUDS)**

The following policy has been written in conjunction with the recommendations made by the SIDS and KIDS. Relevant pamphlets are available to all families in the centre’s front foyer leaflet/pamphlet display holders and more details can be found on the SIDS website - www.sidsandkids.org.

Posters regarding the recommendations to reduce the risk of Sudden Unexplained Death Syndrome are displayed in the sleep rooms for children under two years of age.

**GUIDELINES FOR SLEEP TIME:**

Staff makes up all children’s bed/cot to help keep the children’s heads uncovered. All children under the age of two years are placed on their backs to sleep. The child’s feet are positioned at the bottom of the bed/cot and the bedclothes securely tucked in. Staff regularly checks the children to ensure that their heads remain free of bedclothes and their breathing is monitored during sleep. The centre’s cots meet the current Australian standards required and are regularly checked for any damage. We use only well fitted, clean cot mattresses. Spare quilts, blankets, pillows and soft toys are removed from the bed/cot during sleep time.

Cots or mattresses are not placed near hanging cords, electrical appliances or mobiles within the reach of children. Children are dressed appropriately for sleep/rest. Importance is placed on children not overheating during sleep or rest times. Sheets are stored with children’s names clearly visible to avoid confusion. No children share ‘used’ sheets. Bedding is washed by staff at regular intervals. The centre provides a suitable climate for sleeping children. During the colder months blankets are used and cooling (air conditioning) is provided for warmer weather. Children over the age of two will have their preferred ways of sleeping, which is respected by the centre, if no danger is present.
Bean bags, water beds, strollers and hammocks are never used for children sleeping and staff discusses these issues with parents on their enrolment. The centre is a smoke free environment. Using a pram for a child under the age of two years to sleep is not recommended. Should a child under two years of age fall asleep in a pram, while being comforted, the child will remain in full view of a staff person and never be put in an area out of sight. All attempts would be made by staff where possible, to move the child sleeping in a pram and placed in a cot or on a mattress to finish their sleep. All children are checked by staff at regular intervals and their breathing monitored.

The E review the Centre’s equipment and practises at least once every year.

REVIEWED: April 2012
Sourced: SA Safe Infant Sleeping Standards Published by SA Health, DECD- EECRS , current information & training

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<tr>
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PROCEDURE FOR REPORTING SIMPLE FIRST AID
If simple first aid has been administered to a child at the Centre the following procedure will be followed:
Only qualified staff that have current Senior First Aid will administer the first aid. The caregiver who witnessed the accident will record the following details on an accident report form:
1. Date
2. Time injury occurred
3. Details of how injury occurred
4. Location of injury on the child
5. Action taken
6. Caregiver’s signature
7. The Director/Assistant Director to witness the form

The person collecting the child will be asked to sign the original copy of the report that is retained at the Centre in the child’s file. The parent may be given a photocopy of the report on request. The staff on duty when the child is collected will provide any further information about the accident.

PROCEDURE IN THE EVENT OF A HEAD INJURY
A qualified staff member is responsible for ensuring that these procedures are followed:
- Attend to the injury.
- Contact either parent or emergency contact person and ask them to come and collect the child.

The caregiver in attendance must record the following details on a Child Accident Report sheet for the Centre’s record:
1. Date
2. Time injury occurred
3. Details of how injury occurred
4. Location of injury on the child
5. Action taken
6. Caregiver’s signature
   - The person collecting the child will be asked to sign the original copy of the report which is retained in the child’s personal file. The parent can be given a photocopy of the report on request.

PROCEDURE IN THE EVENT OF A SERIOUS INJURY
In the first instance, an Ambulance will be sent to attend; assess the situation and decide of the next course of action, that being either to transport to the local hospital. A written accident report and the child’s medical details (blue file) must also be taken. In the Director’s absence, the certified supervisor will arrange same.

Meanwhile, a nominated staff member will continue to try and contact a parent or emergency contact person to inform them of the child’s condition and the situation and suggest the necessary action to be taken. Also arrange for relief staff if needed.

If the child needs to stay in hospital one staff member will stay with the child until a parent or emergency contact person arrives, keeping the Centre informed of the situation and the other staff member will return to the Centre reporting any up-dated information.

In the event of a serious injury of a child or an adult on the premises of the Centre, the following emergency procedures will be taken:

1. The Director or certified supervisor at the time will be responsible for and ensure that these procedures are carried out.

Telephone 000 and ask for an ambulance immediately and state “Adelaide, South Australia”, then Centre’s full name and address AND give full details of circumstances of the injury:

**SOUTH AUSTRALIA**
Elizabeth Grove Children’s Centre
20 Haynes Street
Elizabeth Grove SA 5112
Telephone number; (08) 8255 7515
The Centre has an **Ambulance Cover Insurance Policy**, which covers all children attending the Centre.

2. Contact the most available parent/guardian of the child or one of the emergency contact people/or next of kin of the adult

3. Assign a staff member to assist the ambulance officer with the child’s / adult’s files and go in the ambulance if necessary.

4. Delegate a responsible staff member to supervise and support the staff in order that the Centre may continue to function satisfactorily.

5. Arrange for a relief staff to replace the staff member who went in the ambulance.

6. Notify the Director, if not present at the Centre.

7. Notify a member of the Executive Governing Council (Chairperson, if poss.).

8. Notify the Regional Director from the Department of Education and Children’s Services, telephone number (08) 82568111

9. Keep an accurate written record of all procedures taken and Director/ Assistant Director fill in DECS Critical Incident report on Eduportal website.

If unable to contact parents or emergency contact person, the Centre will call SA Ambulance Service and explain the situation. The Ambulance Officer and the staff member will decide over the telephone the course of action to be taken.
In the first instance, an Ambulance will be sent to attend; assess the situation and decide of the next course of action, that being either to transport to the local hospital. A written accident report and the child’s medical details (blue file) must also be taken. In the Director’s absence, the Assistant Director will arrange same. In the Assistant Director’s absence, a qualified staff member will take ‘charge’ and arrange same.

Meanwhile, a nominated staff member will continue to try and contact a parent or emergency contact person to inform them of the child’s condition and the situation and suggest the necessary action to be taken. Also arrange for relief staff if needed.

If the child needs to stay in hospital one staff member will stay with the child until a parent or emergency contact person arrives, keeping the Centre informed of the situation and the other staff member will return to the Centre reporting any up-dated information.

A copy of the medical Conditions Policy will be provided to families on enrolment

REVIEWED: April 2012
Sourced: DECD–EECSRS, NQS, current information & training

**Death in the Centre**

**POLICY NUMBER 38**

**Regualtions 4,85-89, 90,92-96,168,177-178,181-184**

**PROCEDURE IN THE EVENT OF A DEATH IN THE CENTRE**

In the event of a child or adult death occurring on the premises, be it accidental or as a result of Sudden Infant Death Syndrome, the following emergency procedure will be taken:

1. The Director / Assistant Director / or a nominated qualified staff member in charge of the Centre at the time will be responsible for, and ensure that these procedures are carried out.
2. Delegate a responsible staff member to supervise and support the staff in order that the Centre may continue to function satisfactorily.
3. Telephone 000 and ask for an ambulance immediately and state “Adelaide South Australia” and then Centre’s full name and address AND give full details of circumstances of the injury:

**AUSTRALIA**

Elizabeth Grove Children’s Centre
20 Haynes Street

Grove SA 5112
Telephone Number: (08) 8255 7515

* Full details of circumstances of the death
* The contact person at the Centre (usually the person making the report).

4. Telephone for Police Attendance - 131444 - report the circumstances and request that a police officer be sent to the Centre to take a full report of the incident.
5. When the Police arrive, the Director or nominated qualified staff member will provide details of the parent/guardian so that the Police may go and report the incident to the most available parent / guardian of the child or the next of kin of the adult, be it to the home, place of

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employment or college.

IT IS ESSENTIAL THAT AT LEAST ONE PARENT / GUARDIAN IS ADVISED AS SOON AS POSSIBLE AFTER THE EVENT AND THAT IT NOT BE DONE ON THE TELEPHONE. THE DIRECTOR, OR IN HER ABSENCE, THE ASSISTANT DIRECTOR OR A NOMINATED QUALIFIED STAFF MEMBER SHOULD ACCOMPANY THE POLICE TO ADVISE THE PARENTS

6. If necessary, accompany the parent/guardian to the Centre or the hospital, giving as much support as possible.
7. Arrange relief staff to replace any staff member whom may have left the Centre.
8. Notify the Director, if not at the Centre.
9. Notify a member of the Executive Governing Council (Chairperson, if poss.).
10. Notify the Director DECD Services Telephone number (08) 8226 0077.
11. Ensure that accurate written records of all procedures taken are made.

REVIEWED: April 2012

Sourced: DECD–EECSRS, NQ,S, current information & training

**AIDS / HEPATITIS B POLICY NUMBER**

**Regulations 88.145**

This policy brings together the various occupational health, personnel management and child care placement issues arising from AIDS (Acquired Immune Deficiency Syndrome) and Hepatitis B. In addition, the general principles outlined within are equally applicable to other medical conditions of a contagious or infectious nature.

**POLICY**

1. As part of its responsibility to ensure the health, safety and welfare of its employees, the Centre is committed to ensuring that all employees have access to accurate information relative to the potential risk, if any, of transmission of the Human Immunodeficiency Virus (HIV) infection or any other sicknesses of a contagious infectious nature in the workplace.

2. A notice of any current commonly contagious diseases, e.g. Mumps, Measles, German Measles, Chicken Pox, Tuberculosis and Whooping Cough, that may have passed through the Centre, via employees or children, will be displayed on each of the rooms’ door for parents’ and employees’ attention.

3. At all times appropriate occupational health, safety and welfare procedures, particularly as they relate to first aid, principles of infection control, hygiene etc., will be followed.

4. Persons who have the HIV infection or a sickness of a contagious or infectious nature should be protected from discrimination.

5. HIV infected persons are entitled to all the benefits / conditions normally available to persons either employed or taken as a placement by the Centre.

6. There is no general obligation for persons to inform the Centre of their HIV / AIDS status. In the event that a person makes such a disclosure that person should be advised the Centre could only accept a written statement to this effect. In addition, the statement should contain written consent that the information may be passed to employees who may be at risk by their contact with the individual.
The formal advice should be conveyed through the Director to the Governing Council, who will determine in light of the circumstances which employees, if any should be advised. Should the information form part of medical support for placement of a child in the Centre then it should only be used for this purpose. No further disclosure shall be made without the written authority of the individual child’s parent(s) / guardian(s).

RATIONALE
The Centre has obligations under Occupational Health, Safety & Welfare legislation to ensure the health, safety and welfare of all persons at work; to eliminate, at their source, risks to health, safety and welfare of its employees; and to protect our clients / the public against risks to health, safety and welfare arising out of or in connection with the activities of persons at work. At the same time we must ensure that our occupational health, safety and welfare policies are complementary with anti-discrimination legislation and equal employment opportunity policies for specific groups of persons and do not infringe basic human rights.

The Centre aims to providereliable, up-to-date information on all issues which affect or which may potentially affect employment. Often the things heard/talked about AIDS in the media are nothing more than some people’s fears or opinions. This can make it difficult to determine what the real facts are and whether or not there is a risk within the workplace. The best defence against AIDS fear is information and, once we are aware of the facts, the most appropriate and reasonable precautionary measures for protection must be taken. All scientific and medical evidence suggests that HIV infection be not transmitted by normal social or work contact. Most workers are not exposed to an additional risk of becoming infected with HIV because of their work.

Only workers directly exposed to blood or body fluids could be at risk. Within the context of the Centre’s operations, the risk of accidental exposure of an employee to HIV in the normal course of duties is very slight. Given sensible precautions this risk factor is even further reduced.

Hepatitis B is a viral disease which affects the liver and is transmitted by infected blood or other infected body fluids, including perspiration, saliva, tears, etc. It is highly contagious and can survive outside of the body for relatively long periods compared to HIV.

On the basis of known medical evidence and in accordance with certain areas of legislation, the Centre will not tolerate unjustifiable discrimination against its employees or potential employees or its children in placement who are known, proven or suspected of having contracted the HIV infection.

Procedures

Relative to Occupational Health, Safety & Welfare Issues.

a) The Governing Council must provide their staff with the opportunity to clarify any concerns about the transmission or risk of infection within the workplace, by referral to the Director or the Occupational Health, Safety & Welfare Representative.

b) Special precautions are necessary to prevent risk of transmission of the infection for all staff. Whilst there are no reported cases in which resuscitation of an infected person has resulted in transmission of the disease, staff required to deliver mouth-to-mouth resuscitation should use all possible precautions to avoid cross-infection, including use of the resuscitation face masks which are part of first aid equipment. Similarly, in order to prevent skin and mucous membrane exposure when in contact with blood or other body fluids, gloves should be worn whenever blood is present.

c) A notice of any current infectious diseases that may have passed through the Centre, via employees or children, will be placed on the notice board in the Centre’s foyer for parents’ and employees’ attention.

Relative to Personnel Issues
Non-discrimination in employment and conditions:
a) An employee who has contracted HIV infection should not be discriminated against by fellow employees in any aspect of employment including access to leave for the purpose of medical treatment or to recuperate from an HIV related illness. In these situations, access to leave and associated conditions should be on the same basis as it would be for any other medical condition.
b) The HIV infection is not a cause for termination of employment unless it renders the person medically unfit for available and appropriate work or the person engages in conduct likely to place the other employees at risk.

Relative to Child Placement Issues:
Knowledge of child(ren) in placement HIV / AIDS status -:
In situations where parent(s) or guardian(s) have made known their child’s HIV / AIDS status to an employee, they must be advised the information should be confirmed in writing to the Director and the details, excluding any names, will be conveyed to the Governing Council and they will decide what action, if any, is necessary to ensure all reasonable protection of employees and the public which may include conveying the details, including relevant names, to other employees who come into contact with the affected individual.

Confidentiality
It is important that confidentiality regarding all medical and personnel information be maintained. The Centre in both roles of employer and provider of child care does not have the right to know whether its employees, children in placement or applicants have the HIV infection. Similarly, employees do not have the right to such information about their fellow employees or children in placement unless the employee can reasonably be deemed to be at risk, if not advised of the medical condition.

REVIEWED: April 2012
Sourced: ‘Staying Healthy in Child Care’ Booklet Third Addition, DECD- EECSRS current information & training

STORAGE OF DANGEROUS PRODUCTSPOLICY NUMBER
Regulations 103,105,77,106,158

This Centre bases its processes and procedures on the DECD Policy no 0466/05 Hazard Management Procedure (see in Appendices). This centre will maintain all dangerous products in their own containers. Each container will be clearly labelled with the name and details of the product inside. Located in the OHS Filing cupboard is a folder with a material data sheet for each product kept on the premises. All large storage containers will be stored either in a locked cupboard or the laundry for staff access only. Products such as paints that are not used everyday will be stored in a locked cupboard in the outside shed. Cleaning products used on a regular basis each day will be kept out of reach of children at all times.

IN CASE OF POISONING
In the event of a staff persons or a child swallowing poison the action to be taken is outlined on each bottle of hazardous material used on the site.
In an emergency pick up the child and take to the phone and ring the Poison’s information Number 131126.

Note: MDS sheets are available on the wall of the cleaning cupboard and in the OHS filing cupboard. Contact the Poison’s Information Centre on 131126 or KIDSSAFE at the Women’s and Children’s Hospital may be contacted on 81616318

REVIEWED: April 2012
Sourced: DECD- EECSRS, DECD Hazard Management Procedure no 3501/07 DECD website’ current
Our Centre has a duty of care to provide all persons with a safe and healthy environment. Generally, an emergency is an unplanned, sudden or unexpected event or situation that requires immediate action to prevent harm, injury or illness to persons or damage to the service’s environment. It is a risk to an individual’s health and safety.

- The emergency events or situations the service’s Emergency Policy identifies and responds to are:
  - fires
  - bomb threats;
  - missing child;
  - intruders (animal or human);
  - power failures or electrocution;
  - the involvement of firearms or other weapons;
  - structural damage;
  - burglary; or
  - natural disasters, such as a floods, cyclone, thunderstorm or earthquake.

The Centre has procedures and practices that will assist services to either administer first aid, evacuate the service or remain in the service until further notice.

- It is understood that there is a shared legal responsibility and accountability between, and a commitment by, all persons to implement the service’s Emergency Policy, procedures and practices.

- The service also complies with OHS Standards, codes of practice, Australian Standards and best practice recommendations from recognised authorities.

- The procedures relating to the Emergency Policy are laminated, clearly labelled and displayed in the service for all stakeholders to read in all areas.

- The service also complies with South Australian EECSRS and reflect additional health and safety requirements.

**Strategies and practices**

Our emergency plans and evacuation strategies, consider the:

- Location of the site on the Elizabeth Grove Campus and practices Evacuation and Invacuation procedures at least once a year with the whole campus. As part of that process Good Beginnings assist the Centre with the evacuation children from the site and the Centre engages in evaluating the process with the school coordinator.

- location of the service in relation to emergency services, such as fire departments, police stations and hospitals

- location and condition of the buildings’ entries and exits
• mobility and capability of adults in the service to assist in an emergency
• skills and knowledge of staff/carers and their responsibilities in an emergency
• age range of children needing to be evacuated. Babies are evacuated in cots on wheels and Good Beginnings staff assist with the evacuation of babies. Cots are regularly inspected to ensure they are able to be wheeled.
• the documentation required by staff/carers once the service has been evacuated, such as the contact details of children’s families;
• weather conditions at the time of the emergency and evacuation. Cups are part of the evacuation bags for both Ocean and Hummingbird Rooms.
• contingency plans when regular staff/carers are on leave. All staff are required to become familiar with the Emergency Plan on Induction.
• the implications of two or more emergencies occurring at the same time, such as a fire and people requiring first aid. Phones, children’s emergency details, staff emergency details and first aid kits make up part of the emergency plan.

Risk management strategies

Emergencies that require first aid
Centre procedures are to be followed where reasonably possible during all emergencies

Emergencies that require persons to remain inside the service until further notice
In case of flood, storms, and other external threats the Centre will contact
• And remain in constant contact with Emergency Services such as the Police or SES, other services on Campus and the District Director.
• Families who have left children or who are due to arrive and inform them of decisions to remain inside the service or not to attend.
• Staff will remain with children in the staff area and end office until the emergency is over.

Emergencies that require immediate evacuation
• The Centre will minimise the risk of fire by maintaining all electrical equipment and the surroundings of the building.
• The Centre has a Preventative Maintenance program in place through DECD with Spotless to maintain fire blankets and extinguishers, fire detectors, security alarms, exit lights, access and egress, security lighting and gutters.
• The Centre has electrical testing and tagging carried out annually by an accredited electrician
• In case of a bomb threat the evacuation process will be implemented. If the suspected bomb is located in the small yard the large yard will be used instead.
• At induction all staff, students and volunteers are informed of emergency procedures and plans.

Evacuation drills
The Centre practices its Emergency Drill at least 3 times a year. The first drill is carried out with the Campus and is coordinated by the school. All other drills are evaluated and discussed at staff meeting and changes made as required. Evidence of the evacuation drill is located in the OHS Folder located in the main office. The procedures are as follows:

Invacuation

On horn being blown the person who hears the horn – blows the horn in each room or….Once children are safe call police. See Site process for contacting SAPOL
Code (B…..) used if human intruder and duress button activated and procedure to be followed.
Kindy Room
1. Outside staff to move all children in, lock all inside doors, and assist in moving children towards the store room.
2. Inside staff to move children through to store room. Take phone and sign in sheets.
3. Wait until cleared by police.

Ocean Room
1. Lock all doors.
2. Staff to gather children and direct them through the Humming Birds room into the library/store room.
3. Wait until cleared by police.

Humming Birds room
1. Lock all doors.
2. Staff to gather children and direct them towards the library/store room.
3. Wait until cleared by police.

Office Staff
Collect emergency contact sheets, phone and mobile and assist with children and move to a safe area.

Centre phone and mobile: 82557515 / 0448862605

Emergency

<table>
<thead>
<tr>
<th>Emergency whistles to be blown continuously from all areas. Hear whistle - blow whistle. Outside person to blow whistle to alert TAP/ community room that will come to assist.</th>
</tr>
</thead>
</table>

Kindy area/ inside
1. Emergency spotter to blow whistle and direct children out, call 000 or use duress button depending on what is most convenient, inside check, visitor’s registration and the roll. Staff to close doors if possible.
2. Outside person to direct children to rear kindy gate if incident is inside Centre. All additional staff to help with children.

Ocean Room
1. Staff members to blow whistle, collect folder, and gather children near exit door, checkstoreroom, toilets, collect emergency bag and phone. Then direct the children to back gate.
2. Additional staff to gather children by the gate and help children (under 2’s) to gather.

Humming Birds
1. Staff member to blow whistle as soon as they hear a whistle, place children in evacuation’s cot, collect attendance sheet, emergency bag and phone (if possible).
2. Additional staff to assist with cots and other children.

Office Staff
Collect emergency contact sheets, phone and mobile and direct Emergency personnel on Haynes Street.

Centre phone and mobile: 82557515 / 0448862605
Dealing with the emotional and psychological impact of an emergency

- Where necessary the Centre will access DECS support services if there is an emotional and psychological impact on people which could affect individuals for an extended period after the emergency.
- The effect of an emergency on children’s ability to feel secure and safe will be considered and staff will complement with curriculum responses where necessary. Play and learning experiences will be planned which encourage children to express their thoughts, feelings and emotions regarding an emergency.
- Support networks and counselling services will be sought for children, families and staff/carers following an emergency.

Dealing with the media

- Any media issues will be handled by the DECS Publicity Department.

This document outlines the process to be followed by Northern Adelaide Region sites when contacting SAPOL.

SITE REQUIREMENTS

It is CRITICAL to notify Police in a timely manner and to provide FACTUAL information about what has or what might occur (i.e. a fight is in progress or about to take place, weapons are present or Lock Down procedures have been activated, etc).

This will enable police to assess the seriousness and urgency of the incident, and therefore the appropriate response which may include patrol attendance, referral to a police station or provide some other information and advice. In some instances this could involve referral to the Crime Prevention Section or another appropriate service.

Please note: Police may not attend at all incidents and could ask for the matter to be reported to a police station. In this case, obtain the name and/or ID number of the operator for your records.

SITE PROCESSES

- **IMMEDIATE TIME CRITICAL POLICE ATTENDANCE** calls to 000 are the responsibility of ALL staff to make. The identified site contact person should be informed as soon as practicable after this notification.
- For POLICE ASSISTANCE calls to 131 444 there must be an identified site contact person (e.g. Principal, Deputy or Assistant Principal) who determines the severity of the incident and contacts SAPOL.
- Sites will have a proxy(s) who must be in place should the primary contact person be unavailable or away from the site.
- Sites need to ensure that any crime scene is protected and no person is allowed into that area (e.g. a classroom or an area of the yard, etc). Sites need to appoint a ‘Crime Scene Guard’.
- The identified site contact person is to phone RD/ARD and provide details of the incident as soon as practicable.
- The identified site contact person is to complete a Critical Incident notification (including Operator Name and/or Identification Number obtained from SAPOL Call Centre) as soon as practicable.
000 EMERGENCY
IMMEDIATE TIME CRITICAL POLICE ATTENDANCE

When an incident is taking place and there is, or is likely to be, risk of:

- Danger to life
- Immediate threat or use of violence
  - Serious harm to a person
  - Serious damage to property

WHO: ALL STAFF

OR

131 444 POLICE ASSISTANCE
PROMPT RESPONSE IS REQUIRED BECAUSE OF DEGREE OF IMPORTANCE OR URGENCY

Consider:

- Genuine risk to the welfare of a person
  - Offender detained but not violent
- Suspicious activity not involving a threat to any person
- Disturbance where police are required to standby and prevent a breach of the peace

Calls to 131 444 may result in a patrol attending, being directed to attend a police station or information or advice being provided.

WHO: SITE CONTACT PERSON
PARENTS' GRIEVANCE POLICY NUMBER

Regulations 73,75-76,80,86,99,111,157,168,171,173

The Governing Council recognises that, at some time, parents may have a concern or grievance regarding some aspect of the Centre. In order to resolve any issue as quickly as possible, the following procedure needs to be adopted.

1. The issue may be discussed with the relevant staff member.

2. If the issue is unable to be resolved through step 1, for whatever reason, then the issue may be discussed with the Assistant Director and/or the Director, either personally, by telephone or in writing.

3. If the issue is unable to be resolved through steps 1 or 2, for whatever reason, then the issue may be brought to the attention of the Governing Council Chairperson preferably in writing or by telephone.

Any of the above options may be used in the first instance however, this is the preferred sequence.

Once this matter has not been resolved within the Centre parents have access to a process through the Department.

Step 4 as of DECD policy is as follows:

A guide to raising a concern or complaint

Policy statement DECD

The Department for Education and Child Development (DECD) is committed to ensuring the delivery of high quality education and care to all South Australian children and young people. Working in
partnership with parents to resolve any concerns and complaints that they may have about their child’s schooling, is a key part of how we deliver on this commitment. The purpose of this policy is to provide clear and transparent information to parents, the community and staff on how concerns and complaints will be managed and resolutions found. It is also the intent of this policy to ensure that parents have access to support and advice when attempting to resolve a concern or complaint. When staff work with parents to resolve a concern or complaint they will follow a process that is founded on fairness, impartiality, accessibility, respect and responsiveness. The process has three stages, with the child’s school being the first point of contact for parents, followed by the regional office and then the Parent Complaint Unit if the complaint cannot be resolved at the local level. The Parent Complaint Unit has a dual purpose:
• To provide advice and support to parents about their concern or complaint
• To objectively review complaints that have not been resolved at the school or regional level.
Parents can expect that their concern or complaint will be responded to in a courteous, respectful and timely manner and that staff will work in partnership with them to resolve their concern or complaint. In return, we ask that parents are respectful, co-operative and courteous to staff and that they are realistic and reasonable about what course of action is required to resolve their concern or complaint. Timeframes for response are listed in this policy under the explanation of the appropriate steps that parents should follow. At any point in the process parents have the right to refer the matter to an external agency, such as the South Australian Ombudsman.

Definitions
For the purpose of this policy the following definitions mean:
• School – public education preschools, schools, and other educational sites and settings.
• Parent – other than parents, this term also includes a guardian and every person who has parental responsibility for the child including parental responsibility under the Commonwealth Family Law Act 1975 and any person with whom a child normally or regularly resides.
• Concern – an issue of interest (because of its importance and effect) which is raised informally in order to improve or change a situation.
• Complaint – an expression of grievance or resentment where the parent is seeking redress or justice.

Guiding principles
This policy is based on the following principles:
• The safety and educational wellbeing of children and young people is our first priority.
• Students, parents, staff and volunteers have the right to be
treated with respect and courtesy.
• Parents have the right to raise concerns and complaints about their school or preschool life and be supported to do so.
• Wherever possible, complaints should be resolved at the school (or preschool) level.
• Complaints will be considered in a confidential, timely and impartial manner and in accordance with due process and principles of natural justice.
• The rights and responsibilities of all parties should be considered and balanced in finding a mutually acceptable outcome to complaints.
• Complaints are monitored and their management evaluated so as to inform and drive DECD system and performance improvement.

Parent complaint policy:
Applicability
Parents can raise a concern or a complaint about any aspect of a school’s operations (for example, the type, level or quality of services, the behaviour and decisions of staff or policy, procedures and practices) directly with the site as this is where the concern can best be resolved. Examples are:
• children’s centres
• preschools
• schools
• out of school hours care or vacation care
• a regional office
• DECD Central Office.
Complaints about regional or Central Office staff may also be referred to either the Parent Complaint Unit on 1800 677 435 or the Head of Schools on (08) 8226 2536.

Complaints not covered by this policy
This policy does not apply to matters where there are legislated requirements or existing policies and processes of appeal. Examples include:
• appeals about student suspension and expulsion
• complaints that fit within the scope of the Education and Early Childhood Services Registration and Standards Board
• staff disputes and grievances
• mandatory reporting responsibilities
• some health, safety and welfare related issues.
Some complaints may never be resolved to a parent’s satisfaction. Vexatious or previously finalised complaints will not be pursued unless the parent is able to provide new information.

This policy is not applicable where a parent has employed a third party (eg, legal representation) in relation to their complaint. In these circumstances, the complaint must be referred to the department’s Legislation and Legal Services Unit for action. A parent is, however, entitled to a support person such as a friend, colleague, or a person
provided through an appropriate support agency, as long as they do not receive a fee for service.

**Impartiality**
Impartial investigations are vital to the credibility and success of the parent complaint process. A concern or complaint will be considered on its merits and without prejudice arising from any previous contact that a parent may have had with the school, regional office or Central Office.

**Confidentiality**
Confidentiality should be adhered to throughout the complaint resolution process. This means that the complaint should only be discussed with those people directly involved in the resolution process. Observing confidentiality helps to protect the rights of everyone by limiting knowledge of the details of the complaint to those who will work together for a resolution. In addition, it helps to limit damage to any existing trust between the parties, thereby facilitating a resolution and developing greater confidence in one another.

**Complaint resolution stages for parents**

**Stage 1 – Raise the concern**
The school or preschool should always be the first point of contact. The parent needs to find an appropriate time to talk to the class teacher or other relevant staff member (counsellor, year level coordinator) to discuss the concern. The school front office may be able to arrange a time to meet with the teacher or have a discussion over the phone.

If the concern is about a teacher then the parent may prefer to talk to the principal or director. If the complaint involves the principal then the local regional office of the Department for Education and Child Development should be contacted.

If the parent is not satisfied after speaking with the teacher, they may choose to discuss the complaint with the principal or director. They will work with the parent and the staff member to resolve the issue.

The parent may write to the principal (who will then acknowledge receipt of the complaint with a written response as soon as possible), or telephone the school to make a time to meet with the principal. The principal will consider the most effective way of resolving the concern or complaint, based on:
- information provided
- the school’s parent complaint procedure
- the DECD *Parent concerns and complaints* policy and procedure
- consideration of any legislative and policy implications
- advice from the regional office or DECD Central Office.

The school or preschool will aim to resolve the concern or complaint ideally within 15 working days.

**Stage 2 – Contact the regional office**
If the parent is not satisfied that their complaint has been resolved by the school – or if the principal is the subject of the complaint – they
may choose to contact their regional office for help. The regional office will review the complaint – this may involve meeting with those involved and reviewing the documentation. The parent may also be offered mediation.

The regional office will aim to resolve the complaint within 20 working days.

Stage 3 – Parent Complaint Unit

The Parent Complaint Unit has a dual function:

• To provide advice and support to parents about their concern or complaint
• To objectively review complaints that have not been resolved at the school or regional level.

A parent may contact the unit’s hotline at any time to discuss their concern or complaint or to seek advice. Staff will follow up at a later stage to check about progress.

If a complaint has not been able to be resolved by the school or regional office, the unit will be asked to assess the complaint and decide what action is needed. Staff from the unit will contact the parent about what has been done, explain the process and provide information about when they can expect to hear about the outcome.

The department’s Head of Schools or the Head of Early Childhood Development and the Chief Executive’s office will be advised by the Parent Complaint Unit of the outcome of the review. One of these senior leaders will make a final decision about the complaint and communicate the decision within 35 working days in most cases.

Rights and responsibilities

When raising a concern or complaint with staff, parents can expect to:

• be treated with respect, courtesy and consideration
• have the complaint dealt with in a confidential and timely manner
• have access to appropriate and easily understandable information regarding the complaint resolution process
• have the complaint considered impartially and in accordance with due process and principles of natural justice
• be kept informed of the progress and outcome of their complaint.

We request that when making a complaint parents will:

• treat other parties with respect, courtesy and maintain confidentiality
• raise the concern or complaint as soon as possible after the issue has arisen
• provide complete and factual information about the concern or complaint
• ask for assistance or further information as needed
• act in good faith to achieve an outcome acceptable to all parties
• have realistic and reasonable expectations about what course of action is required to resolve the concern or complaint.
School and regional office responsibilities
Schools are required to develop and publish their own parent complaint resolution policy and procedure that reflect the requirements of this policy and related procedure in the revised version of the Responding to concerns and complaints from parents and caregivers resource. Related policies and procedures are to be made available to all parents (this may require the school to ensure translations are available for their community) and be easily accessible on the school website.
Each regional director must ensure that the regional office has a procedure to address complaints that reflects the department’s policy and is accessible on the DECD or region’s website.

Monitoring and review
Schools and regional offices are required to establish and maintain a system to record and monitor parent complaints, the action taken to resolve the complaint and the outcome.
A record of all parent complaints received by the Parent Complaint Unit, the action taken and outcomes will be kept and the information analysed to assist the department to improve service quality and delivery. In addition the Parent Complaint Unit will seek feedback from parents about the service they received and their views on the complaint resolution process as a whole.
This policy and associated procedure will be reviewed after the first 12 months of operation and then every two years thereafter.

REVIEWED: April 2012

CAR PARK AND PARKING POLICY NUMBER 43

☑ The car park marked STAFF ONLY RESERVED PARKING is not to be used by parents.

☑ The wheelchair access located at the school entrance is for disabled people, please be considerate and not park there.

☑ Parents and caregivers may park at the southern entrance of the Centre.

REVIEWED: April 2012
Sourced: Current information & training

Children’s Clothing Policy Number 44

This centre provides a legionnaire sunhat for each child so please do not send hats. The process for maintaining the hats is each child’s name is placed on their hat and if not on their head then
kept in their hat pockets. Hats are washed weekly by the Centre.

Families must send their child in clothing that protects the shoulders from the sun and allows for children to feel comfortable and move freely whilst playing.

Children should wear clothing that is not expected to remain clean all day. Children will be encouraged to wear smocks when painting however children will need to be able to move freely and engage in general rumble-tumble play as part of their overall development.

Children must be dressed by families to suit the temperature.

Children requiring a sleep will be dressed to ensure the child is not over heated or cold. Staff will ensure children are in comfortable clothing for sleeping.

For toileting children need to be able to easily remove their clothes so it is best to send children in clothes that are easy to remove. E.g. elastic waited trousers and shorts.

It is strongly recommended that children do not wear thongs or slip on shoes as they are a safety hazard and hamper children’s play. Sandals with back straps and enclosed shoes are recommended.

Staff do their best to ensure that where a child is changed their clothing is returned to their bags. Please remember as children become independent they will want to take responsibility for their own possessions and this is encouraged by all staff. Please return borrowed clothing to the Centre.

Reviewed April 2012
This centre promotes the staff team’s presentation and attire will reflect our professional standards. While staff are permitted to wear casual clothing to work, it is required that it be of neat, clean and tidy appearance.

The clothing must compliment the centre’s written Sun Protection policy and meet with Occupational Health, Safety and Welfare guidelines. Staff may order uniforms at their own expense but are not compulsory.

Hats must be worn to comply with regulations and are part of the centre’s daily outdoor activities.

Flat, well-fitted, comfortable shoes that are either closed-in e.g. leather shoes and/or trainers or sandals that have straps around the back of the heel are required for safety reasons. (No slip-on style shoes allowed.) Shoes must be worn at all times, also to meet with Occupational Health, Safety and Welfare guidelines.

The staff team will act as a positive role model for children and families with regards to suitable clothing for engaging in activities while attending the Centre.

Jewellery must be minimal, ensuring that no dangly or bulky earrings, rings, nose-rings, studs and/or bolts attract attention to the children for safety reasons. Long style shirts/tops must be worn to minimise exposure of belly-button rings, bolts and/or studs. Shirts and dresses with sleeves will be worn by staff to promote our sun safe message.

Staff are also required to maintain a high standard of personal hygiene and role model these to children and families.

REVIEWED: April 2012

Sourced: Network SA, Fair Work Australia, Centre Governing Council & Families, Centre Staff Team

DECD OHS&W policies guide the Occupational Health practices and procedure in the Centre. (Please refer to the appendix)

The Governing Council of the Centre has a responsibility to provide and maintain, as far, as is practicable, a safe working environment and safe systems of work for its employees.

The Governing Council also has responsibility to ensure the following:

- That equipment and substances are in a safe condition.
• That information, instruction, training and supervision are provided to ensure that each employee is safe from injury and risk to health.
• To adopt measures to minimise the risk of harmful effects of fire and explosion.
• To provide appropriate personal protective equipment and to ensure it is used appropriately and to keep information and records relation to work related injuries suffered by employees.

SUPERVISORS’ RESPONSIBILITIES
Those employees with a supervisory role are responsible for ensuring that all employees under their control work in a safe manner and report any injury or accident within their area.
Only qualified children services employees are required to perform and maintain a Senior First Aid Certificate. Unqualified staff may also attain this but will need to do so at their own cost.
It is a DECD requirement that all Preschool staff obtain a BELS (Basic emergency life support) certificate prior to or at commencement at the centre.

ALL EMPLOYEES’ RESPONSIBILITIES
Staff members in their own interests, the safety of others and a legal obligation, have a responsibility to ensure that nothing is done to make health and safety provisions less effective.
In order to do so, the following policies must be observed:
1) Staff members must not, in any event, be present at work whilst under the influence of any drug that leaves them in a state as to endanger their own safety at work or the safety of any others.
2) Staff members shall not attend the work place when, considered by a Medical Practitioner, the person has a contagious disease that would otherwise inflict and ail other members of staff.
This is in regard to only such diseases that can be caught via contact, for example, measles, mumps, meningitis, glandular fever, impetigo, etc.
3) Staff members must supply a Certificate of Sickness signed by a Medical Practitioner for the full period of absence, when absent on the working day before or after a weekend, long weekend, public holiday or rostered day off. Staff members must stay away from work for the full term stated on the sick certificate, following their doctor’s advice.
4) Staff members shall strictly observe all hygiene procedures in the work place and with regard to their own personal hygiene for the health and welfare of other staff.
5) Staff members must wear clothing and footwear that is safe in the work place, for example, well supported shoes that are strapper or closed in and have non-slip soles. Shoes that offer no support to the foot and ankle and that are higher heeled than what would be considered reasonable and safe to carry out the wearer’s duties will not be allowed. NO THONGS, SCUFFS OR BACKLESS SHOES ARE TO BE WORN. Staff are not to wear high heeled shoes when entering any of the rooms where there are children present. Shirts and dresses with sleeves will be worn by staff to promote our sun safe message.
6) Each staff member has the responsibility to make other staff members and/or the Safety Officer aware of anything that they consider being unsafe in the work place i.e.. Broken equipment, storage, inappropriate work practices, etc. all items must be recorded on the incident report form and OHS Representative.
7) Staff shall observe the correct manner in which articles, equipment and children should be lifted. Correct procedures are displayed in the staff room and work areas. As a guide, no staff member should lift, on their on, any article, piece of equipment or child weighting over 16 kilos. Two or more staff members will lift any large piece of equipment that cannot be easily lifted by one person.
8) No staff member shall climb any height on any piece of equipment that may endanger themselves or other. A stepladder, supported by another person, must be used in situations where additional height is needed.

9) Staff must ensure that all equipment and tools are kept in a safe and workable condition and that toys are used in a safe manner. All toys, tools and other equipment are to be stored in a safe place.

10) No staff member will act in a manner that may endanger any other staff member or that may inflict bodily harm of any kind.

11) All staff will observe all safety policies and work practices and bring to the attention of volunteers, students, etc. the Centre's policies and procedures, as displayed in the staff room.

THE WORK PLACE IN GENERAL

ALL AREAS WILL AT ALL TIMES BE KEPT IN A REASONABLE SAFE MANNER.

There will be at least 2 fire drills each year. The reception area and walkways will be kept clear at all times to enable free access. All general rooms and storage areas will be kept in a safe manner by the staff of the areas indicated below:

<table>
<thead>
<tr>
<th>AREAS</th>
<th>STAFF RESPONSIBLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laundry</td>
<td>All staff</td>
</tr>
<tr>
<td>Kitchen</td>
<td>Cook</td>
</tr>
<tr>
<td>Staff Room</td>
<td>Staff Roster</td>
</tr>
</tbody>
</table>

All cleaning and poisonous liquids will be kept out of reach of children and stored in an enclosed area not accessible to the children.

No poisonous substances will be stored other than in their original container unless clearly labelled with the name of the contents.

All electrical power points, when not in use, will have safety plugs inserted.

The cots must be placed at a level appropriate to the child’s age and size to enable easy lifting for the care of workers’ backs.

All floors must be maintained to ensure that the surface is as non-slip as possible. Staff need to be aware of any wet areas and to ensure that children and staff avoid these areas until the floor has dried. Floors must be mopped around meal and toilet areas in each section. Toilet seats must be sprayed with disinfectant and the toilets flushed. These procedures must be carried out as soon as practicable after lunch in each section.

All medication must be listed in the Medication Book for the appropriate room in the manner outlined in the Centre’s Accidents, Injuries and Death policy. Only qualified staff are to administer medication and all medication is to be checked by a second staff member before administering it to the child concerned. No medication is to be administered to any child unless prior approval is given by that child's parent/guardian. All medication is to be stored away from children either in another room or in the refrigerator.

Gloves must be worn when attending to children with bowel motions, vomit or creams that are being applied to a child’s bottom and when attending injuries involving blood.

All hygiene policies will be observed at all times. For example, when handling food, cleaning toilet areas and using the sterilising units.

The use of sprays such as insect sprays and room deodorisers are strictly not to be used unless areas are free from children and other staff.

Staff ratios in accordance with Children’s Services Office requirements will be observed at all
times.

The Centre’s Sickness policy will be observed consistently at all times. All instructions issued to protect employees’ personal health and safety and the health and safety of others must be followed.

OUTSIDE AREAS
• Staff must observe all safety policies and procedures with respect to the following:
• All equipment must be in a safe condition to ensure that accidents are not caused through normal use.
• Equipment must be placed with consideration to traffic ways and the pattern of children playing.
• All equipment must be checked regularly before use to ensure that no insects are present that may harm either children or staff members.
• Equipment must be placed in a safe, well-balanced manner and will be stored in a safe manner, enabling access in and out of storage rooms and sheds.
• Children are not permitted to enter inside the shed / equipment storage area.
• Staff and children must use equipment for its intended purpose and in a safe manner.

REVIEWED: April 2012
Sourced: Occupational Health, Safety & Welfare Act, DECD - EECSRS, current information & training, Centre Governing Council & Families, Centre Staff Team

Relevant DECD Attachments as Per OHS&W Policies
• DECD Occupational Health Safety and Welfare and Injury Management Policy
• Risk Management Policy
• Hazardous Management Procedure
• Hazardous Substances Policy
• Injury/Incident Reporting or Investigation Procedure
• Purchasing and Supply Procedure
• Electrical Testing Procedure

STAFF MEMBER - CONFIDENTIALITY AGREEMENTPOLICY NUMBER 47
Regulations 168

The Elizabeth Grove Children’s Centre considers confidentiality to be of great importance to children, families and the centre itself in providing professional and competent care and education in the community.
As a staff member you are an employee of an association. Information that is personal, private or confidential about individuals and families involved in the service may be revealed to you by virtue of your position. It may include information relating to management, clients, other staff members, operations, accounts and procedures.
It is of paramount importance that such information is not disclosed inappropriately. Obviously, there are limited exceptions where there is a legal obligation to reveal information to the appropriate authorities.
In addition, the Children’s Services Act 1985 prohibits an officer or former officer (staff members) of an incorporated association from making improper use of information acquired by virtue of their position so as to cause a detriment to the association. The maximum penalty is $20,000.00 or imprisonment for 5 years.

It is not appropriate to share confidential centre information with friends or family (or even with management committee members or other staff members in a public place).

**STAFF MEMBER - NON-CONSUMPTION OF ALCOHOL OR DRUGS AGREEMENT**

The Elizabeth Grove Children’s Centre considers that it be of utmost importance for staff to function at work without being under the influence of alcohol and / or illegal drugs. This includes a staff member, arriving to work on commencement time and following break times, does not have any influence from alcohol and/or illegal drugs when performing their tasks, roles and responsibilities. A staff member who either, arrives to work or is already on duty, under the influence of alcohol and/or illegal drugs, may be dismissed from their contract of employment. Effective immediately!

REVIEWED: April 2012  
Sourced: DECD - EECRS, current information & training, Centre Governing Council & Families, Centre Staff Team  

**STAFF IMMUNISATIONS**

While this policy is supportive of immunisations for staff members, there is still a choice for individuals regarding this matter. At no stage will any staff members be forced into proceeding further with personal or professional immunisation plans.  

The Occupational Health, Safety and Welfare Representative maintains a confidential record of individual staff’s previous immunisation history. This information may be shared with the Director if required.  

The staff team are an important part of the centre’s program and in recognition of their dedication and commitment the Governing Council fully support this policy. These efforts are to raise the standards and conditions of employment over and above the South Australian Child Care Workers Award.

**OCCUPATIONAL HEALTH RISKS**

**FOR CHILDREN’S SERVICES Employees**

Staff are at risk of contracting infectious diseases. Infection control practices such as **effective hand washing** can reduce disease spreading at the centre among staff and children. Literature regarding effective hand washing is available from the Director or Occupational Health, Safety & Welfare Representative.

Immunisation can also significantly prevent Educators from contracting some diseases. The Director and/or Occupational Health, Safety and Welfare Representative will encourage the workers’ to keep their immunisations up to date. Children’s Services Employees should discuss their history of measles and rubella immunisation or infection with their doctor. They may also wish to discuss whether or not to have additional immunisations, such as the Hepatitis A
vaccine. Infected workers must be excluded from the centre. See the list of NHMRC recommended exclusion periods as stated in the Staying Healthy in Child Care’ www.nhmrc.gov.au/guidelines/publications/ch43,

The Governing Council encourage a safe and healthy working environment by following strict occupational health, safety, welfare and hygiene policies which are readily available and individually issued to all new staff members.

HEPATITIS A
Hepatitis A vaccine is recommended for child care educators, particularly those who care for children who are not toilet trained.

HEPATITIS B
Working at a child care centre is not a significant risk factor in acquiring Hepatitis B. Hepatitis B vaccine is therefore not recommended for routine use in staff or children in child care settings.

INFECTIOUS DISEASES DURING PREGNANCY
Child Care Educators who are pregnant need to be aware of how some infections can affect the unborn child. This is a good time for the centre to make sure that all workers are following good infection control practices.

RUBELLA (GERMAN MEASLES)
It is especially important for women of child bearing age to be protected against rubella. If a pregnant woman contracts rubella, her baby may be born deaf, blind or with heart and lung damage. Because rubella is difficult to diagnose, a past history of the disease is unreliable as a guide to immunity. A blood test will show whether or not you have had rubella.

CYTOMEGALOVIRUS (CMV)
CMV infection in early pregnancy may affect the unborn child. The infant may be unaffected, deaf or have multiple abnormalities. Whether the baby is affected depends on many factors. The tow main factors are previous CMV infection and the stage of pregnancy. The risk is very low if the mother catches the disease in early pregnancy. The chance of the child care educator acquiring CMV infection when looking after three year olds seems to be greater that that of hospital staff or the general public. Child care educators may wish to have a blood test for CMV immunity before becoming pregnant. This would allow them to make an informed decision about work practices and to discuss these with their doctor.

TOXOPLASMSOSIS
Child care educators are not a greater risk of contracting toxoplasmosis that other people. Toxoplasmosis infection in pregnancy may lead to congenital abnormalities. There is no risk if the mother has had the disease before, but this is often unknown. Toxoplasmosis is acquired from contact with cat faeces (in soil or sandpits) or eating poorly cooked meat. If you are considering pregnancy, a blood test will show if you have had toxoplasmosis.

ERYTHEMA INFECTIOSUM, ALSO CALLED PARVOVIRUS B19, FIFTH DISEASE, SLAP FACE OR SLAPPED CHEEK DISEASE
The symptoms of this disease are slapped cheek rash (red cheeks that look as though they have been slapped) or arthritis. A pregnant woman who develops these symptoms should discuss this with her doctor, Parvovirus causes miscarriage or still births in a small percentage of women infected during pregnancy. Malformation does not appear to occur in babies who survive this infection in the mother.

CHICKENPOX
Most children’s services educators will probably have had chickenpox as a child and will not get it again. Infection with chickenpox in the first three months of pregnancy may damage the
unborn child. Pregnant women who are exposed to chickenpox at any stage of the pregnancy should see their doctor soon after exposure. The doctor may give varicella zoster immunoglobulin (VZIG). This is an injection of antibodies against chickenpox.

**ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS OR HIV)**

The centre has a specific policy for this disease. A person/child who has the HIV infection or a sickness of a contagious or infectious nature will be protected from discrimination. The disease suffer will not necessarily be nominated publicly, therefore strict adhesion to the health and hygiene policies will be expected at all times. Please read the centre’s ‘full’ policy for further details regarding on this particular disease.

**OTHER INFECTIONOUS DISEASES**

It is a well known fact that children’s services educators can be exposed to a wide range of infectious diseases, from the basic common cold to the more severe diseases. Elizabeth Grove Children’s Centre’s Health and Hygiene Policies recommend all staff strictly adhere to ‘common sense’ and routine practices such as regular hand washing with running water and soap, the use of surgical gloves when handling blood, vomit, urine or faeces, individual face and hand towels/washers and strict washing machine procedures, etc. For further information please read through our Policies and Procedures folder.

**STAFF ‘OFFICE HOLDERS’ / TITLED POSITIONS POLICY NUMBER** 49

The Centre offers the staff team three ‘office holders’ positions, they are as follows:-

- Assistant Director – Children’s Services Employee
- 2 Staff Representatives - a voting member of the Governing Council – one employed by the Governing Council and one employed by DECD
- Occupational Health, Safety and Welfare Representative - responsible to the OHS&W Act

The Governing Council supports the positive development of the staff team and a positive environment in which to work.

In order to ensure that all staff members are exposed to these extra opportunities no one staff person can hold multi positions. Each position should have a different representative.

**WORKING GUIDELINES FOR PART-TIME EMPLOYMENT POLICY NUMBER** 50

*Regulations 118-134*

All new CSE contracts will state minimum and maximum hours - times and hours will be
discussed in consultation with the Employee, however, the Employer will determine the spread of hours over the rostered week.

There will be a review period after the first 3 months of implementation and then ongoing. All requests are to be forwarded and discussed with the Director in the first instance. A written request is then forwarded to the Governing Council for due consideration. Each individual request will be considered independently.

All primary educators/carers positions at the Elizabeth Grove Children’s Centre will be filled with regular, consistent employees to ensure the security and stability of the staff team for families - employment terms and conditions to be in line with the NAPSA and Child Care Workers Award (SA), of which, the Director will negotiate with the said employee.

All leave entitlements will be accordingly pro-rata and reduced in accordance with new hours worked. Years of service will not be affected, if service is not broken.

Any feedback/complaints from parents (family members), children or other staff regarding any positions and / or changes to the centre’s program are to be directed to the Director. The Director will use his/her discretion when forwarding issues on to the Governing Council. The Governing Council supports staff seeking a work life balance within the Centre’s ability to support such requests.

REVIEWED: April 2012

Sourced: NQS, DECD - EECSRS, Centre Governing Council & Families, Centre Staff Team

**STAFF TAKING LEAVE POLICY NUMBER 51**

**Regulations 118-134**

CSE’s are required to arrange (in consultation with the Director) their entitled 20 days of Annual Leave per calendar year to be taken within the period they fall due. No staff will be allowed to ‘bank’ annual leave without applying for special reasons to the Governing Council. Approval will be granted, only after much discussion and due consideration is given to the individual request. The Governing Council feels strongly that each staff member receives sufficient ‘breaks’, and on a regular basis, from the stresses and strains of working in such a high demanding job. Also, the centre operates with a not-for-profit philosophy and therefore, each financial year’s budget is calculated to reflect same. Allowing staff to ‘bank’ annual leave could cause financial strain on the yearly budget.

All leave of absence from the Centre must be pre-arranged and approved by the Director/Assistant Director. A ‘Leave Application Form’ must be completed and handed to the Assistant Director/Director at least one week in advance of the intended day off.

No two staff people from the same section/room are allowed to take the same day/s leave e.g. only one staff member absent at one time. This is to create a consistency for children in staffing rosters.

No two staff members of the same Level are allowed to take the same day/s leave e.g. two qualified staff can not be off on the same day/s and, nor the unqualified staff.

Staff are requested to write their name in the main diary on the day/date of the intended day/s off. With that the Assistant/ Director should receive the Leave Application Form with the type of leave and dates requested completed. The Assistant/Director will check the diary and program and then complete and return the Leave Application Form notifying the staff member of the
requests approval status.
If a staff member is looking in the diary at a particular date and other names are already entered, then the staff member can put his/her name down to be on ‘stand-by’. If the original request is changed or denied this will ensure that the next person gets the offer for that particular date.
If a staff person is taking a block period of Leave then another staff person of a different level can apply for limited days off (e.g. RDO, LWOP, Annual Leave) during each weekly period eg. if a qualified staff member is having a week of annual leave Monday to Friday, then an unqualified staff member may book an RDO on one/two of the days during that same week. However, the two staff members are not to be from the same room/area in the Centre.
ANY LEAVE OF ABSENCE REQUESTS WILL ONLY BE APPROVED ACCORDING TO THE AVAILABILITY OF APPROPRIATE CASUAL RELIEF STAFF.
Special individual cases will be evaluated separately and approval status is at the Director’s discretion.

REVIEWED: April 2012
Sourced: NQS, DECD - EECRSRS, Current information & training, Centre Governing Council & Families, Centre Staff Team

TEN DAYS PRE-APPROVED LEAVE WITHOUT PAYPOLICY NUMBER 52
Regulations 118-134

Staff are allowed a maximum of ten working days leave without pay (LWOP) to be approved at the beginning of each financial year. The LWOP days will not affect their normal accrual of days for Long Service Leave, Annual and Sick Leave. The guidelines are as follows:-

- The LWOP days must be pre-arranged days off.
- The days must be written on an Absence Application Form and forwarded to the Director at least one week in advance of the requested date.
- The LWOP days may be taken as individual days off or in a block.
- Employees who have a history of using all or more than their entitlement of sick leave within their anniversary period will be encouraged to save these pre-approved LWOP days for back-up sick leave.
- The LWOP days can be used in place of sick leave.
- These days can be added to annual leave e.g. six weeks approved annual leave (4 weeks paid and 2 week unpaid).
- Any additional LWOP days after the first ten must be forwarded to the Governing Council via the Director for consideration prior to them being taken.
- Any additional LWOP days after the first ten pre-approved days may affect your Long Service Leave accrual and therefore may affect your anniversary date of entitlement.
- All staff will still be required to take all twenty of accrued paid Annual Leave within the employee’s anniversary period.
- LWOP days off may be split into two half days if required at the approval of the Director.
- Special circumstances/requests will be evaluated separately and approval status is at the Director’s discretion (and/or Governing Council discretion, if necessary).

This policy is discussed and evaluated by the Governing Council at the end of each financial year
and its continuance through into the following financial year will only be granted if the Centre budget is favourable. The Ten Days of Pre-Approved Leave Without Pay (LWOP) will not be automatically granted to staff without due consideration and assessment first. The Director will inform staff after the Governing Council has made their decision at the beginning of the financial year budget.

REVIEWED: April 2012

Sourced: NQS,DECD - EECSRS, Current information & training, Centre Governing Council & Families, Centre Staff Team

SEVEN DAYS PRE-APPROVED SPECIAL PAID LEAVE (SPL) POLICY NUMBER 53
Regulations 118-134

After 12 months continuous employment, permanent full timeCSE staff membersMAY, in accordance with budget and Governing Council approval, be awarded a maximum of seven special paid leave days to be taken during the centre’s closure period around the Christmas and New Years public holidays each year. Part time staff working a minimum of 32 hours per week over a 12 month period MAY also be eligible. These seven days of special paid leave will be acknowledged and recognition for the high quality work performance during the financial year. The staff will receive this as an incentive and it will replace any other bonus payments that may have been previously awarded.

This special paid leave will be reviewed and consequently approved at the beginning of each financial year and provided the budget can sustain the cost incurred. These special paid leave days will not change the normal accrual of days for Long Service Leave, Annual and Sick Leave. The guidelines are as follows:-

- Special Paid Leave days must be taken during the centre’s closure period.
- Special Paid Leave days cannot be used at any other time during the year.
- Special Paid Leave days must be taken as a block.
- Special paid leave is not part of any employees’ employment conditions or terms of employment.
- Special paid leave is paid as a ‘bonus’ system and will be reviewed and awarded each year, depending on the budget and financial status of the centre.
- Special paid leave days do not incur leave loading.
- These days can be added to annual leave e.g. 4 weeks with leave loading and 2 without any loading.
- All staff will still be required to take all twenty of accrued paid Annual Leave within the employee’s anniversary period.
- Special Paid Leave days cannot be used in place of sick leave.
- Special paid leave days are not accruable and will not be included in any final payouts agreed by the Governing Council and individual staff members.
- Special circumstances/requests will be evaluated separately and approval status is at the Director’s discretion (and/or Governing Council discretion, if necessary).
This policy is discussed and evaluated by the Governing Council at the end of each financial year and its continuance through into the following financial year will only be granted if the Centre budget is favourable. The Special Paid Leave will not be automatically granted to staff without due consideration and assessment first. The Director will inform staff after the Governing Council has made their decision at the beginning of the financial year budget.

REVIEWED: April 2012
Sourced: NQS, DECD - EECSRS, current information & training, Centre Governing Council & Families, Centre Staff Team

**LONG SERVICE LEAVE POLICY NUMBER**

**Regulations 118-134**

Staff are encouraged to take their Long Service Leave as it accrues to promote positive job satisfaction by relieving stress that can build up from working in one organization for a long, uninterrupted period. Guidelines are to follow:-

- After the first ten years of service, the 13 weeks accrued is encouraged to be taken within the two years following.
- The first 13 weeks accrued is encouraged to be taken in a block or be split into two blocks.
- If the first 13 weeks accrued are split into two blocks it is encouraged that the minimum number of weeks for one split would be at least 6 weeks.
- Staff must give at least 6 weeks notice to the Director before the requested commencement date.
- Long Service Leave will not be granted until after the staff member’s 10 years of service has been completed.
- Long Service Leave will not interfere with other staff members annual leave absences.
- Staff members will be encouraged to take the Long Service Leave in the form of an absence from the Centre and not to be paid out in wages. However, the centre will abide by the legal requirements of the Long Service Leave Act on request of the staff member.
- For every week accrued after the 10 years of service has completed, this can be taken as accrued e.g. 1.3 weeks every year or as requested by staff members.
- The centre reserves the right to refer to the Long Service Leave Act at any time if they see fit.

REVIEWED: April 2012

Sourced: NQS, DECD - EECSRS, Long Service Leave Act, current information & training, Centre Governing Council & Families, Centre Staff Team

**STAFF’S GRAND/CHILDREN ENROLLED WITHIN THE CENTRE POLICY NUMBER**

Positive support will be given towards a staff member wanting to enrol their grand/children at the centre, provided the following guidelines can be maintained. Every attempt will be made for
a smooth commencement period and co-ordinated return to work date.

A staff member’s child may be enrolled at the centre, provided they will be working on a regular basis in separate rooms (sections) from each other for the majority of the day. The staff member and child may spend a maximum of two hours per day together, depending on the duties required and the acceptance of the child in this type of situation e.g. the Director may have to cover another staff member’s non-contact time by working in the room with a group of children. The staff member and child’s relationship must not impact on the total program or the smooth operation of the service. If either party does not manage the situation comfortably then it will be advised that alternative care will need to be explored/engaged. If the situation causes excessive or undue stress to other staff team members then the Director will negotiate alternative possibilities.

As the child matures and if the experience is positive for both, occasional visits to, or by, the parent may be negotiated with other team members. If the visits cause undue disruption to either party then the parent will be advised that the situation is not positive and visits will be stopped.

If a staff members grand child is enrolled at the centre they may be placed in the same room but with a different primary care giver.

It is recognised that all individuals will handle this type of situation differently, and in some instances, staff having their own grand/children at their place of employment may not be ideal. Therefore, the policy will remain fairly flexible (allowing for differences), with open and honest communication maintained at all times. The situation will be monitored closely by the Director and decisions or required changes/actions will be at his/her discretion. In the case that the Director’s child attends the centre, the Chairperson of the Governing Council will be responsible for decision making and required action.

REVIEWED: April 2012

Sourced: NQS, DECD - EECSRS, Centre Governing Council & Families, Centre Staff Team

Performance Development Policy POLICY NUMBER 56a

RATIONALE

Performance development depends on a culture of trust and support at our Centre. This allows feed back to be given and performance reviewed. It is a continuous process which benefits individuals by identifying expectations and providing support. It recognizes mutual obligation and is a two-way process between line-managers and staff, negotiated between both parties and focused on the achievement of agreed goals.

Performance management processes are consistent with the relevant legislation applying to each employee category in the Department of Education and Children’s Services including the Occupational Health Safety and Welfare Act 1986, the Public
Sector Development Act 1995, the Education Act 1972, and the Children’s Service Act 1985

**Key elements**

The following key elements make up Performance at our site:

- an explicit and up to date role duty statement, or job and person specification which reflects the skills and competencies required of the person and establishes the outcomes required of the position.
- effective induction processes which explain and confirm expectations and roles
- performance planning which establishes the link between the Centre’s goals and agreed indicators of individual performance
- a self evaluation against site priorities and a development plan which outline actions to be taken to develop skills and knowledge so that each staff person can best support the Centre’s to achieve its priorities as well as their own personal development.
- recognition which explicitly acknowledges achievement
  - feedback and review which enables staff and their line managers to identify areas for improvement and learning and development opportunities.
  - grievance procedures which enable employees to have addressed any matters of concern
- addressing underperformance which ensures that ongoing issues are identified and resolved.

**OUTCOMES**

- shared understanding of the Centre’s direction
- performance development processes which focus on the achievement of individual, Centre and department goals (including national standards)
- improved service delivery, pedagogy and learning outcomes for children and families
- recognition and valuing of individual’s contributions
- improved well-being
- a culture of continuous improvement and feedback

**Employees**

It is expected that all employees will take responsibility for improving their performance and perform their duties in a competent and efficient manner in line with Centre and legislative requirements.

Employees have a responsibility to:

- be actively involved in the performance development processes
- establish a documented process, in negotiation with their line manager, that reflects personal goals and Centre priorities and a shared commitment to achieving
these
• negotiate an objective approach to monitoring performance against agreed outcomes
• be actively involved in the resolution of grievances that may result from the performance management process.

**The Director and Assistant Director**

The Director and Assistant Director have additional responsibilities to:

• ensure staff have clear, up to date and explicit role or duty statements, or job and person specifications
• ensure effective performance management processes and plans are established
• incorporate a participative approach with staff in working through performance development processes and issues
• ensure employees who are new to a role or the worksite participate in an induction program
• ensure that structured and regular feedback is provided for all employees regarding the achievement of performance against agreed outcomes
• appropriately delegate the responsibility for performance development where necessary to ensure that all staff receive regular feedback and performance recognition
• ensure performance development processes conducted with each employee are documented
• actively address performance concerns as they arise
• support training where personal or professional developmental needs are identified
• provide fair and accurate performance assessments based on identified data collection processes
• promote and develop a healthy work place culture that has regard for employees’ psychological well-being.
• model and encourage performance development practices consistent with the principles established in this policy, including seeking feedback on performance
• ensure that they have the skills necessary to implement the policy effectively
• conduct performance development practices in accordance with all relevant Acts, regulations, policies and guidelines
• report on the outcomes of the performance management process to the Chief Executive through the annual reporting cycle.

**Process**

Performance development is a confidential process, with access to any documentation resulting from the process normally only available to the employee and Director. Other departmental personnel may have access for legitimate purposes with the knowledge of the employee.

- Term 1 staff will set personal and professional goals for the year
The Director or Assistant Director will make a time with the staff person to discuss and support that person in planning how they will work towards achieving their goals.

The Director/Assistant Director will give written feedback after the meeting.

The plans will be reviewed each term by individuals and their line managers. A meeting will be made in Term 4 for monitoring and reviewing the plans of individual staff and written feedback will be given.

NB Staff are encouraged to request a time to discuss their plans or any concerns at any other time with their line manager.

Reviewed April 2012
Sourced DECD Website Written by staff Closure Day 22.1.09,

MANAGING EMPLOYEE’S POOR WORK PERFORMANCE Policy Number 56b

This policy covers the formal aspects of the disciplinary process. In practice the disciplinary process should be seen as one aspect of an integrated system of personnel management which includes good supervision; proper induction, probation and appraisal processes; and the provision of appropriate training and development opportunities.

This policy is a general guide to the position of the Centre on discipline matters. It is subject to, and does not detract from the provisions of the various Awards that the Centre’s staff are employed under.

POLICY

The Centre expects high standards of honesty, propriety and integrity of its employees. In this respect employees are expected to be scrupulous in the performance of their duties, their use of Centre information, facilities and equipment and their treatment of other employees and members of the public. If an employee chooses not to conduct himself/herself in this manner, then disciplinary action will be considered and the Centre will consider the various options available to it.

The Centre’s approach to discipline can be viewed as follows:

- It recognises that to cover up or ignore an employee’s poor performance or conduct is of no benefit to either the employee or the Centre i.e. the employee has to be made aware of his/her shortcomings and/or misconduct and given reasonable opportunity and help to address the situation.
- It is a constructive process - concerned with rehabilitation rather than retaliation i.e. the Centre places high value on its employees and wants to assist those who find themselves in potential disciplinary situation.
- Its objective is to achieve the desired improvement as soon as practical with the minimum resource to disciplinary measures i.e. it aims to seek positive outcomes by ensuring that the employee concerned is given every opportunity to improve.
- It aims to be consistent in application i.e. the approach is designed to be fair and consistent throughout the Centre, yet at the same time it recognises the need for flexibility so that discretion can be exercised depending upon the circumstances of each situation.
- It lays down the procedures designed to achieve fairness i.e. the procedures recognise
that:
• a person against whom adverse allegations have been made, should be informed of the matters alleged against him/her
• a person must have an opportunity to answer the allegation - whether orally or otherwise
• all parties to a matter must be given an opportunity to be heard and all relevant submissions considered
• the decision-maker must act fairly and without bias
• there exists the right of appeal to the Governing Council on decisions made below this level.

RATIONALE
Underlying the policy are the obligations and expectations that employees have of the Centre and vice versa.

• The prime responsibility of the Governing Council, Director and staff is to ensure that they are pursuing agreed objectives for the Centre. Part of this responsibility is to discuss performance and work-related matters with staff. This should happen as a matter of course in daily contacts but should be reviewed at regular performance review discussions.
• The Governing Council/Director/staff are generally the first people to be aware of deficiencies in performance or conduct of an employee under their control and are generally best placed to initiate corrective action. In the first instance, these measures can take the form of counselling, correcting, coaching, training, etc. However, there reaches a point where previous attempts are no longer adequate. At this point, the disciplinary process must be applied.
• The Centre recognises the need for consistent standards of performance so that employees can reasonably know what is expected of them. Without such standards there is nothing to gauge what is acceptable or otherwise. Any departure from standards of performance and behaviour is the only basis upon which disciplinary processes can be properly applied.
• It is accepted that there may be a wide variety of reasons for non-compliance with work standards. In some cases, the Centre has a responsibility to address issues within its control, such as poor job design, inadequate training or supervision, etc. However, in other cases, the employee may be faced with external personal problems that are affecting
• his/her work performance or influencing his/her attitude. In such situations where counselling may be beyond the Centre’s capabilities, it may be in the Centre’s interest to offer external professional assistance.

PROCEDURES
The following is a summary of steps to be taken in most disciplinary proceedings. They are flexible enough to allow each individual situation to be considered on its merits, yet consistent enough to ensure a common general approach. It must be recognised that in circumstances of sufficient gravity, the Centre reserves the right to depart from these procedures.

1. **FACT FINDING**
Upon becoming aware of an alleged misdemeanour the nominated member of the Management Committee, the Director/Assistant Director must immediately set about ascertaining the facts of the situation from anyone involved such as a complainant / witness. Observations must be put in writing. A file will always be opened whenever a critical incident occurs.

The nominated member of the Governing Council/ the Director/ staff should then contact the employee concerned to draw his/her attention to the allegation, and seek his/her account of the matter including any extenuating circumstances which may fully or partially excuse the behaviour and which would need to be taken into consideration.

At this stage, the nominated member of the Governing Council/the Director/ the Children’s Services Professionals may decide not to pursue the matter further as he/she is of the opinion that the allegations have no substance or that it is not really a disciplinary situation.

Alternatively, the nominated member of the Governing Council / the Director/ staff member may decide not to pursue the matter further other than to point out the error and emphasise the correct behaviour. This decision will require monitoring of progress.

However, if the nominated member of the Governing Council/ the Director/ the Children’s Services Professionals believes that a misdemeanour has occurred and that further action could be taken, then at this point the disciplinary procedure proceeds from an unofficial to an official basis.

In taking this decision, the nominated member of the Governing Council and/or the Director needs to have weighed up all the relevant factors including the nature and seriousness of the matter; its relevance to the employee’s duties, to other employees and to the general public; the reputation of the Centre; any mitigating circumstances; the previous employment history and general character of the employee; and the overall effect on the work group.

2. **DISCIPLINARY COUNSELLING**

Important emphasis is placed on the counselling interview and the general points, which should be covered:

- Counselling should take place in a private venue with no interruptions.
- The employee should be given advance notice of the purpose for the interview, to enable him/her to prepare for it.
- The employee may wish an opportunity to have present a person of his/her own choice (i.e. another colleague or a Union representative). The nominated member should also consider having another member of the Governing Council or employee present to act as a witness.
- A statement at the commencement of the interview needs to be made that “this is a disciplinary interview” so there can be no doubt as to its purpose and intent.
- The nominated member of the Governing Council or the Director must outline the alleged misdemeanour or aspects of the employee’s conduct that are causing concern.
- The employee’s explanation must be sought.
- Discussion may focus on the explanation of the possible causes of the problem and options for its resolution. Then the nominated member of the Governing Council and /or the Director has three possible courses of action.
- Accept the explanation (which may need to go further than the original explanation now
that discipline is involved) and leave the interview there,
If the latter is the case, the nominated member of the Governing Council and/or the Director should make clear:
  o The reasons why the explanation is unacceptable,
  o The preferred and acceptable behaviour,
  o That the Centre expects that the acceptable behaviour will be followed,
  o The consequences if the preferred behaviour is not followed.

At the end of the discussion, the nominated member of the Governing Council and/or the Director should record the details of the meeting and ask the employee to sign a copy indicating that he/she has read the record. (Should the employee decline to sign, and then a third party should verify that the record had been sighted by the individual concerned). The warning is then placed on the employee’s personal file and a copy given to the employee concerned. If the employee wishes to place on record the basis of his/her position in relation to the matter, or indeed to rebuke the whole part of the record, then this should be allowed.

Continued, repeated or new misdemeanours may require repetition of the previous steps. There are no set numbers of warnings that the Centre will issue to an employee. If the conduct is unacceptable to the Centre, the employee should be advised of this, and of the consequences that may follow such repetition.

Where steps 1 and 2 have been sufficient to resolve the situation, the warnings given and records made will only remain current and on file for 2 years. If there has been no recurrence or new incidents during this period then the records will be taken off file, and should not be used in connection with any new complaint.

3. DISCIPLINARY ACTION
Depending upon the nature and extent of the misdemeanour involved and the effect of the counselling, disciplinary action may be appropriate at any stage - irrespective of the number of warnings given.

Appropriate disciplinary action may include the following:
  1. Appropriate performance monitoring including cautioning or formal warning
  2. Legal action
  3. Dismissal

In all cases where formal disciplinary counselling is to take place, the nominated member of the Governing Council together with the Director should decide what form disciplinary action should take. In the case the agreed action is one of the more severe e.g. legal action or dismissal, a recommendation needs to be forwarded to the Governing Council for approval. It should always be remembered that:

The nominated member of the Governing Council together with the Director must satisfy himself/herself that there are sufficient grounds to take disciplinary action.

REVIEWED: April 2012
Sourced: Centre Governing Council & Families, Centre Staff Team
EMPLOYEE GRIEVANCE POLICY NUMBER

The staff at the Centre have developed Team Protocols to assist in dealing with grievances. If, for any reason a staff member is experiencing a grievance relating to their employment including difficulties with another staff member, the following procedure should be adopted:

1. If another staff member is involved, try to resolve the matter with the staff member concerned, ensuring that the problem is clearly understood by both parties. Should the person raising the problem not be able to discuss it directly with the other staff member the Assistant Director and/or the Director are available to assist.

2. When the matter is employment related or is unable to be resolved through discussion with another staff member, then the grievance should be discussed with the person next in line having supervisory/management responsibility until a resolution is made. Listed below are the lines of supervisory/management responsibility:

   1) The Assistant Director
   2) The Director
   3) The Governing Council Chairperson

REVIEWED: April 2012

Sourced: Current information & training, Centre Governing Council & Families, Centre Staff Team

STAFF / VOLUNTEER / STUDENT INDUCTION AND ORIENTATION PROCESS POLICY NUMBER

When any new member of staff or a volunteer or student begins at our site we ensure they are welcomed and informed about safe work practices, policies and Centre practices. This is to ensure they are knowledgeable about our Centre and able to carry out their role with confidence.

The Centre has a folder of information that every new person who would like to be involved in the Centre's activities is required to read in a quite area before taking part in any daily activities. This folder consists of relevant information which is important for the new person to have including an understanding and prior knowledge of the Centre's philosophy and goals, policies and procedures, roles and responsibilities while within the Centre's grounds. Staff must notify the Assistant Director and or Administrative officer is leaving due to illness or emergency. The Induction folders are kept in the staff area.

For Children's Services employees it is a condition of employment that contracts will be reviewed quarterly in line with Centre needs and requirements.

CHECKLIST FOR THE INDUCTION OF NEW STAFF MEMBERS

The consumption of illegal drugs or alcohol on the premises or during working hours is strictly prohibited. Staff are requested to sign a statement agreeing to remain drug and alcohol free.
whilst at work.

Please check you have the following information:

- You have read the Parent Handbook and Policies and Procedures documents.
- Read the Staff Members/student/volunteer Induction Folder.
- Issue Code of Ethics - maintaining confidentiality.
- Sited Fire / Emergency Plans for the building.
- Medication - First Aid Cabinet.
- Responsibility to Mandatory Notification of Child Abuse.
- Program Planning.
- Centre and Individual Groups daily routines and rosters.
- Filled in Personal details form and Declaration re; remaining drug and alcohol free
- Housekeeping Guidelines -

Staff Room
Telephone
Car Parking
Lunch breaks (unpaid)
Tea / Coffee breaks (paid) Rostered Days Off (RDO))
Annual Leave
Time off in lieu

Extra Sessions for children (TOIL) Communication diary / books
Photocopying Withdrawal of sessions
Authorised Child Collection Payment of Fees / Fees Policy

Late collection of children

- Salary - payment of wages, time book, attendance records, superannuation.
- Medical / sick leave - doctor’s certificates are required before and after a weekend or public holiday or RDO
- Centre Functions - type of care offered.
- Staff Training / Development.
- Menu - staff input and communication.
- Community Based - role of the Governing Council.
- Staff Meetings.
- Children’s records
- Keys to the Centre and alarm system. (permanent staff only)

**CHECKLIST FOR THE ORIENTATION AND INDUCTION OF TAFE, UNI & SCHOOL STUDENTS AND VOLUNTEERS**

The consumption of illegal drugs or alcohol on the premises or during working hours is strictly prohibited.

- Introduce the copies of Parent Handbook and Policies and Procedures documents.
Introduce the Students Folder of information for perusal.
Introduce the centre’s Functions - type of care offered, the Philosophy, Goals and Code of Ethics

Highlight and discuss the importance confidentiality- explain our expectations regarding these issues:

- Fire / Emergency Plans for the building.
- Medication - First Aid Cabinet.
- Responsibility to Mandatory Notification of Child Abuse.
- Introduce the centre’s Program Planning and curriculum styles - explain non-contact time.
- Centre and Individual Groups daily routines and rosters.
- Housekeeping Guidelines -
  Staff Room Telephone Car Parking  
  Tea / Coffee breaks Lunch breaks
  Photocopying
  Communication diary / book
  Sessional care for children
- Medical / sick leave - inform the centre at the earliest convenience.
- Menu - staff input and communication.
- Community Based - role of the Governing Council
- Encourage questions, initiative, involvement and open communication

STUDENTINDUCTION

The Elizabeth Grove Children’s Centre is a Learning Centre and Welcomes students from Elizabeth TAFE for placements at the Campus and Centre.

The Centre will provide
- student handbook
- confidentiality agreement
- behaviour guidance policy
- evacuation plan and procedure
- health and hygiene policy
- OHS&W policy
copy of parent handbook to look through as a group

Be prepared with a list of who is placed in what section for each term. Liaise with field supervisor. Also shifts and lunch breaks worked out to ensure staff room is not overloaded.

**Induction**

Welcome and introductions

Brief history of Centre and the services we provide

Tour of the Centre
  - intro to staff
  - where bags are kept
  - where policy folder and recourse corner is
  - emergency evacuation exits
  - toilets, tea/coffee, etc
  - where to display photo introductions
  - where to display daily plans
  - procedure for use of phone/ photocopier

**SIT AS A GROUP TO DISCUSS THE FOLLOWING**

Read through student handbook together, show a copy of parent handbook explaining that the copy can be used at the Centre only.

Explain policy’s and expectation that they will have read them before their next day in the Centre

Ensure that Centre has a copy of a ‘work place agreement form’ for each student

Each student to read and sign ‘confidentiality’ agreement

Check that each student has a name badge, hat and photo introduction for display at the Centre

Encourage questions and discussion

Discuss use of staff room and appropriate times/places for TAFE supervisor to talk to students (not when staff on breaks)

Reviewed: April 2012
Sourced: DECD - EECSRS, TAFE S.A