Genesis Family Day Care Services

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POLICIES & PROCEDURES

This document contains the Policies and Procedures developed by Genesis Family Day Care Services (the Service) to meet the requirements of the *Education and Care Services National Law Act 2010*; *Education and Care Services National Regulations (the Regulations)*; the *Children and Young People (ACT Childcare Services) Standards 2009 (No 1); A New Tax System (Family Assistance) Act 1999;* the *A New Tax System (Family Assistance) (Administration) Act 1999*; the *Child Care Subsidy (Eligibility for Approval and Continued Approval) Determination 2000;* and the National Quality Standards for Early Childhood Education and Care and School Age Care.

These Policies and Procedures are read in conjunction with the Service's *Conditions of Care* and the *Educator Service Agreement*.

We value collaborative relationships and input from all stakeholders and welcome any suggestions and feedback about the content of these policies and procedures.

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INTRODUCTION

Genesis Family Day Care Services supports and respects the uniqueness of every family, child and individual and actively works to ensure the Early Years Learning Framework (EYLF) outcomes are promoted and fostered throughout the Service.

Our Vision

- *Promote high quality child-centred home based care in a family environment*

Our Mission

- We engage, support and inspire Educators to work in collaboration with families to deliver education and care for each child to reach their full potential
- We work with Educators and parents in a professional and respectful manner to deliver services in the best interests of the children
- We provide timely, cost effective and quality support services

Our Philosophy

- We believe that parents and primary care givers place a high level of trust in us by enrolling their children in our Service, and we will honour that trust by working with the parents and Educators to provide the best possible education and care to each child in our care
- We believe that children have better outcomes when they form a secure attachment with a carer who understands and responds to their physical, emotional, social and learning needs with consistency and warmth, and therefore we will recruit, train, support and retain qualified, experienced and nurturing Educators to provide positive experiences in a relaxed and happy atmosphere through warm and responsive interactions with children
- We believe in the importance of healthy brain development for each child in early years of their life for not only cognitive skills and future academic achievement but also for physical, social and emotional development, and through our Educators we will provide a learning environment where children learn and develop by exploring their world through stimulating and challenging play guided by the National Quality Standards and the Early Years Learning Framework
- We believe in protecting children's rights. Children have the right to participate in decisions that affect them and to experience welcoming, nurturing and safe environments
- We believe in the importance of equity, inclusion and diversity
- We believe in participating in our local community and aim to seek out ways to develop community partnerships and to contribute to local events and activities
- We understand that we must be proactive in our approach to environmental sustainability

Our Values

- We aim to be a low risk and high quality FDC service and are strongly committed to the values of "**Respect**", "**Quality**" and "**Integrity**". The Management, Staff, Coordinators and Educators are to adhere to these values.
  - → **Respect**: We expect children, families, Educators and staff to be treated with mutual respect, recognising the importance of diversity. We respect all individuals and value their contributions
  - → **Quality**: We promote continuous improvement in all aspects of our operations
  - → **Integrity**: We act with honesty and integrity, and expect the same from our Educators, Coordinators, and other Staff

Code of Conduct

Genesis Family Day Care Services considers the protection and wellbeing of children as paramount within the Family Day Care Service and requires all its employees and contractors to comply with the code of conduct. The Manager, Coordinators, Admin Staff and Educators shall, in relation to:

Children & Families

- Promote and maintain practices that ensure the health, safety and education of children
- Act in the best interests of all children at all times
- Respect the rights of children and families, ensuring all interactions are fair and lawful
- Treat each child with respect and courtesy, valuing them as individuals
- Recognise and respect that parents are the primary carers for their children and respect individual family values and child rearing practices

Each Other

- Treat each other with respect and courtesy, and without harassment
- Recognise the positive personal and professional strengths individuals bring to the Service
- Encourage positive relationships by developing strong partnerships based on honesty, integrity, trust and respect
- Promote an environment where Coordination Staff and Educators are encouraged to explore different opportunities for themselves and children in care through further education
- Share resources, experiences, and knowledge

Their Role with the Service

- Abide by all Service policies and procedures
- Maintain appropriate confidentiality in dealing with personal information related to children, families, Educators and Coordination Staff
- Not make improper use of their position or inside information to gain a benefit or advantage
- Support continuous improvement of quality education and care

DEFINITIONS

The Policies and Procedures within this document use the following definitions including those defined in the *National Law and the Regulations*.

ACECQA – Australian Children's Education and Care Quality Authority means the independent national authority that works with all regulatory authorities to administer the National Quality Framework, including the provision if guidance, resourcesm and services to support te sector to improve outcomes for children

Approved first aid qualification A qualification approved First Aid in an education and care setting

Approved family day care venue means a place other than a residence where an approved Family Day Care Service is provided

Approved first aid qualification means a qualification that:

a. includes training in the following that relates to and is appropriate to children
   - emergency life support and cardio-pulmonary resuscitation;
   - convulsions;
   - poisoning;
   - respiratory difficulties;
   - management of severe bleeding;
   - injury and basic wound care;
   - administration of an auto immune adrenalin device; and
b. has been approved by the National Authority

Approved provider means a person who holds a provider approval

Australian standards are documents that set out specifications, procedures and guidelines that aim to ensure products, services, and systems are safe, consistent, and reliable

Authorised person means:

(a) a person who holds a current WWVP [Working With Vulnerable People check, or equivalent]; or

(b) a family member of a child who is being educated and cared for by the service or the FDC educator; or

(c) an authorised nominee of a family member of a child who is being educated and cared for by the service or the FDC educator; or

(d) in the case of an emergency, medical personnel or emergency service personnel; or

(e) a person who is permitted under the jurisdictional working with children law to remain at the service without holding a WWVP [Working With Vulnerable People check, or equivalent].

Authorised nominee means a person who has been given permission by a parent or family member to collect the child from the FDC Educator

Coordination unit (Coordination Unit) of the FDC Service provides support and resource to the highest standard of FDC provision, and works in partnership with Educators to uphold

Dignity and rights of the child Element 5.1.2 of the National Quality Standard ('Dignity and rights of the child') aims to achieve the United Nations Convention on the Rights of the Child, a universally agreed set of non-negotiable standards and obligations founded on respect for the dignity and worth of each child, regardless of race, colour, gender, language, religion, opinions, origins, wealth, birth status or ability. Article 19 of the Convention states that children have the right to be protected from being hurt and mistreated, physically or mentally.

Drugs means a medicine or other substance which has a marked physiological effect when taken into the body

Education and care service premises means:

- an office of the Family Day Care Service; or
- an approved Family Day Care venue; or
- each part of a residence used to provide education and care to children as part of a Family Day Care Service or used to provide access to the part of the residence used to provide that education and care organisational values, meet required legislation and National Standards and the FDC Quality Assurance system

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 includes any situation or event that poses an imminent or severe risk to the persons at the education and care service premises [e.g. flood, fire, a situation that requires the education and care service premises to be locked down]

Emergency drill/rehearsal A process to rehearse anticipated emergency scenarios or events, designed to help clarify roles and responsibilities, provide training and verify the adequacy of the emergency response.

Emergency services a process to rehearse anticipated emergency scenarios or events, designed to help clarify roles and responsibilities, provide training and verify the adequacy of the emergency response.

Enrolment record means the approved provider must ensure that an enrolment record is kept for each child enrolled at the service, and the FDC educator must keep an enrolment record for each child they educate and care for. The record must include:

- Full name, date of birth and address of the child
- The name, address and contact details of:
  - each known parent of the child
  - any emergency contact
  - any authorised nominee
  - any person authorised to consent to medical treatment or administration of medication
  - any person authorised to give permission to the educator to take the child off the premises
  - any person who is authorised to authorise the education and care service to transport the child or arrange transportation of the child
- Details of any court orders, parenting orders or parenting plan
- Gender of the child
- Language used in the child's home
- Cultural background of the child and their parents
- Any special considerations for the child, such as cultural, dietary or religious requirements or additional needs
- Authorisations for:
  - the approved provider, nominated supervisor or an educator to seek medical treatment and/or ambulance transportation for the child
  - the service to take the child on regular outings
  - regular transportation of the child.
- Name, address and telephone number of the child's registered medical practitioner or medical service.

- Medicare number (if available)
- Details of any specific healthcare needs of the child, including any medical conditions, allergies, or diagnosis that the child is at risk of anaphylaxis
- Any medical management plan, anaphylaxis medical management plan or risk minimisation plan
- Dietary restrictions
- Immunisation status

Evacuation floor plan an evacuation plan is used where it is deemed necessary to evacuate the immediate area or building to ensure the safety and wellbeing of children and adults. It may also have the name 'evacuation diagram'.

Evacuation route continuous path of travel (including exits, public corridors and the like) from any part of a building to a safe place

Excursion means an outing organised by an education and care service or Family Day Care Educator

Exclusion period families keeping their children at home in the event of illness or disease within the service. The aim is to reduce the spread of infectious diseases in the service, as the less contact there is between people who have an infectious disease and people who are at risk of catching the disease, the less chance the disease has of spreading.

Family day care coordinator means a person employed or engaged by an approved provider of a Family Day Care Service to monitor and support the Family Day Care Educators who are part of the Service

Family day care educator (Educator) means an Educator engaged by or registered with a Family Day Care Service to provide education and care for children in a residence or at an approved Family Day Care venue

Family day care educator assistant means person engaged by or registered with a Family Day Care Service to assist Family Day Care Educators

Family day care residence means a residence at which a Family Day Care Educator educates and cares for children as part of a Family Day Care Service

Family day care service (Service) means an education and care service that is delivered through the use of 2 or more Educators to provide education and care for children in residences whether or not the Service also provides education and care to children other than a residence

Family member in relation to a child, means:

a. a parent, grandparent, brother, sister, uncle, aunt, or cousin of the child, whether of the whole blood or half-blood and whether that relationship arises by marriage (including a de facto relationship) or by adoption or otherwise; or
b. a relative of the child according to Aboriginal or Torres Strait Islander tradition; or
c. a person with whom the child resides in a family-like relationship; or
d. a person who is recognised in the child's community as having a familial role in respect of the child

Financial year means the period from 1 July of an year to 30 June of the following year

Fire safety advisor a specified role in some jurisdictions. May coordinate fire safety management plans, fire and evacuation plans, procedures, review and practice, and give or arrange instruction to staff on evacuation and the operation of firefighting equipment

First aid Is the immediate treatment or care given to a person suffering from an injury or illness until more advanced care is provided or the person recovers. First aid training should be delivered by approved first aid provider

Harm physical or mental injury; hurt

Hazard an unavoidable danger or risk, even though often foreseeable

Health information Health information about each child must be kept in their enrolment record. This includes:

- the contact details of their registered medical practitioner
- their Medicare number (if available)
- their specific healthcare needs and allergies (including anaphylaxis)
- any medical management plan, anaphylaxis medical management
- plan or risk minimisation plan to be followed
- any dietary restrictions
- their immunisation status
- whether a child health record has been sighted

Illegal or illicit drugs means any substance that is forbidden

Immunisation can prevent some infections. It works by giving a person a vaccine – often a dead or modified version of the germ – against a particular disease. This makes the person's immune system respond in a similar way to how it would respond if they actually had the disease, but with less severe symptoms. If the person comes in contact with that germ in the future, their immune system can rapidly respond and prevent the person becoming ill.

Immunisation also protects other people who are not immunised, such as children who are too young to be immunised, or people whose immune systems did not respond to the vaccine. This is because the more people who are immunised against a disease, the lower the chance that a person will ever come into contact with someone who has the disease (also known as herd immunity).

For families to receive the Child Care Subsidy and Family Tax Benefit (FTB) Part A, their child must meet the immunisation requirements. Jurisdictional requirements may also prevent children who are not immunised from attending a service.

Infectious disease in relation to a participating jurisdiction, means an infectious disease that is designated under the law of that jurisdiction or by a health authority, as a disease that would require a person with the disease to be excluded from an education and care service

Injury Any physical damage to the body caused by violence or an incident

Legal drugs means medicines available legally over the counter or on prescription from a licensed medical practitioner and available at pharmaceutical chemists and/or supermarkets.

Lockdown a security measure taken during an emergency to prevent people from leaving or entering a building or premises until the threat or risk has been resolved.
medical attention includes a visit to a registered medical practioner or attendance at a hospital

Medical emergency means an injury or illness that is acute and poses an immediate risk to a person's life or long-term health

Medication means medicine within the meaning of the *Therapeutic Goods Act 1989*

Medication record The approved provider and FDC educator must keep a medication record for each child to whom medication is administered by the service. This record must include:

- the child's name
- signed authorisation to administer medication
- a record of the medication administered, including time, date,
- dosage, manner of administration, name and signature of person administering the medication and of the person checking the medication, if required

Medical risk minimisation & communication plan A document prepared by service staff for a child, in consultation with the child's parents, setting out means of managing and minimising risks relating to the child's specific health care need, allergy or other relevant medical condition

Medical management plan A document that has been prepared and signed by a registered medical practitioner that describes symptoms, causes, clear instructions on action and treatment for the child's specific medical condition, and includes the child's name and a photograph of the child

Minor incident An incident that results in an injury that is small and does not require medical attention

Nominated supervisor (Nominated Supervisor), in relation to an education and care service, means a person:

a. who is a certified supervisor; and
b. who is nominated by the Approved Provider of the Service under Part 3 to be the nominated supervisor of that Service; and
c. who has consented to that nomination;

Note: A person may be both the nominated supervisor of a Family Day Care Service and the Family Day Care Coordinator for that Service if the person meets the criteria for each role

Notifiable incident Any incidents that seriously compromise the safety, health or wellbeing of children. The notification needs to be provided to the regulatory authority and to parents within 24 hours of a serious incident. The regulatory authority can be notified online through the NQA IT System.

Office in relation to a Family Day Care Service means:

a. the principle office or any other business office of the approved provider of the services; or
b. any premises of the Service from which its Family Day Care Educators are coordinated

Overseas criminal history statement means a statement made by an individual that:

a. states whether the individual has been convicted outside of Australia of any offences relevant to a person seeking to work with children; and
b. includes details of those convictions

Parent in relation to the child, means a person who at law has responsibility for

a. the long term care, welfare and development of the child; or
b. the day to day care, welfare and development of the child

Provider approval means a provider approval:

a. granted under Part 2 of this Law or this Law as applying in another participating jurisdiction; and
b. as amended under this Law or this Law as applying in another participating jurisdiction but does not include a provider approval that has been cancelled

Registered medical practitioner means a person registered under the Health Practitioner Regulation National Law to practice in the medical profession (other than as a student)

Regular outing in relation to an education and care service means a walk, drive or trip to and from a destination:

a. that the Service visits regularly as part of its educational program; and
b. where the circumstances relevant to the risk assessment are the same on each outing

Regular transportation in relation to an education and care service, means the transportation by the service or arranged by the service (other than as part of an excursion) of a child being educated and cared for by the service, where the circumstances relevant to a risk assessment are the same for each occasion on which the child is transported

Residence means the habitable areas of a dwelling

Risk exposure to the chance of injury or loss; a hazard or dangerous chance

Risk assessment a systematic process of evaluating the potential risks that may be involved in a projected activity or undertaking and determining suitable mitigations

Serious incident means for the purposes of section 174(5) of the National Law, the following:

a. the **death of a child** while being educated and cared for by the service or following an incident while being educated and cared for by the service

b. **any incident** involving **serious injury or trauma** to a child that child is being educated and cared for, which,
    - a reasonable person would consider required **urgent medical attention** from a registered medical practitioner; or
    - the child attended or ought reasonably to have attended a hospital e.g. broken limb
    - any **incident involving serious illness** of a child while that child is being educated and cared for by a service for which the child attended, or ought reasonably to have attended, **a hospital** e.g. severe asthma attack, seizure or anaphylaxis*

c. any emergency for which **emergency services** attended

    NOTE: This means an incident, situation or event where there is an imminent or severe risk to the health, safety or wellbeing of a person at an education and care service. It does not mean an incident where emergency services attended as a precaution

d. a child appears to be **missing or cannot be accounted for** at the service

e. a child appears to have been **taken or removed** from the service in a manner that contravenes the National Regulations

f. a child is mistakenly **locked in or locked out of the service** premises or any part of the premises.

Service manager in relation to Genesis Family Day Care Services is the Nominated Supervisor of the Service

Staff member in relation to an education and care service, means any individual (other than the Nominated Supervisor or a volunteer) employed, appointed or engaged to work in or part of an education and care service, whether as a Family Day Care coordinator, Educator or otherwise

Suitably equipped first aid kit should be fully stocked, with no expired products, and should be checked regularly to ensure this. For example, a service might keep a checklist of the contents inside each first aid kit, and initial the list each time the contents are checked. Approved providers or FDC educators may seek guidance from a reputable organisation such as St John Ambulance on first aid kit contents.

Supervisor certificate means a supervisor certificate:

a. issued under Part 4 of this Law or this Law as applying in another participating jurisdiction; and
b. as amended under this Law or this Law as applying in another participating jurisdiction but does not include a supervisor certificate that has been cancelled

Transportation forms part of an education and care service if the service remains responsible for children during the period of transportation. The responsibility for, and duty of care owed to, children applies in scenarios where services are transporting children, or have arranged for the transportation of children, between an education and care service premises and another location, for example their home, school, or a place of excursion.

Trauma Is when a child feels intensely threatened by an event he or she is involved in or witnesses.

Working With Vulnerable People is a requirement for anyone who works or volunteers in child-related work in the ACT. It involves a National Police Check (criminal history record check) and a review of reportable workplace misconduct

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Quality Area 1 – Educational Program and Practice

Educational Program & Practice

Policy/Procedure Number: **QA1 - 1**

Policy/Procedure Requirement: National Quality Standards 1 & 7; Regulations 73 - 76 & 254

Policy Statement

To provide guidance for the Approved Provider, Educators, Coordinators and the Educational Leader in relation to Educational Program and Practice across the Service. The policy will be underpinned by:

- The Service's Philosophy
- The *Education and Care Services National Law*
- The *Education and Care Services National Regulations*
- The National Quality Standard
- Relevant Policies of the Service

Rationale

The Approved Provider and the Service will have to ensure that education and care is provided by the FDC Educators in accordance with the *Early Years Learning Framework (EYLF) v2.0* for each child pre-school age and under, and *Framework for School Age Care in Australia v2.0* for each school aged child.

Strategies and Practices

The Service will provide the Educators, Coordinators and the Educational Leader with appropriate guidance through policies, procedures and guidelines, and professional development.

Responsibilities of the Approved Provider:

The Approved Provider will:

Appoint the Nominated Supervisor, Coordinators and Educational Leader for the Service and will have in place appropriate policies, procedures and guidance materials so as to:

- Ensure that all necessary documents for each child attending the service are kept as required under Regulation 74
- Ensure that Educators are supported to develop and deliver quality educational programs and practices
- Ensure that the Educational Leader is supported in their role with opportunities for professional development, critical reflection, professional networking and ongoing learning
- Ensure that each Coordinator is supported in their role with opportunities for professional development and is assisted in their role to provide advice, support and mentoring to the FDC Educators
- Take immediate action where Educators, Coordinators or the Educational Leader are not willing or unable to fulfil their responsibilities as set out in this policy

Responsibilities of the Educational Leader:

The Educational Leader will:

- Support the continuous quality improvement process of the Service in relation to Quality Area 1
- Have an understanding of pedagogy and curriculum in the context of Early Childhood Education and Care
- Lead and take part in reflective practice discussions which are about the practices and implementation of the learning framework
- Provide guidance to FDC Educators on Educational Program and Planning
- Mentor Educators and Coordinators to ensure quality practices
- Network with other Early Childhood Education and Care (ECEC) professionals, allied health professionals and support services and agencies
- Consider how the Service can make effective connections to the local community
- Consider the continuity of learning for children in the Service who attend different ECEC programs, share FDC Educators and/or are transitioning to school
- Consider the benefits, disadvantages and ethics of implementing electronic programs into the Service
- Support the ongoing learning of Educators and Coordinators by identifying professional development opportunities, sourcing professional readings and encouraging professional conversations around quality programs and practices

Responsibilities of the Coordinators:

The FDC Coordinators will:

- Support the Educational Leader in their role
- Provide guidance to FDC Educators to develop and deliver quality educational programs
- Ensure that for each child pre-school age and under, the Educators document the assessment of the child's developmental needs, interests and participation in the educational program
- Ensure the FDC Educators assess each child's progress against the EYLF Learning Outcomes
- Provide guidance, including through the Service's *FDC Educator Diary* and the *FDC Educator Guide*, on how the documentation will be used by the Educators and how the information is prepared and shared with families
- Ensure, for each child over pre-school age, that there are evaluations of the child's wellbeing, development and learning
- Assist FDC Educators with the best methods of documenting and assessing children's play, learning and development
- Discuss the ways in which routines and transitions can be effective learning experiences for children
- Observe the Educator's and children's interactions, providing feedback on quality and intentional teaching
- Provide information to families about the ways in which FDC Educators may offer an educational program
- Provide supportive feedback to Educators when observing their practices in FDC environments on a regular basis

- Enter into professional discussions following reflection on practices and programs
- Advocate for the rights of children and families to engage with only quality educational programs and practices in all FDC environments
- Undertake professional development, build professional networks and carry out research relating to current trends for educational programs and practices

Responsibilities of FDC Educators:

FDC Educators will:

- Use the EYLF as the learning framework to inform the development of the Educator's program and to enhance the child's play, learning and development
- Recognise that all of the things that take place in a child's day in Family Day Care can contribute to their learning and developmental outcomes, and embed the Learning Outcomes in their program:
  - Learning Outcome 1 - Children have a strong sense of identity
  - Learning Outcome 2 - Children are connected with and contribute to their world
  - Learning Outcome 3 - Children have a strong sense of wellbeing
  - Learning Outcome 4 - Children are involved and confident learners
  - Learning Outcome 5 - Children are effective communicators
- Regularly observe the children in their care, documenting each child's current knowledge, ideas, abilities, learning, play preferences and interests
- Provide environments which assist each child to take part in play and learning, while supporting them to '***belong***'. Factors which will be considered as '***environmental***' are indoor spaces, outdoor spaces, excursions and the educator's interactions in any of these areas
- Document the program, capturing each child's progress in respect to play, learning and development. The documentation will be shared with families in a manner in which they can engage with the information provided
- Support each child to participate in the program taking into consideration their age, developmental stage, disposition for learning, abilities and culture
- Support children to influence the program through the choices and decisions they make
- Be actively involved in all aspects of the program
- Undertake an ongoing cycle of planning, documenting and evaluation
- Recognise intentional teaching opportunities, both planned and spontaneous
- Take part in professional development to continue on a path of life-long personal and professional learning
- Undertake critical reflection on a regular basis. The Educator's reflection should be documented in a way that can influence quality improvement in future educational program and practices
- Reflection could include the following areas:
  - Each Learning Outcome
  - Children's learning
  - Children's environments
  - Children's routines
  - Children's developmental areas
  - Children's play and leisure

- Children's transitions
- Interactions with children and families
- Methods of documentation
- Observations
- Resources and equipment
- Educator's or the Service's philosophy

Service Guidance on Educational Program & Practice

The Service's guidance on Educational Program is based on the Early Years Learning Framework (EYLF) with a strong focus on "***developmental***" and "***learning***" outcomes for children.

The EYLF informs and underpins the educational program and practice in our service and guides Educators' approach to children's learning, including intentional teaching, decision making and an ongoing cycle of observation.

The educational program and practice developed by Educators recognises children's ***agency*** from birth and demonstrates a commitment to listening to and respecting children (the pedagogy of listening). We ***value*** and ***respect*** children's evolving capacity, lived experiences, points of view and concerns. We are committed to its ***social inclusion*** agenda to support the inclusion and participation of every child and their family. Our educational programs and practices value and respect Aboriginal and Torres Strait Islander cultures, identities and connections to community and country. We recognise the important role families have in children's childhoods and in supporting a child to identify with and make meaning of themselves and their world.

FDC Educator Role

The FDC Educator role is to provide "**education**" and "**care**"

- "**Education**" Role – To help each child achieve "learning" & "development" outcomes through the implementation of appropriate educational program and practice
- "**Care**" Role – To ensure the health, safety and wellbeing of each child whilst in care

Educational Framework

FDC caters predominantly to children preschool age or under, and hence the primary educational framework used in the Service is the Early Years Learning Framework (EYLF).

- **Educational Program Objective**
  → To achieve **learning** & **development** outcomes for each child
- **Learning Outcomes** (5 outcomes)
  → Outcome 1: Children have a strong sense of identity
  → Outcome 2: Children are connected with and contribute to their world
  → Outcome 3: Children have a strong sense of wellbeing
  → Outcome 4: Children are confident and involved learners
  → Outcome 5: Children are effective communicators
- **Developmental** Outcomes (**5** outcomes)
  → Social
  → Emotional
  → Physical
  → Cognitive
  → Language
- **Learning Outcomes** are **qualitative**
- **Developmental Outcomes** are **age appropriate** and **measurable**

Service's Educational Program & Practice

The Service has designed and customised a FDC Educator Diary & Planner to support Educators in providing quality educational programs. The Diary & Planner contains a well-structured guide to the EYLF principles, practices, learning outcomes, and key learning areas; and uses learning stories as the basis for planning, observations and reflections for each month/ quarter.

The educational program and practice cycle is broken into **4** key parts:

1. Gain Information about Children's Learning & Development
   → Gather information about the child's learning & development
   → Identify areas for learning & development opportunities
2. Plan & Implement Program for Children's Learning & Development
   → Design (and document) play-based program to achieve this
   → Implement program with 'intentional teaching' as required to "scaffold' the child's learning
3. Observations & Learning Stories
   → Document "observations" and "learning stories"
   → Critical Reflection & "follow-up" for next round of programming
4. Follow up and Sharing information of Child's progress with families

Step 1: Gain Information about Children's Learning & Development

The first step is to gather information on each child's developmental and learning needs and interests. When thinking about what experiences / activities to implement on the curriculum plan, information or evidence needs to be gathered which supports children's learning and development.

The Service recommends the use of "developmental milestones" (EYLF Practice Based Resources - Developmental Milestones) to assess each child against the five developmental areas - physical, social, emotional, cognitive and language to gather information about a child's developmental/ learning needs.

The Service also recommends the collection of evidence and information from the following sources on each child's learning and developmental needs and interests.

- Children's Interests
- Child Input
- Extension Ideas
- Parent Input
- Daily Diary / Portfolio
- Observations
- Learning Stories
- Group Experiences
- Spontaneous Experiences

Step 2: Plan & Implement Program for Children's Learning & Development

Once the Educator has gathered the information on the child's learning and development needs and interests, the Educator can plan their programs.

The FDC Educator Diary & Planner provides a planning template for each quarter. The rationale for this is that a quarterly planning cycle can provide sufficient timeframe for measurable enhancement in the learning and developmental outcomes for children.

It also provides flexibility for Educators to have broader scope in their educational program planning. However, individual Educators may choose to have a shorter (e.g. monthly) program planning cycle.

Educator Practices

Planning for Children's learning should include Educator practices with Intentional Teaching - Educator actively promoting children's learning through challenging experiences and interactions (e.g. counting, shapes, music & movement, puzzles).

Intentional Teaching can include:

- creating a learning environment that is rich in materials and interactions – with opportunities for children to practice choosing, thinking, negotiating, problem solving and taking risks
- encouraging children to explore materials, experiences, relationships, and ideas through a variety of open-ended materials
- creating opportunities for inquiry – where children can ask questions, investigate, gather information, consider possibilities, form tentative conclusions and test and justify them
- actively 'joining in' children's play, 'tuning in' and respond to children's views and ideas
- modelling problem solving and challenging children's existing ideas about how things work - I'm wondering why the water keeps disappearing into the sand?

Intentional Teaching can be used to ***scaffold the learning*** for children (i.e. in response to children's evolving ideas and interests, educators assess, anticipate and extend children's learning via open-ended questioning, providing feedback, challenging their thinking and guiding their learning). They should also make use of spontaneous 'teachable moments' to scaffold children's learning.

Physical Environment

In the planning for children's learning, physical environment plays a major role. Physical environments (e.g. indoor spaces, equipment and materials; outdoor spaces, equipment and materials; excursions) can offer children a rich and diverse range of experiences that promote their learning and development.

The way Educators design, equip and organise the environment significantly influences children's interaction with the space and resources.

Physical learning environments should have positive attributes, such as:

- flexibility and accessibility
- a range of developmentally appropriate, open-ended activities and sensory experiences
- one that is sustainable, fit for purpose and reflects the diversity of families, encourages awareness of environmental responsibilities and implements practices that contribute to a sustainable future.
- children are supported to become environmentally responsible and show respect for the environment and encouraged to reduce waste, minimise consumption, protect and conserve wildlife and natural habitats.
- children develop positive attitudes and values about sustainable practices by engaging in learning experiences, joining in discussions that explore solutions to environmental issues, and watching adult's model sustainable practices.
- children learn to live interdependently with the environment.

- educators will promote a holistic, open ended curriculum which explores ideas and practices for environmental sustainability and helps children understand the interdependence between people and the environment by:
    - connecting children to nature through art and play and allowing children to experience the natural environment through natural materials like wood, stone sand and recycled materials, plants including native vegetation, nesting boxes, a vegetable garden with gardening tools and watering cans.
    - developing education programs for water conservation, energy efficiency and waste reduction.
    - celebrating children's' environmental knowledge and sustainable activities.
    - involving children in nature walks, education about plants and gardening and growing plants and flowers from seed.
    - using resource kits and information on environmental issues
    - educators will model sustainable practices by embedding sustainability into all aspects of the daily running of the service operations including:
        - → Recycling materials for curriculum and learning activities
        - → Minimising waste and effectively using service resources
        - → Turning off equipment and lights when not in use

Partnerships with Families and the Community

- educators will facilitate collaborative partnerships with local community groups to enhance and support children's' learning about sustainable practices.
- families will be encouraged to participate in decision making and information sharing about environmental sustainability through parent input forms, wall displays, etc.

Step 3: Observations & Learning Stories

Observations and Learning Stories are records of what the Educator has seen a child (or group of children) doing in an early childhood programme. Planned activities will be observed and recorded for follow up and reflections.

Observations:

- No specified amount of observations
- Quality not quantity important
- Record significant events for child
- Tailor methods of observation to each child
- Goal is to build an overall picture of each child – a holistic approach

Learning Stories:

- An effective, but not the only, way to document children's learning
- The written story can be as short as one paragraph. It is usually focussed on a specific incident or episode but it may also be a snapshot of a child's activities over a specific amount of time (e.g. 10 minutes). It may focus on a group activity (e.g. visiting a fire station or going on a walk)
- It becomes a 'learning' story when the Educator adds her interpretation of the child's Learning Outcome(s) highlighting what the child can do and is doing rather than what they can't do

- Learning Stories should be structured correctly
  - → A title, name and date
  - → Image/s to illustrate the point of the story
  - → A story told subjectively, not objectively
  - → A section with 'Analysis of Learning'
  - → A section with 'Follow Up / Extension'
  - → A section linking the observation to learning outcomes
  - → A section on type of play eg dramatic play
- Learning Stories are family friendly and appealing to the eye but they must be correct, and not your only source of observations on children

Step 4: Follow up

The follow up activities will be based on:

- → what worked?
- → what can be done more next time? and
- → how will it be done?

In addition, Educators will discuss each child's progress with the family on a regular basis. Educators must provide evidence via photographs, learning stories etc of each child's work to show what each child is learning, how they are developing and what particular learning interests them. Parents/guardians will be consulted in the development of programs that are responsive to children's lives, interests and learning styles, and reflect children's family, culture and community.

Educators are required to prepare ***Learning & Development Assessment Summary*** outlining the learning & developmental outcomes for each child at the end of each calendar year and provide it to parents. It is also recommended the Educators do this 6-monthly from 2018.

Before a child starts school, Educators will prepare information about the child's learning and development to share with their new teacher. This will help ensure that the child's new school is well prepared to continue that child's learning.

Educators are required to provide parents with child's portfolios containing all relevant supporting documentation such as: developmental milestones, summatives, artwork, photographs etc upon child ceasing care or educator leaving the service.

Key Definitions

Assessment	Defined as the process of gathering ongoing and comprehensive information about aspects of a child's knowledge, development, skills, abilities, learning dispositions and behaviour for the purpose of making educational program and practice decisions.
Critical reflection	Defined as educators thinking about what they do in order to reconsider their actions and refine their program and practices in accordance with these thoughts. Educators undertake a cycle of ongoing learning – a process of quality improvement.
Curriculum	Defined as 'all interactions, experiences, activities routines and events, planned and unplanned, that occur in an environment designed to foster children's learning and development' (The Early Years Learning Framework, 2009).
Intentional teaching	Defined as 'educators being deliberate, purposeful and thoughtful in their decisions and actions' (The Early Years Learning Framework, 2009). Intentional teachers are all educators who support children to learn through planned and spontaneous play.
Pedagogy	Defined as 'early childhood educator's practice, especially those aspects that involve building and nurturing relationships, curriculum decision making, teaching and learning' (The Early Years Learning Framework, 2009).

Resources and Further Readings

- The Service's Philosophy
- ACECQA (2023) Guide to the National Quality Framework
- ACECQA (2023) Information Sheets
- Education and Care Services National Law Act 2010 (Amended 2023)
- Education and Care Services National Regulations (Amended 2023)
- The National Quality Standard

Related FDC Policies, Procedures & Documents

- Staffing Arrangements: Staffing

Last Reviewed: October 2025
Next Review: October 2026

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Quality Area 2 – Children's Health and Safety

Child Safety, Wellbeing and Protection

Policy/Procedure Number: **QA2 - 1**

Policy/Procedure Requirement: National Quality Standards 2 & 7; Regulations 168; ACT Child Safety Standards

Policy Statement

The safety and wellbeing of enrolled children is of paramount importance to the Service and it is committed to ensuring the safety and wellbeing of all enrolled children. This Child Safety and Wellbeing Policy sets the framework to guide every aspect of the Service operation and ensure that all Educators registered with the Service understand the ACT Child Safety Standards and provide a safe environment for children in their care.

Rationale

The Policy will assist the Service staff and Educators comply with all the legal and regulatory obligations in relation to child safety and wellbeing. The Policy will assist the Service in embedding the ACT Child Safety Standards.

Strategies and Practices

Responsibilities of the Service:

The Service aims to be a "child safe organisation" that creates a culture, adopts strategies and takes action to promote child wellbeing and prevent harm to children.

The Australian Human Rights Commission defines a child safe organisation as one that consciously and systematically:

- Creates an environment where children's safety and wellbeing is at the centre of thought, values and actions.
- Places emphasis on genuine engagement with and valuing of children and young people.
- Creates conditions that reduce the likelihood of harm to children and young people.
- Creates conditions that increase the likelihood of identifying any harm.
- Responds to any concerns, disclosures, allegations or suspicions of harm.

The Service will:

- Implement the ACT Child Safe Standards across the Service through information provision, policies and relevant training
- Ensure **Educators, Coordinators, Nominated Supervisor and other staff recruited** are **fit and proper persons** and of good character:
    - No Educator will be registered by the Service unless the Educator and all persons residing at FDC residence have valid Working with vulnerable people's Check (WWVP)
    - Ongoing monitoring of WWVP status of Educators and adult residents at FDC by the Coordinator during the 3 monthly assessments
    - All Educator or staff applicants will be reference checked with previous employers and non-work related referees
    - Require the applicants provide valid national police check that is less than 6 months old

- Nominated Supervisor and Coordinator to interview the applicants to assess the Educator applicant's experience, motivation for FDC provision etc
- Provide environments that ensure children, and their families feel valued
- Promote the agency of children so they learn about their rights, including to safety, to information, to be listened to, and to have their views respected
- Continuously promote child safety and wellbeing as paramount for Educators in providing FDC
- Take all reasonable steps to ensure that no child experience abuse or harm
- Consider the best interests of the child in dealing with any concerns about child safety and wellbeing
- Take any allegations or complaints in relation to child safety seriously, and respond promptly and appropriately with urgency, care and diligence
- Report any allegations or concerns to relevant authorities, including ACT Child Protection Services, and/or Regulatory Authority as required or appropriate
- Promote its stated value of "respect for others" and act against any form of bullying or harassment within the Service
- As required, undertake an internal investigation to determine appropriate action to be taken in relation to a report against an Educator, Coordinators or visitor, and report to the ACT Regulatory Authority, Child Protection Services and/or Police
- Work in collaboration with other agencies and organisations to ensure children's safety and wellbeing is supported

Responsibilities of the Coordinators:

The Coordinators will ensure:

- All Educators complete (and renew every two years) appropriate **child protection training**
- All Educators and all persons residing at the FDC residence over 18 years have **current WWVP** registration
- All Educators are aware of and adhere to this policy including the requirements of Service's **Child Safe Code of Conduct** and **ACT Child Safe Standards**
- That all risks to child safety and wellbeing are identified and actions taken to address these risks
- Appropriate risk assessments (e.g. sleep, transportation, playground) have been undertaken by Educators
- The ACT Child Protection Helpline (Phone: 1300 556 729) is notified if there is reasonable suspicion that a child has been or is being abused or neglected, and the suspicion is formed in the course of their work
- Service procedures are followed regarding any investigation where suspicion of child abuse relates to an individual in a FDC residence
- All areas of concern in relation to child protection matters are documented, and **confidentiality** is maintained
- The wellbeing of the children is protected by acting sensitively in child related matters
- Appropriate support is provided to Educators, and/or families when a **child safety concern is reported**, or a serious incident occurs
- All processes are conducted in a sensitive and respectful manner in accordance with the principles of procedural fairness

- Educators have access to the most up to date information and resources on child safety
- Identify professional development opportunities and support to Educators on child protection
- Report any specific concerns, including any reasonable grounds to suspect a **child is at risk of significant harm**, promptly to the Service Manager or Coordinator

Responsibilities of the Educators:

The Educators will:

- Ensure the care environment is safe and healthy
- Comply with the Service **Child Safe Code of Conduct**
- Familiarise themselves with **ACT Child Safe Standards**
- Familiarise themselves with the **Keeping Children and Young People Safe guide** and ensure their knowledge of **Mandatory Reporting** is current, and keep the Mandatory Reporting Line (1300 556 728) to the ACT Child Protection Services on or near their phone
- Maintain current **Working With Vulnerable People** (WWVP) for themselves and any adult residing at the FDC residence
- Guard children against harmful environments with appropriate actions, such as adequate supervision and/or ensuring safe environments.
- Take positive steps to maintain the safety and wellbeing of children in their care
- Conduct themselves professionally and appropriately in the presence of children, and as a role model in the best interest of children
- Not take any inappropriate risks
- Not engage in inappropriate physical contact with children
- Not act in ways that may cause a child to reasonably fear that unjustified force will be used against them such as:
    - harming a child either physically or emotionally
    - exposing a child to behaviour which may cause physical or emotional harm
    - restraining a child, unless this is part of an approved behaviour management plan
- Challenge any **inappropriate or harmful behaviour** of any **adult** or **older children** and report accordingly
- Notify the Service Manager and **Child Protection Services** if there is reasonable suspicion that a child has been or is being abused or neglected and the suspicion is formed during FDC provision
- If unsure, seek advice from the Coordinator or Manager on matters relating to child protection
- Keep a record of visitors, including the name, signature and time of arrival and departure
- Ensure visitors are not left alone with any child being educated and cared for
- Ensure children do not leave their care unless accompanied by a parent or an authorised nominee

Responsibilities of the Parents:

The Parents should:

- Report immediately of any concerns of a child being at risk of harm at FDC, to the Service Manager/ Nominated Supervisor
- Maintain confidentiality and respect the privacy of those involved in any incident that may occur
- Seek support and advice from the Manager/ Nominated Supervisor or Coordinators if required

(i) ACT Child Safety Standards

The 10 ACT Child Safety Standards are:

1. Child safety and wellbeing is embedded in organisational leadership, governance and culture.
2. Children and young people are informed about their rights, participate in decisions affecting them, and are taken seriously.
3. Families and communities are informed and involved in promoting child safety and wellbeing.
4. Equity is upheld and diverse needs are respected in policy and practice.
5. People working with children and young people are suitable and supported to reflect child safety and wellbeing values in practice.
6. Processes to respond to complaints and concerns are child focused.
7. Staff and volunteers are equipped with the knowledge, skills, and awareness to keep children and young people safe through ongoing education and training.
8. Physical and online environments promote safety and wellbeing while minimising the opportunity for children and young people to be harmed.
9. Implementation of the Child Safe Standards is regularly reviewed and improved.
10. Policies and procedures document how the organisation is safe for children and young people.

(ii) Service Child Safe Code of Conduct

The Service provides an open, welcoming and safe environment for all enrolled children in our service. We aim to provide high quality education and care that is safe for each child. All Educators, Educators' families and staff are responsible for ensuring children are safe whilst in care.

Educators (and Coordinators as appropriate) will follow the Child Safe Code:

To:

- Take all reasonable steps to protect children from abuse and/or neglect
- Have boundaries around conduct with children
- Help children learn protective behaviours
- Report and act on all complaints of abuse to the Service CEO
- Fully include all children in the Service's programs
- Educate children about their rights
- Assist children to develop skills around dressing and toileting themselves
- Inform families and Coordinators when visitors are staying at FDC residence
- Treat all enrolled children with the same amount of care as would your own children/ grandchildren

Not To:

- Put children at risk of abuse
- Ridicule, yell, pull, push or hit a child under any circumstance
- Be unnecessarily physical with children
- Have discussions of a mature or adult nature when children are there
- Develop special relationships with individual children
- Discriminate against children or express personal views on cultures, race or sexuality
- Leave children alone with members of Educator's families or visitors to FDC residences
- Assist children with changing and toileting if they no longer need assistance
- Have contact with a child or their family outside of the Service
- Make any private care arrangements with families outside of the Service
- Use tobacco, vaping substances or devices, or be under the influence of drugs or alcohol whilst caring for children

(iii) Use of Electronic Devices and Taking Images & Videos:

FDC Educators may take **images and videos** of an enrolled child **only** for **recording child learning** and **assessment** or **evaluations** and **only with prior authorisation of a parent** in the **Parent Agreement Form** at the time of commencing care.

Taking or using images or videos for any other purpose is strictly prohibited.

The changes to NQF require services to have policies and procedures in place for the safe use of digital technologies and online environment.

To give effect to the NQF, the National Model Code, and the ACT Regulatory Authority requirements, it has been made **mandatory for all Service staff and FDC Educators** to:

- **Register** with the Service, a digital device (e.g. phone, tablet, digital camera) to be used **solely** for **FDC purposes**, including taking images and/or videos of enrolled children in their care by providing its **make**, **model** and **serial number**

FDC Educators and staff (including FDC Coordinators) are **strictly prohibited** from:

- **Using** the registered device at any time for **any personal** or **non-FDC related purposes**
- Allowing anyone else, including the Educator's family members, **use of the registered device**
- **Using any other device** at any time to take any images or videos of a child
- **Transferring** any image or video of a child to **any other device** or **cloud storage**
- **Sharing** any image or video of a child with any person other than the child's parent or guardian
- **Publishing** or **posting** any image or video of a child in **any social media** (e.g. Facebook, Instagram, X) for any reason

FDC Educators and staff (including FDC Coordinators) **must**:

- **Only print images** that are necessary for a child's **portfolio** or **recording of child's learning**
- **Delete permanently** all images and videos of a child within 14 days of taking the images or videos

- **Allow access** to the Nominated Supervisor, Coordinators, Authorised Officers of the Regulatory Authority, or any person authorised by the ACT or Commonwealth Government to examine the registered device

Images and videos of a **child** taken in FDC may **only be shared** with that **child's parent or carer**, the Approved Provider, Nominated Supervisor, the Regulatory Authority or its authorised officer, or to a person/ organisation expressly authorised, permitted or required to be given by or under any Act or law as specified in Reg182.

(iv) Online Child Safety:

The Service has a strict **no screen time** for all under school aged children. School aged children may be allowed TV occasionally for short periods not exceeding 30mins.

FDC Educators **under no circumstance can allow** access to **any electronic device** such as their personal phones, tablets or computers with online connectivity to any child in their care.

As stated in the previous section, images and videos of a **child** taken by an Educator in the provision of FDC may **only be shared** with specified persons or circumstances under Reg182 and **must not be provided to** or **shared with any person or organisation**, **or published in digital or print media** (e.g., Facebook, Instagram, X, newspapers, promotional materials).

(v) Sexualised Behaviour of Children:

- If an Educator observes sexualised behaviour in a child or there is a concern or complaint about the sexualised behaviour of a child by another child or another child's parent, it must be reported to the Coordinator and/or the Service Manager immediately
- Any concerns need to be assessed against the ***Traffic Light System to Assess Sexual Behaviour.*** Not all sexualised behaviours are harmful, and children may exhibit age-appropriate sexual behaviours that may be part of normal and healthy development
- Educators and Coordinators must be able to differentiate between "age-appropriate sexual behaviours" and "concerning sexual behaviours" of children
- All reportable incidents are reported to the ACT Ombudsman, the ACT Regulatory Authority and other relevant agencies as required

Managing Harmful Sexual Behaviour

The process below is adapted from the ACT Government's 4 step process for managing incidents or complaints of harmful sexual behaviour in schools.

- **Action 1: Immediate Response to an Incident**
  - If there is no risk of immediate harm go to Action 2
  - If children are at immediate risk of harm staff must ensure safety by:
    - → separating alleged students affected by harmful sexual behaviour and others involved
    - → administering first aid
    - → for urgent medical or police assistance call 000 for immediate health or safety concerns
    - → contact Child Protection Helpline and/or police
    - → reassuring child/ren

- **ACTION 2. Reporting and Consulting**
  - Educator must report to the Nominated Supervisor an incident, disclosure or reasonable belief of student harmful sexual behaviour as soon as possible
  - In consultation with the Coordinator/ Nominated Supervisor, use the traffic light system and contextual information to assess whether the behaviour:
    - → constitutes harmful sexual behaviour
    - → is indicative of any other abuse
  - Nominated Supervisor to contact Child Protection Helpline and if harmful sexual behaviour is determined, will be guided by Child Protection if it is to be reported to police and what information can be shared with parents
  - Staff must keep comprehensive notes relating to an incident or complaint of harmful sexual behaviour
- **ACTION 3. Contact Parents if Appropriate**
  - Child Protection and/or police will provide advice on information that can be shared with parents of all impacted students
  - They may advise:
    - → not to contact the parents (e.g. in circumstances where contacting the parents is likely to adversely affect a Child Protection or police investigation)
    - → to contact the parents and provide agreed information (this must be done as soon as possible, preferably on the same day of the incident, disclosure or reasonable belief).
  - The Nominated Supervisor and/or Approved Provider consider how the information will be shared (e.g. in person)
  - If behaviour is not considered harmful sexual behaviour, but is still considered concerning, the Nominated Supervisor and/or Approved Provider may be guided by Child Protection on what information can be shared with parents

- **ACTION 4: Ongoing Support**
  - The Service provide support for children affected or engaged in harmful sexual behaviour

(vi) Child Protection

The Service provides guidance and strategies for Educators and parents on the risks and forms of child abuse and how a child safe and child friendly environment will be maintained in the Service.

The Nominated supervisor, Coordinators and all FDC Educators have a **legal and ethical responsibility** to identify and respond to children at risk of harm, guided by the **Children and Young People Act 2008**, the **Child Safe Standards**, and the **National Quality Framework**.

The Nominated supervisor, Coordinators and all FDC Educators **must undertake appropriate child protection training every 2 years**.

A child is considered at **risk of significant harm** when their basic needs are not met, or when they are at risk of being abused or neglected. This can include:

- **Physical abuse** – unexplained injuries, frequent accidents, fearful behaviour around adults
- **Emotional abuse** – withdrawal, extreme behaviours (aggression, anxiety, fearfulness), lack of attachment

- **Neglect** – persistent hunger, poor hygiene, inappropriate clothing, lack of supervision, missed medical appointments
- **Sexual abuse** – knowledge/behaviour inappropriate for age, avoiding certain people, signs of trauma in play
- **Domestic/family violence** – hypervigilance, anxiety, aggression, frequent absences, disclosure by child or parent

All early childhood professionals (Educators, Coordinators, Nominated Supervisors, Approved Providers) are **mandatory reporters** under the *Children and Young People Act 2008*.

Educators may identify concerns from:

- **Observation**: Monitor physical appearance, behaviour, attendance, interactions, developmental progress
- **Conversations**: Listen carefully to what children say in play or directly
- **Patterns over time**: Repeated signs carry more weight than isolated incidents
- **Professional judgement**: Rely on training, policy, and guidance from the ACT Government guide **Keeping Children and Young People Safe**

Educators will respond to concerns by:

- **Ensuring immediate safety** – if a child is in immediate danger, call **000**
- **Documenting** – record concerns factually (what was seen/heard, date, time, witnesses). Avoid assumptions or judgmental language
- **Consulting** – discuss with the Nominated Supervisor/Coordinator
- **Using the "Keeping Children and Young People Safe"** guide –to determine whether the concern meets threshold for a child concern report
- **Reporting** – If **required**, call the **Child Protection Helpline 1300 556 729** or email childprotection@act.gov.au
- **Informing the family cautiously** – Do **not** confront parents if this may place the child at further risk. Seek guidance from the Coordinator or Child Protection Unit
- **Following Service policy**

Educators will support the Child by:

- Providing **emotional reassurance** – remain calm, supportive, and listen without pressing for details
- Maintaining **confidentiality** – only share **information** with those who need to know
- Continuing to monitor and document **observations**
- Where appropriate, linking families with **support** services (e.g., health, parenting programs, counselling)

(vii) ACT Reportable Conduct Scheme

The ACT Reportable Conduct Scheme addresses employment-related child protection within organisations in the ACT. The reportable conduct scheme is managed by the ACT Ombudsman.

Under the Scheme, the Service is required to:

- report allegations of child abuse and misconduct to the ACT Ombudsman
- develop policies and procedures to prevent and respond to child abuse

Broadly, 'reportable conduct' covers allegations or convictions of child abuse or misconduct toward children.

The reportable conduct scheme does not interfere with reporting obligations to ACT Policing or Child Protection Services or any other relevant professional bodies.

If the Service suspects criminal conduct has occurred, it should be reported to ACT Police in the first instance.

All Educators, Coordinators and staff are included in the scheme. Volunteers or contractors working with children are also covered under the scheme.

(a) Reportable Conduct:

The ACT Reportable Conduct Scheme defines reportable conduct as being:

- ill-treatment of a child (such as emotional abuse or use of force)
- neglect
- psychological harm
- misconduct of a sexual nature
- sexual or physical offences and convictions where a child is a victim or is present
- inappropriate discipline or not protecting children from harm.

(b) Reportable Conduct vs Mandatory Reporting:

Reportable conduct covers a broader range of conduct than the types of child abuse which can form the basis of a mandatory report to Child Protection Services.

This means that the **Service may have to report to the ACT Ombudsman** of allegations or conduct under the reportable conduct scheme, which is not required to be mandatorily reported Child Protection Services.

In the ACT, if there is reasonable grounds to believe that a child is experiencing or is at risk of sexual or non-accidental physical abuse it must be reported **mandatorily** to the ACT Child Protection Services.

Resources and Further Readings

- ACECQA (2023) Guide to the National Quality Framework
- ACECQA (2023) Policies and procedures guidelines: *Interactions with children policy and procedure guidelines*
- ACECQA (2023) Policies and procedures guidelines: *Providing a child safe environment policy and procedure guidelines*
- ACECQA (2023) Policies and procedures guidelines: *Policy and Procedure Guidelines for the Safe Use of Digital Technologies and Online Environments*
- ACECQA (2023) Information Sheets
- Education and Care Services National Law Act 2010 (Amended 2023)
- Education and Care Services National Regulations (Amended 2023)

- National Model Code for Early Childhood Education and Care
- ACT Child Safety Standards
- ACT Reportable Conduct Scheme

Related FDC Policies, Procedures & Documents

- Supervision & Hazard Prevention
- Incident, Injury, Trauma and Illness Procedures
- Medication Policy
- Dealing with Medical Conditions
- Excursions and Regular Outings

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Nutrition & Dietary Requirements

Policy/Procedure Number: **QA2 - 2**

Policy/Procedure Requirement: National Quality Standards 2 & 7; Regulations 77, 78, 79, 80, 90, 91, 160, 162, 168, 169, 170, 171 & 172

Policy Statement

The early years of a child's life is a very important period for their physical and intellectual development and growth and is largely dependent upon adequate nutritional intake. The Service recognises the importance of nutritious, healthy eating to promote the growth, learning and wellbeing of young children, and is committed to supporting healthy food and drink choices and safe food handling for children in care.

Rationale

The Service recognises the importance of nutritious, culturally appropriate food and beverages to meet children's dietary needs. Whether provided by families or Educators, food must align with the Australian Dietary Guidelines (2013) and be handled, stored, and served in compliance with the Food Standards Code (FSANZ). This policy draws on NSW Food Authority Children's Services requirements and seeks to ensure safe, hygienic practices and addresses individual dietary requirements, including allergies and intolerances, to promote children's health and wellbeing.

Food and beverages are generally provided by families, however in some instances, the Service may approve individual Educators to provide food and beverages.

Principles and Guides

The Service will work with FDC Educators and families to ensure all children receive nutritious, adequate food and beverages that meet their developmental, cultural, religious, and health-related dietary requirements.

In developing and implementing policies, procedures and guidance on nutrition and dietary requirements for children, the Service and the FDC Educators will be guided by the ACECQA Nutrition Policy Guidelines and the following guidelines and standards on the types and quantities of food and beverage, and their safe handling, preparation, storage and serving.

- Nutrition and dietary requirements, menu planning, meal time environment, physical activity - Australian Dietary Guidelines (2013); NHMRC Infant Feeding Guidelines (2012); Australian Guide to Healthy Eating; Caring for Children Manual; and Get Up & Grow: Healthy Eating & Physical Activity for Early Childhood
- Safe storage, preparation and service of food and beverages to prevent foodborne illnesses, allergies, or anaphylaxis - NSW Food Authority guidelines; the Food Standards Code (FSANZ)

Strategies and Practices

Responsibilities of the Service:

The Service will:

- Promote healthy lifestyle including healthy eating and physical activity for all children through a combination of policies and procedures, information provision, and playgroup, music sessions and healthy eating demonstrations
- Work with FDC Educators to ensure that food and beverages provided are nutritious and adequate in quantity, and chosen based on each child's dietary, cultural, and medical requirements, and that safe practices are followed for handling, preparing and storing food
- Ensure the policy and procedures for nutrition, food and beverages, and dietary requirements are in place, current and accessible
- Safe drinking water is always accessible to children, indoors and outdoors, with individual labelled water bottles encouraged.
- Conduct regular healthy eating sessions for Educators and children demonstrating the preparation, handling and serving of variety of food items. Healthy eating habits formed in the early years are shown to continue into adulthood and can reduce risk factors associated with chronic conditions such as obesity, type 2 diabetes and cardiovascular disease in adulthood
- Fund and facilitate Food Safety Supervisor training for Nominated Supervisor and Coordinators

Responsibilities of the Nominated Supervisor and Coordinators:

The Nominated Supervisor and Coordinators will:

- Complete accredited Food Safety Supervisor training
- Ensure Educators are aware of their responsibilities and obligations under the *Education and Care Services National Law* and *National Regulations* in relation to this policy and relevant procedures to ensure awareness of safe food handling practices while promoting healthy eating
- Provide information on nutrition, food safety and oral hygiene to new Educators as part of orientation/ onboarding
- Ensure all Educators approved for providing food have completed accredited Food Safety Supervisor training prior to commencing the provision of food
- Monitor menu compliance of Educators providing food and beverage, and ensure substitutions align with nutritional guidelines
- Ensure all Educators (those not providing food) have completed the **DoFoodSafely** or **I'm Alert Food Safety Training** and renew the training **every 2 years**
- Verify compliance with food safety and hygiene practices during annual and quarterly FDC home safety checks, including storage, preparation, and serving areas
- Provide up to date information/ resources to Educators on nutrition, food safety, and oral hygiene
- Regularly check Educator's understanding of the requirements with questions and quizzes
- Encourage and support all Educators to attend professional development relating to nutrition, food safety and oral hygiene
- Check Educators have safe drinking water available for children to drink throughout the day (both indoor and outdoor) and offer food and beverages to children regularly during the day
- Prepare in consultation with the Educator, a Medical Risk Minimisation & Communication Plan for any child with an allergy/ anaphylaxis to specific food items

Responsibilities of the Educators:

The Educators will:

- Provide parents with a copy of the ***Nutrition & Dietary Requirements Policy*** (or the link to the policy in the Service website) and discuss any cultural, religious, and medical requirements with regard to the child's food/ food handling at the initial enrolment interview
- Collect dietary requirements (e.g., allergies, intolerances) and update the enrolment details in the childcare management system as required, ensuring updates are communicated promptly
- Develop and implement ***Medical Risk Minimisation & Communication Plans*** for children with allergies/intolerances, in consultation with parents and Coordinators, referencing medical practitioner-provided Allergy/Anaphylaxis Management Plans (refer Dealing With Medical Conditions).
- Notify parents of any known allergens present in the care environment and implement strategies to prevent exposure (e.g., allergen-free zones, separate storage)
- Ensure safe eating practices to minimise choking risks, such as nursing babies during bottle feeds until they can hold bottles independently
- Encourage breastfeeding, providing a private, comfortable space for mothers as needed
- Collaborate with families to ensure children's nutritional needs are met, encouraging diverse, age-appropriate foods
- Communicate daily food and liquid intake to parents, documenting any concerns
- Ensure safe drinking water is always available, using labelled bottles or dispensers
- Promote relaxed, social mealtimes, allowing sufficient time for eating and encouraging seated consumption for safety and digestion
- Foster independence in children through activities like pouring drinks, self-feeding, and simple food preparation (e.g., cutting fruit with supervision)
- Avoid using food or drink as rewards or bribes
- Involve children in healthy food experiences, e.g, growing vegetables or cooking simple recipes
- Collect and record relevant information about individual special dietary requirements of children (i.e. allergies, cultural) if require

(i) Food and Beverage Provided by FDC Educator

Where the Educator supplies food and beverages, the Educator must complete an accredited Food Safety Supervisor course and ensure:

- Menus are designed to meet Australian Dietary Guidelines, contributing approximately 50% of daily nutrient requirements, with emphasis on vegetables, fruits, wholegrains, lean proteins, and dairy
- Discretionary foods (e.g., lollies, sugary drinks, deep-fried foods) are not provided
- Menus consider cultural, religious, and health requirements, with family feedback sought quarterly
- A 2-week cyclic menu is planned and displayed where families can see, and provided electronically on request
- Substitutions due to ingredient unavailability are documented, communicated to families same-day, and aligned with nutritional guidelines
- Safe drinking water is provided via labelled bottles or dispensers, accessible indoors and outdoors.

(ii) Food and Beverage Provided by Families

Where children bring food and beverages from home, the Educator will:

- Educators share resources like the "*Pack Your Child A Healthy Lunch Box*" and "*Healthy Lunch Box Snacks*" posters to guide nutritious choices
- Families are advised to avoid confectionery, deep-fried foods, and sugary drinks (e.g., cordial, energy drinks)
- Educators encourage consumption of nutritious items (e.g., sandwiches, fruit, yogurt) before less nutritious options
- Lunchboxes are stored in refrigerated compartments to maintain food safety

(iii) Allergies and intolerances

If a child has allergy/ intolerance, then the Educator must follow the Policy on Dealing With Medical Conditions (QA2-9).

Identification: Educators collect allergy/ intolerance information during enrolment, requiring parents to provide a medical practitioner's Allergy/ Anaphylaxis Management Plan

Prevention: Strategies to prevent exposure include:

- Storing allergen-containing foods separately in sealed, labelled containers
- Ensuring no known allergen is present in the FDC area, especially during meals and snacks
- Ensuring lunch boxes are labelled
- Supervising meals to prevent food sharing, and children's meals checked against their dietary records
- Displaying allergy alerts and communicating known allergens to all parents

Emergency Response: Educators follow the child's Medical Management Plan for anaphylaxis or allergic reactions, administering EpiPens as trained and calling emergency services (000) if needed

Family Provided Food: Parents are advised to avoid packing known allergens (e.g., nuts) and to label foods clearly to prevent cross-contamination

(iv) Food Handling, Preparation and Storage

Health Standards: All food handling, preparation, and storage comply with the Food Standards Code (FSANZ). The policy also references "*Food Safety Requirements for Children's Services in NSW*" with regard to:

- Designated food preparation areas with a stove, microwave (for reheating only), sink, refrigerator, and hot water supply
- Separate refrigeration compartments for cooked and uncooked meats
- Color-coded chopping boards for raw, cooked, and Halal/Kosher foods
- Food cooked to 60°C or higher, cooled within 2 hours, and stored at 5°C or lower

Hygiene Practices:

- Wash hands before and after handling food, after toileting, wiping noses, or handling soiled items
- Always wear food handling gloves when handling food
- Avoid food preparation during gastrointestinal illness or hand infections until fully recovered (at least 24 hours)

- Use neutral detergent and water to clean food contact surfaces, followed by chemical or heat sanitisation
- Clean food preparation areas and utensils daily, with sanitisation logs maintained

Cultural Requirements: Halal, Kosher, or other culturally specific foods are stored in sealed containers, prepared with dedicated utensils, and served per family instructions

(v) Cleaning for Health & Hygiene

- **Daily Cleaning:** Food preparation and serving areas are cleaned and sanitised daily using neutral detergent and food-safe sanitisers, with waste disposed of in sealed bins
- **Utensil Cleaning:** Utensils are washed in hot soapy water, rinsed, and air-dried to prevent contamination
- **Refrigerator Hygiene:** Regular cleaning of refrigerators, with raw meats stored separately to avoid cross-contamination
- **Microwave Safety:** Microwaves are cleaned daily to remove food splatter, used only for reheating (not defrosting or cooking) to prevent bacterial growth, and not used for heating infant formula or breast milk due to scalding risks per NHMRC Staying Healthy Guidelines (6th Edition)

(vi) Infant Feeding

- **Bottle Preparation:**
  - Use clean bottles and teats, washed in hot soapy water, rinsed, and air-dried
  - Prepare formula strictly per container instructions, storing bottles on refrigerator shelves (not doors) at 5°C or lower
  - Warm bottles in warm water (not microwave) to avoid scalding, testing temperature on the wrist before feeding
  - Discard unused formula after 30 minutes or post-feed
- **Breast Milk:**
  - Store labeled breast milk (child's name, mother's name, date expressed) in the refrigerator for up to 48 hours or freezer for 3 months
  - Thaw frozen breast milk in cool then warm water, shaking to mix separated fats, and test temperature before feeding
  - Discard unused thawed breast milk; do not refreeze or refrigerate
  - Never microwave breast milk to avoid nutrient loss and scalding risks
- **Feeding Practices:** Infants are held during bottle feeds, with Educators ensuring safe, calm feeding environments.

(vii) Supporting Daily Dietary Requirements

- **Individual Needs:** Educators consult with families to ensure food meets each child's nutritional, cultural, and health requirements, documented in the Enrolment Form and Medical Management Plans.
- **Regular Meals and Snacks:** Children are offered meals and snacks at regular intervals (e.g., morning tea, lunch, afternoon tea) to meet approximately 50% of daily nutritional needs, adjusted for age and activity levels.
- **Monitoring Intake:** Educators track and communicate daily food and liquid intake to parents, ensuring nutritional adequacy and addressing concerns promptly.

Responsibilities of the Parents:

The Parents will:

- Communicate the dietary requirements of their children and notify the Educator immediately of any changes
- Ensure lunchboxes and drink bottles are clean, hygienic, and follow Food Safety Information Council guidelines:
    - Use lunchboxes with space for freezer blocks
    - Wash hands before preparing food
    - Wash fruits and vegetables thoroughly
    - Store lunchbox foods separately from raw meats in the refrigerator
    - Keep lunchboxes cool until departure
- Provide pre-prepared foods that can be eaten cold or reheated, minimising Educator preparation time
- Avoid providing juices, soft drinks, flavoured milk, sports drinks, or high sugar/ salty snacks (e.g., lollies, chocolate, noodle snacks)
- Provide daily nutritious meals/snacks, including fruits and vegetables
- **Notify the Educator** if any special dietary requirements are required and **provide a written management plan to the Educator for any allergies** (e.g. diabetic, anaphylaxis)
- Keep lunchboxes and drink bottles clean and hygienic and follow food safety guidelines when transporting food

The **Food Safety Information Council** provides these 5 simple **lunchbox food safety tips** for **parents**:

- When buying lunchboxes choose ones that have room for a frozen drink or freezer block and are easy to clean and dry
- Always wash and dry your hands thoroughly before preparing food
- Wash all fruits and vegetables thoroughly
- Make sure lunchbox foods are always well separated from other foods in the refrigerator, particularly raw meats, chicken and fish
- Keep the lunch cool in the fridge until you are about to leave home.

Resources and Further Readings

- ACECQA (2023) Guide to the National Quality Framework
- Education and Care Services National Law Act 2010 (Amended 2023)
- Education and Care Services National Regulations (Amended 2023)
- ACECQA National Quality Framework Resource Kit
- ACECQA Nutrition, Food and Beverages, Dietary Requirements Guidelines
- NSW Food Authority – Children's Services Requirements
- Australian Dietary Guidelines (2013)
- Food Standards Australia NZ
- NHMRC Staying Healthy Guidelines (6th Edition)
- Get Up & Grow: Healthy Eating & Physical Activity for Early Childhood

- Food Safety Guide for FDC

Related FDC Policies, Procedures & Documents

- Incident, Injury, Trauma and Illness Procedures
- Providing a Child Safe Environment
- Medication Policy
- Dealing with Medical Conditions
- Excursion Policy, and Regular and Non-Regular Excursion Forms
- Parent Agreement Form
- Visitors Register
- Medical Management Plan

Last Reviewed: October 2025
Next Review: October 2026

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Sun Protection

Policy/Procedure Number: **QA2 - 3**

Policy/Procedure Requirement: National Quality Standards 2 & 7; Regulations 114, 168, 169 & 170

Policy Statement

This policy aims to ensure children and Educators maintain a healthy balance between too little and too much ultraviolet (UV) radiation from the sun. The Service is committed to providing a safe environment with adequate shade and sun protection measures to support children's learning and opportunities for play while minimising the risks of UV exposure.

Rationale

A balanced approach to UV radiation exposure is critical for health. Overexposure to UV radiation can cause sunburn, skin damage, eye damage, and skin cancer, with Australia having one of the highest skin cancer rates globally.

Childhood and adolescence are critical periods where UV overexposure significantly increases skin cancer risk. Conversely, insufficient UV exposure can lead to vitamin D deficiency, essential for healthy bones, muscles, and teeth. In the ACT, UV levels are 3 or above for at least 10 months (August – May) of the year, necessitating year-round sun protection. This policy provides guidance to balance UV exposure while prioritising safety.

Strategies and Practices

Minimising Sun Exposure

- **Monitoring UV Levels:** Educators will check daily UV Index levels using reliable sources (e.g., Bureau of Meteorology or Cancer Council resources) to determine when sun protection is required. Sun protection measures are mandatory whenever the UV Index is 3 or above, which applies year-round in the ACT for at least 10 months
- **Timing of Outdoor Activities:** Outdoor play is scheduled to avoid peak UV times (typically 10am–3pm). When UV levels are 3 or above, outdoor activities are minimized by reducing both frequency and duration. Alternative indoor activities or shaded outdoor play are prioritised during these times
- **Shade Utilization:** All outdoor activities are planned to maximize the use of shaded areas, such as under trees, awnings, or portable shade structures, to reduce direct UV exposure.
- **Protective Clothing:** Children, Educators, and Staff must wear sun-safe clothing that covers as much skin as possible (e.g., long sleeves, high-neck shirts, and long shorts or pants). Loose-fitting, tightly woven fabrics are preferred
- **Sunscreen Application:** SPF 30+ broad-spectrum, water-resistant sunscreen is applied to exposed skin at least 20 minutes before outdoor activities and reapplied every two hours or after swimming/sweating. Children aged 3+ are encouraged to apply sunscreen under supervision to build independence
- **Special Care for Babies (0–12 months):** Babies are always kept out of direct sunlight, with additional precautions including staying indoors during peak UV hours, using fully shaded prams/strollers, and wearing protective clothing. Sunscreen is avoided for babies under 6 months unless unavoidable, as per Cancer Council recommendations

Shade Options and Outdoor Play

- **Shade Provision:** The Service ensures FDC residences, playgroup venues etc have adequate shade through fixed structures (e.g., verandas, awnings), natural shade (e.g., trees), or portable solutions (e.g., shade sails, umbrellas). Shade coverage and suitability for outdoor play areas are checked when assessing FDC residences
- **Shade Integration:** Outdoor play areas are designed to incorporate shade, ensuring children can engage in active play while protected from UV radiation. Shaded sandpits, play equipment, and seating areas are prioritised
- **Flexible Use of Shade:** Educators actively direct children to shaded areas during outdoor play when UV levels are 3 or above. Portable shade structures are deployed for excursions or activities in unshaded spaces

Protective Practices

Role Modelling

Educators and Staff act as role models by:

- Wearing sun-protective hats, clothing, and sunglasses when outdoors
- Applying SPF 30+ broad-spectrum, water-resistant sunscreen
- Seeking shade whenever possible and encouraging children to do the same

Clothing

- All children, Educators, and Staff wear loose-fitting, sun-protective clothing that covers shoulders, arms, and legs. Fabrics meet Australian Standards for UV protection where possible

Hats

- Everyone must wear sun-protective hats (legionnaire, broad-brimmed, or bucket hats) that shield the face, neck, ears, and eyes. A “No hat, no outdoor play” policy is enforced

Sunglasses

- Close-fitting, wrap-around sunglasses meeting Australian Standard AS/NZS 1067:2003 (Categories 2, 3, or 4) are encouraged for children and Educators to protect eyes from UV damage

Sunscreen

- SPF 30+ broad-spectrum, water-resistant sunscreen is provided by families or the Service. Educators ensure proper application and reapplication, with parental consent obtained during enrolment

Managing the Physical Environment

- **Equipment Monitoring:** Educators regularly check play equipment and surfaces (e.g., soft fall mats, artificial turf) for heat retention to prevent burns and ensure safe use
- **Excursion Planning:** Risk assessments for excursions include sun protection measures, such as shade availability, UV Index checks, and provision of sunscreen and hats
- **Shade Assessments:** Regular reviews of outdoor areas ensure shade structures are effective and compliant with Cancer Council recommendations

Educational Integration

- Sun protection is embedded in educational programming, teaching children about skin safety and UV protection through age-appropriate activities
- Families receive information (e.g. genesisfdc website resources) on sun-safe practices during enrolment, including cultural considerations for clothing and sunscreen use

Family Engagement

Upon enrolment, families are:

- Informed of the Service's sun protection policy and expectations (e.g., providing guidance on sun-safe clothing and hats)
- Asked to supply SPF 30+ broad-spectrum sunscreen and give permission for its application
- Encouraged to consider cultural backgrounds, beliefs, and traditions when selecting sun-protective clothing
- Informed about excursion sun safety protocols and required authorisations

Review

- Management and Educators review the SunSmart policy annually to ensure alignment with current Cancer Council and ACECQA guidelines. Feedback from families and staff is considered during reviews
- UV protection practices are monitored regularly to ensure effectiveness and compliance with National Quality Standards

Resources and Further Readings

- ACECQA (2023) Guide to the National Quality Framework
- ACECQA (2023) Policies and procedures guidelines: *Sun protection policy and procedure guidelines*
- ACECQA (2023) Information Sheets
- Education and Care Services National Law Act 2010 (Amended 2023)
- Education and Care Services National Regulations (Amended 2023)
- ACECQA National Quality Framework Resource Kit (www.acecqa.gov.au)
- Cancer Council ACT (www.cancer.org.au)
- SunSmart *in Schools* (Cancer Council)
- *Shade in Childcare Centres* (Cancer Council)
- *Sun Protection and Babies (0–12 months)* (Cancer Council)
- *Sun Protection Policy Guidelines* (ACECQA)
- *Babies and Outdoor Play Information Sheet* (ACECQA)
- Australian Standards for sun-protective clothing, sunglasses, and shade cloth

Related Policies, Procedures & Documents

- Excursions and Regular Outings
- Excursion Risk Assessment
- Providing a Child Safe Environment
- Emergency & Evacuation
- Parent Agreement Form
- Interactions with Children
- Acceptance & Refusal of Authorisations

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Next Review: October 2026

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Administration of First Aid

Policy/Procedure Number: **QA2 - 4**

Policy/Procedure Requirement: National Quality Standards 2; Regulations 89, 136 & 168

Policy Statement

The Service is committed to ensuring the health, safety, and wellbeing of children by maintaining clear policies and procedures for administering first aid. All Educators registered with the Service **must** hold a current approved first aid qualification, including anaphylaxis management and emergency asthma management training (HLTAID012), as mandated by the *Education and Care Services National Regulations*.

Rationale

Prompt and effective first aid administration is critical in emergencies to protect children's health and safety. This policy ensures Educators and Coordinators are equipped with the necessary skills, resources, and procedures to respond appropriately, including referencing individual medical management plans to address specific health needs.

Strategies and Practices

First Aid Qualifications:

- **Approved Qualifications:** All Educators and Coordinators must hold a current HLTAID012 (Provide First Aid in an Education and Care Setting) qualification, which includes training in anaphylaxis and asthma management.

- **Maintaining Currency:** The Service monitors qualification expiry dates via a centralised register. Coordinators notify Educators 6 weeks prior to expiry, scheduling accredited training through registered training organisations. Educators must provide updated certificates before expiry to maintain compliance.

First Aid Kit:

- **First Aid Kit Items:** At a minimum, the first aid kit must contain the following items:

  #### Dressings & Bandages

  - Adhesive bandages (various sizes)
  - Adhesive strips (e.g. Bandaids)
  - Non-stick wound dressings
  - Sterile gauze pads and dressings
  - Sterile gauze swabs
  - Combine & eye pads
  - Triangular bandages
  - Crepe bandages

  #### Cleaning & Antiseptics

  - Antiseptic wipes or solution
  - Alcohol & antiseptic swabs
  - Sterile saline solution

Protective Equipment

- Disposable gloves (latex-free or nitrile)
- Plastic bags

Tools & Instruments

- Scissors (stainless steel)
- Blunt-nosed shears
- Tweezers (stainless steel)
- Safety pins

Emergency & Specialised Items

- Resuscitation/CPR protection mask
- EpiPen and child-sized spacer (if required, per medical management plans)
- Thermal /shock blanket
- Cold pack (disposable)

Other Essentials

- First aid manual
- Disposable hand towels
- Notepad & pencil
- Bite & itch relief gel

- Kits must be purchased from approved first aid training providers or third-party vendors meeting Australian Standards, identifiable by a white cross on a green background, and made of durable material to protect contents from dust, moisture, and contamination.

Circumstances for Administering First Aid:

- **When Administered:** First aid is administered for any incident, injury, trauma, or illness requiring immediate attention, including minor injuries (e.g., cuts, bruises), serious injuries (e.g., fractures, head injuries), or medical emergencies (e.g., asthma attacks, anaphylaxis).

- **How Administered:**
  - Assess the situation for safety and severity, referencing the child's medical management plan if applicable
  - Apply first aid per HLTAID012 training, using sterile techniques and personal protective equipment as needed (e.g., gloves for blood/body fluids)
  - Follow specific protocols for asthma or anaphylaxis (see below)
  - Document all actions in the Incident, Injury, Trauma and Illness Record

Child is Seriously Injured or Become Seriously Ill:

- Attend to the child immediately and try to make the child comfortable and reassure them
- Call and ambulance (000) if the child's injury is serious or the child becomes very ill
- Call the parent/s or guardians to inform that an ambulance has been called for their child. If parents/ guardians are not contactable, try to contact the emergency contacts
- **Contact the Coordinators to advise of incident** as soon as possible to request assistance
- Any medical or dental treatment required must be carried out by the parents/family nominated preferred medical/ dental practitioner where possible
- **Notify the insurance company** of any injury to a child that requires **medical treatment**

Asthma and Anaphylaxis Emergencies:

- **Asthma Emergency Steps:**
  - Recognize symptoms:
    - → Difficulty breathing or speaking, wheezing, persistent coughing, or gasping
    - → Pale, sweaty skin, or blue lips/fingernails (severe cases)
    - → Obvious distress or anxiety
  - Stay Calm and Reassure the Child:
    - → Keep the child calm, as panic can worsen symptoms
    - → Sit the child upright or in a comfortable position (do not lie them down)
  - Administer Medication:
    - → Refer to the child's asthma medical management plan for prescribed medication (e.g., Ventolin)
    - → Administer reliever medication via a spacer as per first aid training
      - Shake the inhaler
      - Attach it to a spacer (if used)
      - Give 4 puffs, one at a time, with the child taking 4 slow breaths per puff
      - Monitor the child's response
      - If no improvement after 4 minutes, repeat dose
  - Call for Emergency Help:
    - → If there's no improvement after two sets of 4 puffs, symptoms worsen, or the child cannot speak call an ambulance (000)
    - → Inform emergency services that it's an asthma attack and provide the child's condition
  - Monitor and Support Breathing:
    - → Continuously monitor the child's breathing and responsiveness
    - → If the child becomes unconscious, follow CPR protocols if trained (check airway, breathing, and circulation)
  - Notify Parents/Guardians/ Coordinators:
    - → Contact the child's parents or guardians and FDC Coordinators as soon as possible to inform them of the situation and actions taken
  - Document the Incident:
    - → Record the time, symptoms, medication administered, and response in the Incident, Injury, Trauma and Illness Record

- **Anaphylaxis Emergency Steps:**

  Anaphylaxis is a severe allergic reaction that can be life-threatening, often triggered by food, insect stings, or medications.
  - Recognize symptoms:
    - → Swelling of the face, lips, tongue, or throat
    - → Difficulty breathing, wheezing, or noisy breathing
    - → Hives, rash, or itching
    - → Dizziness, fainting, or collapse
    - → Nausea, vomiting, or abdominal pain

- Administer EpiPen:
  - → Refer to the child's anaphylaxis medical management plan and administer EpiPen as prescribed
  - → Note the time of administration
- Call for Emergency Help:
  - → Call an ambulance (000) immediately after administering EpiPen
  - → State that the child is having an anaphylactic reaction and has received EpiPen
  - → Do not wait to see if symptoms improve, as a second dose may be needed if symptoms persist after 5-15 minutes (check the child's anaphylaxis medical management plan)
- Position the Child:
  - → Lay the child flat on their back with legs elevated to improve blood flow, unless they're having trouble breathing, in which case keep them sitting upright
  - → If the child is unconscious, place them in the recovery position (on their side) to keep the airway clear
- Monitor and Provide Additional Care:
  - → Monitor breathing and responsiveness. If the child stops breathing, begin CPR
  - → Administer a second dose of EpiPen if symptoms do not improve after 5-15 minutes and a second auto-injector is available
- Notify Parents/ Guardians/ Coordinators:
  - → Contact the child's parents or guardians and FDC Coordinators immediately to inform them of the emergency and actions taken
- Document the Incident:
  - → Record details of the incident, including the trigger (if known), time of EpiPen administration, symptoms, and emergency response in the Incident, Injury, Trauma and Illness Record

The Service will:

- Ensure Educators are informed about "Dealing with Medical Conditions Policy" and the Medical Management Plan and Risk Minimisation Plan for the child. It also sets out how families can communicate any changes to the Medical Management Plan and Risk Minimisation Plan
- Notify families at least 14 days before changing the policy or procedures
- Ensure each FDC Educator keeps a first aid kit that is suitably equipped, easily recognisable and readily accessible to adults, including any requirements for excursions and/or transportation of children, where applicable
- Ensure that information relating to the administration of first aid resulting from an incident, injury, trauma or illness is recorded in the Incident, injury, trauma and illness record. It should be recorded as soon as possible, and within 24 hours, after the incident, injury, trauma or illness
- Notify the Regulatory Authority of a serious incident within 24 hours
- Take reasonable steps to ensure that nominated supervisors, educators, staff and volunteers follow this policy and procedures
- Ensure there are practices and procedures to ensure that the parents are notified of any known allergens that pose a risk to a child and strategies for minimising the risk are developed and implemented (if relevant)

- Ensure that all parent authorisations and health information are kept in the child's enrolment record
- Ensure that a record is kept for each child to whom medication is to be administered by the Educator. Details to be recorded:
  - → the child's name
  - → the authorisation to administer medication
  - → the name of the medication the date and time the medication was last administered
  - → when the medication should be next administered
  - → the dosage to be administered
  - → the manner in which it is to be administered
  - → details once it is administered.

Responsibilities of the Coordinators:

The Coordinators will:

- Monitor policy compliance, complaints, and incidents
- Verify Educators' HLTAID012 qualifications and arrange renewals
- **Check/monitor the contents of all first aid kits** at annual FDC home safety check
- Ensure that an up to date **first aid kit is taken on all FDC planned events and excursions**
- Update the procedures based on regulatory changes or ACECQA guidelines.
- Support Educators during emergencies, including attending the scene if needed
- Review and investigate "Incident, Injury, Trauma and Illness Records," noting corrective actions
- Notify the ACT Regulatory Authority within 24 hours of serious incidents requiring urgent medical attention or hospital visits

Responsibilities of the Educators:

The Educators will:

- Ensure they maintain approved current first aid qualifications (HLTAID012)
- Adhere to the Incident, Injury, Trauma and Illness Policy in all accident situations
- Ensure a fully stocked, current and correctly labelled first aid kit is easily recognisable and accessible both at Educator's home and on outings
- Ensure that Panadol or Nurofen is NOT Administered
- Educators check kits monthly to ensure contents are in-date, sealed, and replenished. Coordinators verify kits during annual home safety checks and excursions. Kits are stored in accessible locations for Educators but out of children's reach
- Educators are required to have permanent first aid kits in their vehicles if they use their vehicle for FDC purposes
- Items such as Epi Pen, Ventolin and child size spacer are to be replaced if used and kept within date. Personal protective aids such as gloves and masks are to be kept with the first aid kits
- Use disposable gloves for blood/body fluid exposure
- Document incidents in the "Incident, Injury, Trauma and Illness Record" and ensure parent sign-off within 24 hours

Responsibilities of Parents & Guardians:

The Parents will:

- Provide written consent (via the Enrolment Form) for the Educator to administer first aid and call an ambulance, if required
- Provide the contact details of their preferred Medical Practitioner, Medicare number and expiry date and if applicable their Health Insurance/ Ambulance subscription number
- Be contactable, either directly or through emergency contacts listed on the child's enrolment record, in the event of an incident requiring the administration of first aid
- Complete and sign the parent / guardian response section of the Notice of Incident, Injury and Trauma report in the event of an accident / incident

Resources and Further Readings

- ACECQA (2023) Guide to the National Quality Framework
- ACECQA (2023) Policies and procedures guidelines: *The administration of first aid policy and procedure guidelines*
- ACECQA (2023) Information Sheets
- Education and Care Services National Law Act 2010 (Amended 2023)
- Education and Care Services National Regulations (Amended 2023)
- ACECQA National; Quality Framework Resource Kit www.acecqa.gov.au
- Safe Work Australia First Aid in the Workplace Code of Practice
- Australian Resuscitation Council Guideline 10.1

Related FDC Policies, Procedures & Documents

- Incident, Injury, Trauma and Illness Procedures
- Providing a Child Safe Environment
- Emergency & Evacuation
- Medication Policy
- Water Safety
- Sun Protection
- Dealing with Medical Conditions
- Immunisation & Infectious diseases
- Excursion Policy, and Regular and Non-Regular Excursion Forms
- Transportation of Children
- Management of Blood and Body Substance Spills (NHMRC)
- Parent Agreement Form
- Acceptance & Refusal of Authorisations
- Home Safety Checklist

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Next Review: October 2026

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Incident, Injury, Trauma and Illness Procedures

Policy/Procedure Number: **QA2 - 5**

Policy/Procedure Requirement: National Quality Standards 2 & 7; Regulations 85, 86, 87 & 168

Policy Statement

The health and wellbeing of children must be safeguarded by managing health and safety risks and seeking appropriate medical treatment in the event of an illness, accident or emergency. This and other related policies and procedures are put in place by the Service to comply with Regulation 85.

Rationale

In the event of an accident or an emergency, the Educator has a 'duty of care' to take immediate and appropriate action for the health, safety and wellbeing of children. This policy describes the requirements and procedures to ensure Educators, Coordinators, Nominated Supervisor and volunteers can act effectively to prevent, manage and report incidents, injury, trauma or illness affecting children.

Strategies and Practices

Key Requirements (Actions/ Documents)

- Educators, Coordinators, Nominated Supervisor and volunteers must follow this policy when a child is injured, becomes ill or suffers trauma
- Educator promptly notify the Coordinator and family in the event of a medical emergency, serious incident, injury, illness or trauma relating to their child as soon as possible (must be on the day of the occurrence)
- All incidents, injuries, trauma, and illnesses must be recorded on the **Incident, Injury, Trauma and Illness Record** at the time of occurrence. The Record is prepared and signed by Educator and signed by parents/ guardians and any witnesses. The record is kept and stored confidentially by the Service until the child is 25 years old (Regulation 183(2)) and in accordance with the Privacy policy and the Records management policy for:
    - an incident in relation to a child
    - an injury received by a child
    - a trauma to which a child has been subjected
- Nominated Supervisor follows up with the family to check on the wellbeing of the child
- Where medication, medical or dental treatment is obtained, the parents/ guardians are notified as soon as practicable and within 24 hours, and are provided with details of the illness and subsequent treatment administered to the child
- All serious incidents and medical emergencies are notified to the Regulatory Authority through the NQAITS **within 24 hours**

Medical Emergencies

Medical emergencies may include **asthma**, **anaphylaxis** or **diabetes** related emergencies, as well as **fractures**, **choking** and **seizures**.

In a **medical emergency**, Educators and/or any staff present (e.g. Nominated Supervisor, Coordinator at playgroup, excursions) must:

- Call an ambulance on 000 if a child **appears very unwell** or has a **serious injury** that needs urgent medical attention. This includes if the child has **sustained a knock or injury to the head**
- Administer first aid as needed, and provide care and comfort to the child before their family or ambulance arrives
- Observe the symptoms of the child's illness or injury and systematically record and share this information with families (and medical professionals where required)
- Implement the child's current Medical Management Plan
- Notify families as soon as possible of any serious medical emergency, incident or injury involving their child (and requesting that the family arranges for the child to be collected and/or informing the family that an ambulance has been called)
- Ensure that the unwell child is **separated from other children**. The Educator must setup quiet play (e.g. drawing, colouring) for the other children in care, and remain with the unwell child to provide comfort until the child recovers or is collected by their family or other emergency contact person. Educator must have line of sight for the other children and provide supervision while remaining with the unwell child

Coordinator and/or the Nominated Supervisor is notified of the medical emergency, incident or injury as soon as possible. The Nominated Supervisor must contact the child's family or authorised emergency contact

Other Emergencies

Where there is an emergency due to fire, flooding, storm, structural damage, chemical spill, internal gas leak, aggressive people, intruders, bushfire, bomb threat, or explosions, the incidents are handled according to the QA2-12 Emergency and Evacuation Policy.

Managing illness

Educators must not accept a child into care if the child:

- has a **contagious** illness or infectious disease
- is **unwell** and **unable** to participate in normal activities or requires additional attention
- had a **temperature** and/or has been **vomiting** in the past **24 hours**, as reported by their family:
    - notify families when a child registers a temperature **over 38°C** and request that they collect their child as soon as possible
    - complete an Incident, Injury, Trauma and Illness Record, and recording any other symptoms (for example, a rash or vomiting)
    - contact **emergency services** if the Educator has any major concerns for the health and safety of the child or if the child:
        - → has trouble breathing
        - → becomes drowsy or unresponsive
        - → suffers a convulsion for longer than 5 minutes
- has had **diarrhoea** in the past 48 hours
- has started a course of **antibiotics** in the past 24 hours
- has been given medication for a temperature before arriving at FDC residence (e.g, Panadol)

If a child becomes unwell while in care, Educators must:

- Inform the Coordinator and Nominated Supervisor.
- Request parents/guardians to collect the child is from care if the child is **not well enough to participate** in the program, or if the child has **diarrhoea** or **vomits** while in care
- Ensure that the Incident, Injury, Trauma and Illness Record is completed as soon as practical (on the same day)

Managing an Incident

- Depending on the nature of the incident, the Educator will refer to the Service policies on Dealing with *Medical Conditions Policy*, *Infectious Diseases, Immunisation and Hygiene Policy,* and *Emergency and Evacuation Policy*
- On occurrence of an incident, Educators must:
    - Ensure immediate safety of all children
    - Remove or control hazards (e.g., isolate equipment, cordon off unsafe area).
    - Provide first aid as trained and appropriate
    - Contact **000 emergency services** if the incident is serious or life-threatening
    - Notify the Coordinator as soon as practicable
    - Follow Service emergency and evacuation procedures (e.g. evacuation, lockout, lockdown) if required
    - Refer to the child's **Medical Management Plan** where relevant (e.g., ASCIA anaphylaxis plan)

Managing an Injury

- Educators must:
    - Administer first aid promptly
    - Monitor and record the child's condition
    - Call the ambulance services (000) if urgent medical attention is required
    - Notify family immediately after ensuring the child's safety
    - Complete an Incident, Injury, Trauma and Illness Record at the time of the incident
    - Ensure hazards that caused or contributed to the injury are removed or controlled

Responding to Trauma

- Trauma may be caused by accidents, injury, abuse, neglect, or witnessing distressing events
- Broader events such as bush fires, flood, drought, pandemics as well as specific events in the lives of individual children could result in short and/or long-term trauma
- Signs for trauma in children may include:
    - Changes in behaviour, such as increased clinginess, aggression, nightmares, or regression in basic skills like toilet training
    - Emotional shifts like withdrawal, constant worry, or unusual fearfulness
    - Physical reactions such as headaches or upset stomachs
    - Re-enacting the trauma in their play or drawings, or have difficulty concentrating

- If trauma is identified, Educators must support children by:
  - Remaining calm and positive
  - Providing immediate reassurance and emotional support
  - Maintaining supportive routines
  - Listening to them sharing their feelings
  - Talking with them about the event, if appropriate
  - Informing Coordinators and families promptly
  - Documenting the event and the child's response
  - Referring families to professional trauma support services if required

Identifying Seriousness of Incident, Injury, Trauma or Illness

Educators will use the following to assess the seriousness of the incident, injury, trauma or illness:

- A **serious incident**:
  - Death of a child
  - A serious **injury** or **trauma** - urgent medical attention is required from a medical practitioner, or a hospital (e.g. broken limb, concussion)
  - A serious **illness** - a child has breathing difficulties, persistent pain, uncontrolled bleeding, seizures, or high fever (>38°C) or become unconscious, that requires urgent medical attention in a hospital (e.g. severe asthma attack, seizure or anaphylaxis reaction)
  - An **emergency** for which emergency services attended
  - A **circumstance** where a child appears to be **missing** or **cannot be accounted** for; or is taken or removed from the FDC residence without authorisation, or is mistakenly locked in or locked out of the FDC residence
- Where uncertain, err on the side of caution and seek emergency medical assistance (**000**)
- In the event of a **serious incident**, Educators must **immediately call an ambulance**, and notify the child's **family** and the **Coordinator** without delay
- Service must **notify all serious incidents** to the ACT Regulatory Authority via NQAITS **within 24 hours** of the incident or of becoming aware of the incident

Reference to Medical Management Plans

- Educators must always refer to the child's Medical Management Plan (e.g., ASCIA plan for anaphylaxis or asthma, seizure management plan, allergy management plan) when responding to **illnesses** or **trauma**
- Coordinators will ensure these plans are updated annually and accessible

Training and Capacity Building

- All Educators must hold current **First Aid** with **Asthma and Anaphylaxis qualifications** (HLTAID012)
- Service will provide training and learning opportunities for Educators, including:
  - Quarterly Educator meetings have debriefing and reflective practice sessions on real incidents to learn and strengthen practice
  - Through induction, orientation and ongoing training in preventing, managing, recording and reporting incidents, injury, trauma and illness. This includes developing and implementing **medical action plans** and **risk management strategies**, conducting daily environmental

risk assessments, and following reporting procedures for incidents and illnesses

- Identifying appropriate professional advice/ training for Educators to support children affected by trauma, if the Nominated Supervisor, in discussion with the Educators identifies the need
- Provision of information and resources:
  - → National Allergy Council's Best Practice Guidelines for the Prevention and Management of Anaphylaxis in Children's Education and Care

Responsibilities of the Service:

The Service will:

- Ensure that Educators receive relevant and up-to-date training to ensure they can effectively respond to incidents, injuries, trauma and illness
- Ensure that educators take care when assessing the seriousness of an incident and if there is a need for emergency services to be contacted
- Ensure that families are to be notified of any serious incident involving their child as soon as possible
- Ensure that in the event of an incident, injury, trauma or illness, undertake a review (including a risk assessment) and take any appropriate action to remove or rectify the cause as required
- Ensure that Educators are provided with access to appropriate and up-to-date information
- Have clear steps and processes in place to ensure educators and coordinators understand and clearly communicate with each other in the event of an incident injury, trauma and illness
- Ensure that confidentiality is maintained at all times

Responsibilities of the Coordinators:

The Coordinators will:

- Support Educators with relevant forms for collecting authority and information
- Ensure risk assessments are carried out and reviewed as required
- Regularly reflect on supervision plans and ratio checks
- Periodic WHS checks of the physical environment, furniture and resources
- Be familiar with regulatory requirements in dealing with emergency situations with children
- Notify the family or emergency contacts as soon as it is possible to do so
- Have current First Aid, Asthma and Anaphylaxis qualifications (HLTAID012)
- On enrolment of a child, ensure the family has given written authorisation for an Educator or Coordinator of the Service, to seek and/or carry out emergency ambulance, medical, hospital advice or treatment if required
- Upon receiving notification of a **serious incident** involving a child attending FDC where the incident results in the child receiving medical, dental or hospital treatment, immediately notify the family and the ACT Regulatory Authority (within 24 hours)
- Upon receiving notice of a **death of a child** while being provided with care, the nominated supervisor will immediately notify the child's family, the local police, and the ACT Regulatory Authority (within 24 hours)
- Educators will call an ambulance then inform families in the case of an emergency or life-threatening situation (Ambulance coverage is beneficial to avoid full charge liability)

- ***Keep accurate incident, injury, trauma and illness records*** and store confidentially ***until the child is 25 years old***
- Provide debriefing sessions and support to Educators who have supported a child through a **trauma**

Responsibilities of the Educators:

The Educators will:

- Have current First Aid, Asthma and Anaphylaxis qualifications (HLTAID012)
- Regularly practice emergency procedures
- Take all necessary precautions to reduce the incidence of accidents and injuries that can occur
- Respond effectively by administering first aid or seeking medical attention, should any accidents or injuries occur - e.g. burns, convulsions, fractures, cuts
- Display contact numbers of emergency services, Coordinators and families near a telephone
- Maintain an **Incident, Injury, Trauma and Illness Record** in the system or in hard copy and forward an electronic copy to the Service
- **Contact the parent or the emergency contact as listed in the enrolment documentation if the child presents with or develops any of the following signs:**
  - → Ear and/or eye discharge
  - → Undiagnosed rash
  - → Body temperature of 38 degree Celsius or higher
  - → Persistent coughing episodes with difficulty in breathing
  - → Open sore with discharge
  - → Vomiting and/or continuous loose bowel episodes
- **In the event of an accident**, injury, trauma or illness, **inform the family or emergency contact** as soon as possible so that they can take over the responsibility of their child and decide on further action if necessary
- In the event of a chipped or knocked out tooth
  - → Inform the parents
  - → Do not reinsert the tooth
  - → Gently rinse the tooth or tooth fragments in milk to remove blood and place in clean container or wrap in cling wrap to give to the parents or dentist
  - → Seek dental advice as soon as possible and ensure that the tooth or tooth fragments are taken to the dentist with the child
  - → Complete an accident/injury form
- In **the event of high fever**, implement the following procedures to lower the child's fever and discomfort:
  - → Remove excess clothing to cool the child down
  - → Offer fluids to the child
  - → Encourage the child to rest
  - → Provide a cool, damp cloth for the child's forehead
  - → Monitor the child for any additional symptoms
- Remains with the child who is unwell, and minimises contact with other children
- **Inform Parents/guardians of any medical attention given**, medication administered to the child and any other matter concerning the child's health that comes to the notice of the Educator

- Complete a notice of incident, injury and trauma report immediately, obtain parent signatures and forward to the Coordinators as soon as possible
- **Inform the Coordinators of any injury to a child** that requires First Aid or medical treatment
- **Inform the Coordinators of any serious incident**. In the event of such an emergency occurring outside office hours, the Educator must contact the Coordinators to inform of the incident
- **Notify the insurance company of any injury** to a child that requires medical treatment

Responsibilities of the Parents:

The Parents will:

- Ensure that they understand the responsibilities regarding the prevention, management and reporting of an incident, injury, trauma and illness, e.g. not sending their child if they are unwell
- Provide up to date medical and contact information in case of an emergency
- Provide up to date medical management plans if applicable to their child's health
- Review and update medical management plans annually
- Take responsibility of their child as a matter of urgency if contacted by the Educator to do so
- Be responsible for ambulance cover

Resources and Further Readings

- ACECQA (2023) Guide to the National Quality Framework
- ACECQA (2023) Policies and procedures guidelines: *Incident, injury, trauma and illness policy and procedure guidelines*
- ACECQA (2023) Information Sheets
- Education and Care Services National Law Act 2010 (Amended 2023)
- Education and Care Services National Regulations (Amended 2023)

Related FDC Policies, Procedures & Documents

- Administration of First Aid Policy
- Emergency & Evacuation Policy
- Medication Policy
- Enrolment and Orientation policy
- Infection Control and Immunisation Policy
- Privacy Policy
- Records Management Policy
- Parent Agreement Form
- Excursions and Regular Outings
- Acceptance & Refusal of Authorisations
- Home Safety Checklist

Last Reviewed: October 2025
Next Review: October 2026

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Visitors to FDC Residences during FDC Hours

Policy/Procedure Number: **QA2 - 6**

Policy/Procedure Requirement: National Quality Standards 2 & 7; Regulations 165, 166 & 169

Policy Statement

This policy is applicable to any visitor or guest, at an Educator's residence during anytime that the residence is a workplace and children are in care.

Rationale

In all aspects of care, the best interests and safety of the child is to be a primary consideration at all times. It is important to maintain stability and consistency of care for FDC children. It is acceptable to have visitors from time to time, but different people constantly visiting can be a distraction to the FDC Educator and not an ideal care situation for the children.

Strategies and Practices

- Educators must notify the Coordinators verbally in advance, of any guests staying at the home or within the property boundary, overnight or longer, while the residence is a workplace and children are in care. This information will be documented on the Educator's file
- Each situation will be assessed individually. Coordinators reserve the right to make individual agreements with FDC Educators in regard to the above
- It is recommended that where possible families are introduced to persons with whom their children are in contact with
- Educators must supervise children directly when in the presence of visitors, including maintenance and other workers
- Where a visitor negatively influences the quality of childcare provided, the Service's *Governance & Management: Complaints & Grievances* policy will be followed
- Adult visitors with or without children may visit occasionally, and are not to be encouraged to stay for extended periods of time
- Any person **deemed inappropriate by any Government agency** (including the ACT Regulatory Authority) is excluded from the FDC residence while children are being educated and cared for at the premises
- **Overnight visitors:** family members/residents who will be staying overnight for more than a two-week period require a Working With Vulnerable People Check or National Police Record check. It is preferable that such visitors reside in an area of the home that is not utilised for FDC
- **Overseas visitors** residing for more than two weeks (if elderly parents, more than 3 months) are required to forward a criminal record check to the Nominated Supervisor from the country of origin prior to residing with the Educator.
- Where the Australian visitor visa requires the visitor or the Australian Government Department of Home Affairs to undertake a criminal record check on the visitor, then a separate criminal record check is not required.
- **Regular care of relatives and children of friends:** Children are required to be registered with the Service, liable for fees in accordance with the fees and conditions of the Service, and are to be recorded in the Service's Hubhello System
- Private care is not permitted during FDC hours

- **Visiting children** unaccompanied by an adult (e.g. school aged children after school, kinder friends) should only allowed occasionally, and children are to be counted in FDC numbers. Note: the key word here is “occasional”. These children are not covered under the FDC Educator’s public liability insurance. Visiting children must be signed into the Educator’s Visitor Register

Visitors Register

- In accordance with regulation 165, Educators must ensure that all visitors complete the visitors register (included in the Genesis FDC Educator Diary), including:
  - Name of the visitor (photo ID to be sighted for unknown persons e.g., maintenance workers)
  - Signature
  - Time of arrival and departure
- This does not apply to parents or guardians during drop-offs/pickups (except where the visit is extended in duration)
- All Genesis FDC Educator diaries (including visitor records) are collected by the Service 3 months after the end of the year (i.e. March/ April the following year) and retained for 3 calendar years (Reg 183) by the Service – for example, 2025 diaries are collected in March/ April 2026 and retained until the end of 2028 and securely shredded through commercial shredders
- **Visitors include** Coordinators, tradespersons, families that are at the Educator’s home premises for a family interview whilst children are in care, friends that drop in during the day, including other Educators, and the Educator’s own children’s friends
- The visitors register (included in Genesis FDC Diary) must be accessible during operational hours for inspection by the Regulatory Authority, Service staff and families of children in care
- It is important to understand that the registered FDC Educator has total responsibility for the care, supervision, and behaviour management of FDC children at all times
- Visitors are totally responsible for the care of their own children
- Any visitors during FDC hours must be made aware of the Home Safety Check requirements, confidentiality, Child Safe Code of Conduct, adequate supervision policy, emergency evacuation procedures and the Interactions with Children policy

Resources and Further Readings

- ACECQA (2023) Guide to the National Quality Framework
- ACECQA (2023) Policies and procedures guidelines: *Visitors to FDC residences and venues while education and care is being provided to children policy and procedure guidelines*
- ACECQA (2023) Information Sheets
- Education and Care Services National Law Act 2010 (Amended 2023)
- Education and Care Services National Regulations (Amended 2023)
- ACECQA National; Quality Framework Resource Kit www.acecqa.gov.au

Related FDC Policies, Procedures & Documents

- Visitors register
- Working With Vulnerable People or National Police Record Check
- FDC Public Liability Insurance
- Adequate Supervision
- Interactions with Children

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Next Review: October 2026

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Infectious Diseases, Immunisation & Hygiene

Policy/Procedure Number: **QA2 - 7**

Policy/Procedure Requirement: National Quality Standards 2; Regulations 88, 109, 62 & 168

Policy Statement

The Service will take **reasonable steps to prevent the spread of infectious diseases** through clear hygiene practices, infection prevention measures, immunisation monitoring, exclusion requirements, and communication with families and public health authorities. Educators and Coordinators will act appropriately, sensitively, and in compliance with **ACECQA guidelines**, **NHMRC Staying Healthy recommendations**, and **ACT Health requirements**.

Rationale

Children in FDC settings are more susceptible to infectious diseases. Prevention requires consistent hygiene practices, accurate information for families, and a rapid response when illness occurs. This policy ensures the Service, Educators, and families have the guidance they need to keep all children safe and healthy.

Strategies and Practices

Preventing Infectious Diseases:

Many children transition from home environment to family day care as babies or toddlers. Their immune systems are still developing, and they have not been exposed to many common germs. Given the close physical contact children have with other children in FDC, they are susceptible to contract infectious diseases and illnesses spread through normal daily activities as germs can be picked up directly from an infected person or from the environment. It is important to understand that an infected person may not show any signs or symptoms of illness.

This policy provides key information on the prevention and management of infectious diseases. The Service **requires** the Nominated Supervisor, Coordinators and Educators to refer to the Staying Healthy Guidelines, 6th Edition (NHMRC) for more detailed information on understanding about infections, maintaining a healthy environment, and preventing and managing infectious diseases including periods of exclusion.

To prevent cross infections, Educators are required to implement the following measures:

- Regular cleaning and disinfection of high-touch surfaces (e.g., toys, doorknobs, tables) using hospital-grade disinfectants
- Handwashing with soap, running water, and disposable paper towels, ensuring hand-washing occurs before and after eating, after toileting, after nose-wiping, and after handling bodily fluids
- Wear disposable gloves when handling urine, faeces, or blood, and use neutral detergent and water for cleaning
- Promoting respiratory hygiene, such as **wearing masks**, or covering the mouth and nose with a tissue or elbow when coughing or sneezing, and safely disposing of tissues
- Exclusion of children when they are unwell or displaying symptoms of an infectious disease or virus
- Request parents and visitors to wash their hands with soap and water or hand sanitizer prior to using electronic signin and visitors record to sign
- Ensure adequate ventilation such as open windows and doors

- Children who are resting or sleeping are positioned a safe distance from each other to prevent any spread of illness or infection. A head to toe resting/sleeping arrangement is encouraged
- Children, Educator, or Educator family member to seek medical attention if they show symptoms of an infectious disease or virus

Hygiene Practices:

The Service will ensure good hygiene practices are implemented by all Educators in their FDC setting:

- Not providing care, if Educator is unwell
- Maintain healthy and clean habits, including clean nails and hair, and fastening back long hair
- Encourage children to follow appropriate handwashing practices
- Ensure equipment and toys are regularly cleaned and well maintained
- Keeping bathrooms, kitchens, sleep and rest areas, and play areas clean
- Use appropriate toileting and nappy change methods
- Use appropriate procedures for wiping children's noses, and for teaching children how to wipe their own noses
- Display signs and posters about hygiene procedures at child height in bathrooms and play areas
- Implement appropriate hygienic food handling, preparation and storage practices
- Provide information to families about the recommended immunisation schedule for children
- Develop clear procedures for handling and disposing of bodily fluids such as blood and any contaminated items used in first aid
- Wash bedding after each use, and if the surface is known to be contaminated with a potential infectious disease, disinfectant is also used to clean the surface
- Provide information to families on exclusion periods of illnesses and infectious diseases (e.g. refer to the ACT Infectious Diseases - Outbreak Procedures and Exclusion Periods Procedures, Staying Healthy 6th Edition (NHMRC))

Immunisation Requirements

- Immunisation is a reliable way to prevent many childhood infectious diseases
- **Unvaccinated children** due to their parent's conscientious objection are **no longer able to be enrolled in approved early childcare services**
- Children who cannot be fully vaccinated due to a medical condition or who are on a recognised catch-up schedule may still be enrolled upon presentation of the appropriate form signed by a medical practitioner who meets the criteria stated by the Australian Government
- Educators and Coordinators are encouraged to keep up to date with all immunisations including yearly influenza vaccinations. These include vaccinations recommended by the National Health and Medical Research Council (NHMRC)
- Vaccination is important as not only can Educators catch a potentially serious infection such as measles or whooping cough, but they could also then inadvertently pass it onto children in their care who are too young to have had their vaccinations or to parents who may be pregnant
- Exclusion periods and notification of infectious diseases are guided by the Australian Government-Department of Health and local public health units in our jurisdiction as per the Public Health Act.

Excluding Children from Care

Minimum periods for exclusion from childcare services

- When an infectious disease has been diagnosed, the Educator will display appropriate documentation and alerts for families including information on the illness/disease, symptoms, infectious period and the exclusion period
- Information on **exclusion periods** for common infectious diseases can be obtained from Staying Healthy 6th Edition (NHMRC)
- If a vaccine preventable disease (see next section for details) occurs in the FDC, children who have not been fully immunised will be excluded from care
- Management will check all children's **immunisation records** and alert parents as required
- A **medical clearance** from the child's General Practitioner stating that the child is cleared to return to the childcare setting will also be required before the child returns to care

Reporting Outbreaks to the Public Health Unit and Regulatory Authority

The Public Health Act 2010 requires and authorises early education and care service nominated supervisors to confidentially notify the local Public Health Unit (1300 066 055) of patients with certain conditions, and to provide the required information on the notification forms Vaccine preventable disease notification form.

Notification is required if a child:

- has one of the following vaccine preventable diseases, or
- is reasonably suspected of having come into contact with a person who has one of these vaccine preventable diseases and the enrolled child has no evidence of immunisation lodged to show that the child is immunised against, or acquired immunity by infection from, that disease.

The diseases are:

- Diphtheria
- Mumps
- Poliomyelitis
- Haemophilus influenzae Type b (Hib)
- Meningococcal disease
- Rubella ("German measles")
- Measles
- Pertussis ("whooping cough")
- Tetanus

Notification is also required for an outbreak of 2 or more people with **gastrointestinal or respiratory illness** in a 48-hour period.

Management will closely monitor health alerts and guidelines from Public Health Units and the Australian Government- Department of Health for any advice and emergency health management in the event of a contagious illness outbreak.

The Service is required to notify the Regulatory Authority of any incidence of a **notifiable infectious disease or illness**.

Responsibilities of the Service:

The Service will:

- Ensure a child is enrolled only if they are fully immunised for their age, or are on a catch-up schedule, or have a medical reason not to be immunised
- Exclusion periods for people with infectious diseases recommended by ACT Health are implemented for all staff, children, parents, families and visitors
- Notify the Public Health Unit (1300 066 055) as soon as possible after they are made aware that a child enrolled has a vaccine preventable disease
- Notify the Public Health Unit is notified in the event of an outbreak of viral gastroenteritis. Management must document the number of cases, dates of onset, duration of symptoms. An outbreak is when two or more children or staff have a sudden onset of diarrhoea or vomiting in a 48-hour period
- Ensure that reasonable steps are taken to prevent the spread of the infectious disease
- Ensure that **parents, or an authorised emergency contact**, of all children at the FDC residence are **notified of the occurrence** as soon as practicable.
- Ensure that a notice is displayed stating that there has been an occurrence of an infectious disease at the FDC residence
- Ensure that notification requirements to the regulatory authority are met in relation to an outbreak of an infectious disease that poses a risk to the health, safety or wellbeing of children
- Ensure that all children, educators and coordinators have current relevant vaccinations
- Ensure that educators are equipped with the necessary knowledge and skills to enable them to deal with infectious diseases and to role model hygiene practices.
- Monitor the immunisation status of each child, which is recorded on the Enrolment Form, and flag non-immunised children in the system to be able to respond to any advice by the ACT Health of the spread of communicable diseases

Responsibilities of the Coordinators:

The Coordinators will:

- Provide information and resources to Educators on how to prevent the transmission of infectious diseases
- Model safe hygienic practices to Educators and children where possible - e.g. hand washing
- If a child is diagnosed with a communicable disease, refer to the *ACT Health factsheets on infectious diseases* and/ or to the *Staying Healthy 6th Edition* (NHMRC) publication for details on **exclusion periods**

Responsibilities of the Educators:

The Educators will:

- Provide a safe and healthy environment for children, including maintaining a clean FDC residence, and support children to take increasing responsibility for their own health and physical wellbeing.
- Model health and personal hygiene practices with children and reinforce these messages with families.
- Be aware of each child's immunisation status as recorded on their Enrolment Form
- Maintain hygiene practices including washing hands before and after handling food, changing nappies and administering first aid; and after outdoor play, and handling blood and bodily fluids

- ***Notify the Coordinators of any outbreak of an infectious disease***
- Advise parents/guardians to refer to the Staying Healthy 6th Edition (NHMRC) publication available at www.genesisfdc.com.au/resources page for any infectious disease event, and when necessary, exclude a child or other person with an infectious disease in line with the recommended exclusion period
- **Notify all parents/guardians of any outbreak of an infectious disease**.
- **A Notice on the occurrence of an infectious disease is to be displayed in a prominent position**. The notice **should not include** any names of child/ren and should be done in a manner that ensures the confidentiality of any child, family, Educator and their family and Coordinators
- Minimise the risk of infection to others by following strict personal and environmental hygiene practices
  - → Educators are to wear disposable gloves when dealing with urine, faeces and blood. It is recommended that urine, faeces and blood should be cleaned up with neutral detergent and water. Any significant cuts to the Educator or child's skin should be covered
  - → Bathing shall only occur during standard hours of a service where necessary for the comfort or personal hygiene of a child. Parent / Guardians must be informed if this does occur. A child may also be bathed if a child is to stay for extended hours of care
- Respond to, and support the health and emotional needs of any child who becomes ill and/or is suspected of having an infectious illness
- Ensure that the unwell child is **separated from other children**. The Educator must setup quiet play (e.g. drawing, colouring) for the other children in care and remain with the unwell child to provide comfort until the child recovers or is collected by their family or other emergency contact person. Educator must have **line of sight** for the other children and provide supervision while remaining with the unwell child
- Appropriate health and safety procedures are implemented when treating ill children; wear disposable gloves, face mask or other PPE if needed.
- All resources or items touched by a child with a suspected illness are thoroughly cleaned and disinfected (cushions, pillows, toys)
- Have knowledge of illnesses and infections prevalent in the local area.
- Provide up-to-date information for families and Educators on immunisation and the protection of all children from infectious diseases

Responsibilities of Parents:

The Parents will:

- Notify the Service and Educator of their child's immunisation status. This will include if they choose not to immunise their child (conscientious objector)
- **Notify the Service if their child has an infectious disease**
- Keep infectious or sick children away from the care environment
- Promptly pick up a sick or infectious child that becomes ill whilst in care
- Provide accurate and current information regarding the immunisation status of their child/ children when they enrol and any subsequent changes to this whilst they are attending FDC
- Comply with the exclusion periods listed in the Staying Healthy 6th Edition (NHMRC) publication
- Communicate with the Educator about the child's health and wellbeing
- Notify the Educator if the child is being tested for an infectious disease

Resources and Further Readings

- ACECQA (2023) Guide to the National Quality Framework
- ACECQA (2023) Policies and procedures guidelines: *Dealing with infectious diseases policy and procedure guidelines*
- ACECQA (2023) Information Sheets
- Education and Care Services National Law Act 2010 (Amended 2023)
- Education and Care Services National Regulations (Amended 2023)
- ACECQA National; Quality Framework Resource Kit www.acecqa.gov.au
- Staying Healthy in Childcare (NHMRC)

Related FDC Policies, Procedures & Documents

- Parent Agreement Form
- Home Safety Checklist
- National Immunisation Program Schedule

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Next Review: October 2026

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Medication Policy

Policy/Procedure Number: **QA2 - 8**

Policy/Procedure Requirement: National Quality Standards 2; Regulations 92-96, 178, 181-184

Policy Statement

Administering medication is a high-risk practice. Written authorisation must be obtained from a parent/guardian or authorised person listed on the child's Enrolment Form before Educators can administer any medication (prescribed or non-prescribed needs to be labelled).

Rationale

It is preferred that medication be administered by parents/guardians, however **if that is not possible, this policy should apply**.

The **Service does not approve the administration of pain relief or cough and cold medication for children under the age of 6 years of age**. Pain relief or cough and cold medication for children aged 6-11 years can be administered only on the advice of a doctor, pharmacist, or nurse practitioner.

Strategies and Practices

Responsibilities of the Coordinators:

The Coordinators will:

- Provide all families with relevant information about health management policies and practices on enrolment and regularly after that through newsletters
- Provide forms for Educators to record relevant health and medication details
- Support families and Educators when dealing with health management matters
- Confidentially **store health and medical details on children until they reach the age of 24 years**
- Request families to update their child Enrolment Forms annually to ensure medical authorisations and conditions are updated
- Prepare Medical Risk & Communication Plans for children with medical conditions

Responsibilities of the Educators:

The Educators will:

In relation to administering medications:

- Administer medication based on the following principles:
  - → The right child
  - → The right medication
  - → The right dose
  - → The right method
  - → The right date and time
- These basic principles are the first steps in ensuring that medication is administered safely to any person and should be documented by the parent or legal guardian before administering medication to a child
- Educators should check a medication's expiry date before administering it to a child and **ensure prior written parental authorisation/consent is obtained**

- Families can expect that educators will always act in the best interests of the children in their care and meet the children's individual health care needs
- Act in the best interests of the safety and health of the child
- **Not administer the first dose of a newly prescribed medicine**. The parent(s) or medical/nursing professionals should administer it
- **Ensure all medication (both prescribed and non-prescribed) administered is in the original packaging, bearing the original label**. This rule should **apply to all medications**, regardless of whether they are non- prescribed, such as **teething gels or nappy creams** or prescribed medications such as antibiotics. Parents should ask pharmacies to provide dispensing labels and dosage instructions for non-prescribed medications.
- All medication must be labelled with the child's name and must state on the label the medication name and strength, the date of prescription, dosage and times to be administered, as well as the expiry date of the preparation
- **Not give to a child medication that is unidentified or the instructions are not clear** to the Educator e.g. in an unfamiliar language to the Educator
- Ensure that prescribed medication is only used on the basis that the child has seen a doctor and the doctor has directed, by script or in writing, that such medication is appropriate. A doctor's written instructions or pharmacist's label will normally be sufficient
- Store medication appropriately and in a safe and secure place as per instructions on product label
- Medication must not be left in the child's bag. It must be out of reach of children at all times
- Ensure Parent/guardian completes the parent section of the '**Medication Record**' form for all medication that has to be administered. This shall include the **time and dose and a summary of the doses of medication administered by the parent at home** in the **previous 24-hour period**
- Educators will check to ensure that written instructions of the family are consistent with the instruction on the labelled medication or as prescribed by a doctor
- Administer medication to children strictly in accordance with the instructions and the permission form. The record of the dose being given must be completed. Any medication that is spilled or spoiled should also be recorded on the medication form
- **Ensure all long-term medication is accompanied by written permission from the doctor, outlining the likely length of time that the child is to be treated with this medication**. The doctor should also outline a review plan, indicating a time for reassessing treatment
- **Ensure ongoing medication taken on an irregular basis has written permission and specific instructions to indicate when administration is appropriate**. The doctor should also outline a review plan, indicating a time for reassessing treatment
- Document the time and dose following administering of all medication on the **Medication Record**. Parents should be notified of all medication that has been administered
- Consult with the Coordinators any concern about a request to administer a medication
- Comply with the Medical Management Plans of children with chronic health problems, such as asthma, epilepsy, diabetes, severe allergy and anaphylaxis
- Return **Medication Record** forms to the Co-ordination Unit at the end of each calendar year /or when a child has ceased care. **These forms must be kept until the child is 24 years old for liability/insurance purposes**. After reaching maturity at age 18, a child could still have 3 (or less likely 6) years in which to sue for negligent use of medication. This is only in the very unlikely instance that the parent of the child had not sued before then
- **Medication can be administered to a child without an authorisation** in the case of an

anaphylaxis (child's own Epipen/Anipen) or Asthma emergency, in accordance with their own Medical Management Plan. In this case the Educators will ensure the parent of the child and/or emergency services and the Coordinators are notified as soon as practicable

Administering Paracetamol:

- Families must provide their own paracetamol for use as directed by a medical practitioner. Educators must keep Paracetamol securely for emergency purposes should the parent/ authorised person not be contactable
- Educators **must not administer paracetamol** for teething or other discomfort without a doctor's letter, even if requested by parents
- To safeguard against the **over use** of paracetamol, and minimise the risk of masking the underlying reasons for high temperatures, Educators **will only administer paracetamol** if it is **accompanied by a doctor's letter stating the reason for administering, the dosage and duration** it is to be administered for

Medication must not be administered by FDC Educators/Co-ordination unit staff if:

- It is complex and requires skill to use and the FDC Educator has not received suitable training
- It is out of date
- Child's name not on medication packaging or no supporting documentation from a doctor
- The container has no label
- The FDC Educator does not have an appropriate measuring glass or spoon
- It is in any way outside the guidelines set in this policy, or the rules of this policy have not been followed
- Immediately after administration of a dose, the medication must be returned to the appropriate storage area. Medications must not be left within reach of children, or unattended at any time

Practices for self-administration of medication e.g. cough drops, nasal spray, creams, Ventolin

If a child self-administers medication, Educators must ensure the correct procedure is followed. A child **over preschool** age may self-administer medication under the following circumstances:

- Written authorisation is provided by the person with the authority to consent to the administration of medication on the child Enrolment Form
- Medication is to be provided to the Educator for safe storage, and they will provide to the child when required
- Self-Administration of medication for children over preschool age will be fully supervised by the Educator

Responsibilities of Parents:

The Parents will:

- Provide a summary of their child's health, doctors name/address/phone number, and where applicable medications, allergies, and a health management plan approved by a doctor to the Coordinators and Educator prior to starting care and ongoing as required
- Keep the Educator up to date with any changes to a child's medical condition or health management plan
- Provide medication in its original package
- Complete the parent authorisation to administer medication form to their child, on a daily basis or as required, and sign on pick up

- Request the Educator to administer only the recommended dosage on the original medications package

Resources and Further Readings

- ACECQA (2023) Guide to the National Quality Framework
- ACECQA (2023) Information Sheets
- Education and Care Services National Law Act 2010 (Amended 2023)
- Education and Care Services National Regulations (Amended 2023)
- ACECQA National; Quality Framework Resource Kit www.acecqa.gov.au

Related FDC Policies, Procedures & Documents

- Incident, Injury, Trauma & Illness
- Nutrition and Dietary Requirements
- Administration of First Aid
- Interactions with Children
- Acceptance and Refusal of Authorisations
- Parent Agreement Form
- Authorisation of Medication Form
- Medication Self Administration Form
- Medical Management Plan

Last Reviewed: October 2025
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Dealing with Medical Conditions

Policy/Procedure Number: **QA2 - 9**

Policy/Procedure Requirement: National Quality Standards 2 & 7; Regulations 90, 91 & 168

Policy Statement

The Service will ensure that every child with a diagnosed medical condition, allergy, or specific health care need (including asthma, diabetes, epilepsy, and risk of anaphylaxis) is provided with safe, inclusive, and effective care. This includes the development and implementation of **Medical Management Plans**, **Risk Minimisation Plans**, and **Communication Plans** in line with the **Education and Care Services National Regulations**, **ACECQA guidance**, and health authority recommendations.

The Service requires **all Educators, Coordinators and Nominate Supervisor** to hold current First Aid certificate for early childhood setting (**HLTAID012**).

Rationale

To ensure that children with medical conditions are cared for safely, and that educators, coordinators, and volunteers are equipped with the knowledge and procedures needed to manage medical conditions and emergencies.

This includes clear processes for communication with families, training of staff, documentation, and compliance with current health authority guidance such as **ASCIA Action Plans**, **National Asthma Council Australia**, and **Diabetes Australia**.

Strategies and Practices

Enrolment and Orientation

- Before a child can commence orientation or family day care, families must complete an online enrolment form that contains detailed information about the child's health needs, including:
  - any diagnosed medical condition
  - allergies and the risk of anaphylaxis
  - contact details for any person who is authorised to consent to medical treatment or administration of medication to the child
- At orientation and enrolment, the Educator and/or Nominated Supervisor will meet with families to discuss their child's health needs, including any adjustments that may be needed to support meaningful inclusion. The Educator will advise families of relevant policies and procedures, and any additional requirements that may need to be fulfilled before the child starts care

Medical Management Plan

- A Medical Management Plan must be in place for every child enrolled at the Service who has been diagnosed with a health care need or medical condition
- This could be a specialised management plan specific to a medical condition. For example, an ASCIA Anaphylaxis Action Plan, Asthma Action Plan or Epilepsy Management Plan
- Orientation may be delayed until a Medical Management Plan has been provided
- If a child develops a specific health care need or medical condition after they are enrolled, their family will need to provide a Medical Management Plan as soon as possible

- The Medical Management Plan must be:
  - prepared and completed by the child's medical practitioner or health care provider
  - provided to the Service by the child's family
  - included in the child's enrolment record and in the child's folder at FDC residence
  - implemented at all times for any child with a specific health care need or medical condition - for example, asthma, type 1 diabetes, epilepsy or anaphylaxis

The **Medical Management Plan** should include the following:

- details of the diagnosed health care need or medical condition
- if relevant, known triggers for the allergy or medical condition
- any reasonable adjustments or supports required
- any current medication prescribed for the child, including dosage and storage requirements
- the response required in relation to the emergence of symptoms
- any medication that must be administered in an emergency
- the response required if the child does not respond to initial treatment
- when to call an ambulance for assistance
- contact details of the medical practitioner who signed the plan
- the date when the plan should be reviewed

A copy of the Medical Management Plan is kept in the child's folder at easy reach for the Educator. The Medical Management Plan always **remains current**, and is reviewed at least annually.

Management of Specific Medical Conditions

- **Asthma:** Follow the child's **Asthma Action Plan** (National Asthma Council). Ensure reliever medication and spacer is available at all times
- **Anaphylaxis:** Follow the child's **ASCIA Action Plan for Anaphylaxis**. Adrenaline auto-injectors (e.g., EpiPen) must be accessible and checked for expiry. Coordinators will check Educators' knowledge in using EpiPen during the 3 monthly assessment.
- **Diabetes:** Follow the child's **Diabetes Management Plan** (Diabetes Australia). Ensure access to glucose monitoring and hypo/hyperglycaemia management procedures. The Service requires Educators to complete a suitable diabetes management training if caring for a child with diabetes (e.g, Practical Diabetes for Childcare Educators)
- **Epilepsy or other conditions:** Follow medical management plans developed with a child's medical practitioner

Risk Minimisation Plans

- Developed in **consultation with parents** and the **Service** for each enrolled child with a medical condition. Plans will:
  - Be informed by the Medical Management Plan
  - Identify known allergens and triggers
  - Be updated immediately if there are any changes to the child's medical condition
  - Outline strategies to minimise exposure to allergens (e.g., food restrictions, cleaning procedures, supervision at mealtimes)
  - Ensure **parents of other children are informed** (without breaching confidentiality) of known allergens (e.g., nuts) that pose a risk to a child

- Ensure children do not attend without their prescribed medication (e.g., EpiPen, Ventolin, insulin)

Communication Plans

- The Service will ensure **communication plans** are in place and explain:
  - Informed of the Service's **Dealing with Medical Conditions Policy**
  - Inform all Educators, Coordinators, and volunteers of the child's medical needs
  - Provide clear instructions on responding to an emergency (e.g., ASCIA plans displayed in sleep areas, kitchen, and first aid kits)
  - Ensure parents are updated on changes to plans, incidents, or exposure to allergens
  - Remind families regularly (via newsletters or meetings) **to update** medical management plans annually or as changes occur
- Educators will ensure that all staff, volunteers, and relief educators are:
  - Shown how to identify children with medical conditions
  - Made aware of the child's **Medical Management Plan**, **Risk Minimisation Plan**, and the **location of the child's medication**
- Visual identifiers (e.g., photo ID on medical plans stored in the kitchen/first aid area) will support quick recognition

Medication Record and Self-Administration

- Educators must complete the **Medication Record** whenever a child is administered medication
- If a child self-administers medication (where permitted by their medical practitioner and parents), Educators must:
  - Record the time, dose, and circumstances in the Medication Record
  - Monitor the child to ensure correct administration
  - Notify parents of the self-administration

Reviewing and Updating Plans

- Medical Management Plans, Risk Minimisation Plans, and Communication Plans will be:
  - Reviewed **at least annually**
  - Updated immediately if the child's condition, medication, or treatment changes
  - Shared with all relevant staff, Educators, and volunteers after each review

Responsibilities of the Service:

The Service will ensure:

- Nominated Supervisor, Coordinators, Educators, students on placement and volunteers are provided with a copy of this policy (available on Service website) and have a clear understanding of, and adhere to, its procedures and practices
- Families who are enrolling a child with specific health care needs are advised of this policy (available on Service website)
- Coordinators and Educators are made aware of their responsibilities with regard to maintaining the confidentiality and privacy of health/ medical information of children
- Ensure that children with a medical condition are not discriminated against in any way

Responsibilities of the Educators:

The Educators will:

- Follow Medical Management Plans, which include plans for asthma, anaphylaxis and diabetes, in the event of an incident relating to the child's specific health care need, allergy or relevant medical condition
- **Inform the Service Manager** and **Coordinators** of the requirements of the Medical Management Plan
- In consultation with the Parents and the Coordinator, prepare and maintain a **Risk Minimisation Plan** and **Medical Communication Plan** for **each child with a medical condition**
- **Display a notice** near the front entrance of the FDC residence advising that an enrolled child has been diagnosed as being at risk of anaphylaxis
- Ensure Risk Minimisation Plans are carried out in line with this policy and procedure
- Monitor the child's health closely, being aware of any symptoms and signs of ill health, and contacting families if changes occur
- Follow the Medication Policy including appropriate storage, administration and disposal of medications
- Regularly communicate with families about their child's medical condition
- Ensure all staff, including the nominated supervisor, are informed of any changes to a child's medical condition
- Understand the individual needs of children in their care who have a Medical Management Plan and Risk Management Plan in place
- **Update and implement** the Risk Management Plan **when circumstances change** for a child's health care need or medical condition
- Ensure all children's health and medical needs are taken into consideration on excursions and during outdoor play
- Ensure that children with a medical condition are not discriminated against in any way
- Maintain current approved first aid, CPR, asthma and anaphylaxis training (HLTAID012)
- Only administer prescribed medication if it's in its original container, bearing the original label with the name of the child, the dosage to be given and is within the expiry and use by date
- Ensure that all non-prescribed medication (as an example: Paracetamol, nappy cream) are in the original container with the original label, have clear dosage instructions and a used date not past
- Provide parents/guardians a copy of the Service's *Dealing with Medical Conditions Policy* to the parent at time of enrolment
- Provide the *Incident, Injury, Trauma and Illness Record* to the Service to be kept until the child turns 25 years
- Keep children's personal medication (e.g. Epipen) and Medical Management Plan easily recognisable and accessible to adults
- Ensure that children's personal medication and Medical Management Plans are with the child whenever they are taken out of the Educator's home
- Follow the template Medical Condition Risk Minimisation Plan and Medical Communication Plan provided below

Responsibilities of Parents:

The Parents will:

- **Complete a Medical Management Plan** for a child with a known medical condition, allergy or other health care need with the assistance of the child's medical practitioner and provide it to the Educator
- **Administer the first dose of medication at least 2 hours before the child attends care**, due to the possibility of side effects
- Sign and provide the **Medication Record** Form to the Educator authorising the Educator to administer specific/prescribed medicines
- Inform the Educator of any changes to their child's medical needs and if required provide updated Medical Management Plan
- In case of emergency, provide verbal authorisation to the Educator
- Review and update the medical management plans annually

Medical Condition Risk Minimisation Plan (e.g. Anaphylaxis)

Child's Name _____

Rationale

Risk Minimisation Plan and Communication Plan for children with specific health care needs, such as anaphylaxis, asthma and relevant medical conditions

Minimising Medical risks

- FDC Educator has First Aid training with Anaphylaxis and Asthma management
- The medical management plan and risk minimisation plan are kept in the child's folder at easy reach for the Educator
- A copy of the medical management plan and child's medication are also kept with the First Aid Kit and in the Educator's emergency evacuation bag
- A copy of the Medical Management Plan prepared by a medical practitioner and the child's medication are kept with the First Aid Kit and in the Educator's emergency evacuation bag
- The child's medication is stored safely and out of reach of children in a locked cupboard
- The child's medication will be checked to ensure it is current and has not expired
- There is a notification displayed near the **front entrance of the FDC residence** that a child in care is at **risk of anaphylaxis,** with other prescribed information such as **evacuation plan**
- The Educator will notify the Service and/or the Nominated Supervisor (Service Manager) of all children with specific health care needs, allergies or diagnosed medical conditions
- Parents are required to **authorise administration of medication** on the Medication Record, and Educator will **complete administration of medication record** whenever medication is provided
- A copy of the parent's authorisation to administer medication is attached to medical management plan and original filed in the child's folder
- The Educator will **notify parents** of other children attending care of **any allergens that pose a risk to the child**

Potential triggers for child's health care need, allergy, or medical condition:

- Educator should list the **triggers and allergens** based on the medical management plan and information from parents. Examples include:
  - → Eating certain foods
  - → Using products containing certain foods, chemicals or other substances
  - → Temperature
  - → Dust
  - → Physical activity
  - → Laughing
  - → Exposure to certain animals or plants
  - → Mould/pollen
  - → Missed meals
  - → Too much insulin (diabetes)

- Triggers that are specific to the Child's medical condition:
  →
  →
  →
  →

Educator will minimise the effect of triggers by:

- The Educator must take all appropriate precautions when preparing and/or serving food while caring for a child with allergy. For example:
  → Clean tables and floors of any dropped food as soon as practical
  → Child will be supervised at all times vigilantly while other children are eating and drinking
  → The child will only eat food prepared and bought to the service by the parents
  → The child's food items will be labelled clearly. Educators may refuse to give the child unlabelled food
  → Child to be seated a safe distance from other children when eating and drinking with an educator positioned closely to reduce the risk of the child ingesting other children's food or drinks
- The Educator must write down the actions in response to known **allergens** or child's health care needs. For example:
  → Keeping the care area warm
  → Keeping the child indoor when weather turns cooler
  → FDC residence will be cleaned daily to reduce allergens
  → Educator will use damp clothes to dust so it's not spread into the atmosphere
  → Child will be supervised to prevent movements from hot or warm environments to cold environments
  → Child will not feed pet chickens

- The Educator will complete the following to eliminate/ minimise the effect of triggers for the Child with medical condition:

Risks	Strategy	Who is responsible?

Medical Communication Plan

Educator and Coordinator:

Action	Check
Coordinator will ensure that all Educators, volunteers and students understand the medical conditions for the child	☐
Medical Management Plan is fully completed and easily accessible by the Educator	☐
The Risk Minimisation Plan is developed and completed by Educator and family	☐
The Educator will notify the Service of any changes to the child's medical condition	☐
Medication will be stored out of reach of children, but in a recognisable location known. Medication will be checked to ensure it meets policy requirements.	☐
The Coordinator and the Educator will ensure the Medical Management, Risk Minimisation and Communication Plan are reviewed annually, or when changes are identified	☐

Parents/ Guardians:

Action	Check
Medical Management Plans are correct and current to ensure the correct information is provided to the Educator and Service	☐
If medical condition is food-related, families will ensure they have spoken with the Educator about their child's requirements	☐
The Risk Minimisation Plan has been developed in consultation with the family and the Educator	☐
Any changes to the child's medical condition will be communicated immediately to the Educator and Service	☐
All medications required will be given to the Educator when the child is in attendance. Medication will be prescribed by the child's doctor, in-date and clearly labelled	☐
The Medical Management, Risk Minimisation and Communication Plan will be reviewed annually, or when changes are identified	☐

I/we agree to these arrangements, including the display of a notice alerting parents and visitors that a child with a specific allergy/ condition attends care (without identifying the child) and prohibiting food or other items that may trigger the allergy/ condition from being brought into the FDC residence during care hours.

Parent/s Name and Signature _____ Date _____

FDC Educator Signature _____ Date _____

Resources and Further Readings

- ACECQA (2023) Guide to the National Quality Framework
- ACECQA (2023) Policies and procedures guidelines: *Dealing with medical conditions in children policy and procedure guidelines*
- ACECQA (2023) Information Sheets
- Education and Care Services National Law Act 2010 (Amended 2023)
- Education and Care Services National Regulations (Amended 2023)
- ACECQA National; Quality Framework Resource Kit www.acecqa.gov.au
- Asthma Foundation - http://www.Asthmafoundation.org.au
- Allergy & Anaphylaxis Australia - https://www.allergyfacts.org.au/
- Australasian Society of Clinical Immunology and Allergy - http://www.allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-for-anaphylaxis#sthash.1MriX2GY.dpuf

Related FDC Policies, Procedures & Documents

- Nutrition and Dietary Requirements
- Administration of First Aid
- Interactions with Children
- Acceptance and Refusal of Authorisations
- Parent Agreement Form
- Authorisation of Medication Form
- Medication Self Administration Form
- Incident, Injury, Trauma and Illness Form
- Medical Management Plan

Last Reviewed: October 2025
Next Review: October 2026

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Sleep and Rest

Policy/Procedure Number: **QA2 - 10**

Policy/Procedure Requirement: National Quality Standards 2; National Law 165, 167; Regulation 81, 82, 84A-D, 87, 103, 105, 106, 107, 110, 115, 116 and 168

Policy Statement

Each child's safety, wellbeing, comfort and individual needs for sleep, rest and relaxation will be provided for by the FDC Educators. Sleep and rest are high-risk activities that require careful planning, assessment, and supervision. This policy integrates safe sleep practices with communication, cultural inclusivity, and compliance with the National Regulations and ACECQA guidelines.

The Service will respect the preferences and routines of families, acknowledging cultural practices around sleep and rest. However, when a **family's request conflicts** with safe sleep practices outlined by Red Nose, the Service **will prioritise Red Nose safe sleep guidelines** as they are based on scientific evidence to ensure a baby's safety and reduce preventable deaths.

Where conflicts arise, the Nominated Supervisor and/or the Coordinator will work with Educator and the family to explain the reasons for safe practices, and, if needed, develop a risk minimisation plan that respects family input and ensures child safety.

Bassinets and unsafe sleep equipment (e.g., rockers, hammocks, prams/strollers) are prohibited in FDC residences in accordance with Regulation 84D and ACCC Product Safety standards for portable cots.

This policy and procedures outline how the sleep and rest needs of children are met considering the age, development stage and individual needs of each child. Active supervision, monitoring and documentation supported by sleep risk assessment (a template is at the end of this policy) for every FDC residence are integral to managing the risks associated with sleep, especially for infants and toddlers.

Rationale

To provide clear direction to Educators and families on safe sleep and rest practices, including communication, cultural considerations, supervision requirements, record-keeping, and safe environments as outlined in:

- ACECQA Sleep and Rest for Children Policy Guidelines (2024)
- ACT Government Guidance on Safe Sleep and Rest
- Australian Safety Standards (AS/NZS 2172; AS/NZS 2195; AS/NZS 8811.1:2013)
- ACCC Product Safety Guidelines on portable cots

Strategies and Practices

Communication with Families

- Educators will consult with families to understand children's routines, cultural practices, and parental expectations regarding sleep and rest.
- Families will be provided with information on safe sleep practices through enrolment materials, discussions, and Service communications.

- Where family requests conflict with safe sleep practices, educators must not adopt unsafe practices. Coordinators will work with families to explain safety requirements and, where necessary, formalise risk minimisation plans

Individual Risk Assessment for Each Child

- Educators will assess the circumstances and needs of each child for sleep and rest, including **health**, **developmental stage**, and **cultural considerations**
- Any medical condition requiring a variation (e.g., baby sleeping position) must be supported in writing by a medical practitioner and incorporated into the child's Medical Management Plan and risk assessment

Supervision of Sleeping and Resting Children

- Educators will provide active supervision for all children who are sleeping or resting
- Physical checks must be conducted and recorded in the Sleep Register at the time they occur:
  - **Every 10 minutes** for children under 2 years of age - more frequently if child has health risk factors
  - **Every 15 minutes** for children aged 2 years and above.
- Educators must be **within sight and hearing distance** of children to monitor **breathing**, **skin colour**, and **overall wellbeing**
- All checks must be documented in the sleep/rest log with time, observations, and Educator initials
- Educators must demonstrate the ability to **supervise both sleeping and non-sleeping** children simultaneously
- The supervision plan must outline how visibility, accessibility, and engagement will be maintained for all children
- Where layout creates supervision challenges, the Coordinator and Educator will develop a supervision strategy (e.g. physical checks and video monitor) as part of the residence's Sleep and Rest Risk Assessment

Recording Sleep and Rest

- Educators must record the start and end times of each child's sleep, along with physical check observations at the time they occur
- Records must be available for Coordinators, families, and Regulatory Authority review

Children Who Do Not Sleep

- Children who do not wish to sleep will be offered a safe, quiet, and comfortable rest area
- Alternative quiet activities (e.g., reading, drawing, puzzles) will be provided for older children
- Educators will ensure that children who are resting are supervised and not disturb those sleeping

Approved Areas for Sleep in FDC Settings

- Only Service-approved sleep/rest areas may be used for children's sleep
- FDC care area, including sleep are, will have to be in a single level
- Sleep areas must be safe, quiet, well-ventilated, and separate from high-traffic areas
- If a room separate from the main care area is used for babies, then video monitors (with audio) must be installed in addition to regular checks. Monitors do **not replace** physical checks

Responsibilities of the Service:

The Service will:

- Regularly review and update sleep and rest policies and procedures to ensure they are maintained in line with legal requirements and best practice principles and guidelines
- Provide the Nominated Supervisor and Coordinators with advanced sleep training through Red Nose
- Conduct safety audits of the sleep and rest environments prior to an Educator commencing FDC and when undertaking assessments and reassessments of FDC residences
- Provide Educators with information and training to fulfil their roles effectively, including being made aware of the sleep and rest policies, their responsibilities in implementing these, and any changes that are made over time
- Undertake through the Coordinators, a **Sleep and Rest Risk Assessment** of each FDC residence, in consultation with the Educator for adequate supervision and monitoring of children
- Only consider endorsing a family's request for a **baby to sleep on his or her stomach or side**, if it is due to a rare medical condition and with the written support of the baby's **medical practitioner**. The Coordinator will work with the Educator and the family to undertake a **risk assessment** in implementing a **risk minimisation plan** for the baby
- Ensure Educators undertake recognised **sleep practices training** every year
- Ensure Educators hold current first aid qualifications for early childhood (e.g. HLTAID012)
- Monitor children's Medical Management Plans (if applicable) and ensure they are considered when sleep risk assessment is undertaken

Responsibilities of the Educators:

The Educators will:

- Consult with families about their child's individual needs and be sensitive to different values and parenting beliefs, cultural or otherwise, associated with sleep and rest
- Inform the Manager/ Coordinator of all parent requests that are outside of safe sleep practices and **must not agree to parents' request** to adopt such practices unless explicitly agreed to by the Manager/ Coordinator in accordance with this Policy

At all times ensure that:

→ There are **no bassinets anywhere** within the FDC Educator's residence (**including spaces not approved for FDC**)

→ **No child** sleeps on rockers, bassinet inserts for cots, or prams/ strollers

→ **No child** sleeps or rests with their **face** or **head covered**

→ Children's sleep and rest environments should be free from tobacco and vaping substances

→ Sleep and rest environments and equipment should be safe and free from hazards

→ Hanging cords or strings from blinds, curtains, mobiles or electrical devices are away from cots and mattresses

→ Heaters and electrical appliances kept away from cots

→ Electric blankets, hot water bottles and wheat bags are **not used** in cots

→ **Nothing is around the neck** of a sleeping child (e.g. teething necklaces)

→ Ensure appropriate clothing is worn. **Hats, beanies, and hooded clothing should be removed** before nap time

→ Educators would assess and adjust room temperature according to weather, children's clothing and bed linen provision

For Babies and Toddlers, Educators will also ensure that:

→ Babies are **placed on their back** to sleep when **first being settled**

→ Babies (**younger than 6 months**): Babies who have not been observed to repeatedly roll from back to front and back again on their own, should be re-positioned onto their back when they roll onto their front or side

→ Babies (**older than 6 months**): Once a baby has been observed to repeatedly roll from back to front and back again on their own, they can be left to find their own preferred sleep or rest position

→ If a **medical condition exists** that prevents a baby from being placed on their back, the **alternative practice should be confirmed in writing** with the Service, by the child's **medical practitioner**

→ When a baby is placed to sleep, Educator should check that any bedding is **tucked in secure and is not loose**. Babies **older than 4 months** may be placed in a safe baby sleeping bag (i.e. with fitted neck and arm holes, but no hood). To prevent a baby from wriggling down under bed linen, they should be **positioned with their feet at the bottom of the cot**

→ If a baby is wrapped when sleeping, consider the baby's stage of development. Leave their arms free once the startle reflex disappears at around three months of age and **discontinue the use of a wrap when the baby can roll from back to tummy to back again** (usually four to six months of age). Visit the Red Nose website https://rednose.com.au/article/wrapping-babies for more information

Good Practices:

- Babies or young children should not be **moved out of a cot into a bed** too early; they should also not be kept in a cot for too long. When a young child is observed attempting to climb out of a cot, and looking like they might succeed, it is time to move them out of a cot. This usually occurs when a toddler is between 2 and 3 ½ years of age, but could be as early as 18 months
- If being used, a dummy should be offered for all sleep periods. Dummy use should be phased out by the end of the first year of a baby's life. If a dummy falls out of a baby's mouth during sleep, it **should not be re-inserted**
- If a child requests a rest, or if they are showing clear signs of tiredness, regardless of the time of day, there should be a comfortable, safe area available for them to rest (if required). It is important that opportunities for rest and relaxation, as well as sleep, are provided
- Older children who **do not wish to sleep** are provided with quiet activities and experiences, while those children **who do wish** to sleep are allowed to do so, without being disrupted
- Look for and respond to children's cues for sleep (e.g. yawning, rubbing eyes, disengagement from activities, crying, decreased ability to regulate behaviour and seeking comfort from adults)
- Avoid using settling and rest practices as a behaviour guidance strategy because children can begin to relate the sleep and rest environment, which should be calm and secure, as a disciplinary setting
- Minimise any distress or discomfort
- Acknowledge children's emotions, feelings and fears
- Understand that younger children (especially those aged 0–3 years) settle confidently when they have formed bonds with familiar carers

- Ensure that the physical environment is safe and conducive to sleep. This means providing quiet, well-ventilated and comfortable sleeping spaces. Wherever viewing windows are used, all children should be visible to supervising educators

Cots:

- Cots must comply with **AS/NZS 2172** and portable cots (if used temporarily) with **AS/NZS 2195**
- Keep the cot **well clear of blinds and curtains cords**. Infants have died after being strangled by loose blind or curtain cords hanging in or near cots. Similarly, keep decorative mobiles out of reach
- **Do not leave footholds or objects** in the cot when you place a child. Children can suffer **serious injuries** if they fall when trying to climb out of the cot using footholds or objects left in the cot
- If there are **gaps in the cot**, created by ill-fitting or additional mattresses, infants can roll into the gaps, become trapped and suffocate
- Always **remove cot accessories** such as change tables when the cot is in use to avoid entrapment, entanglement or other hazards for your child
- **Ensure** bassinets, bassinet inserts for cots, hammocks or rockers are **not present in FDC residence**
- Prams/strollers **should not be used** for sleep
- **Portable Cots:**
  - → Portable cots should **only be used as temporary** sleeping facilities. They are not suitable for long term sleeping arrangements (no more than a few days). These cots are subject to more wear and tear due to folding and are generally less robust than permanent sleeping enclosures such as household cots
  - → Always check that portable cots are safely assembled and that **locking mechanisms are secure**
  - → **Do not use** cots if the locking mechanisms can be **operated by a child from inside**
  - → Be aware that children **can fall** when trying to climb out of folding cots or **become trapped** if a cot accidentally collapses
  - → Make sure the Educators use a cot that meets the mandatory safety standard
  - → **All portable cots must meet the current mandatory Australian Standard** for children's portable folding cots, AS/NZS 2195, and should carry a label to indicate this
  - → Infants can become **trapped and strangled if cots accidentally collapse** when they are not properly assembled and locked into place

Cot Mattresses:

- Mattresses should be in good condition; be clean, firm and flat, and fit the cot base with not more than a 20mm gap between the mattress sides and ends.
- A **firm sleep surface** that is compliant with the new AS/NZS Voluntary Standard (AS/NZS 8811.1:2013) should be used
- Mattresses should not be elevated or tilted. **Testing by hand is not recommended** as accurate for testing adequate mattress firmness
- Remove any plastic packaging from mattresses
- Ensure waterproof mattress protectors are strong, not torn, and a tight fit

- **In portable cots**, use the firm, clean and well-fitting mattress that is supplied with the portable cot. **Do not add any additional padding** under or over the mattress or an additional mattress

Bedding:

- Light bedding is the preferred option; it should be tucked in to the mattress to prevent the child from pulling bed linen over their head
- Remove pillows, doonas, loose bedding or fabric, lamb's wool, bumpers and soft toys from cots
- Soft and/or puffy bedding in cots is not recommended and may obstruct a child's breathing

Resources and Further Readings

- ACECQA (2023) Guide to the National Quality Framework
- ACECQA (2023) Policies and procedures guidelines: *Sleep and rest for children policy and procedure guidelines*
- ACECQA (2023) Information Sheets
- Education and Care Services National Law Act 2010 (Amended 2023)
- Education and Care Services National Regulations (Amended 2023)
- ACECQA National; Quality Framework Resource Kit www.acecqa.gov.au
- Red Nose (https://rednose.com.au/)

Related FDC Policies, Procedures & Documents

- Emergency and Evacuation Policy
- Parent Agreement Form
- Medical Management Plan
- Incident, Injury, Trauma and Illness Form

Last Reviewed: October 2025
Next Review: October 2026

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Sleep Risk Assessment for Family Day Care

Educator Name:

Children's Names & Ages:

Name	Age (e.g. 3y 4m)

Educator Training Details:

1. Safe Sleep Practices -

2. First Aid -

Risk Area		Potential Hazards	Key Risk Mitigation Measures /Controls	Likelihood	Consequences	Rating	Approval/ Comments
1. Physical Environment	**1.1 Sleep Area**	Suffocation Strangulation Choking	• The location of sleep and rest areas are appropriate to the needs of the children • The ages, development and number of children in care are considered when de-signing the sleep environment • Sleeping areas are free of cords, small objects and toys that may pose choking or strangulation hazards • Use safe, clean, and age-appropriate cots or beds that meet Australian safety standards • Remove blankets, pillows and excess bedding from sleeping areas to prevent suffocation • Place beds away from windows, curtains, cords, and other hazards				**Approved by**: **Date:** **Comments:**
	1.2 Ventilation & Temperature	Overheating SIDS	• Sleep area to be well ventilated • Maintain room temperature between 20-22°C as recommended for safe infant sleep • Use light sleep clothing and sleep bags instead of blankets				
	1.3 Bedding & Mattress	Choking SIDS Cot collapsing	• Cots used must comply with AS/NZS 2172 Standards • Vertical bars/ panels to have gaps of 50mm-95mm • Use firm, flat mattresses and no pillows or soft bedding • Check tightness of cot bolts • For portable cots, check before every nap to make sure it is properly set up and no risk of it collapsing				

Risk Area		Potential Hazards	Key Risk Mitigation Measures /Controls	Likelihood	Consequences	Rating	Approval/ Comments
Physical Environment (continued…)	**1.4 Positioning of Sleep Space**	Falls Entrapment Noise Light Disturbance	• Position cots, beds away from walls and windows • Check for any fall hazards • Choose a quiet, dimly lit area for sleep, away from the main play or activity areas • Use soft lighting if needed for visibility without overstimulating the child				
2. Sleep Routines & Practices	**2.1 Sleep Position**	SIDS	• Always place infants on their backs to sleep unless otherwise advised by a health professional • Children's clothing is appropriate for sleep, e.g., clothing with hoods and neck-laces are removed • For infants under 12 months, avoid pillows, loose bedding, and soft toys in the sleeping area • Ensure that bedding is age-appropriate, using a fitted sheet and no loose covers				
	2.2 Inappropriate Sleep Surface/ Equipment	Falls Injuries Suffocation	• **No bassinets**, **bouncers** or **rockers** in FDC premises • When a child can climb out of a cot, they are transitioned to suitable beds to minimise risk of falling • Use firm, flat mattresses that fit snugly into cots or beds without gaps • No sofas, armchairs, or soft bedding for sleep • Supervise sleeping areas and remove any objects that pose risks for toddlers, such as small parts or toys • Ensure cot sides and bed rails are secure to prevent falls				

Risk Area		Potential Hazards	Key Risk Mitigation Measures /Controls	Likelihood	Consequences	Rating	Approval/ Comments
	2.3 Inappropriate Sleep Surface/ Equipment	Falls Injuries Suffocation	• **No bassinets**, **bouncers** or **rockers** in FDC premises • When a child can climb out of a cot, they are transitioned to suitable beds to minimise risk of falling • Use firm, flat mattresses that fit snugly into cots or beds without gaps • No sofas, armchairs, or soft bedding for sleep • Supervise sleeping areas and remove any objects that pose risks for toddlers, such as small parts or toys • Ensure cot sides and bed rails are secure to prevent falls				
	2.4 Routine & Settling Practices	Stress Anxiety	• Follow familiar routines for each child •				

Risk Area		Potential Hazards	Key Risk Mitigation Measures /Controls	Likelihood	Consequences	Rating	Approval/ Comments
3. Individual Child Risk Factors	**3.1 Medical Conditions**	Breathing Issues Reflux Allergies Sleep Conditions	• Consult with parents about any specific sleep needs, health concerns, or preferred sleep practices • Maintain updated medical records and notes on each child's health needs, including allergies or sleep conditions • Avoid using swaddles unless recommended by parents and follow Red Nose safe swaddling guidelines if used • Develop individual sleep plans/ practices with parent input as required				
	3.2 Developmental Needs	Difficulty Settling Stress/ Anxiety	• Adapt routines to meet individual needs • Ongoing monitoring and adapting routines for individual needs • In consultation with parents, incorporate personal items such as comfort toys, if safe to do so •				
	3.3 Individual Factors	Exposure to Smoke Prematurely Born Child	• Educators to discuss with parents about the child's exposure to smoke during and after birth, and where there is/was exposure, closer visual supervision during sleep is required • Prematurely born children may have breathing or other medical conditions and need closer visual supervision during sleep				

Risk Area		Potential Hazards	Key Risk Mitigation Measures /Controls	Likelihood	Consequences	Rating	Approval/ Comments
4. Supervision	**4.1 Lack of Adequate Supervision**	SIDS Choking Suffocation Falls	• Educators supervise children using sight and sound • Conduct regular checks on children while they sleep, ideally every 10-15 minutes, including sighting in person the rise and fall of the chest • Use video or audio monitors if children are sleeping in separate rooms but continue to perform physical checks • Establish a routine for sleep checks and document each check in a log • Train staff on signs of distress and safe repositioning techniques • A sleep log is completed and retained				
5. Emergency Preparedness	**5.1 Inadequate Emergency Response**	Sleep Related Incident	• Educators have first aid training related to early childhood setting • Emergency response plan for sleep-related incidents, including access to emergency contact numbers and first aid kit • ***Practice drills*** to ensure a quick response to any sleep-related emergencies				
6. Communication with Families	**6.1 Lack of Effective Communication**	Inappropriate Sleep Arrangements	• Record and share sleep and rest details with each child's family • Keep parents informed on how specific health care needs, cultural preferences, sleep and rest needs of individual children and requests from families about a child's sleep and rest are considered and actioned/ not actioned • Provide families with a way to discuss sleep concerns • Regular monthly discussions on any concerns				

Risk Matrix

		Likelihood				
Consequences		**Rare**	**Unlikely**	**Possible**	**Likely**	**Almost Certain**
	Major	Moderate (M)	High (H)	High (H)	Critical (C)	Critical (C)
	Significant	Moderate (M)	Moderate (M)	High (H)	High (H)	Critical (C)
	Moderate	Low (L)	Moderate (M)	Moderate (M)	High (H)	High (H)
	Minor	Very Low (VL)	Low (L)	Moderate (M)	Moderate (M)	Moderate (M)
	Insignificant	Very Low (VL)	Very Low (VL)	Low (L)	Moderate (M)	Moderate (M)

Likelihood

Almost certain (AC)	Very likely – the event is expected to occur in most circumstances
Likely (L)	Probable – the event will probably occur in most circumstances
Possible (P)	Potential – the event could occur at some time
Unlikely (UL)	Improbable – the event is not likely to occur in normal circumstances
Rare (R)	Very unlikely – the event may occur only in exceptional circumstances

Consequences

Insignificant (IS)	No impact on the safety & wellbeing of child
Minor (MI)	First aid applied
Moderate (MO)	Medical personal attendance needed
Significant (S)	Serious injury or hospitalisation of a child
Major (MA)	Death or permanent disability to a child

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Water Safety

Policy/Procedure Number: **QA2 - 11**

Policy/Procedure Requirement: National Quality Standards 2 & 7; Regulations 168

Policy Statement

Safe practices around water are critically important to prevent child accidents. Water hazards, water-based activities, pools, and spas pose a high risk to children's safety. Close supervision, regular safety checks, education, compliance with state regulations, and clear procedures for handling incidents are paramount to ensure children's safety.

Rationale

All Educators, Coordinators, and families must be informed of procedures related to water-based experiences and excursions involving water hazards to ensure child safety. Integrating water safety into educational programming, conducting thorough safety checks, and maintaining clear documentation and notification processes are essential to mitigate risks.

Strategies and Practices

The Service **will not approve** any new residences with swimming pools for Educators seeking to register with the Service on or after 1 October 2025.

Swimming Pool Safety Requirements:

All swimming pools at FDC residences must comply with the following requirements:

Pool Fence Requirements

- The pool **fence must be at least 1.2m high** (as measured from the finished ground level)
- The fence must **not leave a gap at the bottom** bigger than **10cm** from the finished ground level
- If a **boundary fence** is part of the pool fence, the barrier must be **1.8m high**
- There must **not be gaps** of more than **10cm** between any vertical bars in the fence
- If the fence contains **horizontal climbable bars**, these must be spaced **at least 90cm** apart
- Perforated or mesh barriers must have **holes no greater than 13mm** for fence heights of **1.2m**
- For perforated or mesh barriers of **1.8m height** with holes greater than 13mm, the holes must not exceed **100mm**
- The pool fence must be well maintained and in good working order

Non-Climbable Zone

To prevent children climbing over fencing into the pool area, a 'non-climbable zone' must be maintained around the pool.

- Any trees, shrubs or any other objects such as a barbeque, pot plants, toys, ladders and chairs must **not be within the 90cm non-climbable zone**
- This zone is measured in an arc shape from the top of the pool fence arching towards the ground
- It also includes the **space extending 30cm inside the pool area** – this space should also be cleared of any potential footholds or handholds
- Any horizontal climbable bars on the pool fence must also be spaced **at least 90cm** apart

Swimming Pool Gates

Older swimming pools might include doors or windows as part of the pool fence or barrier. This is no longer allowed. The pool entry gate must be:

- **Self-closing and self-latching:** Gates must automatically close and latch from any open position to prevent unauthorized access
- **Latch positioning:** The latch release mechanism must be **at least 1.5m above ground level** or shielded to prevent child access
- **Opening direction:** Gates must open outward, away from the pool, to minimize the risk of accidental access
- **Routine testing and maintenance:** Educators must frequently check gate hinges, latches, and closing mechanisms to ensure proper functionality

Swimming Pool Safety Compliance

- Ensure a Cardiopulmonary Resuscitation (CPR) chart is displayed near any water
- An FDC residence with a swimming pool is required to be checked for safety compliance using the NSW Government's 'Pool Self-Assessment Checklist' every year and using an independent certifier once every 3 years. Coordinators will check the swimming pool every month to ensure safety.

Responsibilities of the Coordinators:

The Coordinators will:

- Ensure that Educators are aware of their responsibilities with regard to water safety
- Provide water safety information to Educators and families
- Conduct annual assessments of the approved FDC residence taking note of any potential water hazards that need to be risk assessed
- Ensure detailed risk assessments are completed for any identified water hazards and water-based activities
- Ensure the FDC approved area diagram includes the existence of any water hazards, water features or swimming pools at or near the FDC residence
- Ensure that any swimming pool at a FDC residence complies with ACT/ NSW law that applies to swimming pools
- Inspect FDC residences which have a swimming pool, water feature or water hazard each month
- Ensure a risk assessment is competed for all FDC planned events and excursions
- Monitor the implementation, compliance, complaints and incidents in relation to this policy
- Keep the policy up to date with current legislation, research, policy and best practice
- Revise the policy and procedures as part of the service's policy review cycle, or as required

Responsibilities of the Educators:

The Educators will:

- Conduct daily safety checks of the learning environment to identify and eliminate water hazards, such as checking for **pooled water in gardens** (after rain), and ensuring **nappy buckets**, and **pet water bowls** are inaccessible. The **Daily Safety Checklist** must be completed and documented
    - **Outdoor Areas:**
        → Check for pooled water in gardens, sandpits, or containers after rain or watering; empty

immediately

→ Ensure pet water bowls are inaccessible to children (e.g., elevated or stored away)

→ Verify that water features (e.g., ponds, fountains) are inaccessible or have child-resistant barriers (minimum 1.2m high fence, self-closing gates)

→ Confirm no climbable objects are within 90cm of barriers around pools or water features

- **Indoor Areas**
  - → Ensure nappy buckets and water containers are stored securely and inaccessible to children
  - → Check that water-based activity materials (e.g., water trays) are emptied and stored after use
  - → Verify bathroom and toilet doors are closed or supervised to prevent access to water hazards

- **Swimming Pool:** If the FDC residence has a swimming pool or spa, then inform all families of this and the risk mitigation strategies that have been implemented to provide safety for their child whilst in the care
  - **No Access**
    - → The swimming pool must remain inaccessible and must not be accessed by the Educator or any enrolled child whilst education and care are provided by the Educator
    - → The Educator or any child enrolled in the service must not engage in swimming whilst education and care are provided by the Educator
    - → Ensure no child enrolled in the service engages in swimming lessons whilst education and care are provided by the Educator
  - **Hazards**
    - → Ensure any items around the perimeter of the pool (for example, tables, chairs, pot plants etc.) Are not able to be used as a climbing aid for children

- **Excursions:** Closely **supervise children in and around water**, remaining within arm's reach during water-based activities or excursions to parks, sanctuaries, or ponds. Any such activities or excursions **can only be undertaken** after a risk assessment is done considering hazards like nappy buckets, water containers, and poor drainage areas, and obtaining parent authorisations and Coordinator approval
  - **Pre-Excursion Planning**
    - → Complete a risk assessment for the excursion site, identifying water hazards (e.g., ponds, rivers, pools, or fountains) and mitigation strategies
    - → Verify that the site complies with pool fencing requirements if pools or spas are present (e.g., 1.2m high fence, self-closing gates, 10cm maximum gap)
    - → Ensure adequate Educator-to-child ratios for active supervision, with Educators **trained in water safety**
    - → Brief children and families on water safety rules for the excursion (e.g., staying with Educators, avoiding water without supervision)
    - → Prepare an emergency response plan, including contact numbers for Coordinators, parents, and emergency services (000)

- **On-Site Checks**
  - → Inspect the excursion site for water hazards (e.g., puddles, open water containers, or unfenced water bodies); **address** or **avoid immediately**
  - → Confirm barriers around pools or water features (e.g., KidSafe guidance - no climbable objects near the fence, gates self-latching)
  - → Ensure water-based activities (e.g., wading, water play) are closely supervised with Educators within arm's reach
  - → Verify that no child is left unattended near water, including during transitions or breaks
- **Incident Response Preparedness**
  - → Carry a first aid kit with CPR resources and ensure access to a phone for emergency calls
  - → Review procedures for immediate action if a child is found in a water hazard
- **Educational Opportunities**
  - → Whilst all activities involving water can be hazardous, Educators are encouraged to incorporate safe water-based activities into their programs such as sprinkler play, excursions to zero depth water playgrounds
  - → Educators are also encouraged to incorporate water safety education during the excursion (e.g., discussing safe distances from water or demonstrating safe behaviours)

- **Never leave children unattended near any water**, as an infant or toddler can drown is as little as **5cm of water within 20 seconds**
- Must not take enrolled children to swimming pools for any reason
- Keep **bathroom and toilet doors closed** and supervise children in these areas to prevent access to water hazards.
- Integrate water safety into educational programming by incorporating activities like role-playing safe water behaviours, discussing water dangers, or using visual aids (e.g. books and videos from Kids Alive) to teach children about safety near water
- In the event a child is found unattended in a pool or other water hazard:
  - **Immediate Action**: Remove the child from the water immediately, clear airway, keep child warm, and administer first aid if necessary (e.g., CPR if trained and required)
  - **Notification**: Notify the Coordinator and the child's parent/guardian immediately. Report the incident to the regulatory authority within 24 hours as per National Regulations
  - **Documentation**: Complete an incident report detailing the event, actions taken, and outcomes, and submit it to the Coordinator for review and filing
  - Document all water safety incidents, including near-misses, in an incident report, ensuring details are recorded accurately and submitted to the Coordinator for regulatory notification if required

Resources and Further Readings

- ACECQA (2023) Guide to the National Quality Framework
- ACECQA (2023) Policies and procedures guidelines: *Water safety policy and procedure guidelines*
- ACECQA (2023) Information Sheets

- Education and Care Services National Law Act 2010 (Amended 2023)
- Education and Care Services National Regulations (Amended 2023)
- ACECQA National; Quality Framework Resource Kit www.acecqa.gov.au

Related FDC Policies, Procedures & Documents

- Administration of First Aid
- Excursions and Regular Outings
- Excursion Risk Assessment
- Incident, Injury, Trauma and Illness

Last Reviewed: October 2025
Next Review: October 2026

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Emergency and Evacuation

Policy/Procedure Number: **QA2 - 12**

Policy/Procedure Requirement: National Quality Standards 2; Regulations 97 & 168

Policy Statement

The Service is committed to ensuring the safety, health, and wellbeing of children, educators, families, and visitors through effective emergency and evacuation planning. This policy outlines clear procedures for documentation, risk assessment, practice, equipment use, and evacuation, including requirements specific to Family Day Care (FDC) residences. It incorporates the **Education and Care Services National Regulations (Reg 97)**, **ACECQA guidelines**, and ACT Government compliance requirements.

Rationale

Emergencies pose a severe risk and require immediate and coordinated responses. This policy ensures that:

- Emergency and evacuation procedures are documented, rehearsed, and accessible.
- Risk assessments are reviewed at least every 12 months or when circumstances change.
- Specific challenges such as non-ambulatory children, small residence layouts, and supervision of mixed-age groups are addressed
- Emergency equipment is compliant with Australian Standards and regularly maintained

Strategies and Practices

Documentation of Procedures

- Emergency and evacuation procedures, including detailed floor plans, must be prominently displayed near each exit and in designated safe areas of FDC residences
- Procedures clearly outline evacuation and lockdown steps, assembly points, and methods for accounting for all children and staff
- Educators must maintain a readily available Emergency Evacuation Kit, including first aid kit, attendance rolls, child medical management plans, emergency contacts, food, water, nappies, and medications

Risk Assessment and Review

- A documented risk assessment of potential emergencies (fire, bushfire, flood, gas leak, intruder, vehicle accident, medical emergencies) is undertaken on approval of each residence
- The risk assessment is reviewed:
    - At least once every **12 months**
    - Whenever there are changes to the environment, identified hazards, or new information (e.g., bushfire risk increase)
- Outcomes of risk assessments inform the Service's emergency planning and Educator training

Evacuation Procedures for Individual FDC Residences

- Coordinators will assist Educators in developing **Evacuation Plans** considering the FDC floor plan, multiple children of varying ages, and the need for safe assembly points close to each residence
- Coordinators will practice evacuation rehearsals with Educators at the time of annual assessment of residences to ensure the suitability of equipment (e.g. evacuation cots, prams, or other safe transport devices) used for the transport of any non-ambulatory children (infants, children with disability) through evacuation routes and exits
- Educators to ensure the evacuation equipment (e.g., prams, evacuation cots) are positioned for immediate access and maintained regularly

Equipment and Maintenance

- Detection, prevention, and emergency management equipment must comply with **Australian Standards** (e.g., smoke detectors AS 3786, fire extinguishers AS/NZS 1841, fire blankets AS/NZS 3504)
- Equipment must be tested, checked, and maintained at recommended intervals (e.g., smoke detectors tested every 6 months, extinguishers serviced annually)
- Hazard checks of evacuation routes must be conducted monthly to ensure pathways are clear and accessible

Training, Rehearsals, and Communication

- Emergency rehearsals (evacuation and lockdown) must occur at least every **3 months**, at varying times of day, and be recorded in the Service Diary under Emergency Evacuation and Lockdown Rehearsal
- Educators are informed of emergency procedures during induction and rehearse with the Coordinator during the annual assessment process
- Families are advised of this policy for information on Service's emergency evacuation and lockdown procedures

Emergency Procedures

Educators should have emergency evacuation plans for their FDC Residence. This policy covers emergencies requiring evacuation or lockdown, and disruption to essential services.

Emergencies are any incidents that threaten the safety of the physical structure of the building, children, Educators or visitors. Such incidents include but are not limited to;

- Fire (in the residence)
- Bushfire
- Flooding/ Storms
- Structural damage
- Chemical/radiation spill
- Gas leak
- Aggressive people/ Intruders
- Bomb threats/ Explosions

Evacuation Procedure:

When it is unsafe for children, Educator and visitors to remain inside the FDC residence, then activate emergency evacuation procedure immediately. The Educator will follow the evacuation plan:

- Blow the whistle so the children know to evacuate
- Ensure you have gathered all children and any visitors
- Phone emergency services on 000
- Gather the evacuation pack, mobile phone, medical plans and any medications
- Re-check residence and rooms to ensure no child is left behind
- Evacuate children in an orderly manner, prioritising infants and non-ambulatory children using evacuation cots/prams
- Conduct a headcount at the assembly area
- If a child cannot be accounted for, immediately notify emergency services, check possible areas the child may have wandered
- Maintain supervision until children are collected by parents/guardians

Emergencies requiring evacuation:

Fire

- Remain calm, do not panic or shout fire
- Check the source of the fire
- Call the fire brigade – Telephone 000
- Contain the fire (close door/ window if it is safe to do so)
- Extinguish the fire only if safe to do so
- Keep everybody away from the fire
- Evacuate partially or totally – as per the Evacuation Plan
- Await instructions of fire brigade officer in charge
- **Clothing Fire**
  - Remove blanket from pouch by holding tabs and pulling in a downward motion
  - Unfold and shake blanket loose
  - Stop the victim moving
  - Wrap the fire blanket around the victim
  - Roll the victim on the ground
  - Seek medical attention
- **Small Oil/ Gas Fire**
  - Remove blanket from pouch by holding tabs and pulling in a downward motion
  - Unfold and shake blanket loose
  - Shield your face and hands with the blanket
  - Stop the fire, place the blanket carefully over the vessel (e.g. Oil pan, gas) to contain the fire
  - Turn-off the source of the heat and leave the blanket on for at least 30 minutes until blanket is completely cool

Gas leak in the home

- Ventilate the area by opening nearby doors and windows
- Evacuate home, and if safe to do so, turn off the gas supply (by turning the yellow valve lever on the gas meter so it runs perpendicular to the pipe)
- Do not use a source of ignition such as matches or cigarette lighters
- Seek expert advice by calling Emergency (000) or Gas Supplier

Structural Damage to Residence

- Dial 000 for an Ambulance/ Fire if required
- Seek advice from Service Manager/ Approved Provider

Chemical Spills

- Call Poisons Information Centre on 13 11 26 for more advice
- Administer First Aid if safe to do so
- Safely clean up spill immediately

(i) Lockdown Procedure

In the **event of <u>immediate</u> danger to the children or the Educator**, activate **lockdown immediately.** Such emergencies include but are not limited to;

Lockdown Procedure:

- Lock doors and windows
- Contact Police on 000
- Children are to sit on the floor in the safest room designated as the **lockdown area**, and are to be supervised until further notice
- Educator to check that all children are accounted for, check outside area and toilets
- Notify Service Manager and/or Approved Provider
- Co-operate and assist Police as necessary

Bushfire

- Call 000 for emergency services and seek and follow advice
- If evacuation is required and time permits before you leave:
    - Listen to TV or local radio for bushfire/weather warnings and advice
    - Make sure you close all doors and windows
    - Turn off power and gas
    - Check that all children and visitors are accounted for
    - Ensure children do not hinder emergency services or put themselves at risk
- Seek advice from your Service Manager and/or Approved Provider
- Contact parents as required

Storm/ Bad Weather

- Call 000 for emergency services and seek and follow advice
- Initiate lockdown procedure
- Contact parents/ guardian

Bomb Threats

- If there is a bomb threat in the vicinity of the FDC residence or a suspicious object is found at or near the residence; then lockdown procedure is activated
- Contact 000 and seek guidance from police/ emergency services
- Contact parents/ guardians
- Contact Service Manager and/or Approved Provider

Threatening, Armed or Dangerous Intruder

- Remain calm and **do not** take any risks
- **Do not** agitate the assailant/s by making unnecessary movements or setting off alarms
- Keep your hands where they can be seen by the robber
- Cooperate with the assailant and **do** as they say
- Without risk and when safe dial 000 to inform police and Service Manager/ Approved Provider
- Attempt to keep intruder away from the children
- If any injuries occur, administer First Aid if safe to do so
- Call for an ambulance on 000 if necessary
- Do not attempt to confront or fight the intruder
- Discreetly notice all possible details about person
- Write a full report of the incident

Gas leak outside

- Remain inside
- Contact the Gas supplier
- Remove all ignition sources from the area
- If safe to do so, turn off the gas supply
- In the event of an emergency, such as a gas leak or bushfire, turn off your natural gas supply by turning the yellow valve lever on the gas meter so it runs perpendicular to the pipe

Earthquake

If outside

- Stay outside and move away from buildings, streetlights and utility wires
- **Drop** to the ground
- Take **cover** by covering your head and neck with their arms and hands
- **Hold** on until the shaking stops.

If inside

- Move away from windows, heavy objects, shelves etc
- **Drop** to the ground
- Take **cover** by getting under a sturdy table or other piece of furniture or go into the corner of the building covering their faces and head in their arms
- **Hold** on until the shaking stops

(ii) Other Emergencies & Disruption to Services

Educator/person in charge may decide to close the Service and notify all parents/guardians in the event of a disruption to water, power and/or telephone services, following considering the length of time and circumstances of the particular disruption

Vehicle Accident

- If there is a vehicle accident while children are being transported:
  - Don't panic
  - Check each child for any injuries
  - If any child is injured, call 000 for ambulance and police immediately
  - If any child is injured, follow the instructions of 000 operator
  - If Educator and children are not injured, take the babies out of the car first and place on the stroller
  - Ensure breaks are on the stroller before placing the child
  - Get older children out of the car next and ask them to wait
  - Toddlers are taken out the car last when ready to take them by the hand
  - Have all children hold hands and wait on the kerb until police/ ambulance arrives
- If in sight of children, instruct children to come inside or out of view
- Dial 000 for an ambulance if required
- Dial 000 for Fire if there is a petrol spill or other possible hazards

Power Failure

- Notify Power Supply Company and ask for an estimated down time
- Turn off all electrical equipment at the power point
- Keep fridge and freezer use to a bare minimum
- Contact the Coordinators for advice as to whether children should be sent home
- Notify parents

Life Threatening Situation /Injured or Collapsed Person(s)

- Check for any danger and clear area of any children
- Administer First Aid if safe to do so
- Dial 000 for an ambulance if required

Responsibilities of the Service:

The Service will:

- Provide support and information to Educators on compliance requirements for emergency evacuation and lockdown procedures, and ensure regular training for educators so they are confident about what they need to do should an emergency arise, as well as training in the use and maintenance of emergency equipment such as fire extinguishers, fire blankets etc
- Ensure an emergency contact is available for critical events
- Monitor compliance during home visits
- Offer debriefing for Educators after an emergency evacuation or lockdown

Responsibilities of the Educators:

The Educators will:

- **Prominently display emergency procedures**, **including evacuation floor plan and instructions near each exit** of areas in the home used for FDC
- Prominently **display lockdown procedures (instructions)** in the room of the home used as a lockdown area.
- **Identify** and **undertake risk assessment** of **potential emergencies**, e.g. fire, floods, crime, common accidents in the home, threatening intruder, medical emergencies and take all precautions and develop strategies to eliminate, minimise or control each emergency and/or subsequent risks
- In the event of any Emergency situation, contact the Nominated Supervisor or Coordinator
- Supervise children at all times
- Implement safety check regularly and keep the home safe taking care of how dangerous (e.g. inflammable) products are stored
- Follow risk minimisation plans for children who have specific health care need or allergy
- Practice emergency evacuation and lockdown procedures **at least every 3 months** at various times of day and week and record this in the Service's FDC Diary and Planner
- Have ready access to emergency equipment such as **fire extinguisher** and **fire blanket**
- Have ready access to a. telephone or similar means of communication
- Have resources ready for the implementation of procedures, e.g. mobile phone, emergency contact numbers, children's footwear, a first aid kit, medications, the attendance roll, nappies, food, water, identifying uniforms, iPad or other electronic tablet (if required), and chargers
- Keep child detail cards up to date and easily accessible in case of emergencies
- Test smoke detectors and **replace 6 monthly** in line with daylight savings changes. Smoke detectors are also tested annually during home safety check
- Ensure that boundary fence is at least 6 metres from residence if there is no back gate
- Ensure that the educational program promotes opportunities for children to learn and develop skills relating to emergencies
- Ensure regular communication with families about all aspects of the educational program, their child's development, and areas to work with families (e.g. nappy training)
- Ensure testing and maintenance of emergency equipment such as fire extinguishers, fire blankets, smoke detectors, and timeframes as recommended by recognised authorities

Resources and Further Readings

- ACECQA (2023) Guide to the National Quality Framework
- ACECQA (2023) Policies and procedures guidelines: *Emergency and evacuation policy and procedure guidelines*
- ACECQA (2023) Information Sheets
- Education and Care Services National Law Act 2010 (Amended 2023)
- Education and Care Services National Regulations (Amended 2023)
- ACECQA National; Quality Framework Resource Kit www.acecqa.gov.au

Related FDC Policies, Procedures & Documents

- Incident, Injury, Trauma and Illness Procedures
- Transportation of Children
- Excursions and Regular Outings
- Supervision and Hazard Prevention
- Dealing with Medical Conditions
- Home Safety Check
- Child Details Cards
- Emergency Evacuation Evaluation Form
- Administering of First Aid
- Acceptance & Refusal of Authorisations
- Conditions of Care

Last Reviewed: October 2025
Next Review: October 2026

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Delivery and Collection of Children

Policy/Procedure Number: **QA2 - 13**

Policy/Procedure Requirement: National Quality Standards 2 & 7; Regulations 99, 158, 159 & 168

Policy Statement

The Service prioritises the safe delivery and collection of children at Family Day Care (FDC) residences and during excursions. This includes ensuring that children may only leave the premises in accordance with **Education and Care Services National Regulations**, ACECQA guidance, and Service procedures. Children will only be released to authorised persons or in situations of medical necessity or emergency.

Rationale

Children's safety requires strict procedures when delivering to and collecting from care. This includes clear sign-in/sign-out practices, authorisation of persons collecting children, and specific instructions for emergencies such as hospitalisation or ambulance transport.

Strategies and Practices

Authorised Collection

Children will only be released to:

- A parent of the child
- An authorised nominee listed in the enrolment record (18 years or older)
- A person authorised in writing, by text, fax, or email by a parent/nominee, with proof of identity checked
- An authorised person at the direction of a current Parenting Order

Leaving Premises for Emergencies or Medical Care

Children will only be released to:

- A child may only leave the premises if:
  - They are given into the care of a parent, authorised nominee, or authorised person
  - They are taken outside the premises to attend a Service-authorised excursion or transportation (with written parental authorisation)
  - They are taken outside the premises for **medical, hospital, or ambulance care or treatment**, or due to another emergency

- In the event that a child requires ambulance transport to hospital:
  - The Educator will share the child's **Medical Management Plan and Medication** with the ambulance officers
  - If the Educator cannot accompany the child (e.g., sole FDC Educator with other children in care), the Service will arrange for a Coordinator, parent, or authorised nominee to meet the child at the hospital
  - Parents will be notified immediately if their child leaves the premises due to a medical emergency

Emergency Situations and Duty of Care

- If a parent or authorised person fails to collect a child:
  - Educator will contact parents and nominees within 30 minutes of the booked session ending
  - If Educator is unable to contact parents or authorised persons and no contact is made within 2 hours, the Service manager/ Nominated Supervisor is notified. If necessary, ACT Police will be notified
- If an unauthorised or unsafe person attempts collection:
  - Educators will not release the child
  - Coordinators and police will be contacted if safety is threatened
- If Educators believe releasing a child places them at risk, they must enact the Service's **lockdown procedures** and contact the Service Manager

Responsibilities of the Educators:

The Educators will:

- Ensure that ***all children are signed in and out using the electronic signin (ESI*** through the online platform HubHello ***at the time of arrival*** **and** ***on departure*** by the parent or authorised nominee.
- Provide a manual signin sheet if required
- Ensure where a parent / authorised has not signed the child in or out, ***the Educator must do so as soon as*** possible and must remind parents on their return, about the delivery and collection policy and have the parent/ authorised person ***manually sign the timesheet with the drop off / pick up time***
- Ensure that parent / authorised person ***does not register a departure time*** until they have collected the child
- **Be responsible** for the supervision of children ***from the time the parent/ authorised person sign the child into care until the time the parent registers the child out of care***
- Only allow the child to leave the FDC residence or site of excursion if the child:
  - → Is given into the care of:
    - a parent of the child; or
    - an authorised person (18 years or older) named in the child's enrolment record; or
    - a person authorised (**in writing**) by a parent or authorised nominee named in the child's enrolment record to collect the child. An **electronic copy** (photo, scan) of the authorisation **must be sent to the Service** and the original retained by Educator as a record; or
    - a person authorised by the child's parent by **text**, **fax**, or **email**. A photo identification of the authorised person is checked and sign in/out procedures followed. An **electronic copy** (i.e. screenshot, photo, scan) of the authorisation **must be sent to the Service**, and Educator retain the electronic or printed paper copy for records;
    - they are taken on an excursion or on transportation provided or arranged by the service, with written authorisation from the parent or authorised nominee; or
    - they are given into the care of a person, or taken outside the premises, because the child requires medical, hospital or ambulance care or treatment, or because of another emergency

→ Is given into the care of a person or taken outside the premises because of medical, hospital or ambulance care or treatment, or because of another emergency

→ Is given into the care of a person at **the request (including by phone) of the parent** in the **case of an emergency** where the parent or another authorised person is not able to collect the child. A photo identification of the person is checked; and sign in/out procedures followed. In such cases, the Educator is also encouraged to independently try and contact other persons authorised in the enrolment (Hubhello Record) to collect the child

- **Not release a child** into the care of a parent who is prohibited by a court 'Parenting Order' from having contact with the child
- Prevent the entry of unauthorised persons
- Inform parents of their responsibility to provide the Educator with a copy of any current 'Parenting Order'

  → If a parent who is not authorised on the child's Enrolment Form arrives to collect the child, but provides a current court 'Parenting Order' which gives them legal access, the child will be released and the enrolling parent will be notified
- Act in a manner consistent with the Service's duty of care to a child where the parents are in conflict

  → Where the Educator has reason to believe that releasing a child to a parent may place the child's immediate safety and welfare at risk, the Educator can contact the other parent and keep the child at the FDC residence until the situation is resolved
- **Not give a child into the care of a person** if there are reasonable grounds to believe that doing so will place the child in danger, even if the person in question has lawful authority to collect the child

  → A Parent or other person who is authorised to collect the child seems too ill, or affected by alcohol or drugs to safely care for the child

  → Where a person collecting a child from the service is believed to be under the age of 18 and they cannot provide proof of age

  In such cases, the Educator must contact one of the other people who is authorised to collect the child and arrange alternate means for the collection of the child.

  If the FDC Educator is placed in a position where they fear for the safety of the child, their own safety and that of others at the Service / FDC residence, if suitable they should enact the lockdown procedure, and contact the Coordinators and police
- Contact the parent or authorised persons to arrange for the child to be collected from care where a child has not been collected 30 minutes after the booked session of care
- Contact the Service if unable to contact the parent or authorised persons within a period of two hours after the booked times

Resources and Further Readings

- ACECQA (2023) Guide to the National Quality Framework
- ACECQA (2023) Policies and procedures guidelines: *Delivery of children to, and collection from, education and care service premises policy and procedure guidelines*
- ACECQA (2023) Information Sheets
- Education and Care Services National Law Act 2010 (Amended 2023)

- Education and Care Services National Regulations (Amended 2023)
- ACECQA National; Quality Framework Resource Kit www.acecqa.gov.au

Related FDC Policies, Procedures & Documents

- Excursions & Regular Outings Policy
- Interaction with Children Policy
- Emergency and Evacuation Policy (Lockdown Procedure)
- Online Child Enrolment Form
- Acceptance & Refusal of Authorisations
- Excursions and Regular Outings
- Incident, Injury, Trauma & Illness

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Excursions and Regular Outings

Policy/Procedure Number: **QA2 - 14**

Policy/Procedure Requirement: National Quality Standards 4, 6 & 7; Regulations 99, 100-102, 124 & 168

Policy Statement

The Service supports safe and enriching excursions and regular outings that enhance children's learning, wellbeing, and connection to community. Excursions will be planned and conducted in line with the **Education and Care Services National Regulations**, **ACECQA guidance**, and Service procedures to ensure children's safety and protection at all times.

Rationale

Excursions present valuable opportunities for learning but also require robust planning and risk management. This policy ensures all excursions are supported by thorough risk assessments, clear authorisations, appropriate supervision, and emergency planning.

Children's safety, health and wellbeing is paramount, and all experiences for the service, including excursions and regular outings, will be conducted in a way that minimises and addresses any risks identified.

Strategies and Practices

Risk Assessment Process

The risk assessment process is guided by the following process:

- Identify any hazards or potential hazards that the excursion may pose to the safety, health and wellbeing of the child
- Assess the risk of harm or potential harm using a risk matrix
- Specify how the identified risks will be managed by eliminating or minimising the impact using control measures
- Evaluate the current risk or potential harm after implementing control measures
- Review and monitor the risk or potential harm to ensure it continues to be managed as a low risk

Risk Assessment Requirements (Regulation 101)

- A written risk assessment must be completed before seeking parental authorisation (Reg 101)
- The risk assessment must include:
    - Proposed route and destination
    - Proposed pick-up location and destination
    - Means/ mode of transport
    - Any requirements for seatbelts or safety restraints (as per the law of ACT/ NSW)
    - Activities to be undertaken as part of the excursion/ outing
    - Risks associated with transportation and transitions
    - Number of adults and children involved in the excursion

- Supervision strategies and educator-to-child ratios
- Duration and timing of excursion
- Proposed items to be taken (mobile phone, fire extinguisher, first aid kit, medications, medical plans, food, water, list of emergency contact numbers)
- Risks associated with water hazards and water-based activities
- Consideration of children's health, medical, cultural, and additional needs
- Strategies to minimise and manage identified risks
- Process for entering and exiting:
  - Educator's FDC residence
  - Pick-up location or destination (as required)
- Procedures for embarking and disembarking the means of transport, including how each child is to be accounted for on embarking and disembarking
- Given the risks posed by transportation, the number of educators or other responsible adults to provide supervision and whether any adults with specialised skills are required

- Risk assessments for excursions and regular outings can be valid for 12 months. However, if there is a change in circumstances - e.g., route change due to roadworks, additional pick-up points - a new risk assessment must be done
- Educators must use Service-approved excursion risk assessment templates (aligned with ACECQA excursion templates)

Parent Authorisations (Regulation 102)

Authorisation for an excursion must be given by a parent or other person named in the child's enrolment record as having authority to authorise the excursion and for the child to be transported by the service or on transportation arranged by the service.

If the transportation is regular transportation, the authorisation is only required to be obtained once in a 12 month period. However, if there is a change in circumstances relevant to the risk assessment for regular transportation, updated written authorisation must be obtained from families before transportation resumes. The Educator will notify families of the change in circumstances and provide an updated authorisation form for families to complete, which must be returned prior to the next scheduled transportation.

The authorisation must state:

- Child's name
- Reason/purpose of outing/ excursion
  - For regular outing - a description of when the child is to be taken on the regular outings
  - For an excursion that is not a regular outing - the date the child is to be taken on the excursion
- Description of the destination for excursion
- Proposed activities to be undertaken during the excursion
- Means/ mode of transport
- Any requirements for seatbelts or safety restraints (as per the law of ACT/ NSW)

- Expected number of children attending
- The period the child will be away from the premises
- Anticipated ratio of Educators to children for the excursion
- Expected number of staff members and any other adults who will accompany and supervise the children during the transportation
- A risk assessment has been prepared and is available with the Educator/ Service
- Regular outings require authorisation once every 12 months, or earlier if details change

First Aid and Educator Qualifications

- Educators must carry a fully stocked first aid kit, children's medication, and their **medical management plans**
- Personal protective equipment (e.g., gloves, masks) must be available as part of the first aid kit

Supervision and Attendance

- Educator-to-child ratios must always be maintained (Reg 123, 124)
- Strategies for supervision include:
  - Head counts before departure, during transitions, and at regular intervals
  - Assigning children to an educator "buddy system"
  - Designating one educator as the "lead" for roll calls
  - Ensuring children are within sight and hearing distance at all times
- Excursion records must be updated before leaving, during, and after returning

Responding to a Missing Child

- If a child cannot be accounted for:
  - Stop the group and conduct an immediate head count
  - Search the immediate area quickly and systematically while maintaining supervision of the other children
  - Notify emergency services (**000**) if the child is not located within **5 minutes** or if immediate danger is suspected
  - Notify the Service and parents/guardians as soon as practicable
  - Complete an incident record and review supervision and risk management practices before future excursions

Planning and Preparation

All excursions must be planned to ensure:

- There is adequate supervision so children cannot be separated from the group
- Access to hazardous equipment and environments are minimised
- There is adequate access to food, drink and other facilities (toilets, hand washing etc)
- Adequate sun and shade protection is available

- Educators to always comply with the requirement of Regulation 124 to care for no more than 7 children including no more than 4 under school age children
- Where an excursion is organised by the Service, consider the risks posed by the excursion, the number of educators or other responsible adults that is appropriate to provide supervision and whether any adults with specialised skills re required (for example: life-saving skills)
- In addition to the risk assessment requirements under Reg 101, Educators must also consider:
    - Experience of the driver and licensing conditions for the vehicle
    - Parental attitudes
    - Supervision issues
    - Age appropriateness, time and safety of location
    - Children's sleep and rest requirements
    - Age, ability, needs and skills of children being transported (non-ambulant, infants)
    - Medical or health needs of adults and children attending
    - Experience of the adults involved in transportation and their capacity for supervising children
    - Movement of children between the vehicle and venues
    - Traffic conditions, pedestrian safety, car parking
    - Weather conditions (e.g. storm, extreme temperature)
    - Mobile phone reception
    - Child safe practices
    - Meal and snacks and transportation of any food
    - Availability of shade / shelter
    - Availability of toilets, hand washing, stroller/wheelchair access, mobile phone coverage, water
    - Animals
    - Compliance with the Service's Sun Policy regarding time of day
    - Access for emergency services

Responsibilities of the Service:

The Service will:

- Ensure the safety, health and wellbeing of children during excursions and regular outings by ensuring that **Risk Assessments** are completed, and **Parent Authorisations** are obtained for each excursion and outing
- Regulate when and how risk assessments will be conducted for each excursion to ensure consideration of all relevant risks and how they are minimised
- Ensure that Educators are aware of their roles and responsibilities in relation to excursions and regular outings keeping in mind any risks associated with children of differing ages, physical capabilities, and developmental stages
- Supply the Genesis FDC Educator Diary at the beginning of each calendar year that includes the forms and templates for excursion risk assessments and parent authorisations
- Consult with Educators and parents in planning the excursion/events
- If the excursion is a regular outing, the authorisation is only required to be obtained once in a 12 month period

- Parents are to view the relevant excursion risk assessments documented in the Genesis FDC Educator Diary, and use the Genesis FDC "***Parent Authorisation for Excursions & Outings***" Form that references the excursion risk assessments and the information contained therein, to provide authorisation for the excursions

Responsibilities of the Coordinators:

The Coordinators will:

- Assist Educators in completing the risk assessments for excursions and approve risk assessments
- Also, plan, implement and evaluate appropriate and innovative events and excursions for Educators, children and families
- Undertake risk assessments for all events and excursions planned/ organised by the Service and provide a copy to Educators prior to the event
- As required, develop and distribute flyers to Educators for each excursion/event

Responsibilities of the Educators:

The Educators will:

- Ensure that a Child Restraint Safety Check is done for their vehicle and renewed every 12 months
- At the time of enrolment, inform families of the policies and procedures available on the Service website including on excursions
- **Advise parents of all regular and non-regular excursions** that are conducted during care hours; including frequency, mode of transport used, others attending and purpose of excursion
- **Undertake a Risk Assessment before seeking authorisation** from parents/guardians to take children outside the FDC residence for an excursion
- **Ensure that the appropriate Risk Assessment** is completed for all excursions and outings
- **Ensure that no child leaves an Educator's residence** to participate in an excursion **without authorisation** from the parent/guardian
- Ask parents to provide authorisations for planned, regular excursions at the commencement of care and update them at the commencement of every calendar year or when details change
- Plan well to minimise risks and avoid accidents and injuries on excursions
- Review plans after each excursion and outing and if needed, make modifications prior to next outing
- ***On all excursions/ outings****,* carry an ID Card (e.g. driver's licence), Working With Vulnerable People Check, up to date Child Detail cards, tissues, drinks, snacks, nappies, spare clothes, an operational mobile phone, children's medical management plans, any medication and an excursion First Aid Kit
- Check for potential hazards such as broken glass, syringes or damaged playground equipment
- Educator should take ***a mobile phone*** and a list of ***emergency contact numbers for children*** on the excursion
- Ensure that all required documents are current eg. Drivers Licence and Motor Vehicle Comprehensive Insurance Policy and Motor Vehicle Registration
- Ensure the required educator to child ratios are in place and children are supervised at all times

- Undertake regular attendance checks to account for all children
- Ensure family members attending the excursion understand the expectations and are not left alone with any child or group of children
- Ensure all children's health and medical needs are taken on the excursion (first aid kit, personal medication, medical managements plans, etc.)

Responsibilities of the Parents:

The Parents will:

- Read the excursion risk assessment form prior to giving permission for their child to attend
- Read and sign the ***Parent Authorisation For Excursions & Outings*** form before an Educator can take a child on an excursion/ outing
- Discuss with and supply Educators with any form of safety harness that they wish an Educator to use. Parents must give permission for harnesses to be used
- Ensure required medication for their child is in date and available to take on an excursion

Resources and Further Readings

- ACECQA (2023) Guide to the National Quality Framework
- ACECQA (2023) Policies and procedures guidelines: *Excursions policy and procedure guidelines*
- ACECQA (2023) Information Sheets
- Education and Care Services National Law Act 2010 (Amended 2023)
- Education and Care Services National Regulations (Amended 2023)

Related FDC Policies, Procedures & Documents

- Supervision and Hazard Prevention
- Delivery and Collection of Children
- Transportation of Children
- Dealing with Medical Conditions Policy
- Incident, Injury, Trauma & Illness Policy
- Sun Protection Policy
- Water Safety Policy
- Excursion Risk Management Plan
- Parent Agreement Form
- Acceptance & Refusal of Authorisations

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Next Review: October 2026

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Safe Transportation

Policy/Procedure Number: **QA2 - 15**

Policy/Procedure Requirement: National Quality Standards 2, 6 & 7; Regulations 4, 99, 100-102, 102AA, 102AAB & 168

Policy Statement

This policy outlines the safe transportation of children by the Service in line with the **Education and Care Services National Regulations Division 7 of Part 4.2 of Chapter 4**. Children must not be transported by, or on transportation arranged by, the Service unless **written authorisation** has been provided in accordance with Regulation 102A. All transportation will follow Service procedures, ACECQA guidelines, and ACT compliance expectations to ensure children's health, safety, and wellbeing.

Rationale

Transportation presents unique risks requiring careful planning, authorisation, supervision, and emergency preparedness. This policy ensures that no child is transported without proper authorisation, all legal requirements are met, and best practices for safety and accountability are implemented, and the safe arrival of all children.

Definitions

The policy applies to ***transportation that may or may not be part of an excursion*** where transportation is provided by an FDC Educator, an approved Educator Assistant.

An ***excursion*** means ***an outing*** organised by an FDC Educator and means a walk, drive or trip to and from a destination ***as part of its educational program***. Examples of an excursion are as follows:

- To a specific destination, for example the library, museum or park
- As part of the educational program, for example playgroup, music

Examples of transportation that is not part of an excursion are:

- Transport to and from school or preschool, or another location from/to the FDC residence
- Transport to and from children's homes to the FDC residence (in rare circumstances)
- Under school age children accompany the Educator when school age children are transported from/ to the FDC residence to/from school
- Multiple stops on the journey, where different school age children are dropped at multiple different schools
- Children are transported on public transport with FDC Educator to school

Regular transportation means the transportation by an FDC Educator of a child being in care, where the circumstances relevant to a risk assessment are substantially the same for each occasion on which the child is transported.

Strategies and Practices

Risk Assessment (Regulation 102B, 102C)

- A comprehensive transport specific risk assessment is required to identify and assess risks that transporting a child may pose to the child's safety, health or wellbeing.
- The risk assessment will specify:
  - how the identified risks will be managed by eliminating or minimising the impact using control measures
  - evaluate the current risk or potential harm after implementing control measures
  - review and monitor the risk or potential harm to ensure it continues to be managed as a low risk
- The risk assessment must be completed before parent authorisation is sought for the provision of transport (Reg 102B).
- The risk assessment must include:
  - Proposed route and duration of the transportation
  - Proposed pick-up location and destination
  - Means/ mode of transport
  - Any requirements for seatbelts or safety restraints (as per the law of ACT/ NSW)
  - Any water hazards
  - Number of adults and children involved in the excursion
  - Given the risks posed by transportation, the number of educators or other responsible adults to provide supervision and whether any adults with specialised skills are required
  - Proposed items to be taken (mobile phone, fire extinguisher, first aid kit, medications, medical plans, food, water, list of emergency contact numbers)
  - Process for entering and exiting:
    - Educator's FDC residence
    - Pick-up location or destination (as required)
  - Procedures for embarking and disembarking the means of transport, including how each child is to be accounted for on embarking and disembarking
- This must identify and address
  - The proposed route and destination
  - Seatbelts, child restraints, and seating arrangements
  - Number of children and adults involved
  - Supervision strategies during entry, exit, and transit
  - Communication methods during transit
  - Emergency management procedures (breakdowns, accidents, missing child)
  - Strategies to ensure children are not mistakenly left in vehicles
- Educators must use Service-approved risk assessment templates (aligned with **ACECQA transportation risk assessment templates**)

Authorisations (Regulation 102D)

A child must not be transported by, or on transportation arranged by, the Service without **written authorisation** from a parent or authorised nominee. The policies and procedures for transporting children are published on the Service website and also available at the Service.

The authorisation must state:

- Child's name
- Reason the child to be transported
  - For regular outing - a description of when the child is to be taken on the regular outings
  - For non-regular transportation – the date the child is to be transported
- Description of the pick-up location and destination
- Means/ mode of transport
- Period during which the child is to be transported
- Expected number of children to be transported
- Expected number of staff members and any other adults who will accompany and supervise the children during the transportation
- Any requirements for seatbelts or safety restraints (as per the law of ACT/ NSW)
- A risk assessment has been prepared and is available with the Educator/ Service
- Written confirmation that the parent/guardian understands and agrees to the transportation

Regular transportation requires written authorisation **once every 12 months**, unless circumstances change.

Private Arrangements

- Private transport arrangements between Educators' family members and parents are **not approved** by the Service. Only the Educator or a Service-approved driver (e.g., Coordinator) may transport children

Responsibilities of the Educators:

FDC Educators are responsible for ensuring that all children are adequately supervised at all times, and all reasonable precautions are taken to protect children from harm and from any hazard likely to cause injury.

Children may be transported by FDC Educators as part of an excursion or for other purposes (e.g. school drop off), and the respective FDC Educators have responsibility for the children during that period of transportation.

- Children aged from ***4 years old but under 7 years old cannot travel in the front seat*** of a vehicle that has two or more rows of seats, unless all other back seats are occupied by children younger than 7 years in an approved child restraint or booster seat. In this case, the oldest or largest child should sit in the front seat and they must use a booster seat and a seatbelt. ***Written consent of parents/ guardians*** required prior to placing any child under 7 years old in the front seat
- Children aged from 7 years old but under 16 years old who are too small to be restrained by a seat belt properly adjusted and fastened should use an approved booster seat

- Children in booster seats must be restrained by a suitable lap and sash type approved seat belt that is properly adjusted and fastened, or by a suitable approved child safety harness that is properly adjusted and fastened

Children are not to travel in any vehicle other than that driven by the Educator or a driver approved by the Service.

Educators will:

- Ensure that ***every child in care is digitally (ESI) signed in and out*** through online platform Hubhello ***at the time of arrival*** and ***on departure*** by the parent or authorised nominee
- If the ***ESI is not working*** or the ***parent forgot to sign in/out*** or has not saved the times, get the parent to ***manually*** sign in the attendance record with the correct date and drop off/ pick up times
- Ensure ***no child is ever signed in*** at the FDC residence or other location ***before they actually arrive*** at the location and are sighted as being there
- Ensure that no child is transported in a vehicle without being ***accompanied by the Educator***
- Ensure vehicles are kept locked and are not accessible to children when not in use

Before the Journey

- Plan ahead to minimise risks and avoid accidents and injuries during transportation
- Ensure the ***child restraint check certificate*** is current
- Ensure they hold a full Australian Drivers Licence
- Ensure the vehicle has comprehensive motor vehicle insurance to cover FDC children
- Ensure the vehicle registration is current
- Ensure ***transportation risk assessments*** or ***excursion risk assessments*** have been completed as appropriate, and parent authorisation received for each child transported
- Ensure that only the right number of children that can be safely transported in the car are transported
- Conduct a head count and roll call as the children enter the vehicle
- Check the FDC residence prior to departure to ensure that no children are left behind
- Ensure all children are secured into their seats with child restraints, booster seats or seatbelts as appropriate
- Ensure that the child safety restraints/ seat belts are properly adjusted and fastened
- Ensure that any goods carried in the vehicle (especially if it is a hatch back or station wagon) are stored safely below the level of the rear seat
- Ensure no articles are placed on the rear parcel shelf or front dashboard
- Give children clear guidelines in regard to expected behaviour during the journey, including the need to stay in the group and follow instructions at all times
- Commence the journey after confirming that all children are secured and it is safe to leave

While on an Excursion or Regular Outing to a specific destination (e.g. park, library)

- Follow the steps outlined under 'Before the Journey' when using transport to attend an excursion or regular outing to a specific destination
- Park the vehicle in a safe location close to the entry of the excursion site/ destination
- Conduct a head count and roll call when ***exiting*** the vehicle at the destination
- Conduct a visual check of the vehicle after removing all children
- Secure the children into their seats prior to departing
- Conduct a head count and roll call as the children ***enter*** the vehicle
- If a child is unaccounted for, the FDC Educator must immediately make all necessary enquiries to establish the child's whereabouts including physical searches of the vehicle and destination and, if necessary, contact the child's family and/or the police

Drop off to or Collection from Home (Only in Special Circumstances)

- Park the vehicle safely and turn off the vehicle's ignition
- Must not leave the vicinity of the vehicle (children must not be left unsupervised at any time) when collecting or dropping off a child at home
    - There should be a process arranged with the parent for Educator to collect/ drop the child without the need to leave other children unsupervised in the vehicle
- Ensure the parent/guardian sign the child onto or off the vehicle in the ESI
- Ensure the child is secured into their seat. If a parent secures their own child on the vehicle, the Educator must check to confirm prior to recommence the journey
- Repeat the above process for each subsequent stop

Duration of the excursion and on return to FDC residence

- Upon reaching the FDC residence:
    - Park the vehicle in a safe location close to the entry of the FDC residence and switch off the ignition
    - Remove the children from the vehicle and escorts them inside the residence
    - Conduct a head count and roll call once inside
- Conduct a thorough search of the vehicle once the children have been removed from the vehicle

Vehicle safety/crash or transport related injury

- Ensure vehicle/s are suitably maintained, roadworthy, safe for children, registered and adequately insured
- Adhere to national and state/territory laws and safety standards regarding motor vehicle safety
- Ensure appropriate procedures are followed in the event of a vehicle crash or transport related injury involving FDC Educator or children (refer to ***Incident, Injury, Trauma and Illness Policy***)
- Ensure that emergency procedures are followed in the event of a vehicle crash or transport-related injury involving any children

- Ensure that any child restraint or seat that is involved in a crash will not be used for transporting children and will be disposed of

Responsibilities of the Service/ Coordinators:

The Service and Coordinators are responsible for:

- Establish and disseminate this policy, and risk assessment and authorisation templates to FDC Educators
- Provide/ facilitate as appropriate, information and support for Educators on road safety topics, including vehicle and driveway safety, current legislation and regulations

Resources and Further Readings

- ACECQA (2023) Guide to the National Quality Framework
- ACECQA (2023) Policies and procedures guidelines: *Safe transportation of children policy and procedure guidelines*
- ACECQA (2023) Information Sheets
- Education and Care Services National Law Act 2010 (Amended 2023)
- Education and Care Services National Regulations (Amended 2023)

Related FDC Policies, Procedures & Documents

- Delivery and Collection of Children (QA2-13)
- Excursions and Regular Outings Policy (QA2-14)
- Transportation Risk Assessment & Authorisations
- Child ID Cards
- Medical Management Plans

Last Reviewed: October 2025
Next Review: October 2026

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Safe Arrival of Children

Policy/Procedure Number: **QA2 – 15A**

Policy/Procedure Requirement: National Quality Standards 2, 6 & 7; Regulations 86, 99, 100-102, 102AA, 102AAB, 102AAC & 168

Policy Statement

The Service is committed to the safe arrival of children during travel between the FDC residences and preschool/ school/ early childhood services. Under the *Education and Care Services National Regulations*, an approved provider must ensure that policies and procedures are in place for the safe arrival of children who travel to or from education and care service premises.

Rationale

This Policy provides guidance on the safe arrival of children who travel between the Family Day Care residence and school or other educational service where transportation is provided by the Educator.

Strategies and Practices

FDC Educators may provide transportation to a child to and from a school, preschool, or early childhood service. In providing transportation it is important to ensure that appropriate planning and implementation measures are in place to protect children from harm or hazard.

Planning

- When planning for children to travel to or from the FDC service to or from school or another education and care service, the health safety and wellbeing of all children must be considered
- The Service and Educator will work in partnership with families to accommodate requests for transportation to and from FDC residence to school/ preschool/ early childhood service to ensure safe arrival/departure of children
- The risks and hazards associated with each child's arrival/departure will be assessed as part of the approval process
- Effective risk management strategies must be agreed between the Service, Educator and parent/guardian for the travel to be permitted
- The Educator will collaborate with the parent/ guardian and determine:
    - how the child is travelling – e.g., third party transport or walking
    - when and where the child is traveling from or to
    - who is responsible for the child at each stage
    - how the safety of the child and the FDC group will be managed

Risk Assessment

Educators providing transportation between their FDC residence and another education service will conduct a comprehensive risk assessment to identify any potential risk/s or hazards and ensure the safe arrival and departure of children who are travelling between FDC residence and an education service.

The risk assessment is prepared in consultation with the parents and educational facility and will be reviewed at least annually or after being aware of an incident or circumstance where the health, safety or wellbeing of children may be compromised. All risk assessments will be regularly assessed and evaluated to facilitate continuous improvement in our service.

The risk assessment must be stored safely and securely and kept for a period of 3 years. The risk assessment will consider and include the following information:

- Age, developmental stages and individual needs of children
- Roles and responsibilities of;
    - the nominated supervisor of each service (where applicable)
    - the child's parents/family member
    - an authorised nominee listed on the child's enrolment form
    - a person authorised by a parent or authorised nominee listed on the child's enrolment form (if applicable)
    - the role and responsibilities of the service the care of which the child is entering or leaving
- Communication arrangements between the Educator, the parent/ guardian, and preschool/ school/ early childhood service including any communication arrangements if the child is missing or cannot be accounted for during the child's travel
- Procedures to be followed if a child is missing or unaccounted for during travel between services
- Educator to child ratios to be maintained during travel between services
- Proposed route and destination, including proximity to harm and hazards
- Process for entering and exiting the FDC residence and the pickup location or destination (as required)
- Procedures to be followed by the Educator to ensure children only leave the FDC residence in accordance with written authorisation from the parent or authorised nominee listed on the child's enrolment form

Responsibilities of Nominated Supervisor/ Coordinator

- Ensure that obligations under the Education and Care Services National Law and National Regulations are met
- Ensure all Educators are inducted in the *Safe Arrival of Children Policy and Procedures*
- Ensure copies of the policy and procedures are readily available and accessible to Educators, Coordinators, staff and families
- Review and approve the risk assessment prepared by the Educator for the safe arrival of children travelling between the FDC residence, and another education facility
- Review the risk assessment annually or after being aware of an incident or circumstance
- Notify families at least 14 days in advance of any changes to policy or procedures
- Provide ongoing training and information to Coordinators, nominated supervisors and Educators to ensure they can fulfil their roles and provide a child safe environment for all children and young people

- Develop open communication channels and strategies between families, our service, Educators and the educational services
- Advise families to inform the Educator and Service of any change in attendance or routine that may affect the child's safe arrival or departure as soon as they are aware
- Ensure the *Administration of First Aid Policy* and *Incident, Injury, Trauma and Illness Policy* are implemented in the event of a serious incident, injury, trauma or medical emergency, including contacting emergency services and notifying parents/guardians as required
- Ensure the Educator keeps accurate attendance records recording the following:
    - the time and date children arrive or depart the FDC residence
    - the electronic and/or manual signature of the Educator or the person who has collected or delivered the child to the FDC residence or the preschool/ school/ early childhood service

Responsibilities of Educators

- Educators must ensure that children travelling between the FDC residence, and another education or early childhood service arrive safely, are accounted for at all times, and that written authorisations and risk assessments are in place in accordance with **Regulations 102AA, 102AAB and 102AAC**
- Consult with Coordinator, families and children (where applicable) and educational facility (where applicable) during the preparation of a risk assessment
- Implement the risk assessment to identify and manage any risks or hazards that may pose a risk to children's health, safety or wellbeing as they travel between FDC residence and an educational facility
- Ensure procedures for the safe handover of children to and from an educational facility is documented correctly, clearly communicated with all stakeholders, and complied with
- Discuss safe travel strategies with children prior to children travelling between FDC residence and the educational facility to ensure children are supported to feel safe and act responsibly
- Ensure families complete a *Safe Travel Agreement Form* prior to children travelling between FDC residence and an educational facility
- Communicate any changes to travel routine to family members, Coordinators and the Nominated Supervisor
- All children in the Educator's care **must accompany** the Educator during the transportation and during the drop off or collection of a child from school, preschool or early childhood service:
    - conduct a roll check and head count to ensure all children are accounted for, before recommencing the journey
    - repeat the above process for each subsequent stop
    - if travelling by a vehicle, it must be parked in a safe location, and all children must disembark and accompany the Educator
    - conduct a visual check of the vehicle after removing all children
    - ensure a child collected from or dropped off at an educational facility is safely delivered and where applicable, ***into the care of a specific person*** (e.g., preschool teacher) as authorised by the parent and signed in that service's attendance register

- if collecting a child from an education/ early childhood service, the Educator must sight the receiving staff member and where required, sign the child out of that service's records
- a thorough **check of the vehicle**, a roll check and head count must be completed after each trip to ensure all children are accounted for and that no child is left behind

- Educators must supervise children at all times during transport and transfer
- Non-ambulatory children must be transported using appropriate prams or evacuation cots if walking is unsafe
- Ensure enrolment records are kept up to date for all children, including authorisations from families
- Ensure accurate attendance records are kept up to date recording the following:
  - the time and date children arrive or depart FDC residence
  - the electronic and/or manual signature of the Educator and/or the person who has collected or delivered the child to the FDC residence and/or the educational facility

Responsibilities of Parents

- Adhere to the Service's Safe Arrival of Children Policy
- Communicate any changes in routine and activities that may affect the child's safe arrival or departure as soon as they are aware
- Notify the Service and the Educator if their child is going to be absent on a particular day or session
- Provide emergency contact details and phone numbers upon enrolment and update emergency contact details and phone numbers regularly (as required)
- Complete a *Safe Travel Agreement Form* detailing circumstances where children will travel between FDC residence and an educational facility

Missing or Unaccounted Child

- The Service and Educators will follow clear procedures in case of a missing or unaccounted child who is deemed missing whilst travelling to or from FDC residence to an educational facility
- If the child is **not at the educational facility** at the predetermined time, and **parents have not advised** the Service of the child's absence or of any changes to the child's routine or activity, the **Educator will** immediately:
  - check with the educational facility if the child attended the facility
  - contact parents to check if child attended the educational facility (e.g., preschool/ school) and inform the parent that the child is not at the collection point
- If a child is unaccounted for at any time, the **Educator must**:
  - conduct an immediate head count and search the vehicle and surroundings
  - if not located within **5 minutes**, contact emergency services (000)
  - notify the Nominated Supervisor and parents immediately
- Educator and the Nominated Supervisor will liaise with Police, emergency services and parents as required
- Educator must complete an incident, injury, trauma and accident record as soon as possible

- The Service will notify the Regulatory Authority **within 24 hours** if a serious incident occurs, including if a child is missing or unaccounted for when travelling between FDC residence and an educational facility

Resources and Further Readings

- ACECQA (2023) Guide to the National Quality Framework
- ACECQA (2023) Policies and procedures guidelines: *Safe arrival of children policy and procedure guidelines*
- ACECQA (2023) Information Sheet: *Safe Arrival of Children*
- Education and Care Services National Law Act 2010 (Amended 2023)
- Education and Care Services National Regulations (Amended 2023)

Related FDC Policies, Procedures & Documents

- Delivery and Collection of Children Policy (QA2-13)
- Excursions and Regular Outings Policy (QA2-14)
- Safe Transportation Policy (QA2-15)
- Risk Assessment & Authorisations for Safe Arrival of Children between Education Services
- Safe Travel Agreement Form
- Child ID Cards
- Medical Management Plans

Last Reviewed: October 2025
Next Review: October 2026

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Supervision & Hazard Prevention

Policy/Procedure Number: **QA2 - 16**

Policy/Procedure Requirement: National Quality Standards 2, 4, 6 & 7; Regulations 100-102 & 168

Policy Statement

The Service takes reasonable precaution to protect children from harm or hazard likely to cause injury.

Rationale

Prior to the commencement of FDC (and also annually), a safety and risk assessment of the FDC residence will be undertaken by the Service. The assessment will consider matters relating to the premises, furniture, equipment, fencing, lockable gates, glass doors and windows, laundry, toilet and hygiene facilities, ventilation and natural light, suitability of residence and nappy change arrangements, water hazards/features/swimming pool, and animals.

This policy covers some key aspects for child safe environment not covered elsewhere in the Service's Policies and Procedures, including adequate supervision, equipment, animals and pets, glass doors and windows, and child protection. The Addendum to this policy "*QA2 15 (A) Supervision of School Age Children*" is intended to operate as a new policy providing additional information and guidance on the supervision of school aged children attending before and after school care and/or school holiday care.

Strategies and Practices

(i) Adequate Supervision

Every child **must be signed in and out** by parents, guardians or authorised persons, and the **Educator assumes responsibility for the child for the period the child is in care**. The Educator is required to provide adequate supervision of every child whilst the children are in their care.

Adequate supervision is about consistently and effectively monitoring all children educated and care for by the Educator. Failure to provide adequate supervision can lead to incidents, accidents, injuries and emotional distress.

Principles of Supervision

Supervision of children in the FDC setting is underpinned by the following principles[1]:

(a) Active supervision

Educators must continuously monitor children's activities and interactions, and be actively involved in children's play and learning experiences to prevent incidents, conflicts and accidents, and to address any emerging issues promptly.

(b) Proximity

Educators must always maintain appropriate level of physical closeness (proximity) to children in care. This would allow Educators to see and hear all children and to quickly respond to any issues, conflicts, or emergencies requiring guidance or support.

[1] Care for Kids (Sep 2023)

(c) Clear Expectations

Educators must set clear rules, boundaries, and expectations for children's behaviour in general and during specific activities and communicate this to the children in an age appropriate and understandable manner.

(d) Positive Relationships

A fundamental responsibility of Educators is to build and maintain positive relationships with children in their care and foster respectful relationships between children.

Responsibilities of the Educators:

The Educators:

- have a duty of care to ensure that all children in their care are adequately supervised at all times
- are responsible for the ***direct and effective visual and/or auditory monitoring of children at all times*** to respond to their needs and able to immediately intervene to protect a child from conflicts, incidents, accidents, or harm
- must arrange play areas in a way that the Educator is in ***proximity to the children*** so as to ensure they can be effectively supervised
- must consider the design and arrangement of children's environments and the ***potential risks in all environments to support active supervision***
- should make ***regular checks of sleeping children*** to assess the child's breathing and colour of their skin to ensure their safety and wellbeing
- must ***supervise children at all times when they are eating and drinking*** and in situations that present a higher risk of injury e.g. in a highchair or on a nappy change table
- should **identify, assess and manage/minimise any risks** that an ***excursion or outing*** away from the FDC premises may pose to the ***effective visual and/or auditory supervision*** of children and/ or to their safety, health or wellbeing
- undertake, where practical, a visit to the proposed excursion site prior to actual excursion to gather information about the site suitability and details can be checked such as mobile phone coverage and access for emergency services
- must be alert to, and aware of, potential hazards and risk of injury to children and use their ***knowledge of each child*** to ensure children are adequately supervised at all times
- must foster children's independence and competence by supporting children to undertake some activities that involve risk taking, but should intervene to prevent harm where necessary
- ***must never leave children alone or with an unauthorised person under any circumstances***. This includes leaving children in a car while paying for petrol, or collecting other children from school / preschool (even if the vehicle remains in sight of the Educator)

However, if there is an emergency situation that involves serious harm or is life threatening, the Educator may call upon the assistance of a responsible adult to supervise the children.

(ii) Equipment

There are number of equipment that the Educators will require in the education and care of children. There are also some different types of equipment (e.g. play equipment) that the Educators may have in the residence for their own children and/or the children they care for as Educators. With regard to the equipment used in FDC residence:

- FDC Coordinators will regularly monitor the availability and safety of all equipment in a FDC residence
- Use of certain equipment such as playpens must be assessed and approved by FDC Coordinators
- Equipment such as baby walkers and baby slings are NOT allowed by the Service to be used for FDC children
- All FDC equipment must be maintained in a safe, clean, hygienic condition, in good repair at all times and stored indoors or covered in a shed / garage
- All equipment must only be used for its intended purpose

(a) Vehicle Child Restraints

All vehicle child restraints must comply with Australian Standards (AS/NZS 1754). Vehicle restraints must be disposed of after being involved in a collision or ten years after manufacture. Educators must keep the equipment instructions and have a clear understanding of the safe assembly, use and potential hazards. Educators must get their vehicle child restraints checked as part of their annual assessment, and whenever a new child restraint is fitted to their vehicle.

Educators using their own car restraints for FDC children will ensure that:

- Restraints and accessories are not purchased second hand
- Restraints and accessories are less than ten years old
- A copy of instructions is retained for reference

(b) Baby Equipment

Cots, high chairs, strollers, and change tables sold with instructions. A copy of the instructions must be retained for reference and available at all times. If new equipment is purchased after the annual safety check, Educators must notify the Coordinators so that it can be checked by the Coordinator at the next visit.

A number of useful resources are available online for Educators (listed under 'Resources and Further Readings') that will assist them to understand hazards, know what to look for, and learn safety habits for each piece of equipment, particularly when there are voluntary / no standards (e.g. highchairs, change tables). Educators are required to regularly check equipment in their home to ensure they are maintained in clean, safe condition.

(c) Trampolines

Educators must obtain written parental permission prior to a child being allowed to use the trampoline.
Trampolines must:

- comply with the current Australian Standard
- have safety netting in good condition

- only be used on a flat soft surface, and not be used on hard surfaces such as concrete or bricks
- have Educator (adult) supervision provided at all times while the trampoline is in use
- have only one child on it at any one time
- have pads around the trampoline's side springs. Frame padding should be a of a different colour to that of the bed
- be used in a way that the child is encouraged to stay in the centre of the bed during its use
- remain upright on its legs even if it is not being used for FDC purposes, and
- be used only when other children are at a safe distance from it

(d) Skateboards, Roller Blades, Roller Skates and Scooters

- Skateboards, roller blades, roller skates and scooters (roller blade style) are not developmentally appropriate for children aged 0 - 4 years, and shall NOT be accessible to or used by a child in that age group
- Children aged more than 4 years of age must wear helmets, knee & elbow pads for protection
- Only used when younger children are not in the play area where these are being used by the older children

(iii) Animals and Domestic Pets

Animals in an appropriate environment can be both educational to children and promote a sense of caring and responsibility. However, birds and animals can in certain situations pose a health and safety risk, therefore children in FDC must be allowed only supervised and limited access to animals. When animals and domestic pets are present in the FDC home:

Responsibilities of the Coordinators:

The Coordinators will:

- Provide resources and education to Educators and families on health and safety practices for pets and other animals
- Monitor the compliance of the policy and help Educators develop risk management plans for animals when required
- Inform families of the Service requirements and the Regulations for managing pets in FDC when required

Responsibilities of the Educators:

The Educators will:

- Ensure domestic pets and farm animals are generally kept in an area separate to the children's play space and inaccessible to children
- Ensure that certain breeds of dogs (e.g. Bull Terrier, Doberman, German Shepherd, Rottweiler, Blue Heeler dog breeds, sheep dogs, part breeds) which are identified from time to time as dangerous to children, must be kept in an enclosure separate and apart from any area used by the children in care. Children must have no access and no ability of contact at any time to these animals
- Ensure that cats are not present, nor have access to the same area in which a child is sleeping and in areas used for food preparation and eating

- Ensure birds are to be in an inaccessible enclosure. Reptiles must be inaccessible in a locked enclosure
- Inform families of what animals are kept on the premises at the initial home visit. Families are to be advised what measures are put in place for dogs, cats and birds to remain inaccessible to children. To be documented on the parent/Educator agreement form
- Inform the Coordinators and families immediately of any new animals on the premises
- Report to the Coordinators and family any injury caused to a child by an animal. Any animals that have shown any forms of aggression towards a child will be required to remain permanently isolated and inaccessible to children
- Ensure children are educated about correct handling techniques and acceptable behaviour when handling animals
- Ensure all pets are kept clean, well-cared for and in a healthy condition and do not have any diseases that can be transmitted to children. Pets should be kept vaccinated, de-wormed and free of fleas or other pests or infections
- Ensure animals that are ill should be treated promptly by a vet. An animal that is irritable because of pain or illness is more likely to bite or scratch
- Undertake an initial risk assessment before children have access to rabbits, guinea pigs, mice/rats and small reptiles and approved by families
- Keep animal food bowls, beds, toys and litter trays inaccessible to children at all times
- Clean fish tanks regularly and fish tanks are to be covered e.g. with safety glass, shade cloth
- Ensure where dogs and cats are present, the environment is to be managed in a hygienic manner with floors vacuumed and washed/cleaned daily, prior to the children accessing the area
- Ensure all areas accessible to children shall be free of animal faeces, animal fur, feathers, saliva and food scraps. Cat faeces can be the source of toxoplasmosis, which is of particular risk to pregnant women and can also cause mild illness in children. Animal hair, saliva and skin flakes can trigger Asthma and allergic reactions
- Ensure bird cages are cleaned with appropriate disinfectants weekly. Cage base to be covered and the cage inaccessible
- Keep animals away from food preparation, sleeping and, nappy change areas
- Obtain informed consent from the parent/guardian prior to children visiting animal farms, sanctuaries or zoos. Controlled and supervised access to animal farms on excursion is to be planned and a risk assessment completed

(iv) Glass Safety

Injuries to the head and face by colliding with glass doors, coffee tables or cabinets is a common type of injury for children aged under 4 years. Injuries through contact with pieces of glass such as broken shards are also common.

The Australian Building Code requires glass used in school and child-care buildings that is less than 1000mm from floor level or a climbing foothold shall be Grade A safety glass (for fully framed panels) and Grade A safety glazing material (for unframed panels).

Many homes built before 1989 do not meet the Australian safety standards for glass, exposing families and children to unnecessary risks and splintering.

The Service therefore requires glass in internal and external child care areas, entrance areas and exit areas (includes tables, sliding doors and cabinets) that is less than 1000mm from floor level or a climbing foothold to be:

- Grade A safety glass, or
- Safety filmed to Grade A safety glass, or
- Protected by a solid secured barrier that prevents a child from striking or falling against the glass (i.e. Perspex, timber [not slatted])

Areas used for child care including entrance and exit areas are to be identified and listed in the home safety check. If areas listed above comply with this policy, and the glass is stamped to indicate that it is safety glass, the glass management plan can be signed off by the FDC Coordinator.

If it is certain that any glass used in the listed areas does not comply with the policy, glass is to be brought up to the standard listed in this policy.

If re-glazing or film has been used, ***a certificate of compliance*** from an Accredited Glazier certifying compliance is required. The certificate should be forwarded to the FDC Co-ordination Unit.

Safety Measures

- Place easy to see stickers at adult & child height on large glass panels or sliding doors
- Ensure glass areas are well lit at all times
- If there is uncertainty as to whether glass complies with the policy, an audit is to be completed by an Accredited Glazier to assess whether it is safety glass or not, and the audit report forwarded to the FDC Co-ordination Unit
- Other methods (solid barrier) can be checked for compliance and signed off by the FDC Coordinator

(v) Chemicals

The Service provides guidance on the overuse and storage of chemicals that can have long term negative consequences on the health, safety and the development of children.

Responsibilities of the Coordinators:

The Coordinators will:

- encourages educators to be more aware of green alternatives and chemical use.
- educate staff about products used in the home that are potentially hazardous, either by ingestion, inhalation or skin contact.

Responsibilities of the Educators:

The Educators will:

- ensure safe storage of dangerous substances as poisons can include medications, household chemicals and cosmetics.

Resources and Further Readings

- ACECQA (2023) Guide to the National Quality Framework
- ACECQA (2023) Policies and procedures guidelines: *Providing a child safe environment policy and procedure guidelines*
- ACECQA (2023) Information Sheets
- Education and Care Services National Law Act 2010 (Amended 2023)
- Education and Care Services National Regulations (Amended 2023)
- ACECQA National; Quality Framework Resource Kit www.acecqa.gov.au
- Australian Childhood Foundation (www.childhood.org.au)
- KidSafe ACT
- Produce Safety Australia
- www.raisingchildren.net.au
- Baby care – safety issues (Better Health Victoria)

Related FDC Policies, Procedures & Documents

- Assessment, Approval and Reassessment of Approved Family Day Care Residences
- Assessment of Family Day Care Educators and Persons Residing at Family Day Care Residences
- Visitors to Family Day Care Residences during Family Day Care Hours
- Excursions and Regular Outings
- Risk Assessment Form

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Next Review: October 2026

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Supervision of School Age Children

Policy/Procedure Number: **QA2 – 16A**

Policy/Procedure Requirement: National Quality Standards 2, 4, 6 & 7; Regulations 100-102 & 168

Policy Statement

The Service takes reasonable precaution to protect children from harm or hazard likely to cause injury.

Rationale

The Service Educators primarily provide education and care for under school age children. Some FDC Educators also provide before and after school care and holiday care for school age children.

This policy provides additional information and guidance to Educators on the supervision of school aged children attending before and after school care and/or school holiday care.

Strategies and Practices

Effective supervision is a key priority in the prevention of incidents, conflicts, accidents. and injury to children in the FDC environment.

The risk of incidents, conflicts, accidents, and harm is likely to increase when a mixed age group children with notable age difference is in care.

As school age children spend most of their time at school and only limited time at FDC, Educators are not likely to have sufficient knowledge of a school age child, especially if a child only attends school holiday care.

Principles of Supervision

Supervision of school age children in the FDC setting is underpinned by the following principles:

(a) Clear Expectations

Educators must set clear rules, boundaries, and expectations for each school age child's behaviour at FDC. This should be done at the beginning of each school term for before and after school care children, and on the first day of attendance of each school holidays for those attending holiday care and reinforced regularly.

The rules and boundaries must include the expectation that all children must use appropriate and respectful language (no swearing/ no calling names); and there be no coercion or bullying; no pushing or pulling; and no inappropriate touching of another child.

(b) Positive Relationships

Educators must ensure all interactions between children of different ages are positive and respectful.

(c) Active supervision

Educators must continuously monitor children's activities and interactions to prevent incidents, conflicts, and accidents, and to address any emerging issues promptly.

(d) Proximity

Educators must always maintain appropriate level of physical closeness (proximity) to children in care to be able to see and hear all children.

Responsibilities of the Educators:

The Educators:

- must understand and acknowledge their primary role is to provide education and care to under school age children enrolled with the Service
- must consider the ages and needs of under school age children in their care and consult with the parents of these children, prior to agreeing to provide before and after school care or school holiday care
- must provide ***direct and effective visual and/or auditory supervision of children at all times***
- must see and listen to all interactions between children
- must be alert to, and aware of, potential hazards and risk of injury to children and use their ***knowledge of each child*** to ensure children are adequately supervised at all times
- must plan the activities for the school age children in a way that they don't adversely impact on the quality of care and supervision of under school age children
- need to be aware that school age children are more independent, and their behaviour and expectations might not be able to be accommodated in the FDC
- must arrange play areas in a way that the Educator is in ***proximity to the children*** so as to ensure they can be effectively supervised
- must **identify, assess and manage/minimise any risks** that an ***excursion or outing*** away from the FDC premises may pose to the ***effective visual and/or auditory supervision*** of children and/ or to their safety, health or wellbeing
- must undertake a visit to the proposed excursion site prior to actual excursion/ outing to gather information about the site suitability, including for adequate supervision and mobile phone coverage and access for emergency services
- need to know that children aged 5 and over may exhibit age-appropriate sexual behaviours that may be part of normal and healthy development but considered inappropriate for younger/ under school age children
- must be able to differentiate between "age-appropriate sexual behaviours" and "concerning sexual behaviours" of school age children and report all incidents to the Service Manager and/or the Coordinator immediately (see Traffic Light System to Assess Sexual Behaviour)
- ***must never leave children alone or allow older child/ren to supervise younger children under any circumstances***

Responsibilities of the Coordinators:

The Coordinators will:

- seek information from Educators on how the care environment is arranged to provide activities for under school age and for school age children, and how they provide visual and auditory supervision at all times
- monitor and assist Educator's compliance with this policy
- ensure ***risk assessments for all excursions and outings*** include details on how the Educator will provide ***active supervision at all times for all children***
- raise any concerns about the Educator's ability to provide quality education and care and/or effective supervision to children in care with the Service Manager

Responsibilities of the Service:

The Service will:

- provide information and support to Educators and Coordinators to ensure the safety and wellbeing of all enrolled children in care
- report all reportable incidents to ACT Regulatory Authority and other relevant agencies as required (e.g. ACT Child Protection Services)

Resources and Further Readings

- ACECQA (2023) Guide to the National Quality Framework
- ACECQA (2023) Policies and procedures guidelines: *Safe transportation of children policy and procedure guidelines*
- ACECQA (2023) Information Sheets
- Education and Care Services National Law Act 2010 (Amended 2023)
- Education and Care Services National Regulations (Amended 2023)
- ACECQA National; Quality Framework Resource Kit www.acecqa.gov.au
- National Child Safe Principles (https://www.education.act.gov.au/support-for-our-students/feeling-safe-at-school/national-child-safe-principles)
- Traffic Light System to Assess Sexual Behaviour

Related FDC Policies, Procedures & Documents

- Assessment, Approval and Reassessment of Approved Family Day Care Residences
- Assessment of Family Day Care Educators and Persons Residing at Family Day Care Residences
- Visitors to Family Day Care Residences during Family Day Care Hours
- Excursions and Regular Outings
- Risk Assessment Form

Last Reviewed: October 2025
Next Review: October 2026

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Acceptance and Refusal of Authorisations

Policy/Procedure Number: **QA2 - 17**

Policy/Procedure Requirement: National Quality Standards 2 & 7; Regulations 160, 161 & 168

Policy Statement

The Service has clear procedures for obtaining, documenting, accepting, and refusing authorisations in relation to children's safety, health, and wellbeing. These include the administration of medication, delivery and collection of children, excursions and regular outings, transport, access to personal records, photography and privacy, and emergency medical treatment. The Service ensures authorisations are compliant with National Regulations and ACECQA guidance.

Rationale

This policy assists staff, educators, and families to understand what constitutes a valid authorisation, the steps required to obtain and verify authorisations, circumstances where an authorisation may be refused, and the implications of refusal. The policy ensures compliance, transparency, and accountability, while protecting the rights and safety of children.

Strategies and Practices

Authorisation:

An **authorisation** is a written, specific, signed, and dated consent by a parent, guardian or authorised nominee allowing the Service to take certain actions regarding the child, including but not limited to medical treatment, excursions, transport, and photography.

Authorisations Purpose:

The Service may require authorisations for:

- Administration of medication
- Medical treatment and emergency transport
- Delivery and collection of children by authorised persons
- Excursions and regular outings
- Transport of children
- Photography, video, and the use of images in documentation or newsletters or closed group social media of the Service
- Access to personal records

Obtaining and Documenting Authorisations

- Authorisations must be **in writing**, signed and dated by a parent, guardian or authorised nominee **named** in the enrolment record
- **Acceptable formats**: enrolment forms, authorisation forms, medication records, excursion /transport forms (Genesis FDC Diary), and electronic consents (HubHello or email where approved)

- Records must clearly state:
  - Child's full name
  - Date of authorisation
  - Signature and printed name of the parent/guardian or nominee
  - Details of what is being authorised (e.g., purpose, activity, location, medication details, transport information)
- All authorisations are to be stored securely

Checking Authorisations

Educators and Nominated Supervisor/ Coordinator must check that each authorisation:

- Depending on the purpose of the authorisation, contains all required information under the relevant Regulation (160–162, 99–102, 102AA–102AAB)
- Is signed and dated by a parent, guardian or a person named in the enrolment record
- Is specific and not open-ended
- Matches other documentation (e.g., medication label, excursion risk assessment)
- If incomplete, vague, or not signed by an authorised person, the authorisation will be refused

Responsibilities of Families:

Families are required to:

- Complete and sign authorisations in the enrolment record and medication record (if relevant) before their child commences at the service
- Complete and sign the authorisation for their child to attend excursions and/or to be transported by the service
- Notify the Service of any changes to authorisations or contact details

Refuse Authorisation:

If families **refuse** to provide an authorisation, this may limit the Service's ability to provide care in certain situations, including:

  - Inability for the child to attend excursions or participate in transport
  - Inability to administer prescribed medication or medical treatment
  - Limitations on the Service's ability to share photos or documentation of the child in playgroup/ music/ excursions portfolio, or closed group social media
- Where mandatory authorisations are required (e.g., emergency medical treatment), refusal may affect enrolment eligibility if it compromises the child's safety

Responsibilities of the Service:

The Service will:

- Ensure documentation relating to authorisations is complete
- Keep these authorisations in the enrolment record
- **Refuse to accept the authorisation,** if written or verbal authorisations do not comply

- Situations where **refusal of authorisations may apply** include:
  - → If there is ***reasonable grounds to believe*** that giving a child into the care of a person will place the child in danger, even if the person in question has lawful authority to collect the child
  - → A Parent or other person who is authorised to collect the child ***seems too ill, or affected by alcohol or drugs to safely care for the child***
  - → A person collecting a child from the service is believed to be ***under the age of 18 and they cannot provide proof of age***
  - → ***Medication*** is out of date; or medication packaging does not have a label, the child's name recorded or supporting documentation from a doctor
  - → ***Administration of medication is complex*** and requires skill to use and the FDC Educator has not received suitable training
- ***Waive compliance*** where a child requires emergency medical treatment for conditions such as anaphylaxis or asthma. The ***Service or FDC Educator can administer medication without authorisation in these cases***, provided it is noted on Medical Management Plans and that parents/guardians be contacted as soon as practicable after the medication has been administered
- Ensure that families are part of the service decision-making process. Through authorisations, they are made aware of risks and can make informed decisions
- Ensure that Educators and staff act in accordance with authorisations provided
- Ensure that copies of the **Policy and Procedures** are readily accessible to Coordinators, Educators and staff

Educators will:

- Ensure that the family completes and signs authorisations in the enrolment form, authorisation & risk assessment forms, and medication record (as required) before the child commences at the service
- Ensure no child is transported by the Educator without an authorisation from the parent or other person named in the enrolment record
- Ensure that medication is only administered or self-administered if authorised or, in ***an emergency, authorisation is provided verbally*** by:
  - → a parent or a person named in the enrolment record
  - → a registered medical practitioner or an emergency service if the parent or person named in the enrolment record cannot be contacted
- ***In the case of an anaphylaxis or asthma emergency, medication may be administered without authorisation***
- Ensure that children only leave the service premises or FDC residence with a parent, an authorised nominee named in the enrolment record, or a person named in the enrolment record to collect the child
- Ensure all children have appropriate authorisation to leave the service on an excursion or regular outing
- Ensure authorisations are kept updated

Resources and Further Readings

- ACECQA (2023) Guide to the National Quality Framework
- ACECQA (2023) Policies and procedures guidelines: *Acceptance and refusal of authorisations policy and procedure guidelines*
- ACECQA (2023) Information Sheets
- Education and Care Services National Law Act 2010 (Amended 2023)
- Education and Care Services National Regulations (Amended 2023)
- ACECQA National; Quality Framework Resource Kit www.acecqa.gov.au

Related FDC Policies, Procedures & Documents

- Interaction with Children
- Medication
- Dealing with Medical Conditions
- Delivery and Collection of Children
- Excursion Form
- Authorisation of Medication Form
- Enrolment Form
- Conditions of Care

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Next Review: October 2026

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Quality Area 3 – Physical Environment

Assessment, Approval and Reassessment of Approved FDC Residences

Policy/Procedure Number: **QA3 - 1**

Policy/Procedure Requirement: National Quality Standards 2, 3 & 6; Regulations 116, 168, 169 & 170

Policy Statement

The Service acknowledges the importance of assessing and reassessing the suitability of Educators' environments. The Service conducts a thorough inspection of the Family Day Care Residence prior to registering all new Educators and also conducts ongoing compliance checks in line with the Educator Service Agreement. Educator registrations are renewed each year only after the completion of annual assessment of the FDC Residences. The Service policy is to provide family day care only in approved FDC residences and not consider any other venues.

The FDC Service **will not approve** new FDC residences with swimming pools on or after 1 October 2025. The Service will only approve FDC areas identified in a **single level** (i.e. indoor care area cannot be spread between 2 or more levels) even if the residence is 2~3 storeys.

Rationale

The Service is committed to ensuring the safety, health and wellbeing of children attending our service by assessing, reassessing and appropriately managing any risks or hazards that exist at each FDC residence.

The physical environment is critically important for:

- keeping children safe and reducing the risk of unintentional injuries
- contributing to their wellbeing, happiness and creativity
- developing independence; and
- determining the quality of children's learning

Strategies and Practices

Swimming Pool Safety Requirements:

FDC residences with swimming pools have additional safety and compliance requirements, and must comply with the following requirements:

Pool Fence Requirements

- The pool **fence must be at least 1.2m high** (as measured from the finished ground level)
- The fence must **not have a gap at the bottom** bigger than **10cm** from the finished ground level
- If a **boundary fence** is part of the pool fence, the barrier must be **1.8m high**
- There must **not be gaps** of more than **10cm** between any vertical bars in the fence
- If the fence contains **horizontal climbable bars**, these must be spaced **at least 90cm** apart

- Perforated or mesh barriers must not have **holes greater than 13mm** for fence heights of **1.2m**
- For perforated or mesh barriers of **1.8m height** with holes greater than 13mm, the holes must not exceed **100mm**
- The pool fence must be well maintained and in good working order

Non-Climbable Zone

To prevent children climbing over fencing into the pool area, a 'non-climbable zone' must be maintained around the pool.

- Any trees, shrubs or any other objects such as a barbeque, pot plants, toys, ladders and chairs must **not be within the 90cm non-climbable zone**
- This zone is measured in an arc shape from the top of the pool fence arching towards the ground
- It also includes the **space extending 30cm inside the pool area** – this space should also be cleared of any potential footholds or handholds
- Any horizontal climbable bars on the pool fence must also be spaced **at least 90cm** apart

Swimming Pool Gates

Older swimming pools might include doors or windows as part of the pool fence or barrier. This is no longer allowed. The pool entry gate must be:

- **Self-closing and self-latching:** Gates must automatically close and latch from any open position to prevent unauthorized access
- **Latch positioning:** The latch release mechanism must be **at least 1.5m above ground level** or shielded to prevent child access
- **Opening direction:** Gates must open outward, away from the pool, to minimize the risk of accidental access
- **Routine testing and maintenance:** Educators must frequently check gate hinges, latches, and closing mechanisms to ensure proper functionality

Swimming Pool Safety Compliance

- Ensure a Cardiopulmonary Resuscitation (CPR) chart is displayed near any water
- Coordinators will check the swimming pool **every month** to ensure safety
- An FDC residence with a swimming pool is required to be checked for safety compliance using the NSW Government's 'Pool Self-Assessment Checklist' every year and using an independent certifier once every 3 years

Responsibilities of the Nominated Supervisor/ Coordinator:

The Nominated Supervisor and/or Coordinator will:

- Conduct a thorough inspection of the residences of all new Educators to ensure compliance with all regulatory standards prior to any child being placed in the Educator's care.
- Assessment of FDC residences is a rigorous process usually done by 2 Coordinators or the Nominated Supervisor and Coordinator using the Service's Assessment of FDC Residence Form supplemented by FDC Safety Guidelines 7th Edition (KidSafe ACT).

- The assessment process will consider matters relating to the precautions taken to **protect children from harm or hazards** regarding the premises (indoor, outdoor), furniture, equipment, fencing, lockable gates, glass doors and windows, and laundry.
- The assessment also considers the **suitability of residence for the proposed number and ages groups of children** (e.g. under school aged and school aged children), toilet and hygiene facilities, ventilation and natural light in the care family day care area, nappy change arrangements, presence of any water hazards/ features, space requirements indoor and outdoor, and pets/ animals.

The following **assessment process** will be followed:

Initial Information Visit

Meet the potential Educator at their home and conduct an initial home assessment of the areas that will used for FDC, including but not limited to, areas such as outdoor environments, water hazards, play equipment, glass, cleanliness, pets and other animals. Discuss and recommend any safety modifications that may be required.

The area of the residence to be used for the provision of family day care will be agreed between the Educator and Coordinator.

Approval

1st Home Safety Visit

- After the successful interview stage, a formal home safety check is conducted by the Coordinator
- The Coordinator will use the Assessment of FDC Residence Form to undertake the initial safety check of the residence
- A **diagram** (for example a floor plan) showing the indoor area of the FDC residence is clearly marked with play area, sleep area, toilets and nappy changing area. **Sleep area** and **nappy changing area** are approved so as to allow active supervision of all children during sleep/ nappy changing
- Where fall or other hazards are identified in the outdoor environment, the FDC Safety Guidelines 7th Edition (KidSafe ACT) is used as guide to ensure the environment is safe
- All hazards are identified, and the form is completed with areas requiring attention clearly identified/ explained. A copy of the form is given to the potential Educator

2nd Home Safety Visit

- The second assessment visit is done by two Coordinators or a Coordinator and Nominated Supervisor
- All identified hazards are checked to ensure compliance
- Assessment of FDC Residence Form is signed and dated by the Educator and a Coordinator. A copy of the completed form is provided to the Educator
- **The diagram** showing the areas of the FDC residence approved for education and care provision is signed by the Educator and Coordinator and attached to the approved documents. A copy of the signed diagram will be laminated and displayed by the Educator near the main entrance of the residence. If the Educator wants to make changes to the care area, the Coordinator will conduct an assessment of the proposed changes and a new diagram will have to be approved

Once this process has been completed and the FDC residence is determined as a safe educational environment, the **FDC Educator Service Agreement, Educator Registration Certificate** and other Service registration requirements (e.g. FDC floor diagram) are signed for 12 months. New Educators will be visited weekly for the first month after registration.

All assessment and registration documents are in either electronic or digitised form and securely stored in Google Workspace to allow access to the Approved Provider, Nominated Supervisor and Coordinator at any time from anywhere.

Reassessment

Once every 3 months, the Coordinator will undertake a quarterly assessment against all 7 quality areas, including physical environment. A reassessment of all FDC residences is undertaken in June/ July each year and a new Assessment of FDC Residence Form is completed.

A new Educator Service Agreement is signed and a copy provided to the Educator.

Responsibilities of the Educator:

The Educator will, on an ongoing basis, ensure that:

- They keep up-to-date with any changes to this policy
- The indoor and outdoor areas and all furniture and equipment in the FDC residence are safe, clean and in good repair
- Ensure that the care environment and the FDC Educator/ any residents/ visitors at the FDC residence are free of drugs, alcohol, vaping substances and vaping devices, and tobacco, as well as ensure that family members in the FDC residence are regularly reminded of the areas that have been assessed for use
- Any outdoor space used by children is enclosed by a fence or barrier that is of a height and design that children preschool age or under cannot go through, over or under? Also consider:
  - → items which children might use to scale the fence, e.g. play equipment, low tree branches, pot plants
  - → any significant fall height on the other side of a fence or barrier
  - → age appropriate barriers at the top and bottom of stairs
  - → that external gates are kept locked and keys are easily accessible in the event of an emergency.
- Each child has access to sufficient furniture, materials and developmentally appropriate equipment that is suitable for the education and care of that child
- Ensure all equipment used meets safety requirements and Australian standards
- Laundry facilities or another arrangement available for dealing with soiled clothing, nappies and linen, including hygienic facilities for storage prior to their disposal or laundering
- Laundry facilities are located and maintained in a way that does not pose a risk to children
- Adequate, developmentally and age- appropriate toilet, washing and drying facilities are available for use by children
- The location and design of the toilet, washing and drying facilities enable safe use and

convenient access by the children

- The indoor spaces used by children are well ventilated, have adequate natural light and are maintained at a temperature that ensures the safety and wellbeing of children
- Ensure that sleep/rest environment and sleep equipment are fit for purpose in accordance with the QA2-10 Sleep and Rest policy
- Ensure that there is sufficient protection from UV/sun in the outdoor areas
- For any glazed area that is accessible to children and situated at or below the height specified by Australian Standard 1288- 2006, the following is required:
  - → safety glazing if required by the Building Code of Australia, or
  - → treatment with a product that prevents glass from shattering if broken (such as safety film), or
  - → guarding with barriers that prevent a child from hitting or falling against the glass
- Follow safety advice of recognised authorities and manufacturers
- **Inform** the Service of **any changes to the residence** e.g. building alterations, structural damage, indoor/ outdoor area including fences/ gates that could affect the education and care provided for children at the residence
- **Inform** the Service of **any addition of pets, new equipment purchased, change of areas used for FDC**
- **Undertake a risk assessment** for any significant risks present at the residence (e.g. water play/features/hazards, pets, high play equipment) prior to commencement, and at least annually
- Comply with the Service policies and requirements at all times education and care is provided
- Be aware that not maintaining a safe education and care environment will be a breach of the regulations and may result in penalties
- Practice evacuation and lockdown procedures every three months
- Be aware of the United Nations Convention of the Rights of the Child
- Not be offered registration / re-registration with the Service if they cannot provide a safe environment that complies with the National Law and the Regulations

Educators will conduct daily checks to:

- Ensure that both the indoor and outdoor care environment is safe, clean & free of garbage/ rubbish for children at all times whilst children are in attendance
- Complete the Daily Safety checklist, regular risk assessments of the environment, visual safety checks, and monitor the condition of buildings and equipment used for FDC
- Complete a daily water hazard safety check to identify any safety risks or issues identified and rectified regarding swimming pool gates and safety barriers

Educators will notify the Approved Provider:

- Renovations or other changes to the FDC residence that create a serious risk to the health, safety and wellbeing of children attending the residence
- The Coordinator will visit the FDC residence to assess if the Educator should cease the care

provision while the renovations occur, or adequate risk management measures can be put in place to continue care provision

Responsibilities of the Coordinator:

Coordinator will:

- Complete the Annual Assessment of FDC Residence Checklist of each family day care residence at least annually and ensure precautions are taken to protect children from harm or hazard
- Inform FDC Educators of their responsibilities in relation to the assessment of FDC residences
- Review and sign the risk assessment of any significant risks identified at the FDC residence
- Routine visual inspections during regular support visits. Any compliance issues identified during the visits will be documented on the hazard identification form, raised with the Educator and a time frame for resolution agreed upon
- Monitor, support and supervise FDC Educators to ensure the FDC residence is safe and suitable for the children, including in between assessment periods
- Ensure that only specific areas of the FDC residence are being used for education and care purposes. Any changes to FDC areas used will undergo a new assessment
- Conduct announced and unannounced coordinator/educator visits to the FDC residence for appropriate assessment and monitoring.

Resources and Further Readings

- ACECQA (2023) Guide to the National Quality Framework
- ACECQA (2023) Policies and procedures guidelines: *Assessment and reassessment of residences and venues for FDC policy and procedure guidelines*
- ACECQA (2023) Information Sheets
- Education and Care Services National Law Act 2010 (Amended 2023)
- Education and Care Services National Regulations (Amended 2023)
- ACECQA National Quality Framework Resource Kit (www.acecqa.gov.au)
- Kidsafe – Kidsafe FDC safety guidelines

Related FDC Policies, Procedures & Documents

- Sleep and Rest
- Water Safety
- Sun Protection
- Emergency and Evacuation
- Daily Home Safety Checklist
- Support Visit Record
- Equipment Checklist
- Sleep Risk Assessment

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Next Review: October 2026

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Quality Area 4 – Staffing Arrangements

Staffing

Policy/Procedure Number: **QA4 - 1**

Policy/Procedure Requirement: National Quality Standards 4 & 7; Regulations 162 & 168

Policy Statement

To employ family day care service staff who have relevant qualifications and skills to support Educators in their provision of early childhood education and care.

Rationale

The Approved Provider and the Service will ensure appropriately qualified and skilled staff are employed / engaged to support the FDC Educators in the provision of early education and care that reflects the Service's philosophy.

All staff, FDC Educators, volunteers, and students are required to comply with the Service **Code of Conduct.**

Strategies and Practices

The FDC Service will seek to employ / engage staff who have the necessary qualifications as well as prior experience in another scheme / service undertaking similar roles.

Responsibilities of the Approved Provider:

The Approved Provider will:

- Advertise positions and/or seek to identify individuals currently working in the sector with the required qualifications, skills and experience to prepare a shortlist of candidates
- Interview the shortlisted candidates. Preferred candidates will be advised that referee checks may be undertaken from a variety of sources (e.g. current/previous supervisors, Educators and parents) and contact details of referees obtained
- Referee checks conducted
- Successful applicant is notified
- Contract / employment terms and conditions are agreed. This includes but is not limited to commencement date, remuneration (superannuation and any other items if included in the remuneration package), probation and performance management
- Require the following documentation and/or confirmation of details:
    - Details and evidence of relevant skills, experience, training and qualifications including how the applicant meets the minimum requirements as set out in the National Regulations
    - Aged 18 years or over
    - Current Working With Vulnerable People Check
    - If the applicant lived or worked outside of Australia at any time within the previous three years a declaration must be completed containing the following declaration: "I have not been convicted or charged with any criminal offence during my absence from Australia from [date] to [date]"

- Disclosure of any disciplinary proceedings
- Medical clearance
- Proof of Identity including:
  - → Photographic identification
  - → Full name and/or any former name or other name that the applicant has been known by
  - → Residential address
  - → Current contact details
  - → Current drivers licence

- Conduct induction and orientation for new staff

Service Manager / Nominated Supervisor:

The **Service Manager** is the Nominated Supervisor and the person with **responsibility for the day-to-day management of the Service.** For Genesis Family Day Care Services, the Nominated Supervisor is referred to as the Service Manager. The National Law requires that Approved Providers must not operate a service without a Nominated Supervisor for that service.

Appointing a Nominated Supervisor:

- Approved Provider obtains **written consent** from the proposed nominated supervisor
- Lodge an **"Notification of Change to Information About Approved Provider"** or equivalent online via the **NQA ITS Portal** within **7 days** (Regulation 173, Section 161A of the Law)
- Attach required documentation (e.g., supervisor's consent, qualification, and Working With Vulnerable People Check)
- Ensure service records are updated with the new Nominated Supervisor's details

Cessation of a Nominated Supervisor:

- If a nominated supervisor ceases employment or withdraws consent, the Approved Provider must notify the Regulatory Authority **within 7 days** using the NQA ITS portal
- Ensure an interim or alternate nominated supervisor is in place until a new one is appointed
- Update service records accordingly

Display of Nominated Supervisor Name/ Position:

- The Service will **display** the current nominated supervisor's **name and position,** so it is **clearly visible** to families, visitors, and regulators (Regulation 173)
- The display will be:
  - A printed and laminated sign on the main entrance door of the principal office
  - An information board in the entrance area of the FDC Coordination Unit/office
  - For individual FDC residences: the educator must display information about the current nominated supervisor supplied by the Service (e.g., service summary information sheet)

Coordinators:

The Approved Provider will appoint adequate number of full-time or part-time Coordinators (FTE) in compliance with the conditions of Service Approval.

The Approved Provider will support the Coordinators to undertake professional development, build professional networks and keep abreast of current trends in educational programs and practices.

Educational Leader:

The Approved Provider will appoint a suitably qualified and experienced person as the Educational Leader to lead the development and implementation of the educational program, based on the EYLF, across the Service. It is likely that a Coordinator will be undertaking the role of Educational Leader for the Service.

The Educational Leader is expected to inspire, motivate, affirm and also challenge/ extend the programs and practices of Educators. The Educational Leader will work collaboratively with educators to encourage inquiry and reflection to improve education and care of children by FDC Educators. The Educational Leader is supported by the Service's leadership team to effect positive change, including playing an integral role in mentoring, guiding and supporting Educators.

Volunteers & Students on Practicum Placements:

The Service may offer placements to:

- High school students who wish to gain work experience as part of a high school program, where the school has initiated the work experience, identified the student's suitability, worked with the Service to arrange suitable times and provided written authorisation for the student to participate
- Students attending registered training organisations and studying in a relevant field, such as childcare, teaching or community services where the training organisation has initiated the placement, identified the students suitability, worked with the nominated supervisor in relation to times and expectations, and provided written authorisation for the student to participate

For Students and Volunteers, the Service will:

- Maintain a central **Register of Students and Volunteers** at the Service office with a **record of each student or volunteer** (Regulation 145):
  - Name, address, date of birth.
  - WWVP clearance number and expiry.
  - Dates and hours of participation in the Service.
- Each student/volunteer must sign in and out daily, recording hours of participation
- Coordinators verify records during monitoring visits to Educator residences
- Records are kept for the required retention period (e.g., 3 years after the student/volunteer ceases participation)
- At the commencement of their work experience, provide guidelines identifying their responsibilities, expectations and Code of Conduct while at the FDC Service during work experience
- Ensure they are over the age of 18 years and have completed a Working With Vulnerable People Check prior to commencing at the Service
- Inform that they must comply with all obligations under the Child Safe Environment Policies (particularly, Child Protection)
- Ensure they are never left alone or in charge of any children

- Request that they adhere to confidentiality and privacy requirements and expectations
- Give support and guidance where required
- Encourage to participate and communicate in an open and honest manner
- Ensure that they do not discuss children's issues with parents
- Require them to comply with the National Regulations while on placement
- Provide with access to the Service policies and procedures
- Take all reasonable steps to ensure that they follow written policies
- Provide with opportunities to learn and participate in a positive, encouraging environment, and to take responsibility for the role that they are undertaking whilst on placement
- Inform families of the placement at the Service, if applicable
- Provide ongoing constructive feedback and assessment that is fair and equitable
- Maintain a record of all students and volunteers attending family day care service

Register of Staff, FDC Coordinators:

- The Service will maintain a current Register of staff, of FDC Coordinators and FDC Educators at its principal office
- The record will be made available for inspection by an authorised officer

Resources and Further Readings

- ACECQA (2023) Guide to the National Quality Framework
- ACECQA (2023) Policies and procedures guidelines: *Staffing policy and procedure guidelines*
- ACECQA (2023) Information Sheets
- Education and Care Services National Law Act 2010 (Amended 2023)
- Education and Care Services National Regulations (Amended 2023)
- Genesis FDC Code of Conduct

Related FDC Policies, Procedures & Documents

- Supervision, Child Protection and Hazard Prevention
- Visitors to FDC Residences during Family Day Care Hours
- Excursions and Regular Outings
- Risk Assessment Form

Last Reviewed: October 2025
Next Review: October 2026

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Engagement and Registration of FDC Educators

Policy/Procedure Number: **QA4 - 2**

Policy/Procedure Requirement: National Quality Standards 4 & 7; Regulations 169

Policy Statement

The Service will provide a fair and transparent process for the recruitment and selection of Educators.

Rationale

This Policy is designed to ensure the Service recruits and registers Educators who understand and able to meet children's needs and provide a high standard of education and care. Hence, the application of the Selection Procedure for new Educators who have no, or little prior experience will be much more rigorous than an experienced Educator with strong references.

Strategies and Practices

The procedures are developed to be applied in full, for applicants with no prior experience as an FDC Educator. In case of an FDC Educator who is currently working with or have until recently been working with a FDC service, a more flexible approach will be adopted taking into account the qualifications and experience of the Educator, and the reputation and quality rating (where applicable) of the service.

Responsibilities of the Service:

The Service will:

Upon initial contact with the applicant:

- Gather the following information:
  - → Personal details – name, address, date of birth, contact details to ensure the applicant is over the age of 18 years and eligible to work in Australia. Obtain proof of identity and residing address
  - → Qualifications - ensure the applicant has a minimum **Certificate III in Child Care (or actively working towards**) and previous experience Working With Vulnerable People. The applicants must also:
    - have a current Level 2 **First Aid certificate** and training in Anaphylaxis and Asthma management (e.g. HLTAID004) before being registered with the Service
    - provide a completed and signed medical report from a certified medical practitioner stating suitability to fulfil the requirements of an approved Educator
  - → Details of family or household members living in the residence, including the number and age of any children
- Provide the following information:
  - → Overview of FDC
  - → Numbers of children the applicant could provide care for
  - → Possible income earning potential
  - → What the Service offers Educators to assist with their business operation
  - → Overview of Information the Service will forward to the applicant, including home assessment documentation

- → Information about meeting ACT Government requirements; and if the applicant is renting their proposed FDC residence, then notify them of the requirement to obtain homeowner permission

- Provide introductory information to the applicant which includes:
  - → Introduction to the Service
  - → Overview of FDC
  - → Application process
  - → Criteria for Service Registration including all qualification requirements
  - → Genesis FDC Service policies & procedures
  - → National Quality Framework and the ACECQA website details, and
  - → **FDC Educator Application Form** to be returned to proceed with the application

On receipt of the Educator Application Form the Service will:

- Arrange for an interview either face-to-face at the applicant's residence or at the Service's principal office
- Cover the following information in one or more interviews:
  - → Elaborate on information provided at initial contact - their understanding of education and care of young children in a learning environment
  - → Possible income
  - → Business, financial and taxation responsibilities
  - → Establishment costs including, but not limited to, the following documentation:
    - Working With Vulnerable People Check (WWVP)
    - Assessment of overseas qualification costs
    - First Aid and other training costs
    - Medical Clearance
    - Business rate of vehicle registration
    - Small business set up costs
    - Public Liability Insurance (minimum $10 million)
    - Child Accident Insurance (where not included in Public Liability Insurance)
    - Vehicle child restraints
    - Vehicle child restraint check
    - Toys, equipment, resources and publications (Refer to supporting documentation)
    - Modifications to premises to meet Service requirements (e.g. glass windows/doors)
    - FDC Service registration and membership fees
  - → Regulation requirements including home and safety requirements, home safety audit checklist, self-assessment/audit by Service Staff
  - → Training and orientation requirements
  - → Own family and household members – impact, responsibilities and ensuring a protective environment for the children is maintained
  - → Requirements for operating a FDC Service - written records, observations
  - → Requirement to complete a recognised and accredited food safe course
  - → Play session visits and/or experienced Educator/mentor information

Fit and Proper Assessment

- Applicant to submit the **'FDC Educator Application Form'** for the Service to determine if the applicant meets the 'fit and proper' criteria (Refer to Policy - *Assessment of FDC Educators and Persons Residing at FDC Residences*)
- The Educator Application requires information on whether the Educator has been **registered with another FDC service** and whether they have been **subject to any investigation** or compliance action
- If the applicant meets the Service's requirements, the applicant may be directed to attend a FDC Educator's residence and/or a play session for observation/ assessment by the FDC Service
- If the applicant does not meet the Service requirements, a letter will be sent to the applicant informing them that their application has not been successful, and the process will cease

Final Educator Registration Check

- The Service undertakes a final Educator registration check and ensures the registration documentation and approval checklists are completed to ensure the applicant meets the Service requirements with regard to the following (but not limited to):
    - Home environment
    - Fit and proper person
    - Current Level 2 First Aid certificate and training in Anaphylaxis and Asthma management
    - A completed and signed medical report from a certified medical practitioner stating suitability to fulfil the requirements of an approved Educator
    - Professional reference checks
    - Have a business rate of vehicle registration if using a vehicle other than own vehicle
    - Use appropriate vehicle child restraints
    - Have a vehicle child restraint check
- FDC Service policies are provided to the applicant
- The applicant introduces their family members and any other residents to the Coordinator

Approval and Registration as an Educator

- The Service accepts the applicant's membership, conditional on the Service's requirements for setup being met and orientation undertaken
- All new Educators are registered for a **period of 12 months or less** (i.e., all initial registrations are valid to 30 June of the current or following year) and after that the registration is renewed for 12 months subject to successful completion of the annual assessment and **compliance record**
- If an Educator takes leave for a period of **3 months or more**, their registration is cancelled and on return have to be re-registered after submitting a police clearance and assessment of the FDC residence
- The Service provides orientation to the new Educator covering the following (but not limited to):
    - → Service's Policies and Procedures
    - → Early Childhood Australia (ECA) Code of Ethics

- → EYLF and development/ implementation of educational programs and learning assessments
- → Overview of the National Regulations and National Quality Standards
- → Regulatory obligations and governance
- → Risk assessment
- → Occupational health and safety
- → Child Protection Procedures
- → Excursions and regular outings
- → Health, safety and nutrition of children
- → Interactions with children
- → Child development and behaviour management
- → Communication and relationships with families

- Initial support contact as per the Service's procedure for new Educators is implemented

Ongoing Monitoring

- Identify areas of development needs and provide support and assistance to undertake their role as FDC Educator in providing high quality education and care
- Keep the Educators informed of changes to National Law and Regulations and EYLF/NQS
- Conduct Working With Vulnerable People Check on all Educators, family members and residents in the Educator's home over the age of 18 every five years (or if and when there are new persons residing at the residence)
- Provide a probationary period of three months during which increased home visits and one to one support is provided
- Conduct formal home safety checks prior to registration, and annually, ensuring that Educators maintain requirements
- Continually review recruitment, selection and screening procedures in line with best practice

Resources and Further Readings

- ACECQA (2023) Guide to the National Quality Framework
- ACECQA (2023) Policies and procedures guidelines: *Engagement or registration of FDC educators policy and procedure guidelines*
- ACECQA (2023) Information Sheets
- Education and Care Services National Law Act 2010 (Amended 2023)
- Education and Care Services National Regulations (Amended 2023)
- ACECQA National; Quality Framework Resource Kit (www.acecqa.gov.au)
- Early Years Learning Framework (EYLF)

Related FDC Policies, Procedures & Documents

- Educator Compliance Checklist
- Educator Early Childhood Qualifications
- First Aid Certificate (HLTAID012)
- Safe Sleep Training (Valid 1 Year)
- Child Protection Certificate (Valid 2 Years)

Last Reviewed: October 2025
Next Review: October 2026

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Engagement and Registration of FDC Educator Assistants

Policy/Procedure Number: **QA4 - 3**

Policy/Procedure Requirement: National Quality Standards 4 & 7; Regulations 154 & 169

Policy Statement

This policy applies to FDC Educators and Educator Assistants

Rationale

Under the National Law, Educators can seek to have Educator Assistants to assist them in the provision of education and care for children. However, the Service has made the decision that it will **not register** Educator Assistants. In the event of a medical emergency for the Educator, the Nominated Supervisor or a Coordinator will step in to assist the Educator and provide supervision to the children until they are collected by parents or guardians.

The Service may revisit the position after January 2027.

Last Reviewed: October 2025
Next Review: October 2026

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Keeping a Register of FDC Educators and Coordinators

Policy/Procedure Number: **QA4 - 4**

Policy/Procedure Requirement: National Quality Standards 4 & 7; Regulations 153 & 169

Policy Statement

The Service will maintain a register of FDC Educators and the Coordinators registered and/or employed with the Service to meet the requirements of the National Law and the Regulations.

Rationale

The Register will contain all relevant information on each registered Educator and Coordinator to meet the regulatory requirements and will be provided to the **Regulatory Authority upon request** via NQAITS.

The Register assists with ensuring compliance with child ratios, Educator qualifications, first aid qualifications and the criminal history checks of all residents residing at the FDC home. This supports our commitment to providing an environment that reinforces the health, safety and wellbeing of all FDC children. The Register will also support our waiting list and the placement of children accessing the Service.

Genesis FDC has implemented a childcare management system whereby all of the required information is available via secure online access including through smart phones and tablets.

Strategies and Practices

Responsibilities of the Service:

The Service will maintain a **Register of FDC Educators and Coordinators** as required under Regulation 153.

The Approved Provider is ultimately responsible for maintaining the register and ensuring the accuracy and currency of the information therein. However, the Service Admin Team has been tasked with recording and updating the information in the register on an ongoing basis.

The Admin Team will update the information in the Register on a weekly basis to reflect new enrolments, cessation of enrolments, changes to care schedule, and if any new Educators/ Coordinators or cessation of Educators/ Coordinators.

The records of Coordinator visits/ phone contacts with individual Educators are maintained in a separate folder with subfolders for each Educator in Google Workspace. These folders form part of the register.

The Register will include the following information:

- For **each FDC Educator**:
  - Name, address and date of birth
  - Contact details
  - Address of the residence, including a statement as to whether it is a residence or a venue
  - Date that the Educator was engaged by, or registered with, the service

- Date that the Educator ceased to be engaged by or registered with the service
- Days and hours when the Educator will usually be providing education and care to children as part of the service
- If the educator is an approved provider, the number of the provider approval and the date the approval was granted
- Evidence:
  - → of any relevant qualifications held by the Educator
  - → that the educator holds a current approved: first aid qualification, anaphylaxis management training, and emergency asthma management training
  - → of any other training completed by the Educator
- Record of ACT Working With Vulnerable People (WWVP) registration:
  - → identifying number of the current check
  - → expiry date of that check
  - → the date that the check or registration was sighted by the approved provider or a nominated supervisor of the service

- For **each child** educated and cared for by the Educator:
  - Name and date of birth
  - Days and hours that the Educator usually provides education and care to that child
  - If regulation 124(5) applies, a record of an approval granted in relation to the educator that includes the following information:
    - → nature of the exceptional circumstances described in regulation 124(6)
    - → date on which the approval was granted
    - → name of the person who granted the approval
    - → each child educated and cared for by the educator as part of the approval, the child's name and date of birth
    - → the period during which the educator is approved to educate and care for more than 7 children, or more than 4 children who are preschool age or under, at any one time, in exceptional circumstances
- For education and care provided in a **residence**:
  - full names and dates of birth of all persons aged 18 years and over who normally reside at the FDC residence
  - full names and dates of birth of all children aged under 18 years who normally reside at the family day care residence
  - Record of ACT Working With Vulnerable People (WWVP) registration or criminal history record check:
    - → identifying number of the current check
    - → expiry date of that check
    - → the date that the check or registration was sighted by the approved provider or a nominated supervisor of the service

- Coordinator to monitor and support the Educator:
  - Evidence that the educator is adequately monitored and supported by the FDC Coordinator including:
    - → dates and times of any visits by the Coordinator to the FDC residence for the purpose of monitoring or support
    - → dates and times of any telephone calls between the Coordinator and the Educator for the purpose of monitoring or support
    - → details of any correspondence or written materials provided to the Educator by the Coordinator for the purpose of monitoring or support and the dates and times the correspondence or materials were provided to the Educator
- For **each FDC Coordinator**:
  - Full name, address and date of birth
  - Contact details
  - Date that the Coordinator was employed or engaged by the service
  - Date that the Coordinator ceased to be employed or engaged by the service (if applicable)
  - If the Coordinator is an approved provider, the number of the provider approval and the date the approval was granted
  - Evidence of any relevant qualifications held by the Coordinator
  - If the Coordinator will be providing education and care to children, evidence that the Coordinator holds a current approved first aid qualification and has undertaken:
    - → current approved anaphylaxis management training, and
    - → current approved emergency asthma management training
    - → any other training
  - Record of ACT Working With Vulnerable People (WWVP) registration or criminal history record check:
    - → identifying number of the current check
    - → expiry date of that check
    - → the date that the check or registration was sighted by the approved provider or a nominated supervisor of the service
- Information held on the register in relation to a FDC Educator or FDC Coordinator must be kept on the register until the end of 3 years after the date on which the Educator or the Coordinator ceased to be employed or engaged by or registered with the service

Responsibilities of the Coordinators:

The Coordinators will:

- Notify the Approved Provider of any changes to their name, address, WWVP status, or any matter that may affect their fit and proper person requirement (e.g., criminal investigation, bankruptcy)

Responsibilities of the Educators:

The Educators will:

- Notify the Approved Provider of any changes to their name, address, WWVP status, or any matter that may affect their fit and proper person requirement (e.g., criminal investigation, bankruptcy)
- Any person over 18 years residing at the FDC residence continues to be fit and proper (e.g. changes to the WWVP status or criminal allegations/ investigations)
- Any new person over 18 years is residing at the FDC residence

Resources and Further Readings

- ACECQA (2023) Guide to the National Quality Framework
- ACECQA (2023) Policies and procedures guidelines: *Keeping a register of FDC educators, coordinators and educator assistants policy and procedure guidelines*
- ACECQA (2023) Information Sheets
- Education and Care Services National Law Act 2010 (Amended 2023)
- Education and Care Services National Regulations (Amended 2023)
- ACECQA National Quality Framework Resource Kit (www.acecqa.gov.au)
- Early Years Learning Framework (EYLF)

Related FDC Policies, Procedures & Documents

- Assessment, Approval and Reassessment of Approved FDC Residences
- Engagement or Registration of FDC Educators
- Monitor, Support, Supervise and Provide Information & Training to Educators
- Visitors to FDC Residence
- Educator Details Form
- Annual Service Agreement Requirements Form

Last Reviewed: October 2025
Next Review: October 2026

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Quality Area 5 – Relationships with Children

Interaction with Children

Policy/Procedure Number: **QA5 - 1**

Policy/Procedure Requirement: National Quality Standards 1 & 5; Regulations 155, 156, 168, 169 & 170

Policy Statement

Relationships that are responsive, respectful and promote a sense of security and belonging should be established and maintained with children in FDC. Positive, supportive and individualised relationships with regard to the size and the composition of the groups in which children are being educated and cared for by the service, enhance and integrate the social, emotional, cognitive and physical development of young children.

Rationale

The way adults interact with children is significant to the child's development and growth. Of relevance are behaviour management practices. It is well accepted that physical and humiliating punishment has negative consequences for children and that a warm, attentive atmosphere where every child is treated and valued as a unique individual, enhances children's ability to be responsible for their actions and build their self-esteem, sense of confidence and self-worth.

Strategies and Practices

The Service will take all reasonable steps to ensure that education and care to children is provided in a way that each child's **agency** is promoted, and:

- ***Encourages the children to express themselves*** and their opinions, to feel accepted and valued for who they are; to have their individual needs recognised and met; to recognise discrimination and prejudice; to understand the value of diversity; to be treated fairly and equitably
- Allows *the* ***children to undertake experiences*** that develop self-reliance and self-esteem
- Maintains at all times the ***dignity and rights of each child***
- Gives each child positive guidance and encouragement toward acceptable behaviour
- Has regard to the family and cultural values, age, and physical and intellectual development and abilities of each child being educated and cared for by the service
- Commits to full participation of children with additional needs and supports educators to support children to identify their emotions and the emotions of others, and how their own actions affect others. This includes children with diagnosed additional needs (such as an Autism Spectrum Disorder or Attention Deficit Disorder)
- Provides flexible curriculum approaches that are responsive to individual interests and needs, and ensures that educators are equipped to support children who are struggling to build social skills
- Will access additional support, assistance and resources for children with additional needs including children from diverse cultural backgrounds and children with high ongoing support needs (including disabilities)

- Believes that the recognition and integration of cultural diversity into our daily programming will ultimately lead to the development of strong, caring and tolerant individuals who are capable of making a valuable contribution to society
- Ensure that the service provides children with opportunities to interact and develop respectful relationships with each other and with educators, having regard to the size and the composition of the groups in which children are being educated and cared for
- Ensure the service meets qualifications and educator to child ratios
- Ensure that FDC educators are at least 18 years old, are suitably qualified, have adequate knowledge of education and care, and are 'fit and proper' persons
- Ensure all educators and staff have undertaken current child protection legislation training
- Work with and support families who have different expectations about guiding children's behaviour

The Service believes punishment is inappropriate as a behaviour management technique. **No child is to be subjected to any form of corporal punishment, immobilisation or any other frightening or threatening technique**. FDC Educators shall ensure that all people in contact with FDC children behave in a non-aggressive manner.

The Coordinators will:

- Support educators and families to encourage positive interactions and actively seek information from children, families and the community, about their cultural traditions, customs and beliefs, and use this information to provide children with a variety of experiences that will enrich the environment within the service
- Support the employment of educators from diverse cultural, social and linguistic backgrounds that reflect the cultural diversity of the community wherever possible
- Ensure professional development is provided for educators to extend their knowledge of social justice, inclusive and anti-bias practices through development opportunities resources, publications and discussions with peers
- Develop guidance strategies with Educators that demonstrate respect and understanding of individual children
- Provide Professional Development and/or information for Educators and families on effective communication skills that help build quality supportive *relationships*
- Role model respectful and positive interactions with the children that convey to the children that they are valued and competent learners
- Have caring, equitable and responsive relationships between themselves and children
- Participate in Professional Development
- Ensure compliance with relevant state and commonwealth legislation to provide an inclusive and discrimination free environment
- Support educators to promote and adhere to inclusive practices and settings at their care environment

Educators will:

- Use best endeavours to build positive, respectful and equitable relationships with children that:
  - → encourages children to express themselves and their opinions
  - → allows children to undertake experiences that develop self-reliance and self-esteem
  - → maintains at all times the dignity and rights of all children
  - → gives each child positive guidance, and
  - → has regard to the family and cultural values, age, physical and intellectual development and abilities of each child being educated and cared for by the service
- Use best endeavours to ensure the atmosphere of the FDC is relaxed and happy
- Ensure that appropriate supervision is adequate so that children are safe in their interactions with other children, and to provide children with uninterrupted play experiences with their peers
- Engage with each child in meaningful open interactions that support the acquisition of skills for life and learning
- Ensure routines such as meal times, toileting, nappy change and rest times are relaxed, unhurried and are used for positive interactions with individual children
- Show an interest in, participate and treat respectfully children's play and projects and actively engage in children's learning and share decision making with them
- Interact with each child in a warm, responsive manner to build trusting relationships
- Respond to children's efforts to communicate sensitively and appropriately supporting the child to feel safe, secure and confident
- Support each child to work with, learn from, and help others through collaborative learning opportunities
- Work with families, inclusion support agencies and other specialists working with the child to develop individual support plans for children with additional needs.
- Treat all children equitably and encourage them to treat each other with respect and fairness and will role model appropriate ways to challenge discrimination and prejudice, and actively promote inclusive behaviours in children.
- Respond positively and respectfully to children's comments, questions and requests for assistance
- Share information with families regularly in a constructive and confidential manner about children's interactions and offer the family links to other support services within the community such as Inclusion Support Agencies; Community Health Services etc.
- Create opportunities for children to be independent and self-reliant, to work through differences, learn new things and take calculated risks
- Treat each child without bias regardless of their physical or intellectual ability, gender, religion, culture, family structure or economic status
- Support children through periods of change and guide children in recognising and respecting similarities and differences in the cultures that are the fabric of our community
- Support each child to manage their own behaviour, respond appropriately to the behaviour of others and to communicate *effectively to resolve conflict by:*

- → Promoting a positive learning environment that aims to foster behaviour based on self-knowledge and understanding.
- → Encouraging an appreciation of other people's needs, rights and feelings
- → Promoting a sense of 'belonging' within the service by establishing relationships between children and those between children and educators, through providing environments appropriate to children's needs including: routines, physical environment, learning experiences and expectations inherent in the programming. The total environment is regularly re-assessed to meet the changing needs of those who access it

- Participate *in Professional Development*

Parents/Guardians Will:

- Develop supportive relationships with Educators, Family Day Care Staff, each other and children
- Share relevant information with Educators and staff regularly
- Provide information relevant to the successful inclusion of their child into the service, eg, (cultural background, abilities, special needs and language) and update the educator and service about any new information on a regular basis
- Interact with all children in the Educators home in an appropriate manner
- Role model effective communication skills to their children
- Feel confident that their culture will be reflected in the service; to have opportunities to participate in the service; to feel a valued member of the service; and to know their child is valued and included.
- Will be consulted in the development of programs that are responsive to children's lives, interests and learning styles, *and reflect children's family, culture and community.*

Behavioural Issues

Co-ordination Unit Staff will:

Provide guidance and developmental resources to educators to enhance their skills and knowledge to promote socially acceptable behaviour and language among the children, without breaching the children's rights to maintain their dignity and privacy, and by without having any bias or prejudice.

Educators will:

Take best possible efforts to ensure the development of socially acceptable behaviour and language among the children by:

- Using sustainable strategies that are consistent with the service's policies and procedures as well as the families' expectation
- Participating in various related professional developmental courses as directed by the service from time to time
- Role-modelling and by demonstrating good emotional intelligence
- Treating each child as an individual and by encouraging the children to express themselves and their opinions in a positive and constructive manner
- Promoting positive peer-to-peer interaction and respectful conflict management

Families are encouraged to:

- Be consistent with their responses when addressing behavioural issues with their own child/ren and other child/ren at the FDC service.
- Seek the educator's advice or guidance if they are not experience with handling specific situation related to their child/ren's behaviour

Resources and Further Readings

- ACECQA (2023) Guide to the National Quality Framework
- ACECQA (2023) Policies and procedures guidelines: *Interactions with children policy and procedure guidelines*
- ACECQA (2023) Information Sheets
- Education and Care Services National Law Act 2010 (Amended 2023)
- Education and Care Services National Regulations (Amended 2023)
- Genesis FDC Child Safe Code of Conduct
- ACECQA National; Quality Framework Resource Kit www.acecqa.gov.au
- UNICEF – United Nations Convention on the rights of the child
- Starting Blocks – Developing children's positive behaviour in childcare

Related FDC Policies, Procedures & Documents

- Governance and Management
- Staffing
- Child Safety, Wellbeing and Protection
- Professional Development Calendar for Educators and Staff
- Parent Agreement Form

Last Reviewed: October 2025
Next Review: October 2026

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Quality Area 6 – Collaborative Partnerships with Families and Communities

Enrolment and Orientation

Policy/Procedure Number: **QA6 - 1**

Policy/Procedure Requirement: National Quality Standards 2 & 7; Regulations 162, 165, 166, 169

Policy Statement

Children's enrolments in FDC should be managed in a manner that is in accordance with all governments' legislative and regulatory requirements. Educators will provide children and families with an orientation process for their individual service. All information provided to the Service is confidential and subject to *Information Privacy Act*.

Rationale

The Family Assistance Law requires the Service to make a care arrangement with each family that is using the Service. The Service recognises the Educator as an agent for the Service in relation to the enrolment of children into the Service as permitted by the Commonwealth. This provides an efficient enrolment procedure that is clear and understandable to Educators and families.

Strategies and Practices

Enrolment Process

Families will complete the **online enrolment form** providing all the required information under Regulations 160–162.

Once an enrolment is received, **Admin Team will review** the form for completeness of information. If any information is missing, Admin will write to the parent seeking the missing information explaining that the information is mandatory and the application will not be accepted if the enrolment information is incomplete. They will also alert the Service Manager of the enrolment, who will call the parent to enquire about their care needs to arrange placement.

However, the placement is finalised and enrolment notices are put through only after Admin confirms receipt of all mandatory enrolment information.

A child's **enrolment will not be accepted**, if the child is **not immunised** (except on a recognised catch-up schedule or those with a medical contraindication to vaccination), or if the parents do not provide the **mandatory enrolment information** (e.g., mandatory authorisation for medical treatment), or do not respond to emails/ calls from Service Manager or Admin.

Enrolment information required:

- Full name, gender, date of birth and address of the child
- Name, address and contact details of each known parent of the child
- Emergency contact person details if any parent of the child cannot be immediately contacted, including if the person has been given permission by a parent:
  - to collect the child from the Educator
  - to consent to medical treatment of, or to authorise administration of medication to, the child
  - to authorise an Educator to take the child outside the education and care service premises
- Authorisation to consent for the Educator to seek:
  - medical treatment for the child from a registered medical practitioner, hospital or ambulance service; and
  - transportation of the child by an ambulance service
- Authorisation for the Educator to take the child on regular outings and/or for regular transportation of the child, if required
- Details of any court orders, parenting orders or parenting plans
- Language used in the child's home
- Cultural background of the child and, if applicable, the child's parents
- Any special considerations such as cultural, religious or dietary requirements or additional needs
- Health information including:
  - Name and contact details of the child's registered medical practitioner or medical service
  - Specific healthcare needs of the child, including:
    - → Medical conditions such as allergies, and if the child has been diagnosed as at risk of anaphylaxis
    - → Any medical management plan
    - → Details of any dietary restrictions for the child, and
    - → Immunisation status of the child
  - Up-to-date **immunisation records** for each child

Placements

The Service Manager will:

- Maintain a register of families requiring care, review and update regularly
- Provide information on the Service offerings
- Discuss with the family their expectation of education and care for the child
- Provide families with enrolment related information and direct them to the Service's website at (www.genesisfdc.com.au) for information on the Conditions of Care and Service policies and procedures, and offer to clarify any questions or concerns they have
- Refer the family to visit 2~3 Educators (depending on availability and care needs)
- Arrange an orientation session with the chosen Educator

- Introduce the child and family to the Educator and FDC environment
- Share information about the child's interests, routines, cultural background, and additional needs with the Educator
- Discuss the Service's expectations, communication processes, and the role of the nominated supervisor and Coordinators
- Coordinate and facilitate opportunities for parent and Educator consultation on issues related to the provision of education and care
- Contact parent by phone to check if parent has any questions or requires clarifications on any matter, following Educator's and family's acceptance of placement
- Advise the parent that they can visit the principal office during office hours and/or the FDC residence any time that the child is being educated and cared for
- Check to ensure parents have completed all documentation, including the required authorisations and Medical Management Plans, prior to commencement
- Play an active role in monitoring each placement at the Service to ensure the reasonable needs of each child and their parents are met
- Ensure ongoing support is provided to the Educator during orientation periods
- Offer families the opportunity to share and contribute to Service decisions
- Ensure that all children educated and cared for by Educators are enrolled with the Service
- Actively facilitate access to education and care for children irrespective of cultural background, religion, sex, disability, parents' marital status, health status or income while meeting the specific needs of the local community
- Determine access for children with special needs in consultation with all stakeholders and seek assistance / support under the Inclusion Support Program, NDIS or other support programs as appropriate

Educators will:

- Provide orientation prior to starting care based on each family's individual needs
- Ensure families sign the Visitor's Record book on arrival for the initial orientation visit and when they leave
- Seek relevant authorisations in relation to:
    - Obtaining treatment from a medical practitioner, dental or hospital treatment or ambulance service, and
    - Taking children on regular outings

  e.g., **If parent refuses the authorisations** for regular outings or has concerns about the child being transported in a vehicle by the Educator, then alternate care arrangements will be arranged by the Service Manager
- Ensure the supervision of other children in care is not compromised during the orientation visit

- Provide information about their own family, their philosophy, fee structure, expectations, service policies and routines
- Complete the Parent Agreement form with the family once the decision is made to commence care
- Familiarise themselves with information about the child from the Enrolment Form prior to the first day of care
- Ensure that they are aware of any medical conditions and how to manage them if required
- Welcome the family and child on the first day of attendance and ensure there is a space ready for the child's belongings. Reassure the family and assist with separation if required. Encourage families to be in contact throughout the day
- Contact families regularly to reassure the parent that their child is settling in smoothly
- Work in partnership with families to gather and maintain individual information assisting in the continuity of routines. Recognise the expertise of families in shared decision making about their child's health and wellbeing
- Share information on a daily basis through verbal and written processes
- Provide responsive programs that build on children's strengths and foster development
- If necessary, implement a trial period to ascertain if the placement is appropriate for the child. This trial period will be:
  - → Negotiated with the parent
  - → Be a maximum of 4 weeks and this to be indicated on the Enrolment Form, and
  - → Clearly state that the notice period to finish care during the trial period will be one (1) week
- Book before and after school care contracts for school terms only. Vacation care contracts need to be put in place if required with the parent identifying the days needed. Once this contract is finalised the care is paid for whether used or not as per under school age contracts. **Public holidays during vacation care are not claimable for school age children unless care is actually provided on the day**
- Keep all copies of all child related documents in a secure place
- Provide to and discuss with families their Statement of Fees / Fee Schedule
- Advise parents that it is their responsibility to update/ notify of changes to their details on Enrolment Forms
- Provide all families with information through specific orientation procedure, if possible prior to the child commencing education and care
- **Advise parents that they can visit the FDC residence** any time that the child is being educated and cared for, however the amount of time they spend at the FDC may be limited due to the need to maintain privacy of other children in care

Parents / Guardians will:

- Complete current Enrolment Forms (online at www.genesisfdc.com.au/forms) providing the required information
- Contact the Service for assistance if unable to complete the online form
- Provide all information and documentation relevant to their child's health, routine and wellbeing
- Ensure the Enrolment Form contains:
  - → Full name, date of birth and address of the child
  - → Name, address and contact details of:
    - Each known parent of the child
    - Any person who is to be notified of any emergency involving the child if any parent of the child cannot be immediately contacted
    - Any person who is an authorised nominee
    - Any person who is authorised to consent to medical treatment of, or to authorise administration of medication to, the child, and
    - Any person who is authorised to authorise an Educator to take the child outside the education and care premises
  - → Details of any court orders, parenting orders or parenting plans relating to any person in relation to the child or access to the child
  - → Details of any other court orders provided to the Approved Provider relating to the child's residence or the child's contact with a parent or other person
  - → Gender of the child
  - → Language used in the child's home
  - → Cultural background of the child and, if applicable, the child's parents
  - → Any special considerations for the child, for example any cultural, religious or dietary requirements or additional needs
  - → Relevant authorisations in relation to:
    - Obtaining treatment from a medical practitioner, dental or hospital treatment or ambulance service, and
    - Taking children on regular outings
  - → Health information as required under Regulation 162:
    - Name, address, and telephone details of the child's medical practitioner/centre
    - If available, the child's Medicare number
    - Details of any specific healthcare needs of the child, including any medical conditions, allergies, including whether the child has been diagnosed as a risk of anaphylaxis
    - Any Medical Management Plan, anaphylaxis Medical Management Plan or risk minimisation plan to be followed with respect to specific healthcare needs, medical condition or allergy
    - Details of any dietary restriction for the child, and
    - Immunisation status of the child

- **Update** via Hubhello parent portal (or notify the Service in writing) **of** any changes to the family's circumstances
- Ensure all documentation, including authorisations and Medical Management Plans, are completed prior to commencement
- Provide all relevant documentation to the Educator prior to care commencing
- Complete an Educator/Parent agreement form with the Educator once the decision has been made to commence care
- Sign the Visitor's Record book writing their full name and the arrival and departure times when visiting for the initial orientation

Resources and Further Readings

- ACECQA (2023) Guide to the National Quality Framework
- ACECQA (2023) Policies and procedures guidelines: *Enrolment and orientation policy and procedure guidelines*
- ACECQA (2023) Information Sheets
- Education and Care Services National Law Act 2010 (Amended 2023)
- Education and Care Services National Regulations (Amended 2023)
- ACECQA National; Quality Framework Resource Kit www.acecqa.gov.au

Related Documents

- Visitors Register
- Parent Agreement Form
- Statement of Fees / Fee Schedule
- Parent Agreement Form
- Medical Management Plans
- Confidentiality of Records

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Next Review: October 2026

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Quality Area 7 – Governance and Leadership

Monitor, Support, Supervise and Provide Information & Training to Educators

Policy/Procedure Number: **QA7 - 1**

Policy/Procedure Requirement: National Quality Standards 2, 4 & 7; Regulations 124 & 169

Policy Statement

The Service will implement fair and transparent processes to recruit, support, monitor and supervise FDC Educators, to ensure the continuing improvement of the Service. The Service encourages Aboriginal and Torres Strait Islander people and people from culturally diverse backgrounds to become FDC Educators.

Rationale

The Service will ensure that quality of education and care is maintained and continually improved through appropriate policies, processes and practices and have effective policies and procedures in place to manage health and safety risks. Participation in professional development and attendance at Educator FDC meetings on a regular basis is promoted and encouraged. Educators and staff are also provided with the most up to date and relevant information.

Coordinators carry out support visits to Educators in accordance with the Service requirements to ensure compliance with and understanding of National Law and Regulations; National Quality Standards; and Service policies, procedures and practices; W H & S practices and to support Educators in their roles. Coordinators will make support visits with and without notice recognising that the Educator's workplace is also the family home.

Strategies and Practices

The Service will:

- Ensure that the Manager (person in day-to-day charge), Nominated Supervisor, and FDC Coordinators complete the mandatory child protection course *CHCPRT025 – Identify and Report Children and Young People at Risk* prior to commencement and undertake refresher training annually
- Ensure that it always complies with the **required number** of full-time equivalent Coordinators to Educator ratio required by Regulation 123A, or if a different ratio imposed by the Regulator Authority as conditions on the Service
- Ensure one-on-one orientation is given to all new Educators by the Coordinator
- Keep Coordinators and Educators informed of all changes (and proposed changes) to National Law and Family Assistance Law
- Share information from the Australian Government Department of Education and the ACT Regulatory Authority with Coordinators and Educators
- Conduct quarterly team meetings to provide updates, and share learnings and current/ emerging issues

- Recruit and support Educators from culturally and linguistically diverse (CALD) background:
  - provide access to translated key resources where possible
  - encourage peer learning and offer a buddy/ mentor system with experienced CALD Educators, and where possible from similar backgrounds
  - deliver induction and training in plain English
  - offer flexible training formats (face-to-face workshops, online modules, mentoring, group discussions)
  - use reflective practice journals for those who learn best through writing and reflection
- Require the **Educational Leader** to develop **Individual Learning and Development Plans** in consultation with individual Educators and Coordinators, that identify the strengths, areas for development, and training and/or professional development goals for individual Educators:
  - The Plans are reviewed every 6 months to assess progress with the training and development goals
  - Where there are similar training and professional development needs identified across number of Educators, group or inhouse training or professional development will be facilitated by the Service

Coordinators and/or Manager will:

- Provide an orientation session for all new Educators
- Where appropriate, institute a buddy system whereby experienced Educators assist new Educators transition to FDC
- Be available to provide support to all Educators during the hours the Service is operational, including at night or on weekends, if children are in care. Provide additional support to Educators as required
- Sign in and out the visitor record (Genesis FDC Educator Diary) during every visit
- Make scheduled and unscheduled visits to Educators' homes at different times and days during the Educator's work hours and:
  - Check the care area for any hazards, cleanliness
  - Check the educational program documentation is up to date
  - Observe Educator interactions with children (e.g. positive, warm)
  - Observe the children (e.g. happy, engaging actively with one another and Educator)
  - Safe sleep and rest practices and arrangements
  - Observe hygiene practices: handwashing, food safety, nappy changing/toileting
  - Observe supervision practices indoors and outdoors
  - Compliance with educator-to-child ratios
  - Review of any incidents, injuries, illnesses, or trauma since the last visit
  - Check need for any new risk assessments and/or authorisations for excursions/ transport
  - Check if any changes to WWVP status of Educator or those 18+ residing at the residence
  - Discuss managing children's behaviour positively and consistently

- Document all matters discussed in the Coordinator Visit Record and provide a copy to the Educator and upload the document to the Service's Document Repository (Google Workspace)
- Provide the Nominated Supervisor and Approved Provider with a Weekly Coordinator Report summarising/ highlighting the key points/ matters arising during each visit undertaken in that week
- Facilitate a scheduled visit, which can be requested by the Coordinator or Educator at any time. Scheduled support visits should be planned for a quiet time during the day to allow attention to be focused on the issues at hand. Unscheduled visits should occur at different times of the day and week to enable the Coordinator to observe all children in care
- Visit new Educators frequently until such time as the Educator demonstrates capacity to manage all aspects of their role competently
- Develop and maintain professional working relationships with all Educators, providing telephone and email contact and additional visits where required
- Document all visits and communication with Educators on support visit sheets
- Assist in the development and implementation of educational programs, guide Educators in their planning and reflection and mentor colleagues in their implementation practices
- Act upon any breach (whether reported and/or witnessed) to the Educator's Service Agreement which encapsulates all documented policies and procedures of the Service
- Contact Educators on a regular basis between support visits by telephone, email, social media, SMS, playgroup sessions, outings or by the Educator visiting the Service office
- Provide assistance and support to the Educator as both a childcare professional and as a small business operator
- Focus on the needs of the children in care and the Educator, and ensure that matters discussed are relevant to the care of the children and/or to the service development
- Coordinators will be flexible in their approach to home visits and the type of support provided to the Educator
- Provide a copy of the support visit record to the Educator by email or record in FDC Diary
- Leave a visitor's slip if an Educator is not at home advising the date and time visited
- Take opportunities for ongoing professional development where possible
- Participate in professional development/ information sessions relevant to their role
- Consult with Educators on professional development opportunities
- Engage external professionals as well as Staff for the delivery of professional development
- Evaluate professional development provided to Educators and Staff for effectiveness
- Support Educators in their endeavours to attain qualification in Children's Services
- Keep a record of Educator and Staff professional development
- Fund various professional development sessions throughout the year (with the exception of First Aid, CPR Anaphylaxis and Emergency Asthma Management)
- Provide families with local parenting information sessions for them to access

The Educational Leader will:

- Conduct one-on-one mentoring during home visits to model intentional teaching strategies
- Guide educators on documenting children's learning in the Genesis FDC Educator Diary to meet regulatory requirements without excessive workload
- Support Educators to reflect critically on practice, using reflective questions, or group discussions
- Discuss individual children's learning goals, strengths, and needs
- Help Educators link children's learning outcomes to everyday routines
- Provide program templates and examples to simplify planning, observation, and documentation
- Facilitate professional learning workshops on topics like cultural inclusion, behaviour guidance, sustainability, and child-led learning
- Monitor and provide feedback on safety, supervision, and curriculum planning to ensure compliance with the NQF
- Act as a bridge between Educators and the Coordination unit, ensuring Educators feel supported

Educators will:

- Provide education and care to a **maximum of 7 children under 13 years,** with **no more than 4** children **under the school age** (Regulation 124)
- Seek and attend professional development not organised by the Service
- Follow the booking process as outlined by the Service
- Ensure the limit (4 under school age children with a maximum of 7 children in total under 13 years) is not exceeded acknowledging that the numbers include their own children at the residence
- Complete mandatory registration requirements: Current level 2 First Aid (3yrs), CPR, Anaphylaxis (3yrs) and Asthma (3yrs) – HLTAID012
- Complete appropriate child protection course
- Complete a work health and safety course appropriate for family day care environment such 'Manual Handling Risk Management in the Childcare Industry'
- Attend a minimum of 50% of scheduled FDC Educator Team Meetings in a financial year
- Attend where practical, professional development/information session updates as offered on - Manual Handling, Safe Food Handling and Child Protection
- Attend an orientation session prior to commencing as an approved Educator
- Demonstrate that professional development & meetings
- Allow unscheduled visits by Coordinators and the ACT and National regulators, which are permitted at all times when children are in care
- Seek advice and assistance from Coordinators as appropriate where there are concerns about **safety or compliance issues** or the Educator's circumstances warrant it – e.g. when a child is new and not yet settled into care, where there is a concern about a child (e.g. challenging behaviour, developmental, emotional, at risk, family crisis)
- Request Coordinators and/or Nominated Supervisor to assist in identifying and facilitating

training in specific areas to assist with effective education and care provision

- Ensure their own health and safety, and that of families and all other visitors to the FDC residence
- Report all work-related injuries and conduct daily safety checks of the indoor and outdoor environment and equipment.

Educator Non-Compliance

If an Educator fails to comply with the National Law, Regulations, or Service policies, the Service will act promptly to safeguard children and meet regulatory obligations:

- Identify and record the non-compliance (e.g., unsafe sleep practices, incomplete records, ratio breaches)
- Discuss and document the issue with the Educator, setting clear expectations and timelines for correction
- Provide support/training if the non-compliance stems from misunderstanding or lack of skill
- If the non-compliance is serious or repeated:
    - Issue a written warning
    - Suspend or cancel the Educator's registration with the Service
    - Notify the Regulatory Authority if it involves a serious incident, complaint, or breach (s174, Reg 176)
- Record-keeping: Keep detailed evidence of the breach, the response, and outcomes in the Service's compliance register (Reg 167).

Notification on Educator Suitability or Capacity to Provide Care

Educators are legally obliged to inform the service of events that may compromise their suitability or capacity to provide safe care.

The Service requires Educators to notify the Nominated Supervisor of any event that impacts on their ability to provide education and care to children **within 24 hours**.

Educators must notify the Nominated Supervisor and Approved Provider of:

- Illness, injury, or health conditions that affect their ability to supervise or provide care
- Loss or suspension of a **WWVP clearance**
- Significant family changes or new residents in the home (Reg 163)
- Legal or criminal matters (e.g., being charged with an offence)
- Environmental changes (e.g., safety hazards, major renovations, loss of utilities)
- Temporary inability to provide care (e.g., hospitalisation, personal crisis)

The notification can be:

- In writing (email, formal notification form) so there is a clear record
- By phone for urgent matters, followed by written confirmation

The Nominated Supervisor then records the event and undertakes a risk assessment in consultation with Coordinators and/or Approved Provider, and if necessary, reports it to the Regulatory Authority (e.g., via NQA ITS).

Exceptional Circumstances

- Exceptional circumstances may allow temporary variation to care for **more than 7 children**, such as:
  - Sibling groups to avoid separation
  - Emergency care (e.g., family illness, domestic violence, natural disaster)
  - Continuity of care needs (e.g., when children's normal care arrangements are disrupted)
- An Educator may seek Approved Provider approval to care for more than 7 children
  - Educator submits a written request explaining the need, expected number of children, ages, and circumstances
  - Approved Provider assesses against Regulation 124 and ACECQA guidelines
  - Provider and educator meet (in person/virtually) to discuss supervision strategies and risk controls
  - Approved Provider documents the decision and conditions (e.g., "approved for 2 days to allow care of siblings, must not exceed 8 children total, additional safety checks completed")
  - Both parties sign the record. Copy held by educator and service office.
  - Communication shared with families if relevant (e.g., notice to parents of temporary increased group size)
- In making the decision, the Approved Provider must consider:
  - The educator's ability to safely supervise all children
  - The suitability of the premises and environment
  - The needs, ages, and abilities of all children present
  - The duration and reason for the request
  - A decision must be documented, signed, and placed on the educator's file, with risk minimisation strategies outlined

Resources and Further Readings

- ACECQA (2023) Guide to the National Quality Framework
- ACECQA (2023) Policies and procedures guidelines: *Monitoring, support and supervision of FDC educators policy and procedure guidelines*
- ACECQA (2023) Information Sheets
- Education and Care Services National Law Act 2010 (Amended 2023)
- Education and Care Services National Regulations (Amended 2023)
- ACECQA National Quality Framework Resource Kit (www.acecqa.gov.au)
- Early Years Learning Framework (EYLF)
- Work Health and Safety Act 2011 (ACT)

Related FDC Policies, Procedures & Documents

- Supervision & Hazard Prevention
- FDC Educator Professional Development & Meetings
- Educator Service Agreement
- FDC Educator Handbook

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Assessment of FDC Educators and Persons Residing at FDC Residences

Policy/Procedure Number: **QA7 - 2**

Policy/Procedure Requirement: National Quality Standards 7; Regulations 163, 164,168, 169 & 170

Policy Statement

The personal safety and well-being of all children officially placed within a FDC Service is of paramount consideration and importance. The Service is committed to good governance and quality management therefore we assess our Educators and those residing at a FDC residence as fit and proper persons prior to registration.

Rationale

The Service creates a child-safe and friendly environment for every child in care and choosing the right people to work with the children is important. Therefore, it is expected that the people with whom children may have contact with during the day in the absence of their family, will not compromise their safety.

Thorough procedures and checks are conducted to establish if applicants and adults household members are initially and continue to be fit and proper persons.

Strategies and Practices

The Service undertakes a 'fit and proper' person assessment for the Educators and persons residing at FDC residences. The Service **will not register any Educator Assistants** and believe individual Educators must only have in care, the number and age group of children that they are able to effectively provide quality education and care. In the event of a medical emergency for the Educator, the Nominated Supervisor or a Coordinator will assist the Educator and provide supervision to the children until they are collected by the parents.

Probity checks

The Nominated Supervisor and/or Coordinators will undertake probity checks on prospective Educators:

- Assess suitability based on:
  - Initial home visit
  - Written application
  - Personal interview
  - Referee checks
- Establish the identity with the provision of an Australian Passport or Drivers Licence
- Check (sight) the Working With Vulnerable People Check (WWVP) of the prospective Educator and all other household members over the age of 18 years of age
- Request the provision of Health and Fitness Clearance from a medical practitioner
- Request National Police Check
- **Check mandatory training** and **other** requirements under the National Law and Service policies (WWVP, current first aid with asthma and anaphylaxis management, child protection, safe sleep practices, manual handling risk management)

- Maintain a register to monitor and ensure the Educators keep the WWVP and all mandatory training up to date

The Educators will:

- Notify the approved provider of intention to have residents at the FDC residence
- Notify the approved provider if their own child or any other resident turns 18 years old (providing enough notice to carry out relevant checks)
- Ensure that residents, visitors and unauthorised people are not left alone with children
- Ensure that WWVP Registration, FDC Educator qualifications and other 'fit and proper' requirements are kept up to date during the FDC Educator's period with the Service
- Be aware of the process for when a FDC Educator's own child (or any other child residing at the residence) turns 18 years old

Other Residents

- The Educator must notify Coordinators of any new person over the age of 18 years who resides, or intends to reside at the residence, and introduce the family members and any other residents to the Coordinator during the Final Educator Registration Check (QA4 - 2 Engagement and Registration of FDC Educators)
- Any resident who turns 18 or new resident over 18 years will require a Working With Vulnerable People Check to be conducted before residing in the approved FDC residence
- Any students or volunteers will also require a Working With Vulnerable People Check for attending the approved FDC residence
- Any person **deemed inappropriate** by the ACT Regulatory Authority is excluded from the FDC residence while children are being educated and cared for at the premises
- Any new resident to the premises requires a National Police Check
- **Coordinator will provide induction** to the family members and any residents on the Service expectations and their obligations that they:
    - Cannot be alone with children at any time
    - Must not have any physical contact with the children
    - Must not discipline, guide, or otherwise interact with children in a way that is inappropriate
    - Must use appropriate language and not yell or shout
    - Must not be smoking, having alcohol, or visitors during care hours
    - Must maintain confidentiality of any private information that they overhear or see (Reg 181-182)
    - Are made aware of evacuation routes, meeting points, and how to respond if alarms are activated
    - Familiarise with relevant service policies (child protection, privacy, complaints, emergency, acceptance/refusal of authorisations)
- Coordinator will report any concerning behaviour to the Educator and Nominated Supervisor immediately
- Older teenagers and adults over 18 years residing at the FDC residence are prohibited from having any physical contact with any child and must not be present in the FDC area in the absence of the Educator

Notification of changes

The Educator **must notify** the Nominated Supervisor and/or Approved Provider of any issues that may affect their, or an adult household member's suitability, as a fit and proper person such as:

- Charged with or convicted of sexual offence, violence, drugs, weapons
- WWVP revoked, suspended or rejected
- Conviction requiring jail sentence
- Conviction of fraud
- Conviction requiring community services
- Conviction relating to violence
- Traffic offence resulting in loss of licence
- Apprehended violence order
- Conviction relating to offence against children
- Conviction relation to illegal drugs
- A change in medical, physical or mental condition, wellness or fitness

If the Educator has failed to notify any of these changes, depending on the seriousness of the matter not notified, the Educator might have conditions imposed or registration suspended or cancelled, and Regulatory Authority notified.

The Approved Provider will conduct a risk assessment to determine if the risks arising can be managed by imposing conditions and adequate monitoring to ensure the safety and wellbeing of children in care, or the risks cannot be adequately managed to allow the Educator to remain on the FDC Register.

Unsatisfactory probity or change in status

If the results of any probity checks are unsatisfactory, an assessment of risk is undertaken by the Nominated Supervisor or Approved Provider; the results may include:

- Conditions applied to manage risks, or
- Deregistration - the content of any probity check will only be discussed with the applicant
- Expiry of Probity Check
  - → In the event that an Educator's registration for Working With Vulnerable People Check has expired, that Educator's registration will be suspended until it is renewed. It will be the responsibility of that Educator to notify Parents
  - → In the event that a resident's Working With Vulnerable People Check expires, that resident will be prohibited from spending time at the FDC residence during FDC hours until it is renewed
  - → In relation to the expiry of a medical check or obvious changes to medical or fitness, an Educator may be placed on a suspension and risk managed or in extreme cases, where children are deemed at risk, may have their registration suspended or cancelled

Resources and Further Readings

- ACECQA (2023) Guide to the National Quality Framework
- ACECQA (2023) Policies and procedures guidelines: *Assessment of FDC educators, FDC educator assistants and persons residing at FDC residences policy and procedure guidelines*
- ACECQA (2023) Information Sheets
- Education and Care Services National Law Act 2010 (Amended 2023)
- Education and Care Services National Regulations (Amended 2023)
- ACECQA National Quality Framework Resource Kit (www.acecqa.gov.au)

Related FDC Policies, Procedures & Documents

- Engagement and Registration of FDC Educators
- Engagement and Registration of FDC Educator Assistants
- Keeping a Register of FDC Educators
- Visitors to FDC Residences during FDC Hours
- Monitor, Support, Supervise and Provide Information & Training to Educators
- Providing a Child Safe Environment
- Working With Vulnerable People Check

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Governance & Management

Policy/Procedure Number: **QA7 - 3**

Policy/Procedure Requirement: National Quality Standards 7; Regulations 168

Policy Statement

The Policy outlines the responsibilities of managing the FDC service in accordance with the requirements of National Law, National Regulations and the National Quality Standards recognising that FDC Educators are self-employed childcare providers, operating their business under the Approved Provider.

Rationale

The FDC Service should have effective governance, leadership and management to ensure compliance with Commonwealth and Territory Government legislative and regulatory requirements and to provide high quality childcare service delivering quality outcomes for children and families. Governance arrangements for services are required to reflect the appropriate legal status and authority to hold both provider approval and service approval.

Strategies and Practices

Service's Value Proposition

The Service is operated by a private, for-profit entity but founded as a 'social enterprise' – addressing a social need (i.e. affordable, accessible and quality childcare) and striving to provide a common good (i.e. efficient provision of childcare) by applying commercial discipline and innovation.

The Service strives to be more efficient and effective than community and not-for-profit services by being innovative and able to make better use of technology with lower administrative costs; and being more generous than other private for-profit businesses by seeking to increase value for children, parents and educators rather than seeking to maximise profits, while being commercially viable and financially sustainable.

Service's Values

The Service aims to be among the **lowest risk** and **highest quality** FDC services in NSW/ ACT and is strongly committed to its values of "**Respect**", "**Quality**" and "**Integrity**" and expect the Management, Staff, Coordinators and Educators to adhere to these values.

- **Respect**: Children, Families, Educators and Staff must be treated with mutual respect and sensitivity, recognising the importance of diversity. The Service respects all individuals and value their contributions
- **Quality**: The Service promotes continuous improvement in all aspects of our operations
- **Integrity**: The Service will at all times act with honesty and integrity, and expect the same from the Educators, Coordinators and Admin Staff

Governance Arrangements

- The **Approved Provider** is Genesis Professional Services Pty Ltd, a private limited liability company acting as trustee for a family trust
- The sole **Director** of the company is the 'Person with Management & Control of the Service'

- The Approved Provider of Genesis Family Day Care Services holds the legal responsibilities for operating the Service
- The **Service**, Genesis Family Day Care Services, is an approved family day care service registered to operate in New South Wales
- The Approved provider will ensure that a suitable person is appointed to be the **Nominated Supervisor** (Service Manager) to be responsible for the day-to-day activities of the Service
- The Nominated Supervisor will consent to and accept the appointment on the understanding of the legal responsibilities of the position
- When the Nominated Supervisor (Service Manager) or the Director (the person with management and control of the Service) is not in attendance, the Approved Provider will appoint an FDC Coordinator to be the person responsible for the day-to-day operations
- The Nominated Supervisor should be **at least 18 years of age**, a **fit and proper person**, have **adequate knowledge and understanding** of the provision of education and care to children; have an ability to **effectively supervise and manage** an education and care service; maintain a **current WWVP** registration, and be **free of alcohol, drugs, vaping substances and devices,** and **tobacco** during Service's operating hours
- The Nominated Supervisor will be the **Responsible Person** (i.e. Service Manager) in charge of the Service on a day-to-day basis
- The Approved Provider will appoint an **Educational Leader** to lead the development and implementation of educational programs
- The Educational Leader so appointed may be the Nominated Supervisor, a Coordinator or another suitably qualified person
- The Approved Provider will also appoint adequate number of full-time or part-time **FDC Coordinators** in accordance with the conditions of the Service Approval
- The Approved Provider may also appoint suitably qualified and experienced Educators or external contractors as **Practice Mentors** in particular areas of focus based on their expertise (e.g. curriculum development, sustainability, diversity and inclusion) to mentor and support Educators and the management team
- The Approved Provider will ensure that the Person with Management and Control, Nominated Supervisor, Person responsible for day-to-day management, Coordinators and Educators all remain **fit and proper persons** while holding the respective positions and/or undertaking the roles and responsibilities
- The Approved Provider will have in place policies and procedures to ensure the Service operates in compliance with all legal and regulatory requirements

Prescribed Information

- The Approved Provider will ensure the information prescribed under Regulation 173A is included as 'Service Summary Information' and printed and laminated in A4 paper, and displayed at the principal office and every FDC residence **clearly visible from the main entrance**
- The prescribed records are reviewed **quarterly** and after any incident/ complaint/ audit
- The Approved Provider will also ensure the **current ratings certificate** is displayed at each residence

Notification and Reporting Responsibilities

- The Approved Provider is responsible for meeting the notification and reporting requirements within the required timeframes under the National Law and Family Assistance Law
- The Approved Provider may delegate all or some of these responsibilities to the Nominated Supervisor, Coordinator or other suitably qualified staff. Irrespective of the delegations, the ultimate responsibility remains with the Approved Provider
- The notification requirements under the National Law and Family Assistance Law are provided in QA7 – 6 Notifications Requirements

Record Management

- The Service policy on records management is at QA7 – 4 Records Management & Privacy

Service's Business Model

The Service complies with the FDC Business Model

- The Service will recruit the FDC Educators as independent contractors with a contractual agreement in place. All Educators are required to have their own Australian Business Number (ABN) and are required to abide by the Service's policies and procedures
- The Care Agreement between the Service and the parents contains the terms and conditions of the care
- Under the *Family Assistance Law,* the Approved Provider is responsible for the operations of the entire service, including ensuring that Educators comply with all aspects of the Service's policies and procedures

Service's Operating Principles

The Service is committed to a "Distributed Leadership" model and promotes:

- Shared and mutually beneficial leadership practice that builds the capacity of Educators, Coordinators and the Service for continuous improvement
- Individual Educators who have specific interest and expertise and able to contribute to the continuous improvement of the quality of education and care of other Educators, to be Practice Mentors of the service
- A "collegial approach" by Coordinators and staff in engaging with Educators on the basis of:
  - → Mutual respect
  - → Recognition that each have their own strengths, differing roles and responsibilities, and
  - → Educator responsibility to comply with relevant legal and regulatory requirements, and commitment to continuous improvement in all aspects of the education and care
- Collaborative working relationship with families

Service Operations

The Service will:

- Provide all FDC staff, Educators with a copy of the Code of Conduct including responsibilities of all parties

- Ensure policies and practices are developed in line with the National Regulations and the National Quality Standards
- Ensure any changes within the Service are explained to all FDC staff, Educators and families prior to implementation
- Ensure if a change to a policy/procedure is made, then ***at least 14 days notice to the Educators and parents*** of children enrolled at the FDC Service must be given before implementing any change to a policy and/or procedure
- Give information on legal and ethical requirements to all FDC Service staff and Educators (e.g. Induction/Orientation, Certificate III training)
- All relevant policies and forms are made available through the Service's website at www.genesisfdc.com.au
- Require FDC Coordinators to maintain regular contact with the Educators to provide support and monitor compliance with the National Regulations and the Service policies and procedures
- Meet the relevant legislative requirements in regard to promotion and advertising of the Service or individual FDC Educator's service.
- Ensure the Service is promoted professionally in an ethical and positive manner, and reflects the philosophy of the Service
- Take an active role in the marketing and the recruitment of educators with a diverse range of characteristics to reflect the culture, values and principles of the immediate and wider community
- Ensure that any use of social media must not place at risk the safety, health or wellbeing of children, educators, families, or visitors at the service
- Ensure children, educators and families are protected from being compromised in any form of social media, and provides guidelines for the publication of, and commentary on, social media by Educators and others who can be identified as being connected with the Service.

Roles & Responsibilities of the Service's Leadership

- **Director** (Person with Management & Control of the Service):
  - → Overall strategic leadership of the Service
  - → Provide leadership in the implementation of the National Quality Framework
  - → Oversight of Nominated Supervisor, Coordinators and Admin Staff
  - → Oversight of risk management across the Service
  - → Management of the Service's financial, ICT and staff resources
  - → Liaise with and respond to requests and enquiries from Regulatory Authority and other Australian and Territory Government agencies
  - → Ensure Service's compliance with the requirements of the Education and Care Services National Law and Regulation, National Quality Standards and Family Assistance Law
  - → Implement and document effective policies, procedures and administrative practices for the Service
  - → Receive and handle complaints

- **Service Manager** (Nominated Supervisor):
  - → Work with Director, Educational Leaders, Coordinators and Educators in the planning, implementation and evaluation of educational program and practice across the Service
  - → Work with Coordinators and Educators to ensure the safety and wellbeing of all children enrolled with the Service and educated and cared for by the Educators
  - → Provide advice and support to Coordinators and Educators to ensure their compliance with the National Law and Regulations, and Service Policies and Procedures
  - → Provide appropriate support and referral according to the needs of children, Educators and families
  - → Promote the Service offerings with parents to provide placement for children
  - → Recruit Educators and provide them with adequate information, guidance and support
  - → Coordinate and facilitate opportunities for parent and Educator consultation on issues related to the provision of education and care
  - → Supervise, support and evaluate Coordinators and Educators
  - → Engage as required with families to receive feedback on the provision of education and care for continuous improvement
  - → Promote and facilitate the weekly Music and Playgroups and holiday care activities

- **Educational Leader**:
  - → Leads the development and implementation of educational programs in the Service
  - → Plays an influential role in inspiring, motivating, affirming and also challenging or extending the educational practice and pedagogy of Educators
  - → Work with the Educators to improve the education and care they provide for children, including assisting them to develop and deliver a suitable program for each child that is based on an approved learning framework; the developmental needs, interests and experiences of each child; and designed to take into account the individual differences of each child

  The Educational Leader's role and responsibilities are more fully outlined in the Service's Policy *Educational Program & Practice* **(QA1-1)**

- **Practice Mentors**:
  - → Supports the Service in assisting the Educational Leader and Coordinator by providing expert assistance and/or mentoring to Educators in particular areas of education and care

- **FDC Coordinators**:

  Coordinators have a key role in the monitoring and enhancing of quality and compliant provision of education and care by FDC Educators.

  Through regular announced and unannounced home visits, the Coordinators will:
  - → Exchange information with Educators about children in their care
  - → Observe the interactions between the children and the Educator
  - → Support them in understanding and contributing to the assessment and rating process and meeting the National Quality Standard
  - → Assess the ongoing suitability of each family day care residence

→ Work with the Educators to improve the education and care they provide for children, including assisting them to develop and deliver a suitable program for each child that is based on an approved learning framework; the developmental needs, interests and experiences of each child; and designed to take into account the individual differences of each child

→ Ensure that persons aged 18 years and over who reside at their residence are suitable to be in the company of children and discuss any changes that may have occurred with these individuals since their last visit

→ Discuss and plan for further training, professional development and support they may need

→ Assist Educators in meeting their obligations and responsibilities under the National Law and National Regulations

- **Admin Team:**
  → Administrative:
    - Processing of enrolments, care booking/ changes to care arrangements, cease of care, check attendances

  → Compliance:
    - Educator to child ratios
    - Session Reports - completeness/ accuracy of attendance sign in/out for weekly submission

  → Finance:
    - Educator Payments - timely and accurate processing of Educator payments
    - Prepare and send weekly Educator statements

  → Respond to parent and Educator enquiries on fees, CCS and parent gap payments

  → Fortnightly childcare statement of entitlements

  → Maintain all administrative and financial records for the Service, including information and records related to enrolled children and Educators

Number of Educators Registered with the Service

- The Service shall not register more than the number of Educators approved by the Regulatory Authority at any time
- Any Educator (except relief Educators) not providing education and care to a child for a continuous period of more than 3 months will have their registration cancelled

Number of FDC Coordinators

- The Service shall maintain the required number of full-time equivalent FDC Coordinators per approved FDC residences

Number of children in care

- An Educator can care for **4** under school aged children at any time with the maximum number of children aged 0-12 in care not exceeding 7. The Educator's own children and other children in the premises count towards the limit

Insurance

- The Service (and the Provider) will maintain current public liability insurance for minimum of $10 million and workers compensation insurance for the Service

Quality Improvement Plans

- The Approved Provider will ensure the Service's Quality Improvement Plan is regularly reviewed and updated

Privacy

- The Service recognises that the information collected by the Service or the Educators through the delivery of education and care may be considered protected information under the *Family Assistance Law* and/or personal information under the *Commonwealth's Privacy Act 1988*. As such, the Service will ensure that such information is handled sensitively and confidentially, and protected from unauthorised access to comply with the relevant obligations of these laws

Reporting suspicious or fraudulent behaviour

- The Service (and the Provider) give utmost importance to the protection of its and the key personnel's reputation and actively manages any risks to the reputation due to quality issues or deficiencies in the integrity of the Services operations
- The Service will continuously reinforce its values of honesty, integrity and service to its staff and Educators; and advise them of and undertake data verifications and audits based on known risks (e.g. incorrect attendance records, child swapping, phantom enrolment, collusion) for the prevention of fraud and incorrect claiming, and the detection of fraud or incorrect claiming if they ever occur
- Should the Service receive a complaint, find or have suspicions that any staff or Educators are behaving fraudulently, immediate investigative action will be taken and the Service will notify any adverse findings to the Australian Government Department of Education
- The Service is aware that serious penalties apply for non-compliance, ranging from financial penalties to sanctions such as the suspension or cancellation of the Service's CCS approval or criminal investigation and prosecution.

Resources and Further Readings

- ACECQA (2023) Guide to the National Quality Framework
- ACECQA (2023) Policies and procedures guidelines: *Safe transportation of children policy and procedure guidelines*
- ACECQA (2023) Information Sheets
- Education and Care Services National Law Act 2010 (Amended 2023)
- Education and Care Services National Regulations (Amended 2023)
- ACECQA National; Quality Framework Resource Kit www.acecqa.gov.au

Related FDC Policies, Procedures & Documents

- Educator Service Agreement
- Genesis FDC Code of Conduct

Last Reviewed: October 2025
Next Review: October 2026

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Records Management & Privacy

Policy/Procedure Number: **QA7 - 4**

Policy/Procedure Requirement: National Quality Standards 4 & 7; Regulations 162 & 168

Policy Statement

To ensure that information collected is stored and accessed securely; privacy and confidentiality of personal information is protected; and appropriate record management practices are in place according to relevant legislative and regulatory requirements including the Privacy Act 1988, National Law, National Regulations and Family Assistance Law.

Rationale

The Approved Provider and the Service will have to ensure the privacy and confidentiality of personal information related to children, parents, Educators and staff, and have in place appropriate records management practices.

Strategies and Practices

The Service will keep the Educators and staff informed of the privacy and confidentiality requirements, and the records management requirements under the various legislation.

Records Management:

Records and information are stored appropriately to ensure confidentiality and are maintained in accordance with legislative requirements.

- **Third-Party Child-Care Software (Hubhello)**:
  - All mandatory enrolment information including authorisations and immunisation records for children (Reg 160-162), attendances, booking schedules, fees/ CCS/ gap payments
  - All Educator personal information, start/ finish date, ABN, qualifications, mandatory documents (WWVP, First Aid, Child Protection, Safe Sleep etc)
  - Parent portal for parents to login to check enrolment and fee related information for their child
- **Cloud Storage (Google Workspace):**
  - Digitised records of all care agreements (parent agreements, complying written arrangements, holiday bookings); incident, injury, trauma and illness records; medication records, manual timesheets; authorisations and risk assessments
  - Electronic and digitised records of Coordinator visits; Assessment of FDC Residences; Educator- Service Agreements; playgroup and music attendances/ documents; Service policies and guidance; staff (nominated supervisor, coordinator), volunteers and students records
  - Electronic and digitised records of all Provider and Service approvals and conditions; Compliance Register (Reg 167 - record of Service's compliance); complaints; investigations

- **Paper Based (Genesis FDC Educator Diary):**
  - Genesis FDC Educator Diary is provided at the beginning of each year to every Educator
  - Educational Programs (plans for learning, learning stories, follow-up); visitor records, sleep records; emergency evacuation & lockdown rehearsals; indoor/ outdoor daily checklist; risk assessment & authorisations for excursions & outings; transportation risk assessment & authorisation
- **Website (https://genesisfdc.com.au):**
  - The website holds information on the Service and its offerings; policies and procedures; forms; and links to useful external resources for families and Educators
- **Payroll (Xero):**
  - Staff pay and leave information

All records relating to children, families and FDC Service operations will be:

- Kept in a safe and secure manner only accessible by authorised personnel
- Be destroyed after a period of time (minimum 7 years) in line with legislation
- All Genesis FDC Educator diaries are collected 3 months after the end of the year (i.e. March/ April the following year) and retained for 3 calendar years – for example. 2025 diaries are collected in March/ April 2026 and retained until the end of 2028

All documentation generated by the Service in the operation of their duties and responsibilities under the National Law and National Regulations will be kept by the FDC service.

Under the National Law, the retention period for specific records (Reg 183) are as follows:

- **An incident, illness, injury or trauma** suffered by a child while being educated and cared for by the education and care service, until the child is aged 25 years
- An **incident, illness, injury or trauma** suffered by a child **following an incident** while being educated and cared for by the Service – retained **until the child is 25 years of age**
- The **death of a child** while being educated and cared for by the FDC Service or that may have occurred as a result of an incident while being educated and cared for – retained **until 7 years following the death of a child**
- A **child** enrolled in the FDC Service – retained until the **end of 3 years after the last day** on which the child was educated and cared for
- The **Approved Provider** are retained until the **end of 3 years after the last date** on which the Approved Provider operated the FDC Service
- The Nominated Supervisor, FDC Coordinators and/or FDC Educator providing education and care on behalf of the FDC Service – retained until the **end of 3 years after the last date** on which the nominated supervisor or Coordinator provided education and care on behalf of the Service
- **All other records** are retained until the **end of 3 years** after the date on which the record was made

Under the Family Assistance Law, the Service is required to keep the records specified in the *A New Tax System (Family Assistance) (Administration) (Child Care Subsidy – Record Keeping) Rules 2006*

- This includes the following kinds of records which are required to be kept **for 3 years from the end of the calendar year** in which the care was provided to which the record relates:
  - enrolment forms
  - attendance records for each child, including records for any absences from care
  - supporting documents for 'additional' absence(s)
  - supporting documents for ACCS and 24-hour care
  - copies of receipts issued to people who have paid for childcare fees
  - the full name, residential address and contact telephone number for each Educator and address and telephone number of premises where care is provided, and
  - insurance policies and any documentation relating to insurance

FDC Educator Leaves the Service:

When a FDC Educator leaves or is terminated from the Service, all documentation referred to in Regulation 179 need to be submitted to the Approved Provider of the FDC Service:

- Documentation of child assessments or evaluations for delivery of the educational program
- Incident, injury, trauma and illness records
- Medication records
- Children's attendance records
- Child enrolment records
- Record of visitors to the FDC residence

The National Regulations impose the following requirements with regard to FDC records:

- Children's attendance records to be kept by Approved Provider and FDC Educator
- Child enrolment records to be kept by Approved Provider and FDC Educator
- Authorisations to be kept on enrolment record
- Health information to be kept on Enrolment Form
- Prescribed enrolment and other documents to be kept by Approved Provider and FDC Educator
- Educator to provide documents on leaving service
- Evidence of prescribed insurance
- Confidentiality of records kept by Approved Provider
- Confidentiality of records kept by FDC Educator
- Storage of records and other documents
- Storage of records after service approval transferred

Transfer of Service Approval:

If the Service approval is transferred to another approved provider, the transferring approved provider must seek the consent of the parents of each child currently enrolled, prior to transferring the documents (referred to in Reg 177) relating to the child, to the receiving approved provider

Confidentiality:

- (Reg 181) The **Approved Provider** must ensure that information under these Regulations is kept confidential and not disclosed directly or indirectly, to another person except:
  - to the extent necessary for the education and care or medical treatment of the child to whom the information relates, or
  - a parent of the child to whom the information relates in accordance with Regulation 177 (except in the case of information kept in a staff record), or
  - the Regulatory Authority or an authorised officer, or
  - expressly authorised, permitted or required to be given by or under any Act or law, or
  - with the written consent of the person who provided the information
- (Reg 182) A **FDC Educator** must ensure that information under these Regulations is kept confidential and not disclosed directly or indirectly, to another person except (Reg 182):
  - to the extent necessary for the education and care or medical treatment of the child to whom the information relates, or
  - a parent of the child to whom the information relates in accordance with regulation 178, or
  - the approved provider or a nominated supervisor of the family day care service, or
  - the Regulatory Authority or an authorised officer, or
  - expressly authorised, permitted or required to be given by or under any Act or law, or
  - with the written consent of the person who provided the information.
- The **FDC Educator will keep confidential**, the affairs of each child in their care and of the child's family, and shall not discuss or disclose any information to a third party other than the FDC Service or as legally required to do so
- Reports, notes and observations in relation to Educators, Service staff and children must be objective, accurate and **free from bias and negative comments including use of labels**
- Confidential conversations will be conducted in a quiet area away from other children, parents, staff and FDC Educators. Such conversations in relation to the health and wellbeing of the child should be **noted in writing and stored in a confidential manner**
- Students, volunteers and/or visitors to the FDC Educator's residence will ensure that information in regard to Educators, Service staff, children and families is not discussed outside of the context in which it was heard
- Any information received or transmitted via mobile telephone (including text/SMS) or any other electronic device (example email) shall be treated with the same confidentiality as any other written form of communication and must be stored confidentially

Privacy:

- The FDC Service and Educators will not collect sensitive information unless the individual has consented or there is a legal requirement to do so or in other special circumstances that have a bearing on the wellbeing of the child
- Every reasonable step will be taken to ensure personal information collected, used or disclosed is accurate, complete and current
- Every reasonable step will be taken to ensure that personal information held within the Service is protected from misuse, loss and from unauthorised access, modification or disclosure

Review of Records:

- Parents are required to update their child's enrolment via the Hubhello Parent Portal (via email to the Sevice) if their circumstances change (e.g., address, medical conditions) and in any case to review the records **annually in January**
- Medical and risk assessment plans are updated immediately when notified by families
- FDC Register and Compliance Register updated within 2 business days
- Prescribed information (Reg 173A) will be reviewed and updated when there are changes to prescribed information (i.e. Approved Provider approval/ conditions, Service approval/ conditions, Quality Ratings, Service operating days/hours, Nominated Supervisor, Coordinators, Educational Leader, Contact details for Regulatory Authority)

Resources and Further Readings

- ACECQA (2023) Guide to the National Quality Framework
- ACECQA (2023) Policies and procedures guidelines: *Safe transportation of children policy and procedure guidelines*
- ACECQA (2023) Information Sheets
- Education and Care Services National Law Act 2010 (Amended 2023)
- Education and Care Services National Regulations (Amended 2023)
- Family Assistance Law
- Privacy Act 198 and Australian Privacy Principles
- ACECQA National; Quality Framework Resource Kit www.acecqa.gov.au

Related FDC Policies, Procedures & Documents

- Educator Service Agreement
- Governance and Management

Last Reviewed: October 2025
Next Review: October 2026

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Complaints & Grievances

Policy/Procedure Number: **QA7 - 5**

Policy/Procedure Requirement: National Quality Standards 7; Regulations 168

Policy Statement

This policy is a requirement under the *Education and Care Services National Regulations* provides the framework for dealing with complaints and grievances. The Service policy provides for a child-focused complaint handing system putting the children's safety, needs and interests at the forefront.

The Service is committed to:

- Helping children understand their rights and to speak up when something is not right. Educators will respond to children verbally and non-verbally communicating that something is wrong
- Keeping children safe and will always act to prevent and/or address any harm or risk to a child
- Letting everyone know that that complaints are welcome and will be taken seriously
- Responding to complaints sensitively, impartially, transparently, promptly and thoroughly

An effective complaints mechanism is also essential to receive feedback and enable the Service to improve its systems, policies, processes and stakeholder engagement and communication practices. The complaints handling process will ensure the application of the principles of natural justice and procedural fairness for all persons concerned prior to reaching an outcome.

Rationale

The Service supports children, families, Educators regular visitors, Service staff, Educator family members, and volunteers) **right to be heard fairly**, the **right to an unbiased decision made by an objective decision maker**, and the **right to have the decision based on relevant evidence**.

Strategies and Practices

The critical component in a fair and independent complaints handling process is the application of **procedural fairness** to parties concerned.

Procedural fairness requires individuals to be treated fairly when making decisions that affect their rights or interests. It includes providing time to reflect on the information; the right to know the complaint/allegation; the right to respond; and the right for any inquiry to be free of bias. Also, procedures are explicit and known to all; concerns and complaints are made known as soon as practicable after the alleged behaviour/incident occurs; concerns/complaints are clearly defined; concerns/complaints are dealt with as quickly as possible; prompt action is taken against frivolous or vexatious complaints and relevant disciplinary action applied to protect from such conduct.

The Service encourages any grievances to be initially discussed with the person concerned. Every effort should be made to resolve the grievance at this level before moving on to the following steps.

Educators and FDC Service staff have the right to seek assistance from a support person when responding to a complaint about them.

Complaints Handling Process

1. Making a complaint

Who can make a complaint

Anyone can raise a concern or lodge a complaint. Children, families, community members and staff to raise any concerns or complaints they have. Anonymous complaints can be made but the ability to investigate them may be hampered as a result.

Complaints and concerns can be made in any way that feels comfortable - for example, over the telephone, by email or in person.

Who to make the complaint to

- Minor complaints that can be easily solved can be raised directly with the person concerned. Both parties can try to resolve the issue and develop solutions to ensure the problem does not happen again. Discussions should remain private, confidential, respectful and open-minded. They should not involve other staff or visitors (e.g., parents) and should take place away from children
- Complaints that can't be resolved directly with the person (e.g. Educator) concerned (for whatever reason) can be raised directly with the Service Manager
- Complaints that relate to the harm or risk of harm to a child, or criminal or unlawful activity, should be reported to **Child Protection Helpline** or the **police**, and the nominated supervisor and/or approved provider

Contacts

Contact details for nominated supervisor and/or approved provider are displayed at the main entrance to the principal office and at the entrance to every FDC residence.

- Child Protection Helpline on **1300 556 729**
- Police on 131 444 or 000 if there is an immediate risk to safety

2. Receiving a Formal Complaint

Receiving a complaint about harm or the risk of harm to a child

If the complaint or concern is about harm or the risk of harm to a child, including any complaints that allege a child is exhibiting harmful sexual behaviours, the Service policy QA2-1 Child Safety, Wellbeing and Protection provides guidance.

- Recording and managing incidents, suspicions or disclosures of harm or risk of harm
- Managing harmful sexual behaviour in children
- Making a report – the Service has obligations under the law to report certain child safety and well-being matters to the authorities (e.g., to the police and Child Protection Helpline, the ACT Regulatory Authority, and to ACT Ombudsman under Reportable Conduct Scheme)

Receiving a complaint involving an allegation of reportable conduct

If an allegation of reportable conduct is received, the Service Policy QA2-1 Child Safety, Wellbeing and Protection is followed.

- Notifying the agency responsible for administering the Reportable Conduct Scheme
- Conducting investigations
- Providing reports and taking action in response to any findings

Receiving other complaints

For all other complaints received, the following information is recorded:

- The contact details of the person making the complaint
- Details about the complaint (e.g., the nature, dates/times, people involved, notes on verbal discussions, written correspondence)
- Notes on how people want the problem to be resolved and any support that might be needed for the people involved

Acknowledging the complaint

The Nominated Supervisor or Approved Provider will acknowledge the complaint within 24 hours of receiving it and provide the person who made the complaint with a contact point, idea of likely timeframes and the next steps that will be taken. This may be done by phone, in person or in writing - whichever is the most appropriate method.

Notification and Reporting of Complaints

Depending on the complaint, the Service may need to:

- Make a report to the Child Protection Helpline and/or police
- Make a referral to family services or exchange of information with certain professionals/ organisations
- Notify the regulatory authority
- Make a report under a reportable conduct scheme

The Approved Provider must, by law, notify the regulatory authority in writing:

- Within 24 hours of any complaints alleging that a serious incident has occurred or is occurring while a child was or is at the service
- Within 24 hours of any complaints that the National Law has been breached
- Within 24 hours of any allegation that physical or sexual abuse of a child has occurred or is occurring while the child is at the service

3. Assessing and Investigating a Complaint

Investigating complaints about harm or risk of harm to a child

The Service will not investigate any child protection matters unless instructed to do so by the relevant authorities and will follow *QA2-1 Child Safety, Wellbeing and Protection* policy if the investigation relates to harm or risk of harm to a child, including allegations that a child is exhibiting harmful sexual behaviours.

Investigating complaints involving reportable conduct

There are strict rules for investigating allegations of reportable conduct under the Reportable Conduct Scheme. If the Service required to investigate such an allegation, *QA2-1 Child Safety, Wellbeing and Protection* policy is followed, which outlines how to conduct investigations and report on such allegations.

Managing investigations

Any investigations conducted by the Service will be managed by the Nominated Supervisor and/or Approved Provider, who will also be responsible for giving regular updates on the progress of the investigation to everyone involved in the complaint. The Nominated Supervisor and/or Approved Provider have the option to appoint someone else to conduct the investigation, including people outside the Service.

Initial assessment

Although the steps involved will vary according to the nature of the complaint or concern, where appropriate, an initial assessment is done, considering:

- Whether a formal investigation is required (for example, it may not be warranted if the complaint arose because of a minor misunderstanding or something that can be easily resolved to the satisfaction of everyone involved)
- Whether the complaint is outside the Service's area of responsibility, i.e. should be directed to another organisation
    - Whether other people/organisations are involved in the matter
    - How feasible the suggested solution is
    - The severity, urgency and complexity
    - How to ensure everyone involved is safe (risk management)
    - How to ensure the integrity of the investigation that will follow
    - The impact on the person complaining, and anyone else involved
    - Whether the problem might escalate

If the Nominated Supervisor or Approved Provider decides not to proceed with the investigation after initial enquiries, they will give the person making the complaint the reason/s in writing or in whatever form is the most appropriate.

Formal investigation

Where appropriate and necessary, the Nominated Supervisor and/or Approved Provider will conduct a formal investigation. The investigation will be:

- **Impartial** - all perceived and actual conflicts of interest are managed, with an open mind about the evidence
- **Confidential** - except where required to disclose personal information because it is relevant to the safety and well-being of a child, complaints are investigated in private and with respect to all parties' confidentiality
- **Transparent** - the person making the complaint and the subject of the complaint are advised what the investigation will involve. All parties will be invited to provide information and respond where appropriate. Regular updates are provided on the progress of the investigation

- **Thorough** - all the circumstances and facts are looked at objectively and evidence is gathered and assessed
- **Supportive** - everyone involved is invited to have a support person present during an interview (e.g., to support culturally safe practices or a health and safety representative - but not a lawyer acting in a professional capacity)
- **Timely** – aim for a resolution in a reasonable period of time
- **Conducted safely** – to protect the safety and wellbeing of children and staff
- **Compliant with the law**

Risk management

The Nominated Supervisor and/or Approved Provider will consider and manage any risks to the safety and well-being of any children or adults involved in an investigation, in line with QA2-1 Child Safety, Wellbeing and Protection.

Investigation report

After analysing the evidence, the Nominated Supervisor and/or Approved Provider will prepare an investigation report which describes the process and findings of the investigation.

4. Resolving a Complaint

Making decisions about complaints

The Nominated Supervisor and/or Approved Provider will decide on a course of action to resolve a complaint (on the advice of the relevant authorities if the matter relates to a child protection matter).

Outcomes might include providing professional development support/training for staff; mediation; making changes to physical and online environments, adjustments to our practices, systems, policies or procedures; implementing safety and behavioural management plans for children; performance management for staff; referrals to support services; formal staff warnings, changes of duties or termination of employment.

In deciding the resolution, the Nominated Supervisor and/or Approved Provider will consider:

- Any advice from relevant authorities (e.g., police, child protection authority, support services)
- Obligations under employment law, industrial relations principles and guidelines
- Any submissions from the subject of the complaint
- The number of complaints against the subject of the complaint
- The number of opportunities already given to subject of the complaint person to adhere to a policy or procedure and/or change behaviour
- The seriousness of the complaint and whether it impacted the safety and welfare of children, other employees, volunteers, students or families
- Whether the complaint is reasonable

Procedural fairness

The Nominated Supervisor and/or Approved Provider will give the subject of the complaint a fair hearing before making a decision that might adversely affect the subject's rights or interests.

The Nominated Supervisor and/or Approved Provider will provide the subject of a complaint with:

- Opportunities to make submissions when they are informed that they are the subject of an investigation; of any adverse finding; and of any proposed action to be taken as a result of a finding
- Information about the investigation and reasons for their findings
- An explanation/justification for the decisions made and the proposed course of action
- A fair opportunity to directly address the issues

The Nominated Supervisor and/or Approved Provider will consider the person's responses and submissions with an open-mind and impartiality. They will make reasonable inquiries before making a decision.

Communicating the decision

The Nominated Supervisor and/or Approved Provider will advise everyone involved of the result of the investigation and the resolution in writing and/or verbally.

Challenging the decision

If the person making the complaint or the subject of the complaint does not agree with the outcome of the investigation and/or the resolution, they can request a review. They will need to provide reasons for why they think either the investigation or resolution is wrong.

The Nominated Supervisor and/or Approved Provider will consider their reasons and, depending on the circumstances, may either:

- Decide that an investigation or a change to the resolution is not warranted
- Re-investigate the complaint and/or provide an alternative resolution
- Offer an external review a professional complaint resolution person or organisation. Workplace bullying matters may be referred to the Fair Work Commission which can direct employers to take specific actions or the Work Health and Safety (WHS) Regulator, which may investigate whether WHS duties have been contravened
- Offer information about alterative complaint resolution options, such as through the regulatory authority or ombudsman

5. Records and Confidentiality

Creating and keeping accurate records

The Nominated Supervisor and/or Approved Provider will create and retain accurate records related to concerns and complaints, in line with our record keeping and privacy policies and obligations.

Records may include correspondence, emails, phone calls, interview transcripts, incident reports, risk management plans, investigation reports and findings, decision making process, minutes from meetings, notes, submissions from those involved, reports to police or government authorities.

Maintaining confidentiality

Information gathered by the Service for a complaint and investigation is kept confidential and only disclosed if the Service is obliged, for example, to ensure:

- Workplace safety

- The safety and well-being of a child (see our Child Protection Policy for more information)
- The natural justice for the person accused

Concerns Related to Quality of Care or Care Arrangements

- If a parent /guardian has a concern regarding any matter related to the quality of care or care arrangements, they are encouraged to first raise it with the Educator
- If concerns or grievances are not addressed by the Educator, the matter must be raised with the Service Manager
- If a parent asks the Service not to discuss the issue with the Educator, the Nominated Supervisor will assist the parent in developing strategies to rectify the situation with the Educator
- Should the parent consents for the Service to discuss the situation with the Educator, they will be encouraged to document their concerns in writing. The Nominated Supervisor will discuss the parent's concerns with the Educator and find ways to resolve the issue
- Should a FDC Educator feel that they are being treated unfairly by a parent, or they are not satisfied with an outcome, the FDC Educator should contact the Nominated Supervisor to discuss the issue
- If the matter is not resolved to either party's satisfaction, the matter should be referred in writing to the Approved Provider
- The issues and outcomes will be documented by the Service
- In the unlikely event of a dispute not being resolved after the above steps, the matter may be referred to an appropriate external party (e.g. the ACT Regulatory Authority)

Grievances Between FDC Educator and Service Staff

- Where there is a grievance between an Educator and a Service staff member, the Educator has the right to approach the FDC Service staff member concerned and to expect to have the grievance addressed in an understanding and sensitive manner
- If unresolved, the Educator can contact the Approved Provider or the Nominated Supervisor or the Approved Provider who will attempt to find a resolution
- In the unlikely event of a dispute not being resolved after the above steps, the matter may be referred to an appropriate independent external party
- When an issue (other than a formal complaint) is raised by a parent, staff member or community member against an Educator, the Service will ask if the concern has first been raised with the Educator. Depending on the circumstances of the concern, they will be encouraged to discuss the concern with the FDC Educator. If it is deemed to be a formal complaint, then the *Complaints Handling Process* will be followed

Suspension or Termination of a FDC Educator Registration

- If a concern raised by a parent, staff member or community member relates to a breach of National Regulations or Service policies, the Nominated Supervisor will investigate the circumstances
- The Service will advise the Educator of any non-compliance with the Regulations and/or the Service requirements or policies, and work with the Educator to rectify the breach or issue a compliance letter
- If there is a serious breach of Service policies and procedures, National Regulations and/or

National Law, the Service may review the ongoing registration of the Educator considering the nature of the breach and consequences due to the breach

- The Service will advise the Educator if their registration has been suspended and/or terminated from the Service and the reasons for this course of action
- The Service will advise the ACT Regulatory Authority in writing the date from which the Educator is no longer registered with the service
- An FDC Educator can appeal their de-registration with the Service through the ACT Regulatory Authority, if they are dissatisfied with the decision

Resources and Further Readings

- ACECQA (2023) Guide to the National Quality Framework
- ACECQA (2023) Policies and procedures guidelines: *Dealing with complaints policy and procedure guidelines*
- ACECQA (2023) Information Sheets
- Education and Care Services National Law Act 2010 (Amended 2023)
- Education and Care Services National Regulations (Amended 2023)
- ACECQA National; Quality Framework Resource Kit www.acecqa.gov.au

Related FDC Policies, Procedures & Documents

- Governance & Management

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Next Review: October 2026

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Notification Requirements

Policy/Procedure Number: **QA7 - 6**

Policy/Procedure Requirement: National Law s 37, 39, 56, 59, 173, 174, 175, Regulations 12, 36, 37, 86, 88, 94, 164, 172, 175, 176
Family Assistance Law

Policy Statement

The operation of the Family Day Care Service is regulated by the National Law and Regulations through the approval of the Provider, the Service and Nominated Supervisor. The Approved Provider has requirements under the National Law and Regulations to notify the Regulatory Authority and/or ACECQA of certain incidents, complaints and changes to information. The Educators are also required notify the Approved Provider of incidents, complaints and changes to circumstances/ information. Approved providers, educators and other education and care service staff are also be required to report on incidents or suspected incidents involving children under other the ACT laws including child protection legislation and reportable conduct scheme.

Rationale

Breach of the provisions of the National Law and Regulations can result in fines, suspensions or cancellation of the Educator's and/or the Service's approval. It is therefore vitally important for the Service to ensure that not only they comply but also the Educators in the Service also comply with all the provisions of the National Law and Regulations at all times.

Strategies and Practices

ACECQA and ACT Regulatory Authority have provided fact sheets and guidance to assist FDC services and educators to comply with the notification provisions of the National Law and Regulations.

The notification requirements and timeframes under National Law and Family Assistance Law are provided in the following pages.

The notification to ACT Regulatory Authority will be done by the Approved Provider (or their delegate – e.g. nominated supervisor) via the NQAITS within the prescribed timeframes.

1. Approved Provider Notifications to Regulatory Authority:

Notifications by Approved Provider to the Regulatory Authority are outlined in the table below:

No	Notification Type	Timeframe
A	Change to information about approved provider	
A.1	Notice of change in name of approved provider	Within 14 days
A.2	Change to address, principal office or contact details of approved provider	Within 7 days
A.3	Any change relevant to approved provider's fitness and propriety	Within 7 days
A.4	Notice of any appointment or removal of a person with management or control of service	Within 14 days
A.5	The appointment of receivers or liquidators to the approved provider or any matters that affect the financial viability and ongoing operation of the service	Within 7 days
A.6	Death of approved provider	Within 7 days
B	Change to information about education and care service	
B.1	Not commencing operations within 6 months (or that agreed with the regulatory authority) of being granted a service approval	Within 14 days
B.2	Any change to the hours and days of operation of the service	Within 7 days
B.3	A change in the location of the principal office of a family day care service	At least 14 days before the change will occur
B.4	Adding nominated supervisor(s)	At least 7 days prior to commencement
B.5	A nominated supervisor is no longer employed at the service, is removed from the role or withdraws consent to the nomination	Within 7 days
B.6	Any proposed change to the premises (other than FDC residence)	Within 7 days
B.7	Intention to transfer service approval	At least 42 days before transfer
B.8	Ceasing to operate the education and care service	Within 7 days

C	Incidents and Complaints	
C.1	Serious incident - Death of a child	ASAP (within 24 hours)
C.2	Serious incident - Any incident involving **serious illness** of a child while being educated and cared for which the child **attended** or **ought reasonably to** have attended a **hospital**	Within 24 hours of the incident
C.3	Serious incident - Any incident involving **serious injury** or **trauma to a child** while being educated and cared for which the **child attended** or **ought reasonably to have attended a hospital**, or a **reasonable person would consider** that the **child would require urgent attention from a registered medical practitioner**	Within 24 hours of the incident
C.4	Serious incident - Any emergency for which **emergency services attended**	Within 24 hours of the incident
C.5	Serious incident - A **child is missing** or cannot be accounted for or appears to have been **removed from the premises by a person not authorised by a parent**	Within 24 hours of the incident
C.6	Serious incident - A **child is mistakenly locked in or out of the premises** or any part of the premises	Within 24 hours of the incident
C.7	Any **complaint alleging that a serious incident** has **occurred** or is **occurring** at FDC service or **Educator residence**, or the National Law has been contravened (refer to Serious Incidents outlined in table above)	Within 24 hours of the complaint
C.8	Any incident that requires the approved provider **to close**, or **reduce the number of children** attending the service for a period	Within 24 hours of the incident
C.9	Any **circumstance** at the service that poses a **significant risk to the health, safety or wellbeing of a child** attending the service	Within 24 hours
C.10	Any **incident** where the approved provider reasonably believes that **physical** or **sexual abuse** of a child or children has **occurred** or **is occurring** while the child is being educated and cared	Within 24 hours
C.11	**Allegations** that **physical** or **sexual abuse** of a child or children **has occurred** or **is occurring** while the child is being educated and cared for by the service	Within 24 hours

2. FDC Educator Notification to Approved Provider:

No	Notification Type	Timeframe
D	**Information for FDC Educators to report to their Approved Provider**	
D.1	Any **serious incident** while a child is being educated and cared for by the educator	Immediately
D.2	Any **complaint** alleging that a **serious incident** has occurred or the National Law has been contravened while a child was being educated and cared for	Immediately
D.3	**Renovations** or other changes to the FDC residence that create a serious risk to the health, safety and wellbeing of children attending the residence	14 days prior to commencing renovations
D.4	Any **new person over 18 years** who resides at the FDC residence and **any circumstance** relevant to whether a resident who is **over 18 years is fit and proper**	ASAP. Refer Policy A7 on Visitors.

3. Notification to Parents:

No	Notification Type	Timeframe
E	**Notification to parents**	
E.1	**Changes to policies or procedures** that may have a **significant impact** on the **provision of education and care** to any child enrolled at the service; the **family's ability to utilise the service**; any change that will affect the **fees charged** or the **way in which fees are collected** are notified to parents of children enrolled at the service	At least 14 days prior unless a lesser period is necessary because of a risk
E.2	Approved provider must **notify the parents** of children enrolled at the services operated by the approved provider of any **voluntary suspension of provider approval**	At least 14 days prior to application for suspension
E.3	Parent must be notified if a **child is involved** in any **incident, injury, trauma or illness**	ASAP, within 24 hours
E.4	**FDC Educator** must ensure that **a parent** and **emergency services are notified** if **medication is administered** in case of an **anaphylaxis** or **asthma emergency**. The **approved provider** or the **nominated supervisor** of the service must also be notified.	Immediately (as soon as practical)

Examples of Serious Incidents and Injury:

ACECQA has provided guidance on examples of what could constitute serious incident and injury.

A serious incident can include:

- Death of a child while **in care** or **following an incident** while that child was in care
- **Serious injury** or **trauma** while the child is in care for, which:
  - → required **urgent medical attention** from a registered medical practitioner; or
  - → the child attended or should have attended **a hospital** (e.g. a broken limb)
- An incident involving **serious illness** at the service, where the child attended, or should have attended a hospital (e.g. **severe asthma** attack, **seizure** or **anaphylaxis**)
- Any circumstance where a child appears to be **missing** or **cannot be accounted for**
- Any circumstance where a child appears to have been **taken** or **removed** from FDC residence by someone **not authorised** to do this
- Any circumstance where a child is **mistakenly locked in** or **locked out** of the FDC residence
- Any emergency for which **emergency services attended** (It does not include an incident where emergency services attended as a precaution)

A serious injury, illness or trauma includes:

- Amputation
- Anaphylactic reaction requiring hospitalisation
- Asthma requiring hospitalisation
- Broken bone/Fractures
- Bronchiolitis
- Burns
- Diarrhoea requiring hospitalisation
- Epileptic seizures
- Head injuries
- Measles
- Meningococcal infection
- Sexual assault
- Witnessing violence or a frightening event

4. Notification to Department of Education (Australian Government)

- The Service is required to keep the Department informed of any 'Notifiable Events' including:
  - → if the Service is being closed or the legal operator is changed
  - → changes to the Service's physical address, postal address, hours of operation, phone number or hours of operation
  - → changes to the Service's fee schedule
  - → changes to the Service's bank account details, or
  - → changes to the suitability of the Service's personnel

- Most of these changes are notified through Hubhello, except changes to the financial email address, or bank account details through the CCMS.

Resources and Further Readings

- ACECQA (2023) Guide to the National Quality Framework
- ACECQA (2023) Information Sheets
- Education and Care Services National Law Act 2010 (Amended 2023)
- Education and Care Services National Regulations (Amended 2023)
- ACECQA National; Quality Framework Resource Kit www.acecqa.gov.au
- ACECQA fact sheet “Notification Types and Timeframes”

Related FDC Policies, Procedures & Documents

- Assessment of FDC Educators and Persons Residing at FDC Residences
- Administration of First Aid
- Incident, Injury, Trauma and Illness Procedures
- Immunisation, Infectious Diseases & Hygiene
- Supervision, Child Protection & Hazard Prevention

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Fees

Policy/Procedure Number: **QA7 - 7**

Policy/Procedure Requirement: National Quality Standards 7; Regulations 168

Policy Statement

The Service enters into care arrangements with parents. However, the Service may authorise Educators to act as its agents to enter into care arrangements with parents and validate all such arrangements by counter signing the Parent Agreement. All Educators are required to have a written schedule of fees that complies with the Service's "Fee Schedule" and complies with this Policy. Families are responsible for paying their fees fully and promptly. The Service may allow Educator(s) acting as its agents to receive fees on its behalf. This Policy should be read in conjunction with the Service **Conditions of Care.**

Rationale

The Family Assistance Law requires the Service to set the "Fee Schedule". This Policy provides guidance for families to ensure that there is a clear and transparent process in relation to the charging of fees for children in care. The Service will do its best to ensure that the fees and levies charged by the Service provides families with high quality, accessible and affordable early childhood education and care.

Strategies and Practices

The Service's standard care hours are 8.00 am to 6.00 pm Monday to Friday **for all families** using FDC. Any care provided outside these hours or on weekends or public holidays will classified as non-standard hours of care.

Before and after school care booking covers the school terms only. If vacation care is required, then families have to book the care hours/days needed before starting vacation care. **Once the booking is confirmed the care is paid for whether used or not**.

If a **public holiday** falls on a day that a child is booked in for care, usual fees are charged for that day. However, to charge fees for a public holiday, an Educator must have provided care (or must have been available to provide care) on the **last working day before** a public holiday or on the **first working day after** a public holiday.

For **school aged children, booking cannot be made** or **fees charged** on a **public holiday** during **school holidays** unless care is provided on the public holiday.

An Educator and parent may agree to a **trial period** (maximum 4 weeks) of care for a child. One (1) week notice is required for the termination of care during this period by either the Educator or the family. Termination of education and care after the trial period requires a minimum of four (4) weeks' notice in writing by either the Educator or the family.

The Service will:

- Set the Fee Schedule that will include all categories of education and care offered
- Review the Fee Schedule annually but not necessarily make changes
- Set the 'administration fee' for each child per hour every financial year and keep all stakeholders informed of any changes to this fee and the reasons for change
- Pass on to each Educator, agreed fees (i.e. hourly fee – administration fee) for the care provided, no later than a week after the subsidy payments and parent gap fees are received
- Require Educators to charge all families the same fee for the same type of care. A discounted fee may be charged to a family on compassionate or similar grounds, but ***cannot offer any discounts on the gap fee***
- Support Educators with record keeping
- Actively work with Educators to minimise bad debts incurred by parents
- Ensure outstanding fees due to the Service are paid in full before the family can be placed with another Educator
- Process all Child Care Subsidy (CCS) Claims
- Monitor accuracy of claims for CCS
- Provide **weekly Statements** to Educators
- Issue **weekly/ fortnightly invoices** to parents/ carers
- Issue **a 'statement of entitlement'** to parents at the end of **every fortnight**
- Provide online system access for all families to view invoices and generate/print their own statements and receipts through the parent portal.
- Pass on the full amount of fee reductions as soon as practicable but in any event not later than 7 days of being notified of the amount by the Department

Educators will:

- Submit a schedule of their fees to the Service in June/July each year to ensure accurate payments. Must submit the schedule of fees using the Service's fee schedule template stating the Educator's name, address and, if applicable, trading name
- Provide the hourly fee schedule to families prior to commencement of care (e.g. at the interview)
- Provide four (4) week's written notice to families prior to increasing fees
- Agree with the Service for any changes to the fees four (4) weeks prior to giving written notice to families of fees or changes
- Notify the Service prior to (preferably 24 hours notice) providing care outside of standard hours or on public holidays
- Ensure parents sign in and out each child using the electronic sign in (ESI) when dropping off and picking up their child/ren
- Not make changes to the fees more than once in any 12-month period unless agreed to in advance (e.g. Educator wishes to increase the fee in 2 instalments in January and July)
- Only provide care for children registered with the Service
- **Only sign children in and out of care when dropping off or picking up from school/ preschool, or upon failure by a parent to do so** (*Delivery and Collection of Children* policy)

Families will:

- Be liable for the full cost of contracted childcare and keep weekly/fortnightly payments current
- Ensure a child's **online enrolment** and **parent agreement** form are completed and **submitted** to Service **prior to commencing**
- **Electronically sign** their child in and out at drop off and pick up using their mobile phone number and unique PIN in the device provided by the Educator
- At sign in, **check to ensure the booked hours are correct** for the day. If not inform the Educator and notify the Service via email at admin@genesisfdc.com.au
- Pay fees by **direct debit on every Tuesday** or on another day agreed with the Service
- Contact the Admin Team if experiencing difficulties paying fees

Care Arrangements with a Family

- Family Assistance Law requires the Service to make a care arrangement with each family using the service
- Educators cannot independently enter into a care arrangement with a family. However, the Service may authorise its Educators, acting as agents for the Service, to enter into care arrangements on its behalf. The Service will still countersign the Parent Agreement to validate it.
- FDC Educators provide education and care on behalf of the Service

Enrolments

- Parents can enrol their child via the online enrolment form available on the Service website www.genesisfdc.com.au/forms
- In order for an enrolment to be processed and for the enrolment notice to be submitted to the Department of Human Services, parents must complete the **Parent Agreement Form** available on the Service website
- Once the enrolment is processed, parents are sent system generated login details for the HubHello system. Parents can use the login to access their child/ren's enrolment records, fees, CCS, attendances, absences etc, and make changes to enrolment records if necessary

Attendances

- Parents are required to electronically sign in and out their child/ren when they drop off and pick up the child/ren at FDC residence
- Where a child is not signed in/out, the parent needs to provide manual sign in/out to the Educator or send an email to admin@genesisfdc.com.au copying the Educator to confirm the drop off and/or pick up time

Absences

- The Service will ensure that no claims are made for CCS before a child start attending care or after a child has physically ceased care at the Service
- The Service will be submitting attendance data at the end of each week the care is provided including absences (and the type of absence)
- The Service will ensure the parent provides supporting documentation for all additional absences, which will be kept as records

Charging Fees:

- Under Family Assistance Law, parents must be charged fees by the Service and not by the Educator to be eligible for CCS
- The Service will only charge a family the fee that it is liable to pay
- The Service will verify the accuracy of all attendance records prior to submitting through Hubhello
- The Service is committed to providing high quality, affordable child care and will ensure the fees are reasonable considering the Educator's qualifications and experience, the type of service offered (e.g. range of learning activities, and quality and range of indoor/outdoor equipment, toys, books), the range of regular activities undertaken (e.g. music, playgroups, library visits, excursions), and any modifications made to the FDC care area to meet needs of families before approving the Educator's fees
- For full information on fees, please refer to the Service **Conditions of Care**
- **Gap fees** are collected from parents in arrears via **direct debit on a Tuesday** for a week/ fortnight after care has been provided (the Service may also agree to direct debit on Monday or Wednesday). If parents require the direct debit to be on a **Thursday or Friday**, then the direct debits are processed in the **week/ fortnight the care is provided**. The Service may also agree for parents to pay fees via EFT on agreed days of the week/ fortnight.
- If fees remain unpaid for an absent child for more than 3 weeks after the date on which the fees must have been paid, the child will be deemed to have ceased care, and the Service will notify the parents and the Department (through CCMS) accordingly
- The Service **will cancel all absences** for a child after the last day of attendance, including for a child expected to return to care but did not come back, and charge full fees where a parent is liable to pay fees (e.g. withdrawal without notice) for the absences

Fee reductions

- The Service will pass on the full amount of fee reductions as soon as practicable but in any event not later than 7 days of being notified of the amount by the Department

Statements

- The Hubhello system allows parents full access to their child's details held by the Service. Parents can view invoices, and generate/print their own fee statements and receipts through the parent portal
- The Service will send out **statement of entitlement** to each family on a **fortnightly basis**
- If a person other than a parent pays a child's fees and requests a copy of the statements, the Service will provide them the statements

Privacy

- The Service recognises that the information collected by the Service or the Educators through the delivery of education and care may be considered protected information under the *Family Assistance Law* and/or personal information under the *Commonwealth's Privacy Act 1988*. As such, the Service will ensure that such information is handled sensitively and confidentially, and protected from unauthorised access to comply with the relevant obligations of these laws

Resources and Further Readings

- A New Tax System (Family Assistance) Act 1999
- A New Tax System (Family Assistance) (Administration) Act 1999
- Family Assistance Legislation Amendment (Jobs for Families Child Care Package) Act 2017
- Family Assistance Legislation Amendment (Cheaper Child Care) Act 2022
- Child Care Subsidy Minister's Rules 2017
- Child Care Subsidy Secretary's Rules 2017
- ACECQA (2023) Policies and procedures guidelines: *Payment of service fees and provision of a statement of fees charged by the service policy and procedure guidelines*
- ACECQA (2023) Information Sheets
- Education and Care Services National Law Act 2010 (Amended 2023)
- Education and Care Services National Regulations (Amended 2023)
- ACECQA National; Quality Framework Resource Kit www.acecqa.gov.au

Related FDC Policies, Procedures & Documents

- Service's Fee Schedule
- Delivery and Collection of Children

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