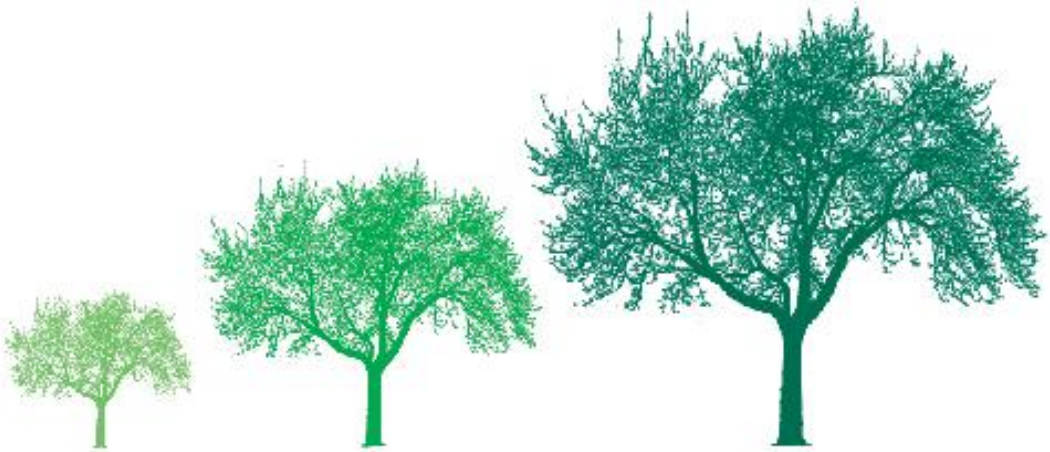

Fawkner Park Children's Centre & Kindergarten

Nurturing Children ● Supporting Families ● Building Communities

Parent Handbook

Updated August 2026

Policies & Procedures

(Updated August 2026)

65 TOORAK ROAD WEST, SOUTH YARRA 3141 Phone 03 9820 2758 Email info@fpcc.net.au

Acknowledgement of Country

Fawkner Park Children's Centre gratefully acknowledges the traditional custodians of the Bunurong/Boon Wurrung people of the South-Eastern Kulin Nation on which our building is located, where we live, learn, and play.
We recognise their continued connection to the land and waters of this beautiful place and thank them for protecting its ecosystems since time immemorial.
We pay our respects to Elders, Past, and Present and extend that respect to all First Nations people present today.





Fawkner Park Children's Centre Vision for Reconciliation

Our vision for reconciliation is an Australia that embraces unity between First Nation and Torres Strait Islander peoples and other Australians, and a national culture that represents equality and equity, historical acceptance of our shared history and removal of negative race relations.

We recognize and affirm that reconciliation between First Nation and Torres Strait Islander people and other Australians is the responsibility of all Australians.

Our organisation represents a culturally inclusive and diverse learning environment that intentionally embeds First Nation culture learning into our programs. We acknowledge and celebrate the unique place that First Nation and Torres Strait Islander cultures hold in Australia.

We will strive to begin to build relationships with our local First Nation people community, embracing Elders for their knowledge and wisdom and embedding First Nation and Torres Strait Islander cultures, histories, languages and perspectives sensitively into our practice and programs creating an environment that looks and feels welcoming for First Nations peoples.

Fawkner Park Children's Centre & Kindergarten
Nurturing Children • Supporting Families • Building Communities

Fawkner Park Children's Centre Child Safe Statement of Commitment

Fawkner Park Children's Centre is committed to being a Child Safe Organisation. We have zero tolerance for child abuse, racism, discrimination or any form of harm towards children. All allegations, disclosures and safety concerns will be taken seriously and managed in accordance with our policies, procedures and legal obligations.

At Fawkner Park Children's Centre, the safety, rights and best interests of children are the paramount consideration in all decisions and actions relating to the operation of the service. In accordance with the Education and Care Services National Law, all educators, staff, volunteers, leadership and committee members must ensure that children's wellbeing, safety and dignity are prioritised above all other considerations. This commitment guides all service policies, procedures, governance decisions and daily practices to ensure a strong child safe culture is maintained at all times.

We are committed to ensuring that all children feel safe, respected and protected at all times. Our service actively promotes the wellbeing, participation and empowerment of all children.

This includes a strong commitment to:

- Promoting the cultural safety of Aboriginal and Torres Strait Islander children
- Promoting the cultural safety of children from culturally and linguistically diverse backgrounds
- Promoting the safety, inclusion and participation of children with disability

At Fawkner Park Children's Centre, we aim to create an environment where children feel safe, happy, respected and empowered. We actively listen to children and take their views seriously when making decisions that affect them.

We support and respect all children, families, educators, students, volunteers and community members and foster a culture of safety, respect and accountability across the organisation.

We recognise our legal and moral responsibilities to protect children. If we believe a child is at risk of harm, we are committed to reporting concerns to the appropriate authorities in accordance with mandatory reporting requirements and child protection legislation.

Our service is committed to preventing child abuse and neglect through proactive risk management. We identify, assess and reduce risks to children wherever possible.

We maintain robust recruitment, screening and supervision practices to reduce the risk of harm to children by staff, students and volunteers.

Fawkner Park Children's Centre also maintains a strict Code of Conduct that outlines expectations for appropriate behaviour with children. All staff; students, volunteers and visitors are informed of this Code and are required to adhere to it at all times.

This document is divided into two parts:

Parent Handbook which outlines the Centre's polices (sections 1-11); and

Policies and Procedures which details the Centre's policies and corresponding rationale and procedures (sections 12-18).

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14 HISTORY AND CURRENT PERSPECTIVE OF COMMUNITY CENTRE

Fawkner Park Children's Centre gratefully acknowledges and pays its respects to the elders and people, past, present and future, of the Kulin nation – Bunurong or Boon Wurrung tribe, the traditional custodians of the land on which this building is located.

The current multi-purpose Centre had its beginnings in 1925 as a park kiosk! In 1943 the building was restructured to become a Maternal & Child Health Centre, beginning its role as a Community Centre.

Within several years the Centre grew to include morning kindergarten and playgroups, providing further services to young families. From this time on, the Centre building incorporated a senior citizens' group, a children's occasional care service, and tennis facilities and provided a venue for community meetings.

In 1986, the City of Melbourne implemented the goal of incorporating the current services within a larger, modernised building, thus providing a community centre that incorporated all the services of the past, yet with emphasis on family services for both young and old.

In January 1989, the restructuring and extension of the building was completed so the services of the Fawkner Park Community Centre could include:

- Fawkner Park Children's Centre Cooperative Ltd., (full- and part-time care, and integrated kindergarten);
- The South Yarra Maternal and Child Health Centre;
- South Yarra Senior Citizens and Domiciliary Services; and
- Tennis facilities (court hire and kiosk).

In 2010 the Centre was extended further to accommodate more children by providing two further rooms. The extended Centre was officially opened in October 2010.

Mission Statement

Nurturing children
Supporting families
Building communities

1.1 Philosophy

Fawkner Park Children's Centre bases its philosophy on the best interests of the child and the principles of social justice, recognising every child as a unique individual within their family**.** We are committed to upholding the highest standards of child protection and safety, ensuring every child feels safe, respected and supported within our service. The philosophy is informed by the Early Years Learning Framework, the Victorian Early Years Learning and Development Framework and our Child Safe Code of Conduct. We are a child safe organisation where all 11 child safe standards are practiced.

Early childhood is the most formative period of a child's development. Fawkner Park Children's Centre honours the child's right to play as both a process and context for learning. These years see children develop skills, attitudes and concepts and lay the foundations for lifelong learning. We believe the early childhood environment should be secure, warm, caring and promote independence and build self-esteem and self-knowledge in each child. We believe that children's rights should be acknowledged, preserved and protected (as stated in the United Nations Convention on the Rights of the Child) and their individuality and creativity encouraged. We are committed to advocating for these rights, safeguarding each child's dignity and freedom of expression. We believe that learning experiences should acknowledge the child's role in their own learning and provide a collaborative pedagogy from a foundation of intentional teaching. Children's innate willingness to grow and learn through experience should be guided and encouraged, through the acknowledgement of the holistic nature of children's learning.

Specifically, we aim to provide:

- A range of learning opportunities and play-based emergent curriculum experiences that are informed by research theory, contemporary perspectives and the National Quality Framework. These experiences aim to support holistic development; including enabling physical growth, the development of social interaction and emotional awareness, language and cognitive skills. We aim to teach through interest and intention to enable each child to reach their full potential. We aspire to empower all children to be curious, inquisitive learners, active decision makers, independent problem solvers and co-constructors of their own learning.
- An environment that acknowledges and respects First Nations people as the traditional custodians of the land and water on which our service is built upon. An environment that is inclusive, which recognises, celebrates and builds on the strength of the cultural backgrounds, languages, family diversities, abilities and needs of all staff, children and their families. Staff work against bias and prejudice promoting integrity, equity and respect, recognising children as active citizens.
- A program of open-ended, play-based learning and educational experiences that take into account the various ways' children learn, that is based on the children's interests, then enriched with the practice of intentional teaching. A program that will instil a love of learning and a belief in each child's unique abilities, in addition to promoting their sense of well-being. Staff are also committed to embedding First Nations people's perspectives into our program and practice to promote and support reconciliation.

- A program which uses observation and comprehensive assessment of children's learning and development to best scaffold and support the needs of each child. That respectfully utilises technology primarily in the form of 'Storypark', as well as regular interactions for active collaboration between families and educators to share highlights, reflections and insights into children's learning and strengthen two-way sharing of information with families.
- An environment where staff acknowledge that families are children's first educators. Staff are active in building strong partnerships and promoting involvement from families on the care, nurturing and education of their children, through shared aspirations and active listening. Recognising these relationships as an integral foundation for learning and working with passion, enthusiasm and commitment to collaborate, nurture and support.
- Staff recognise and actively work towards building and maintaining secure, and trusting relationships across all members of Centre community; providing a foundation for successful learning, enhanced wellbeing and belonging.
- An environment where all staff show trust, mutual respect and support to each other. Where they are encouraged to share their talents, abilities and culture -applying their knowledge, passion and expertise to achieve best practice in all aspects of their work. A working culture where the physical, mental health and wellbeing of all staff is highly valued and supported; through ongoing learning, policies, practices. An environment that continues to evaluate and assess ways of supporting staff's mental health and wellbeing.
- An environment responsive to community contexts, where local community resources and events are represented and included in the program. Our families are actively encouraged to make use of services and participate in centre and community-based initiatives.
- An environment that promotes a strong commitment to the ongoing learning and professional development of all staff, so that staff skills and knowledge are consistently being developed and reflected upon. We strive to achieve high quality, professional, reflective and intentional practice at all times.
- A program that seeks to build a connection, sense of wonder and concern for present and future sustainability. An environment where staff embed sustainability practices, in and outside the classroom, and strives to purchase environmentally responsible supplies and equipment.

References: Families and staff values drawn from surveys and discussion.
Department of Education, Employment and Workplace Relations (DEEWR) (2011). Belonging, Being and Becoming: The Early Years Learning Framework for Australia. Canberra, ACT: DEEWR.
Department of Education and Early Childhood Development, State Government of Victoria (2011). Victorian Early Years Learning and Development Framework. Melbourne, Victoria.
National Scientific Council on the Developing Child (2004). "Young Children Develop in an Environment of Relationships". Working Paper NO.1. Centre on the Developing Child, Harvard University, Retrieved date March 8, 2011 from http://developingchild.harvard.edu/library/reports_and_working_papers/workingpapers/wpl/

Reviewed by team 02.02.2026

14.2 AIMS AND OBJECTIVES OF THE COOPERATIVE

As a Cooperative, the Centre aims to effectively utilise and adhere to the Cooperative Principles as set out within section 6 the *Cooperatives Act 1996*, namely:

- Voluntary association and open membership;
- Democratic control;

- Member economic participation;
- Autonomy and independence;
- Education, training and information;
- Cooperation among cooperatives;
- Concern for the community.

In addition to operating within a cooperative/community framework, the Centre abides by the *Children's Services Regulations of Victoria*. A copy of the Cooperative's Rules is kept in the office for reference.

One of the benefits of being in a cooperative is that the members have a common goal. Fawkner Park Children's Centre is proud of the fact that its parent members are heavily involved in the operation of the Centre, both through the Committee of Management – consisting of parents elected by parents – and through the Regular General Meetings of members of the Cooperative. We encourage parents to think of themselves not as customers of the Centre but as part owners of the centre, in partnership with a group of like-minded owners.

15 OPERATION OF THE CENTRE

15.1 HOURS OF OPENING, ANNUAL CLOSURE & PUBLIC HOLIDAY

Hours

7.30 am to 6.00 pm, Monday to Friday.

Annual closure

The Centre is closed annually for approximately two weeks over the Christmas holiday period plus the public holidays and for three non-contact days per annum. These non-contact days are used by staff for in-service training, to prepare reports and assessment records and to prepare their rooms. A list of non-contact days will be handed to parents early in the New Year.

Public holidays

No service is provided on all state government approved public holidays. A sign is placed on the front door for Centre closures. These dates will appear on the Event calendar distributed to all families at the commencement of each year.

15.2 ENROLMENTS: CALENDAR YEAR

Enrolments are accepted for each calendar year, commencing in the middle of January and ending on Christmas Eve in each calendar year. Our license conditions limit the number of places that we are able to offer to a maximum of 74 children at any one time. If at any time during the year vacancies exist in any room, further enrolments may be accepted to fill the vacancy.

The year ends on Christmas Eve, or the Friday prior to Christmas or the day before Christmas Eve by Committee's decision. Parents whose children are going to school in the following year need to understand that we are unable to offer child care to their child(ren) in the January before commencing school unless exceptional circumstances apply.

For more information, refer to policy *FPCC 1.02 Care in January*.

15.3 ENROLMENTS: MINIMUM NUMBER OF DAYS

The Centre requires that each child is enrolled to attend the centre a minimum of two days per week. This is based on the best interests of the child, in terms of encouraging stability and

consistency in relation to a child's attendance. Exceptional circumstances may apply whereby enrolment for one day per week is permitted by approval of the committee.

For more information, refer to policy *FPCC 2.03 Enrolments: Minimum number of Days*

15.4 ROOM GROUPINGS AND TOTAL NUMBERS OF CHILDREN

Blue Room
Age Range: 6 months to approximately 3 years
Total Number: 12-13 children at any one time

Green Room
Age Range: 6 months to approximately 3 years
Total Number: 12-14 children at any one time

Yellow Room – Junior Kindergarten
Age Range: 2.3 to 3.5 years
Total Number: 12-13 children at any one time

Orange Room – Junior Kindergarten
Age Range: 3 to 4.5 years
Total Number: 15-17 children at any one time

Large Room - Kindergarten
Age Range: 3 to approximately 5.5 years
Total Number: 26-29 children at any one time

15.5 TYPES OF CARE AVAILABLE

Full day care

This involves care from Monday to Friday inclusive during the Centre hours.

Part-time care

This involves the same daily hours as offered with full day care, but consists of anywhere from two to four days per week.

Temporary vacancies

A temporary vacancy (**TV**) occurs when a family goes away on holidays or a child is absent due to illness. If a family wishes to submit a TV for sale, the family may notify the Ancillary staff via email advising the dates the child will be away. Other families needing extra care can then utilize this TV place, provided that the policy for TVs is followed. If a TV is not used by another family, then the absent family must pay the daily fee for that TV.

Educators and administration staff are under no obligation to match, offer or sell a family's TV day to another family.

The TV policy provides:

- Financial relief for families who are absent, and
- Additional care for those in need.

For more information, refer to policy *FPCC 1.01 Temporary Vacancies; and FPCC18.1.4 Temporary Vacancy Policy Amended*

Kindergarten

The program offers at least two full time qualified kindergarten teachers to provide an integrated kindergarten/day care program for eligible four- and five-year-olds equivalent to that of a sessional kindergarten.

15.6 MEETINGS: WHY, WHEN AND WHERE

Regular meetings are important, as the operation of the Centre is parallel to a business. Regular communication on all levels must be kept open. The Centre conducts regular meetings to ensure the operation is running smoothly and any practical problems are quickly identified and rectified.

Regular Committee Meetings are held once a month or as needed. These meetings are attended by Committee of Management members who manage the business of the Cooperative, the Director and can be attended by a 2IC if their presence is required. Regular General Meetings are held twice a year. The Annual General Meeting is held once a year. Majority of the meetings are held virtually post COVID-19 pandemic unless specified otherwise.

Important Note: All Cooperative Members must attend the Annual and at least one Regular General Meeting. A written apology must be provided if unable to attend.

15.7 MAINTAINING, FACILITATING AND REVISING POLICY

The Committee member responsible for Policy and the Committee regularly assess the Centre's policies. Staff and Committee members review current policies and assess their implementation and relevance. Parents bring issues of concern to the Director, who refers matters to the Committee.

Should any need for new policies or amendments to existing policies be identified, the Policy Committee member will develop draft policies for discussion with the Committee and ratification at the AGM/RGM.

For more information refer to *FPCC 8.01 Facilitating, Maintaining and Revising FPCC Policy*

16 ENROLMENT AND ATTENDANCE

16.1 ACCESS TO THE CENTRE: ELIGIBILITY AND PRIORITY

The following access guidelines provide a priority listing to those families on the waiting list. Access eligibility is governed by federal government policy and is listed within the Service Agreement and Lease between the Centre and the City of Melbourne. Families interested in using the service must be eligible for access. In order to have this eligibility – families must live, and/or work, and/or study within the following areas:

- The City of Melbourne areas of South Yarra (between Punt and St Kilda Roads, up to the border on this side of Commercial Road);
- The Central Activities District (CAD – perimeters include Spencer St, Flinders St, Spring St, and LaTrobe Streets); and
- St Kilda Road (within the City of Melbourne boundary).

For full detail on Eligibility & Priority, refer to *FPCC 2.01 Priority of Users*

16.2 HOLDING OF AVAILABLE ENROLMENT PLACE

It is understood that at times, places at the Centre are accepted and paid for, but that the child does not attend that placement for a period of time. This is particularly the case where an enrolment is for an infant sibling of a child already enrolled and attending the Centre – the place is accepted and paid for to ensure the place is held available for the infant, even though the infant is not yet of an age and/or stage ready to commence actual attendance at the Centre.

To ensure the Centre endeavours to meet the high demand for child care places in the Community, an enrolled child must actually physically commence using that place within six months from the date of that enrolment, even where the fees for the placement are being paid. This policy applies to all children enrolled at FPCC, including siblings of children already enrolled and attending the Centre.

Further, when a place at the Centre is accepted and the child is enrolled, that child is considered to have commenced at the Centre and fees shall be charged accordingly (regardless of whether or not the child is actually attending).

For full details on holding of available enrolment place, refer to *FPCC 2.04 Use of enrolled place at Centre*

16.3 ORIENTATION FOR NEW FAMILIES

Families will be given opportunities to familiarise themselves with the Centre prior to commencement. This will be done in the following manner:

- Introduction to staff
- Completion of enrolment forms and immunisation details
- Familiarisation with Centre processes e.g.; committee details and payment methods
- Visits to the room

- Copies of the Centre's Policy Manual (Parent Handbook) can be emailed to families. Copies are available for reading in the foyer and the parent library.
- An opportunity to meet other parents of children in the same room is provided at a morning tea held on a Saturday morning early in the year.

The Centre sees orientation as an individualised process and staff will assist in tailoring a program which suits each child and family.

16.4 SIGNING IN AND OUT

Signing in and out is an important part of your routine when you pick up and drop off your child. It is a Department of Education and Training (DET) legal document and we are required to ensure that it is completed correctly. From January 2019 parents are required to sign in manually, using a paper based sign in sheet, and electronically, using the Hub Hello website. Each room has its own sign in sheet and iPad located on top of the children's lockers. The Hub Hello program contains the phone numbers of all parents, emergency contacts and people with authority to collect, allowing only these people to log in to the system once they create a four digit PIN.

The electronic system is required as part of the new Child Care Subsidy in order to record the exact number of hours a child attends care. The paper based copy is required as evidence of attendance during fire drills/emergencies, as consent for spontaneous park visits and to enable the buying and selling of days.

Please remember that signing in and out is the only recorded proof that the Centre has as to who has both dropped off and picked up your child. In cases of emergency/evacuation, this is the record that staff use to check which children are present within their room. It is therefore essential for the parent or caregiver to sign the sheet and to provide accurate times of arrival and departure.

Although contact details are stored on the Hub Hello program, parents are required to record their telephone contact details on the paper sign in sheet every day their child is in. This alleviates the need to access a child's enrolment records, or search through Hub Hello, for contact details in the event of an emergency. In these instances, the sign in and out sheet will be the only document staff will have with them.

For more information, refer to policy *FPCC 2.06 Late Departures* and *FPCC 2.05 Delivery and Collection of Children.*

16.5 WASHING HANDS

It is a requirement of the Centre'shygiene policy and anaphylaxis policy that all families, visitors and staff must sanitise their hands before touching the metal gate. In addition,children must wash their hands upon arrival into their room. It is the responsibility of the caregiver dropping the child at the Centre to ensure the child properly sanitises and then washes their hands with warm soapy water.

This also teaches children habits of good personal hygiene.

For more information, refer to policy *FPCC 4.18 Anaphylaxis*

16.6 NO FOOD TO BE BROUGHT INTO CENTRE

It is a requirement of the Centre's anaphylaxis policy that *no* food may be brought into the Centre. This is a blanket rule pertaining to *any* food, for example, a half-eaten apple being consumed by a child being dropped off at the Centre is *not* permissible.

The only exception to this is where the Centre specifically invites food to be brought into the Centre, for example for the cake stall at the annual family fun day.

For more information, refer to policy *FPCC 4.18 Anaphylaxis*

16.7 PARENTS VISITING THE CENTRE

During their child's attendance at the Centre, parents and carers are invited to participate in activities. Parent and carers are also welcome to visit their child at the Centre at any time. Visiting parents and carers are encouraged to speak to the Director or room staff about the best time to visit their child, to minimise disruption to the child's routine.

16.8 DROPPING OFF AND PICKING UP

If, for some reason, the parent/s who normally accompany their child to and from the Centre arrange for another caregiver to perform this task, the Director or appropriate staff members must be notified in writing, or by telephone, or by the parent personally, of any change in plans.

Under no circumstances will a child be allowed to leave the Centre with an unauthorised person or, in cases of family separation, a person who does not have custody of the child. In terms of custodial arrangements, it is the responsibility of the custodian to provide any relevant information to the Centre Director regarding such arrangements. Any details will be recorded on the child's enrolment form.

No person under the age of sixteen will be authorised to collect a child from the Centre.
All children will have their own locker space. This will be either named or have a sign/motif that corresponds to their name (room staff will inform parents of the appropriate sign/motif for their child).

For more information, refer to *FPCC 2.05 Delivery and Collection of Children*.

16.9 MAKING GOODBYES A LITTLE EASIER – FOR CHILDREN, PARENTS AND STAFF!

Learning to Say Goodbye

- Spend some time with your child to assist with the settling-in process (speak to room staff about time spent in the room).
- Ensure you are positive about the Centre, particularly in the early days when your child may be unsettled about attending.
- When leaving, always say goodbye to your child. It is an important trust factor that they know when you are going.
- Make your departure without any returns. It is far less emotionally draining on both sides if you say goodbye, give your child a good hug, let them know you will be coming back later and then *go*.
- Ensure staff receive the appropriate information about home life, i.e. sleeping patterns, any changes to routine, etc.
- Ring the Centre if you are concerned about how your child is coping in those first few weeks. The Centre Director will be able to give you the information and peace of mind you need.

Saying Hello Again

- When collecting your child, be on time. All children have a biological time clock – they know exactly when they should be picked up. If you are running late, please ring the Centre. Staff can inform your child you will be a little later than usual.
- Speak to staff about your child's day at Fawkner Park. Apart from your own information gathering, it will be a good conversation point between your child and yourself. Communication between both parent (home) and staff (service) can only assist your child's level of comfort.
- Ensure staff are always aware that you are taking your child home. Apart from the security/courtesy aspect, hellos are just as important as goodbyes.

- If your child has creative work in their locker, please take it home. Encourage them to display it, if only for a short time until it is replaced with something else. Also remember, however, that the learning process is effectively more important than the final product. Your child may not have 'actual' work to take home; however, he/she may have spent a very creative morning building a large tower with blocks. In that morning he/she will have been learning about the concepts of space – in, out, over, under mathematical concepts of 'equal to', 'larger than', 'matching with', etc. Therefore 'doing' is just as, if not more, important than 'producing'. Clearly, an example of assisting your child in those early days is being interested what they are 'doing'.

16.10LATE PICK-UPS

The Centre opens at 7.30 am and closes at 6.00 pm sharp.

It is essential that parents arrive prior to 6.00pm, allowing enough time to greet their child and have the usual handover discussions with staff, collect their child's bags, sign out and depart the building by 6.00pm. If you are running late, please contact the Centre as soon as possible so that appropriate staffing arrangements can be made.

Fee penalties of $1 a minute apply if a child is not collected by 6pm.

In the event that a child is not collected by 6pm, the child's carers, and then the child's emergency contacts, will be contacted by the Centre. If no contact can be made to arrange the collection of the child the Centre will contact the Department of Health and Human Services Child Protection.

For more information, refer to *FPCC 2.06 Late Departures*.

16.11GIVING NOTICE

The Centre requires that families adhere to certain notice periods when requesting an amendment or cancellation to their child's enrolment. The relevant notice periods are required to enable the Centre to optimally and effectively allocate the Centre's resources for current and future calendar years.

If a family does not give notice in accordance with the relevant notice period, then the family may forfeit their bond, unless otherwise determined by the Committee.

For more information, refer to policy *FPCC 2.09 Amending days or leaving the Centre*.

3.12 LOST PROPERTY

If an item belonging to your child is missing, please check the Centre's Lost Property Basket, located in the foyer.

Clearly labelling your child's items will assist in locating them if they are missing. The Centre takes no responsibility for any items that are lost.

3.13 TRANSITION AND ORIENTATION FOR CHILDREN PROGRESSING BETWEEN ROOMS AND TO SCHOOL

The Centre has a transition program for children progressing to the next room within the Centre, and from kindergarten to school.

The program recognises the significance of these transitions for children and families. Consideration is given to current early childhood practices in developing the transition program. Parent participation is a valued part of the transition program.

For more information please refer to policy *FPCC 2.08 Transition and Orientation for Children progressing between rooms and to school*

3.14 ACCEPTANCE AND REFUSAL OF AUTHORISATIONS (ENROLMENT RECORDS) MANDATORY – QUALITY AREA 2

Signed authorisations from parents or a person named in the enrolment record as authorized to consent to the medical treatment of the child will be kept at all times in the child enrolment record. Under the National Law and Regulations, early childhood services are required to obtain written authorisation from parents/guardians, and/or authorised nominees (refer to *Definitions*) in some circumstances, to ensure that the health, safety, wellbeing and best interests of the child are met.

This enables any staff member from Centre to:

a) Seek medical treatment for the child from a registered medical practitioner, hospital or ambulance service and
b) Seek transportation of the child by an ambulance service
c) Take the child on any regular outings (i.e. park visits)

This policy applies to the Approved Provider, Nominated Supervisor, Certified Supervisor, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Fawkner Park Childcare Centre.

References
Australian Children's Education and Care Quality Authority (ACECQA): www.acecqa.gov.au

For more information please refer to policy *FPCC 2.05 Delivery and Collection of Children*

17 OCCUPATIONAL HEALTH & SAFETY

17.1 ACCIDENT REPORTING

The Centre will do its utmost to provide a safe environment for children and staff and to minimise the incidence of accidents which result in injury.

If and when accidents occur, staff will respond immediately in accordance with guidelines laid down in the Staff Manual.

At least one staff member in each room must have a current first aid certificate, although all staff are trained with basic paediatric first aid qualifications. All staff are regularly offered the opportunity to update their first aid qualification.

In the case of a minor accident, staff will assess the injury and administer appropriate first aid. If the situation requires further medical treatment, the child's parents will be contacted.

The Incident Report Form will be used by staff in the event of an accident/illness/incident occurring during the time that a child is in attendance at the Centre. As per the Accident Procedure, parents will be requested to sign the report that accompanies a minor/major accident.

All accidents requiring external medical treatment are reported by the Director to the State Government Department of Health and Human Services.

For more information, refer to policy *FPCC 3.01 Administration of First Aid Procedure* and *FPCC 3.02 Recording of Accidents/Illnesses.*

17.2 ACCIDENT PREVENTION

In the interests of accident prevention, the Centre will, at all times:

- comply with government regulations concerning all aspects of safety; and
- take into account the specific safety requirements of a children's service – ensuring all areas, both indoor and outdoor, are safe for children's activities.

17.3 STRUCTURAL SAFETY/BUILDING MAINTENANCE

The general maintenance of the Centre is completed by the local government as per the conditions of the Service Agreement and Lease that it has with the Centre. Maintenance work to ensure a safe environment for the children and staff can be anything from cutting the ends of lavender bushes to deter bees to ensuring that the heating system is working appropriately.

17.4 CITY OF MELBOURNE MUNICIPAL EMERGENCY MANAGEMENT PLAN

In the event of a disaster affecting the City of Melbourne Municipality, the Centre is covered by the strategies incorporated by the City of Melbourne Municipal Emergency Management Plan (MEMPLAN). A copy of MEMPLAN is located in the foyer. A copy of the plan can be located on the City of Melbourne's website: www.melbourne.vic.gov.au/info. This includes a CBD safety plan which outlines childcare responsibilities in the event of a major incident within the CBD.

This can be downloaded from the website indicated above (follow links Community Services, Emergency Management).

As a local community service the Centre would be contacted by the Community Services Liaison Officer, who would then provide information as to the extent of the disaster and relevant instructions as to the coordination efforts in place for emergency relief.

If you become aware of an emergency situation which you think may affect the Centre, and telephone contact cannot be made with the Centre, please ring the **City of Melbourne Hotline on 9658 9999**, for up-to-date information.

17.5 EMERGENCY AND EVACUATION
Mandatory – Quality Area 2

The Centre has an evacuation procedure. This procedure specifically relates to emergencies that would require the evacuation of children from the Centre. This procedure is listed on the foyer notice board. Evacuation drills are conducted regularly by alternate persons in charge. This was updated Nov 2013 and is a separate booklet we print and keep in the foyer cupboard.

17.6 HEALTH AND SAFETY
Mandatory – Quality Area 2

The Centre aims to ensure that the service provides a safe environment for all children and staff. The Centre has a committee member as well as a staff member who assists with OH&S issues. Local Government provides training in aspects of OH&S including handling fire extinguishers, general safety practices in dealing with toxic chemicals and their storage, i.e. turpentine, etc.

The Centre also invites guest speakers and in-service training for staff by specialists such as physiotherapists.

For more information refer to *FPCC 3.03 Occupational Health and Safety*

17.7 SAFETY EQUIPMENT
Mandatory – Quality Area 2

All the fire safety equipment is maintained by subcontractors for the City of Melbourne, who check the fire extinguishers and hoses on a regular basis.

17.8 WATER SAFETY
Mandatory – Quality Area 2

The Centre believes that water play is essential for children as it offers sensory benefits, environmental awareness and assists in developing fine motor skills as children learn to measure, pour, and discover the basic concepts of water energy and scientific concepts such as diffusion.
Similarly, the safety and supervision of children is paramount when in or around water. This relates to water play, excursions near water, hot water, drinking water and hygiene practices with water in the Centre. Children will be supervised at all times during water play experiences.

Occupational Health and Safety Act 2004
Working Safely in Community Services 2nd edition October 2006
Children's Services Regulations 2009
The Royal Life Saving Association of Australia water safety tips- www.royalsaving.com.au/www/html/476-water-safety-tips.asp

For more information, refer to policy *FPCC 3.04 Water Safety Policy*

18 HEALTH, HYGIENE AND ILLNESSES
18.1 PERSONAL HYGIENE

For children

Hygiene practices are introduced to children when appropriate and they are ready to understand them, such as washing hands:

- immediately upon arrival at the Centre, prior to contact with other children
- before eating
- after using the toilet or having a nappy change
- after wiping their nose
- after any other unhygienic practice
- after handling animals.

For staff

In addition to the positive role modelling set for children regarding personal hygiene, staff maintain a high level of personal hygiene by washing hands:

- on arrival at the Centre
- before commencing work
- before handling food
- before eating
- after handling raw food
- after using the toilet or assisting a child in the toilet
- after changing a child's soiled nappy or clothing
- after cleaning up faeces or blood
- after removing gloves.
- after wiping a nose either their own or a child's
- after touching eyes, ears, nose, hair or mouth
- after any other unhygienic practice
- before and after administering first aid
- after handling garbage
- after each break
- after handling animals.

For more information, refer to policy *FPCC 4.01 Hygiene Practices, FPCC 4.02 Nose Wiping Procedure and FPCC 4.03 Dental Hygiene*.

18.2 LAUNDRY

Parents provide sheets for their child and are responsible for washing them. Hand towels are allocated to each child and are washed daily by the staff.

18.3 SUN SMART

The Centre has a Sun Smart policy which not only addresses the risks of exposure to direct sunlight, but also understands the importance of ultraviolet radiation (UV) exposure on one's health. Sun hats are provided for all children and must be worn from mid-August until the end of April. However, The Centre recommends that children wear hats whenever the UV Index reaches 3 or above.

The Centre supplies sunscreen with a SPF of 30+ (or higher) for children for outdoor play. Sunscreen and insect repellent will be applied to all children whose parents have given written permission. Parents are required to apply sunscreen immediately prior to, or at drop off each day. With parental consent, children with naturally very dark skin are not required to wear sunscreen to help with vitamin D requirements.

For more information, refer to policy *FPCC 4.04 Sun Smart*

18.4 ILLNESSES

The wellbeing of children is the highest priority in the service. Fawkner Park understands the concerns and needs of working parents and tries to accommodate the difficulties associated with a sick child. The Director will keep parents informed about the occurrence of an infectious disease in either children or staff at the Centre.

18.5 INFECTIOUS ILLNESSES

The wellbeing of children is the Centre's highest priority. The Centre's objective is to create a safe and hygienic environment that will promote the health of the children and staff. The Centre will keep cross-infection at a minimum to reduce instances of illnesses from infectious diseases.

The Centre will always exclude sick staff and children according to the recommendations of National Health and Medical Research Council of Australia. (NHMRC). The complete list of the illnesses requiring exclusion is posted on the wall in the foyer.

Parents are required to keep their children home if they show any of the following symptoms or infections:

- diarrhoea
- vomiting
- fever
- head lice
- contagious conjunctivitis
- cold sores
- school sores/impetigo
- hand-foot-mouth infection
- rashes.

Please respect not only your child's room peers and room staff, but their families as well. If you bring your child in with a contagious ailment *it will spread*.

If you suspect your child may have an infectious illness such as measles, rubella or chicken pox, please have the condition diagnosed by a doctor and notify the Director. The Director is required to place a notice on the Centre door when informed of any infectious illness at the Centre. In certain circumstances (head lice, school sores) the Director is required to notify the local health authority of the presence of infection in the Centre.

Refer to policy *FPCC 4.10 Dealing with Infectious Diseases and FPCC 4.06 Collection of Sick Children*.

18.6 ASTHMA

It is important that parents notify the Centre if their child/ren have suffered or are suffering from asthma. The parents will be required to fill out an Asthma Action Plan outlining the action the Centre should take if the child suffers from an asthma attack.

The child's regular medication should accompany the child to the Centre each day and if parents are aware of impending asthma, they should advise staff of the symptoms to watch for.

Should a child suffer an asthma attack and no medication is available, specific procedures are in place, as recommended by the Asthma Foundation, which Centre staff will follow.

Staff attend Asthma Management training and several have been qualified with a BAN (Bronchodilator Administration Number) by the Asthma Foundation.

The Centre is committed to keeping both parents and staff informed of any new developments in asthma research.

For more information, refer to policy *FPCC 4.08 Asthma*

18.7 ALTERNATIVE APPROACHES TO HEALTH CARE

Every parent has the right to exercise choice in the type of health care they will seek for their children when illness occurs.

We support this right and staff at the Centre will at all times attempt to respect the wishes of parents in this regard.

It is important to point out, however, that in cases of those illnesses which require by regulation the exclusion of children from the Centre for certain periods (as indicated on the foyer notice board), a medical certificate from a qualified medical practitioner indicating the child's fitness to return to the Centre is required.

For more information, refer to policy *FPCC 4.10 Dealing with Infectious Diseases*

18.8 SUDDEN INFANT DEATH SYNDROME (SIDS)

The Centre is aware of SIDS (more commonly known as 'cot death') and practices precautionary measures (as advocated by the SIDS Foundation) to reduce the risk of SIDS.

Staff caring for infants follow the sleeping arrangements recommended by the Sudden Infant Death Research Foundation, namely:

- using light layers of clothing
- sleeping the infant on her/his back
- infant's feet placed at the bottom of the cot with the sheet folded back in the centre of the cot
- pillows, bumper pads and doonas will not be placed in the cot.
- firm mattress to be used

The Centre will make available information on any new developments that may further reduce the risk of cot death (SIDS).

All cots used in the Centre comply with Australian Safety Standards.

Cots and mattresses will be wiped down after each use.

Families are responsible for providing and laundering sheets and blankets/sleeping bags.

For more information please refer to policy *FPCC 5.09 Relaxation and Sleep*

18.9 HIV/AIDS AND HEPATITIS A, B AND C

No one is obliged to inform an employer, service provider or service of their own or their child's HIV/AIDS, hepatitis or other blood-borne virus status. If a parent does disclose to the Centre that their child has that status, a child cannot be excluded from the Centre on those grounds.

In addition, this information remains confidential.

No child will be denied first aid at any time. The Centre will at all times follow proper infection control procedures to minimise the risk of transmission of blood borne viruses.

18.10IMMUNISATION

Your child's immunisation record will need to be shown to the Director at the time of enrolment. In accordance with the new 'No Jab, No Play' legislation, enrolment cannot proceed until this documentation is received. Please note that Immunisation History Statements provided by the Australian Immunisation Register are now the only form of document accepted as evidence of immunisation.

In addition to this, immunisations must be kept up to date and parents are asked to inform the Centre when further immunisations are given. Legislation states that families must provide an updated Immunisation History Statement every seven months. Fawkner Park Children's Centre will ask families for an updated document every six months, in keeping with best practice guidelines. A copy of this request will be kept on file and will be followed up accordingly if the documentation is not provided.

You can view, download and print your child's Immunisation History Statement from the Australian Childhood Immunisation Register by visiting www.medicareaustralia.gov.au/online.

Your child's immunisation status certificate should demonstrate that your child:

- is fully immunised for their age, OR
- is on a vaccination catch-up program, OR
- is unable to be fully immunized for medical reasons, OR
- meets the criteria for the 16 week grace period (for families experiencing vulnerability or disadvantage)

In the case of an infectious disease occurring at the Centre, children who have not been immunised, or for whom there is no evidence that s/he has been immunised, will be required to stay at home for the duration of the period of the infection.

For more information, refer to *FPCC 4.09 Immunisation*.

18.11TOXIC PRODUCTS

The centre endeavours to minimise the use of toxic chemicals without compromising effective cleaning.

Immersion in hot soapy water and fresh-air drying is used for toys where possible.

Hot soapy water and vinegar is used for cleaning of benches. Sanitising is done with Bio-check.

Cleaning products are stored out of reach of children and are clearly labelled.

18.12ANAPHYLAXIS

The Centre has an anaphylaxis management policy and anaphylaxis communication policy in place.

For children who have been diagnosed at risk of anaphylaxis, an individual medical management action plan is attached to the child's enrolment record.

It is crucial that parents notify the Centre if their child/ren are at risk of anaphylaxis.

In meeting its obligations to take all reasonable precautions to protect children at risk of anaphylaxis, the Centre requests *all* families:

- comply with the hand washing policy – that all children must wash their hands upon arrival at the Centre. It is the responsibility of the caregiver dropping the child at the Centre to ensure the child properly washes their hands with warm soapy water.

- comply with the food policy – that no food may be brought into the Centre. This is a blanket rule pertaining to any food, for example, a half-eaten apple being consumed by a child being dropped off at the Centre is not permissible. The only exception to this is where the Centre specifically invites food to be brought into the Centre, for example for the cake stall at the annual family fun day.

For more information, refer to policy *FPCC 4.18 Anaphylaxis*

18.13DIABETES

It is important that parents notify the Centre if their child/ren have suffered or are suffering from diabetes. The parents will be required to fill out a Diabetes Action Plan outlining the action the Centre should take if the child suffers from a hyperglycemic or hypoglycemic attack.

The child's regular medication should accompany the child to the Centre each day and if parents are aware of impending diabetic symptoms, they should advise staff of the symptoms to watch for.

Should a child suffer a hyperglycemic or hypoglycemic attack and no medication is available, specific procedures are in place, as recommended by Diabetes Australia Victoria, which Centre staff will follow.

The Centre is committed to keeping both parents and staff informed of any new developments in diabetic research.

For more information, refer to policy *FPCC 4.19 Diabetes*

18.14COVID-19 SYMPTOMS

Following the guidelines provided by the Department of Health Victoria since the COVID-19 Pandemic started in 2020, the FPCC Committee of Management has created a COVID-19 policy in place.

Should a child present with COVID-19 symptoms, however mild, in the Centre, parents will be notified immediately to collect their child from the Centre as soon as possible. They should get tested and must remain at home until they receive their results.

For more information, refer to COVID-19 policy.

19 CARE AND EDUCATION

The children in each room are provided with developmentally appropriate programs based on the Victorian Early Years Learning and Development Framework. The Centre aims to provide children with the opportunity to reach the five learning outcomes of the Framework within a play-based and supportive environment. (Please see Appendix 7)

The following areas provide parents and staff with practical information concerning the care and education of the children in our care.

19.1 CURRICULUM DEVELOPMENT PLANNING AND PROGRAMMING

Planning involves a number of components:

- observing all areas of development of both the group and individual children,
- analysing group/individual observations (incidental/anecdotal),
- discussing any 'outside' information (from parents, etc.),
- identifying goals for group and individual children,
- organising appropriate resources for the room, and
- providing programs based on contemporary child development theories.

All permanent room staff are involved in the planning process, with indoor and outdoor experiences carrying equal weight. Each room is allocated one planning day a week, with this time being shared equally between members of staff. The Kindergarten Teacher is allocated eight hours of planning time per week.

Group planning meetings are offered in each room and usually take place once a month.

19.2 PROGRAMMING

Programming is the collation of all the information the staff have accumulated that enable them to produce:

- individual developmental records, and
- an intentional interest lead room program

19.3 DEVELOPMENTAL RECORDS

Developmental records may be made up of the following components:

- **Individual Developmental Records** – these encompass all areas of your child's development, i.e. cognitive, social, emotional, language & physical (gross and fine motor skills) and are used to set goals and track progress
- **Individual Assessment of Learning** – having set goals for each child in their room, teachers observe their children in order to complete assessments of their learning, referred to as Learning Stories. Teachers record their observations and may take photos in order to document significant achievements and milestones that have been reached, linking these achievements to the Victorian Early Years Learning and Development Framework. Staff members must not use their personal devices to record images of children. Each room is provided with an IPAD that belongs to the Centre and can't be accessed from educators outside of Fawkner Park Children's Centre. These assessments of learning, or Learning Stories, are then shared with parents via Storypark: a secure online program for learning documentation/E-portfolios (see 6.4 Storypark, below). Staff are expected to complete at least two learning stories for each child per term (three month period)
- **Planning and Programming** – this is where the Room Leader/Teachers make use of the observations they have taken in order to set intentions and plan their room's program. At

Fawkner Park, our planning cycle consists of 'observing', 'setting intentions', 'planning & implementing', 'reflecting & evaluating' and 'revisiting & modifying'

In addition to the above, each family receives a written report on their child/ren twice a year. Children who are starting school are required to have a Transition to School statement at the end of their final year. This is sent to their chosen primary school for the attention of their prep teacher, with a copy also given to parents.

19.4 STORYPARK

As part of The Centre's commitment towards quality teaching and learning, all observations and assessments are shared with families via Storypark: an online program for learning documentation/E-portfolios.

The program is a fully secure, private platform, which can ONLY be accessed by teachers and the child's family. It is password protected, which therefore ensures only the people you choose to share your password with can access your child's portfolio. In endorsement for its online safety, ease of use and benefits to teaching and learning, Storypark has been recognized by the Early Learning Association Australia.

To ensure cyber-safety, all parents are provided with a 'Parent Agreement' document to read, sign and return to The Centre. Members of staff are required to do the same.

For further information refer to Appendix 5 – Storypark and Online Learning Documentation/E-portfolios Use Agreement for FPCC

19.5 PROGRAM EVALUATION

Program evaluation occurs in several ways:

- All members of staff are required to add and contribute to the weekly plan, with staff rotating the responsibility of planning for indoor and outdoor activities
- Indoor and outdoor activities reflect the current intentions, set and agreed upon by all permanent members of staff in each room
- All educators check daily to determine if the plan requires additions or modifications. Space is allotted for evaluation/reflection
- Programs, plans and evaluations are displayed in each room
- Each room takes part in a buddy system, inviting them to monitor and review each other's plans. This encourages best practice and professional development across the Centre
- Parent feedback is invited and can be actively included in the planning process

19.6 MANAGING BEHAVIOUR

As a group of early childhood professionals, the staff believe in the concept of the 'whole child' and as such take into account the influence of parents/ siblings/extended family, other educators/caregivers, their culture/background and the environment – both home and the community.

As individuals, we believe children are far more receptive and cooperative if they feel secure within an environment where basic needs are met and a routine has been established.

Children need positive influences in order to thrive in all areas of development, and therefore we believe in maintaining a high level of trust, respect, self-worth and a sense of belonging for all the children in our care.

We believe that behaviour guidance should be constructive and very much part of their routine. The following guidelines are what staff practise every day with their charges. We find these guidelines most helpful and effective in both group and individual experiences. They are

based on proven theory and developmental norms. They have been listed according to age appropriateness; however, some points are applicable for all ages.

Blue and Green Rooms

- Using positives instead of negatives. Rather than saying 'don't throw the sand' say 'let's dig the sand'.
- Routine is very important – young children need to know what is going to happen next.
- Offer appropriate alternatives – a toddler who throws toys about can be given a soft ball to throw.
- Remove a child from a situation when they have shown or performed unacceptable behaviour. Using consistency when they show/perform the same action again.

Yellow, Orange and Kindergarten Rooms

- Consistency is essential. Children learn to feel secure when the routine and behaviour limits are adhered to. They will test the boundaries from time to time but if parents and caregivers are consistent, the children will feel secure and appropriate routines/behaviour patterns will be established.
- Give choices, but choices that you can live with.
- As much as possible keep a routine going. Children feel secure when they know what will happen next and what will be expected of them.
- Decide on appropriate routines and behaviour patterns. Ensure that the children understand what is expected of them and why.
- Use appropriate language when addressing children. It is important to use simple, concise language which is directly related to the matter being discussed. Old sayings and elaborate language are confusing for young children.
- Encouragement for appropriate behaviour is a very positive way of reinforcing acceptable behaviour, e.g. 'Thank you for sharing with Johnny'. Children like to please and be accepted. This form of positive encouragement goes a long way to establish acceptable behaviour patterns. Criticism often has the opposite effect.
- Offer choices (one choice or two depending on the situation). If a child has the opportunity to choose between two acceptable alternatives it assists in learning to make a decision (appropriate to the child's developmental age), and enables the child to feel they have some control of their world, e.g. 'A banana or apple for morning tea?' Give choice at times; at other times give no choice (independence vs. security), i.e. if something needs to be done, make the request a statement not a question – use 'it's time to go to the toilet' rather than 'do you want to go to the toilet?'

When unacceptable behaviour occurs, use appropriate strategies:

- When children behave inappropriately, we remove the child from the situation, explaining to them in simple terms why they are being removed (if the child is upset, we wait for them to calm down). We inform the child about what is acceptable behaviour, and then we ask him/her to choose another play area. We will give the child the opportunity to return to the play area when we feel they can play in an appropriate manner.
- If the child is unable/unwilling to choose an activity – offer two choices that are acceptable to children, e.g. would you like to do a painting or would you like to do a puzzle?
- To encourage children to listen we find that maintaining eye contact and getting down to the children's level works well in order to gain their attention and show respect to the child.
- Anger is an emotion that should not be suppressed. It is important that when a child becomes angry he/she does not hurt anyone else or damage property. The adult caregiver needs to provide an acceptable outlet for their anger (pounding clay/ play dough)
- Role model verbal conflict resolution strategies.

For more information, refer to policy *FPCC 5.02 Guiding and Enabling Collaborative Behaviour*

19.7 BULLYING

Bullying behaviour is not tolerated at the Centre. Every person involved at the Centre – the children, parents, carers and Centre staff – all have the right to attend the Centre free of bullying.

Bullying behaviour is when individuals or groups continually seek to hurt others who are less powerful than them. It may be done by physical or verbal means or by deliberately excluding them.

Ongoing, persistent bullying behaviour can occur among people of all ages, including preschool.

For more information, refer to policy *FPCC 5.03 Bullying* and *FPCC 6.02 Complaints and Grievances Management.*

19.8 INCLUSION AND EQUITY

The Centre will ensure that all members of the Fawkner Park community are represented and included in an appropriate manner.

The Centre will provide programs and engage in practices that reflect an anti-bias ethos. We will provide equal opportunities, interactions and experiences for all those in the Centre, irrespective of background, culture, gender or physical ability.

Children with special needs are welcome at the Centre. In order to include the child in the program we draw on the relevant resources available within the community. The number and intensity of resources used depends on the severity of the need. In some cases grants may be available to provide an extra person to assist in the room.

For more information refer to policy *FPCC 5.12 Inclusion and Anti-Bias*

19.9 ENVIRONMENT

The children are introduced to the concept of environmental awareness at the appropriate stage in their development. For example:

- Using recycled paper whenever possible,
- Utilising a recycle bin for plastics, paper and glass,
- Re-using food products (fruit, vegetables) and grass via the compost bin,
- Growing fruits, vegetables and herbs in an outdoor garden,
- Using Nappy Wash Service,
- Catching rain water in the rain tank,
- Using a worm farm in the garden, and
- Encouragement of water saving.

For more information, refer to *FPCC 5.05 Environmental Sustainability*

19.10BIRTHDAYS

If a parent would like to celebrate their child's birthday at the Centre, the Centre cook can provide a cake for morning or afternoon tea for a small cost. Food Safety and Handling Regulations and allergies prevent us from allowing parents to provide food for consumption within the Centre. $15 birthday cake charge is applied to all accounts of the currently enrolled children.

19.11PARENT INVOLVEMENT AND VOLUNTEERS
Mandatory – Quality Area 6

Parents are encouraged to participate in formal and informal events at the Centre throughout the year. We also welcome your feedback in relation to your child's program and in the development of policies. Due to the new Child Safe Standards implemented by the Victorian Government, from 1st July 2022 parents/family members volunteering to help out in any classroom incursions or excursions with the children are required to present their Working With Children Check (WWCC).

The Committee of Management is made up of parents who have volunteered to assist in the management of the Centre. In addition, three parents from each room are appointed as room representatives at the start of the year to assist the Committee of Management with specific projects.

From time to time the Committee seeks assistance from parents for help on specific projects.

19.12STUDENTS, VOLUNTEERS
Mandatory – Quality Area 4

The Centre readily accepts students to assist them in practising their theoretical knowledge with the children. The Centre usually accepts students from Swinburne and Melbourne University.

A sign will be placed outside the room to advise parents of the student's name and the duration of their stay. The acceptance and timing of students' visits will be at the discretion of the room staff. Students must always provide a handbook issued by their institution to ensure that staff are fully informed as to what is expected of both the student and Centre staff. They must always abide by the Centre's policies and procedures. They will be given a copy of the Centre's *Student, Reliever and Visitor Handbook* on commencement.

Students and volunteers are always fully supervised by the Centre staff. They are never left alone with children or counted as part of the staff/child ratio.

The Centre accepts two types of volunteers:

- Parent or family volunteers who assist with excursions. Volunteers who assist with excursions are counted as part of the adult/ child ratio as long as they are accompanied by staff which must be the case at all times
- Prospective students who are interested in taking up a course to work professionally with children and want to gain some experience. In these cases, they must apply to the Director. Again, these students are not left alone with the children or counted as part of the staff/child ratio.

19.13EXCURSIONS/INCURSIONS
Mandatory – Quality Area 2

The Centre realises the importance of excursions. Due to the wide age range of children, however, we try and bring events to the service as well as having the children go out. Some 'reverse' excursions ('incursions') booked annually that the children can enjoy include the Mobile Farm Animal Nursery, Flying Bookworm, and Responsible Pet Ownership. All the incursions and excursions are listed on the Events Calendar.

Parents who feel their hobby or profession could be of interest are more than welcome to speak to staff regarding involvement in the program.

With it being a beautiful local resource, all the children enjoy walks in Fawkner Park. If ratio permits, park visits can be arranged spontaneously by educators, in order to introduce or

extend upon a current interest or intention within the room. Parents are asked to initial the 'Sign In Sheet' each day, giving permission for their child to take part in these incidental park visits.

Children in their last year of Kindergarten are taken on excursions to the local State Primary School (in the park) during the last term of the year.

Your child will not be taken out of the Centre on an excursion without your written consent. Child to staff ratios are maintained at all times.

For more information, refer to policy *FPCC 5.04 Ratios for* Excursions

19.14CHILD SAFE

Every child attending the Centre is provided with a safe environment, alongside caring staff who work to nurture, support and empower them. All reasonable steps are taken by educators and staff to ensure the health, safety and wellbeing of the children in our care. The Centre's robust Code of Conduct outlines expected behaviours for all members of staff (including volunteers, students and contractors) regarding the reporting of child safety and wellbeing concerns and reasonable beliefs of child abuse. We take a zero tolerance approach towards child abuse and our comprehensive Code of Conduct reflects this. Please refer to Appendix 4, Attachment 1 in our Policy Handbook to make yourself familiar with this document.

Reporting Child Abuse

VIT registered teachers are formally mandated to report cases of suspected child abuse and from the 1st March 2019 **ALL** Early Childhood Workers are mandated to report a reasonable belief of child physical or sexual abuse. The Centre will support staff to make reports where appropriate.

If a member of staff has concerns for the general wellbeing of a child, but believe they are not subject to abuse, they must still act. After reporting their concerns to the Director, or in their absence the 2IC, this may include making a referral to and/or seeking advice from The Orange Door (in circumstances when the family are open to receiving support). When concerns arise, appropriate observations will need to be made on a continuing basis and appropriately documented so that the staff member will be in a position to determine whether the child is being harmed or is at risk of being harmed.

Staff are required to make referrals to DFFHChild Protection when they hold reasonable belief that a child is at risk of significant harm or abuse. For concerns that are either life threatening or posing immediate danger to a child, staff will contact Victoria Police.

In order to help identify and reduce the risk of child abuse, staff take part in regular 'in-service training' and are required to complete 'Protecting Children – Mandatory Reporting and Other Obligations for the Early Childhood Sector eLearning Module'. While all teachers are mandated to complete the online module, other early childhood professionals and non-teaching staff are also encouraged to complete it.

If a parent holds any concerns for the wellbeing of a child or forms any reasonable belief of child abuse, they should report their concerns to a trusted member of staff.

Source: Protecting Children – Mandatory Reporting and Other Obligations for Early Childhood Services

For more information, refer to policy FPCC 5.11 Child Safe, FPCC 5.06 Child Exploration, FPCC 4.21 Child Safe Environment and Appendix 4, Attachment 1: FPCC Code of Conduct

19.15RELAXATION AND SLEEP

Mandatory – Quality Area 2

At Fawkner Park Children's Centre we understand that sleep is essential for young children's development and respect the fact that children and families have differing requirements for sleep and relaxation. Staff at the Centre are responsive to the values and cultural beliefs of each family and strive to maintain good levels of communication with families surrounding sleep and relaxation. Staff will take a flexible approach to infant's sleep routines so that each child's individual sleep/rest pattern is maintained. This will be discussed with parents upon enrolment and/or orientation.

With clear communication in mind, parents and care givers are responsible for informing staff of any important information that may disturb their child's sleep, such as illness or unsettled sleep the night before. Children displaying signs of illness will be closely monitored when sleeping or resting. Staff will conduct a safety check every ten minutes and rooms will be kept at a temperature between 18ºc - 20ºc. Staff will provide families with daily evidence of their child's sleeping habits throughout the day, for example, how long they slept/rested for.

At FPCC we enrol babies from six months old. Most children of this age are able to roll over unaided and can, therefore, safely find their own sleeping position. However, individual cases will be assessed and educators will be aware that some babies of this age may not be able to roll over unaided. In these instances, babies will be placed on their backs to sleep with their toes at the bottom of the cot, unless written medical evidence is produced by the family, along with a Risk Assessment and Risk Minimisation Plan.

It is important to note that children will never be left to sleep in portable cots, bassinets or strollers. All children will sleep in separate cots that meet the Australian Standard 2172 for Cots. Bottled fed children will be given their bottle before going to bed. No bottles will be given to children already lying down in bed.

For those children requiring 'rest' rather than sleep, quiet, cosy areas can be set up to allow their bodies to relax and recuperate. For children not requiring a rest or sleep, an alternative part of the Centre will be used for quiet activities, guided by an educator.

For more information refer to policy *FPCC 5.09 Relaxation and Sleep*

19.16TOILET TRAINING

Since it is important that there is consistency in expectations for successful toilet training, staff and parents should discuss the child's progress at the appropriate time in the child's development.

For more information refer to *FPCC 4.14 Nappy Change and Toileting*

19.17BRINGING TOYS

Personal toys brought to the Centre by children can be misplaced, broken or cause tension with other children. The Centre provides a vast amount of toys that benefit the children's learning and development.

Families are therefore discouraged from bringing children's personal toys to the Centre. If a child does bring a toy to the Centre they will be asked to put it in their locker. As a last resort the toy will be removed from the room until the end of the day.

This policy does not apply to comforter toys. Comforter toys are toys that comfort children, and without which children cannot sleep, and in some instances find it distressing.

The kindergarten room has designated Toy Days, when children can bring toys from home to share with their peers during a designated time.

This policy applies equally to dress up costumes, such as superhero costumes. The Centre has dress up days from time to time, such as during Education Week and on 'culture day'.

For more information, refer to *FPCC 5.08 Bringing Personal Toys to the Centre.*

19.18ROAD SAFETY EDUCATION AND SAFE TRANSPORT

Centre staff promote positive and appropriate road safety messages to all children and families at the Centre through the use of signs at the exits of the building and a painted stop line before the car park to encourage children to stop, watch and look before proceeding further.

For more information, refer to policy *FPCC 5.07 Road Safety Education and Safe Transport Policy*

19.19HEALTHY EATING AND ACTIVE PLAY
Best Practice – Quality Area 2

Healthy eating and active play are associated with improved learning and concentration, better mood and behaviour, healthy growth and weight and lifelong health and wellbeing. The Centre can help the children to develop healthy habits to live, learn, grow and play.

The Centre provides the children with opportunities for active play through appropriate, frequent and varied physical activity, focusing on enjoyment and participation, encouraging positive physical activity habits in all children.

For more information, refer to policy *FPCC 4.12 Nutrition and FPCC 4.13 Active Play*

19.20MEALS AND NUTRITION
Best Practice – Quality Area 2

Due to the important developmental stages of the children in our care, it is necessary to be very conscious of the nutritional value of foods we use. By endeavouring to avoid salts, high sugar substances, canned goods and pre-prepared foods wherever possible, we make the food menu, preparation and final product of a high standard that is not only healthy and balanced but also enjoyed!

Drinking water is available at all times for children. Milk is offered at meal times.
For children under the age of 12 months pre filled bottles can be used when requested. Due to staff/child ratios in each room staff are unable to fill or make up bottles during the day and can only offer pre filled bottles. Parents are required to complete a 'sign in' sheet when bringing pre-filled bottles into the centre and must ensure every bottle is clearly labelled with their child's name. This process only applies to breast milk or formula: cow's milk does not need to be signed in.

Due to food and health regulations and potential risk to children with food allergies, parents are not permitted to bring food to the Centre.

The Centre provides morning and afternoon tea as well as lunch for all the children each day. A late snack is also served. Breakfast is not served.
The weekly menu is displayed in the foyer.

The Cook displays the daily menu on the kitchen wall. This informs parents of the child's nutritional intake and also assists if they wish to avoid duplication at home.

A positive meal environment that is relaxed, social and an enjoyable learning experience is provided. This promotes a positive attitude to food and eating for life.

For more information refer to *FPCC 4.12 Nutrition*

19.21ALLERGIES

Any allergies (food, etc.) that are recorded on the enrolment form are taken into account when menus are planned

For more information refer to *FPCC 4.12 Nutrition Policy*

19.22FOOD LICENCE

The Centre has been licensed to provide meals to children and complies with the Food Safety Plan.

20 STAFF

20.1 PERMANENT STAFF

The Centre has approximately 25-27 permanent staff. They are divided into two classifications: primary contact and ancillary. Primary contact (room staff) are employed to work directly with the children, while ancillary staff play an administrative and support role. Staff abide by their Code of Conduct within the Staff Handbook as part of the employment pack.

Staff

Blue and Green Rooms
12-14 Children
2 x Qualified Early Childhood Educator (Room Leaders)
1x Qualified Early Childhood Educator
1 x Assistant

Yellow Room
12 Children
2 x Qualified Early Childhood Educator (Room Leaders)
1 x Qualified Early Childhood Educator/Diploma qualifications
2 Assistants

Orange Room
16 Children
2 x Qualified Early Childhood Teacher (Room Leaders)
1 x Qualified Early Childhood Teacher /Diploma qualifications
2 x Assistants

(Please note that if all children in the room are over 3 years old, the position of the second assistant becomes optional).

Kindergarten Room
26 children
2 x Kindergarten Teachers (Room Leaders)
1 x Qualified Early Childhood Teacher
1 x Assistant

Ancillary Staff
1 x Centre Director (Full time)
1 x 2IC/Educational Leader (Full time)
1 x Administrative Support (Part time)
1xBookkeeper (Part time)
1-2 x Cooks (Part time)

RDO's
All fulltime staff have a rostered day off (RDO) once a month on any day of the week.

Qualifications
Qualifications held by staff comply with the requirements of the *Children's Services Regulations 2009*.

Staff Levels
The Centre employs staff in accordance with the staff-to-children ratios prescribed in the *Children's Services Regulations 2009*.

Photographs of staff members with their names and qualifications are posted in the Foyer.

At opening and closing times there will always be two qualified staff members on duty in the Centre.

20.2 RELIEVING STAFF

To promote continuity of care the Centre prefers to utilise the services of a regular relieving staff. Should this not be possible, the Centre uses the services of a professional reputable agency. Relief staff undergo standard police checks and 'Working with Children' checks, and are subject to the same regulatory requirements as permanent staff.

20.3 TRAINING

The Centre has an ongoing commitment to training. All staff participate in a staff development and review process which includes each staff member having their work performance reviewed and assessed and their individual training requirements identified. Training is organised for each staff member to enhance and develop their skills.

20.4 DETERMINING RESPONSIBLE PERSON

Mandatory – Quality Area 4

In line with the Education and Care Services National Regulations 2011, the National Quality Framework 2012, and ACECQA guidance, **Fawkner Park Children's Centre ensures that a Responsible Person is present at all times**.

- The Responsible Person is usually the Nominated Supervisor (e.g., the Director or 2IC), who oversees the service on a day-to-day basis.
- In the absence of the Director or 2IC, another Person in Day-to-Day Charge will take on the role of Responsible Person.
- The name of the current Responsible Person is displayed at the service's **main entrance**, as well as on the orange sign on the information board.
- Several staff members at Fawkner Park Children's Centre are approved to act as Persons in Day-to-Day Charge/Responsible person when required, and their names are listed on the information board.
- All Nominated Supervisors and Persons in Day-to-Day Charge have provided **written consent** and have been assessed by Fawkner Park Children's Centre as suitable for the role in line with ACECQA requirements.
- For the convenience of families, a sign is also displayed outside each room each day, showing which educators are rostered in that room and the hours they are present.

21 GOVERNANCE AND MANAGEMENT OF THE SERVICE (COMMITTEE OF MANAGEMENT)

Mandatory – Quality Area 7

The Committee of Management is made up of parents who have volunteered their time to work with the staff to operate the Centre. An up-to-date list of Committee members is posted in the foyer.

21.1 THE FUNCTION OF THE COMMITTEE

The main function of the Committee is to ensure that the Centre is running smoothly and effectively in all areas including staffing, fundraising, finances, health and safety, maintenance and equipment.

The Committee also ensures the correct accountability structures are in place for appropriate dealings with all levels of government, parent members and staff.

21.2 LINKING THE COMMITTEE TO THE GOVERNMENT

The Centre has some funding contributed to it by all levels of government. The Committee ensures that any relevant government department is informed of any changes to the Centre and that regulation standards are maintained.

The City of Melbourne is the Centre's sponsoring body. It not only provides the building that houses the Centre but also provides general maintenance and assistance when required.

The Registrar of Cooperatives is the service link to Corporate Affairs. This department must be informed of any changes to the Committee of Management line-up, and also of any required Cooperative Rule amendments.

21.3 THE STRUCTURE OF THE COMMITTEE

The Executive Committee comprises the Chairperson, the Treasurer and one other Director who is voted by the Committee of Management.

For most day-to-day issues, in order to ensure that the Centre remains responsive, the Centre Director primarily liaises with the relevant Committee member and at least one member of the Executive Committee in making decisions. For example, if the issue relates to a staff member, the Director would deal with the Staff Development Committee member and at least one of the Executive Committee. Where possible, these decisions are made by consensus.

The members of the Committee are proactive in preparing submissions for grants or other requirements of government (or other) funding agencies.

Should issues require a deeper analysis or should they have a potential impact on the future direction of the Centre, they should be considered by the Committee of Management, which meets monthly. Members of the Committee are expected to attend all monthly meetings unless exceptional circumstances exist.

21.4 ROLES AND RESPONSIBILITIES

The Chairperson, Treasurer and Secretary are formal and fixed office holding roles which are filled each year from amongst the Committee. Other roles are allocated according to the current needs of the Centre and the interests and capacities of the Committee's members.

Chairperson

- Is responsible for the direction of the Centre, playing a complementary role to the Director, who is responsible for day-to-day operational management;
- Is responsible for coordinating the Committee of Management.
- Chairs and conducts all General Meetings of members and Committee of Management meetings in accordance with the Cooperatives Act and the Centre's Rules.
- Acts as spokesperson for the Committee.

Treasurer

- Is Responsible for the financial accountability for the Centre; including ensuring that true and proper financial records are kept.
- Provides advice to the Committee, where relevant, on the financial impact of potential decisions.
- Prepares the annual budget in conjunction with other Committee of Management members, and presents this for approval to Cooperative members at the June Regular General Meeting.

Secretary

- Is responsible for accurately recording and circulating minutes of meetings and decision making processes of the Centre.
- Communications portfolio
- Makes ongoing recommendations on communications mechanisms and tools for the Centre.
- In collaboration with the Centre Director, writes and reviews the Centre's major external communication documents (brochures, web site).
- Facilities and Expansion portfolio
- In collaboration with the Director determines the Centre's facility related needs and advocates on these to the City of Melbourne (as our facility's owner) and its contractors.

Fundraising and Social portfolio (Optional)

- Works with a fundraising sub-committee and room representatives to plan and stage fund raising and social activities for the Centre that and foster opportunities for parents and staff to interact as part of the Centre community.

Grants, Governance portfolio

- Identifies and researches grants that the Centre can apply for as part of its funding and resource strategy.
- Drafts grant applications for Committee approval and submission.
- Responsible for ensuring that all General Meetings of Cooperative members and meetings of the Committee of Management are conducted in accordance with the requirements of the Cooperatives Act and the Centre's Rules.
- In collaboration with the Director and Policy Director recommends, researches and drafts Committee policies – i.e. those governing the conduct of Committee members and the relationships between them as office holders and the Director and Cooperative's members.

Industry and Sector Development portfolio

- Responsible for ensuring that the Committee and Cooperative are kept informed about current government policy and directions for child care.

Occupational Health & Safety portfolio

- Ensures the Centre operates in a manner which promotes the health and safety of children, staff, Cooperative members and visitors to the Centre.
- Is responsible for developing and advocating, especially to the City of Melbourne and its contractors, for recommendations on the maintenance and improvement of the Centre's facilities.

Policy portfolio

- In collaboration with the Centre Director, maintains an overview of contemporary requirements and developments in children's services policy.
- Researches, drafts and manages consultation on new Centre policies as needed.

Staff Development Committee member (HR)

- Is responsible for ensuring the continuing development of the Centre's staff.
- Receives and presents staff grievances to the Committee once all internal avenues, as outlined in the Staff Handbook, have been pursued without successful resolution.
- In addition to the elected members, the Director and an appointed staff representative participate in the Committee of Management and its meetings as ex-officio members.

Director

- Is responsible for the day-to-day management of the Centre. Any matters that the Director is not confident in resolving or determines to be of a significant nature, are brought to the attention of the Committee for discussion as soon as possible.
- Reports to the Management Committee on the previous month's activities and identifies current and future needs or areas of concern for the service.
- Staff Representative
- Acts as the link between the staff and the Committee of Management to bring to the Committee attention any matters of concern to the Centre's staff.

Educational leader / 2IC

- Is responsible for guiding and supporting the team of educators; and mentoring all staff members with a focus on staff development.
- Is responsible for the delivery and consistency of all quality learning programs across the Centre.
- Is in charge of Storypark.
- Is in charge of managing the QIP and evidence folders with a focus on Exceeding themes
- Staff Representative.
- Acts as the link between the staff and the Director.
- Manages policy changes and updates required in all necessary folders/documents.
- Acts as a support person for the Director and works collaboratively with the admin team.

Junior Garden Educational leader

- Is responsible for guiding, mentoring and leading all team members of the small garden.
- Is in charge of organising social events with families and developing a yearly calendar with a strong focus on parent involvement and community celebration.
- Staff Representative.
- Works in collaboration with the 2IC / Educational leader in order to lead large staff meetings and support the growth and development of all FPCC members.

Child protection officer

- Is responsible for updating all staff members on current research and changes in regards to child safety.
- Is in charge of giving all members of the team regular updates (once every month) and keep everyone up to date with our child safety policy/folder/11 standards.
- Acts as a guide and mentor if an educator requires support with any child safety/well-being related issue.

Sustainability coordinators

- Are responsible for guiding all team members in delivery quality learning programs that offer a high focus on sustainable practices and the 7 R's.
- Are in charge of adding sustainable dates to our yearly calendar to guide all teachers when planning and programing.
- Acts as a guide and mentor if an educator requires support on how to best implement and explore sustainability in their program.

Wellbeing coordinators

- Are responsible for checking in on staff members and offering their help and support from a mental health perspective, following current research.
- Are in charge of organising staff events, birthday tables and other celebrations that promote team building.
- Are in charge of updating staff members on mental health awareness during staff meetings.

RAP coordinators

- Are responsible for our Reconciliation Action Plan.
- Are in charge of delegating actions to all team members and involving everyone in the process of making the RAP.
- Acts as a guide and mentor if an educator needs support and guidance to learn how to teach/implement First People's perspectives in their program and planning
- Lead RAP meetings.

Sources and Related Policies

- *Guide to the National Quality Standard* (ACECQA)
- *Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011* (ACECQA)

22 FEES

22.1 PAYMENT OF FEES
Mandatory – Quality Area 7

Members are issued with a weekly account for fees due. Fees are to be paid in advance or kept up to date each week. The preferred payment is by electronic transfer. Fees are non-

refundable should a child be absent due to sickness or any other reason. Public holidays are chargeable to full-time parents who pay for all public holidays except for Christmas Day, Boxing Day and New Year's Day. This does not apply to part-time users. No fee payment is required from service users over the Christmas break or on non-contact days.

Direct Credit Facility

Fees are payable weekly. It is a requirement that accounts are paid promptly and that a zero balance is achieved by the due date. The procedure for payment of fees using Direct Credit is as follows:

Account Name (ours)	Fawkner Park Childrens (**NB** no apostrophe) Centre
Account Number (ours)	23190308
Account BSB Number (ours)	313140
Account Reference (yours)	Child's first name and surname. Ensure this corresponds with the name the child uses at the centre

Electronic transactions are processed each Friday.

Late payments and overdue accounts.

The centre has found that while many families accounts are paid promptly a significant number do not always remain up to date with fees. As a cooperative staff salary are reliant on family accounts being up to date, if this does not happen it puts a financial strain on the operation of the centre. As of the 1st July 2012 an administration fee will be charged on accounts which have not been cleared within 7 days. The administration charge will be as follows: $3 per child, per day enrolled in the centre. E.g. if you have 1 child enrolled for 3 days and your account is not cleared you will incur an administration fee of $9 per week. If you have 2 children enrolled 5 days a week and your account is not cleared you will incur an administration fee of $15 per child per week.

Fawkner Park Children's Centre ensures that policies and procedures are in place for the payment of fees and the provision of a statement of fees charged by the service (Regulation 168), and take reasonable steps to ensure those policies and procedures are followed (Regulation 170). The implementation and review of this policy is done in consultation with parents/guardians, the nominated supervisor and staff, and in line with the requirements of the Commonwealth Governments Child Care Subsidy and Additional Child Care Subsidy.

22.2 CO-OPERATIVE JOINING FEE

When commencing at the Centre, all parents sign an application for membership and fill in a membership 'involvement' form. A ten dollar fee is paid, which is non-refundable.

22.3 SECURITY DEPOSIT/BOND

A deposit of $2,000 is to be paid by all members at the time of enrolment. The bond is payable for each child enrolled at the Centre and is used as security payment for the Centre.

The bond will be reimbursed to the family when a child's enrolment is cancelled, subject to:

all outstanding fees and the final account being paid to the Centre. For full details on fees, refer to policy *FPCC 2.10 Fees* ;

any notice being given in accordance with the requirements set out in *FPCC 2.09 Amending days or leaving the Centre*. This includes, for example, where:

enrolment for a child is accepted but that child does not commence at the Centre; or

a child is re-enrolled for a future year but subsequently that child's enrolment is cancelled after 1 September; and

any parking permits being returned (if relevant);

22.4 RATES FOR CARE

All up-to-date fees are listed in the front foyer.

As the Centre is a cooperative it runs on a not-for-profit basis. The budget each year is therefore calculated on the basis that the fees are set at a level which will result in a 'break even' result or a small surplus. The cooperative has built up some cash provisions in order to cover staff entitlements and unexpected expenses which from time to time cause a loss during a financial year.

The budget and proposed fees for the coming financial year are delivered by the Treasurer at the June General Meeting, at which time a commentary on the Centre's finances is also usually delivered.

Account invoices are emailed to parents every week.

22.5 FULL DAY CARE (5 DAYS PER WEEK)

Payment for full day care includes any public holidays throughout the year. The only exception for this is for the period over the annual Christmas break where the public holidays have been included in the budget. There is no additional charge for the kindergarten service.

22.6 PART-TIME CARE (2–4 DAYS PER WEEK)

Daily care is fractionally more expensive than full time care when calculated over a five-day period. There is no charge for care over public holidays for part-time care users.

22.7 RESPONSIBILITY FOR FEE PAYMENT COMMENCES UPON ENROLMENT OF CHILD

Upon acceptance of a place at the Centre, the family shall commence the enrolment process. Once the enrolment process has occurred the family is responsible for the payment of fees for all of the child's booked days. Fees are charged for all booked days of care regardless of whether your child is:

- able to attend the Centre or not;
- actually attending the available place;
- subject to a request for a change or cancellation of booked days (fees are payable for notice period).

For more information, refer to policy *FPCC 1.01 Temporary Vacancies, FPCC 2.04 Use of Enrolled Place at Centre and FPCC 2.09 Leaving the Centre*.

22.8 FEES CHARGED WHEN A CHILD IS ABSENT

Fees are charged for all booked days of care regardless of whether your child is able to attend the Centre or not. This includes absences when a child is sick or on holiday. The only exception to this is if the day is used by another family via the Temporary Vacancy system. Advise the Administrative Office Staff immediately as soon as plans are made for holidays to maximise opportunity for other families to take your child's place via the Temporary Vacancy system.

For more information, refer to policy *FPCC 1.01 Temporary Vacancies*

22.9 FEES FOR TEMPORARY VACANCIES

Temporary vacancy costs are the same as daily fees. However, if a temporary vacancy is given to a family for a full week, a full-time rate applies. Families whose place has been utilised due

to absence will have those days credited on their next account. Families who pick up an extra day will be debited on their next account.

For more information, refer to policy *FPCC 1.01 Temporary Vacancies*

22.10NAPPIES AND NAPPY WASH

There is no charge for nappy wash if cloth nappies are provided. If disposable nappies are required they must be provided by parents.

22.11OUTSTANDING FEES

As the Centre is a not-for-profit organisation, it is essential that all fees are paid on time so as to maintain cash flow for the Centre to continue to operate. Parents are invoiced for fees every week and it is essential that full payment is made by or before the payment date so as to achieve a zero balance as at that payment date. Parents are made aware of this requirement when they are enrolling their child.If a family's fees are two weeks overdue a charge of $3 per day per child applies. If a family's fees are more than one month late in arrears, then the Committee has the right to end the care arrangement. At its discretion the Centre may send a letter requesting immediate payment of arrears prior to terminating care arrangements.

In cases of genuine hardship in meeting fee payments, please speak to the Director as soon as possible. Failure to keep your fees up to date can jeopardise your child's place at the Centre.

22.12CHILD CARE SUBSIDY

In July 2018, the Australian Government implemented a new child care package. The package includes a new Child Care Subsidy (CCS), which is replacing the previous Child Care Benefit and Child Care Rebate. The subsidy will be paid directly to the Centre and will show up on your weekly invoice as a fee reduction.

Families must apply for the Child Care Subsidy by logging on to their MyGov account and providing certain information to Centrelink. You will be asked to provide:

- your combined family income estimate for the current financial year
- the hours of recognised 'activity' (including work, training, study and volunteering)
- the type of child care your family uses

Once your CCS assessment is complete, you will need to provide a copy to Fawkner Park Children's Centre and confirm your enrolment on MyGov.

The aim of this new package is to support families where one or more parent/guardian is studying, training or volunteering (referred to as levels of 'activity'). The number of hours of subsidised care will depend on the level of 'activity' in each family: the higher the level of activity, the more hours of subsidy you are entitled to. Your combined annual family income will also determine your annual subsidy cap. For more information visit:
www.education.gov.au/childcare

Please note, the 'No Jab, No Pay' legislation states that parents who do not fully immunise their children (up to 19 years of age) will cease to be eligible for the Child Care Subsidy and the Family Tax Benefit Part A end of year supplement (family assistance payments)

22.13ALLOWABLE ABSENCES

Full-time children are allowed a maximum of 40 days of allowable absences per financial year. (Pro-rata for part-time enrolments) Allowable absences cover such things as holidays. If the reason for absence is illness and this is verified by a medical certificate, the absence will not be counted as one of the 40 allowable absences. Staff must keep an additional record of attendances for each child for this purpose.

22.14CHANGE OF FAMILY CIRCUMSTANCES

Parents will need to let the Family Assistance Office know when any of the following things happen:

- income changes
- child care provider changes
- number of hours enrolled changes
- parenting arrangement changes
- child starts school
- child leaves/enters care

Important note: the Centre will act on information provided by the Family Assistance Office. It is the responsibility of parents to ensure information provided to the Family Assistance Office is current.

The contact details of the Family Assistance Office are: tel. 13 6150, www.familyassist.gov.au

23 COMMUNICATION SYSTEMS

23.1 VERBAL COMMUNICATION

It is important for parents to inform staff on a day-to-day basis if there have been any changes in their child's home life/routine. This, of course, includes any changes to the parenting situation.

If parents are going through a separation/divorce, staff should be informed – not only for the sake of the parent/child/caregiver relationship but also in terms of access and custody. Information regarding such family situations is considered confidential.
Similarly, staff should inform parents of any relevant information on a day-to-day basis regarding their child.

If their child is going to be away or will be arriving unusually late, and parents have not previously notified the Centre, they should ring as soon as possible on the day to let staff know. This is more than just a courtesy gesture – it greatly helps staff fine tune the running of the room that day.

Constructive communication makes life easier for all concerned!

For more information, refer to policy *FPCC 6.01 Customer Service*

23.2 WRITTEN COMMUNICATION

Storypark
Community notices, menus and any announcements are made on the internal Storypark digital platform. Parents are welcome to contribute to this via comments section.

Notices
Check the front door, foyer noticeboards, displays near sign-in sheets and your child's parent pocket for information every time you visit the Centre.

23.3 GRIEVANCES AND COMPLAINTS

The Centre encourages open communication between staff and parents by creating a relaxed and friendly atmosphere. Part of this open communication is access to a clear and fair grievance and complaints procedure for members of the Centre and wider community.

If you have any concerns about the care, protection and safety of your child or the management of the Centre, you are encouraged to resolve the issue directly with the person/s concerned. However, it is understood that sometimes approaching the subject of the complaint directly can be difficult. In this instance you should consider pursuing the Centre's grievance procedure.

For more information, refer to policy *FPCC 6.02 Complaints and Grievances Management*.

24 PRIVACY AND CONFIDENTIALITY

The Centre is committed to privacy compliance. The environment in which we operate is becoming more and more sensitive to the need to protect information privacy and we aim to ensure that any information we collect will not be used inappropriately.

We will advise families what information we collect and why we need to keep such information on file. We strive to ensure that families' records are accurate, complete and up to date.

We will advise you how your family records will be used and to whom we may need to disclose details. We will not provide information to external organisations without a family's consent. We may, however, provide information to authorities where required by law to do so.

We will advise you how the information is stored, and how you may gain access to the information held about your family.

Centre staff are aware they are unable to provide phone numbers or addresses of other families.

24.1 CONFIDENTIALITY & SECURITY OF CHILDREN'S RECORDS
Mandatory – Quality Area 7

The Centre will store developmental records of all children in a separate room, accessible only to staff. The Centre's Privacy policy and Confidentiality and Security of Children's Records policy will be taken into account when utilising child records.

The Centre's commitment to confidentiality and security of record keeping extends to our use of Storypark. As discussed in the Storypark Policy (see Appendix 5), this is a fully secure online program that is password protected. Parents essentially own the content of their child's account and should only share their password with those they trust, such as close friends and family.

Parents are able to discuss and access their child's records.

For more information, refer to policy *FPCC 5.10 Confidentiality and Security of Children's Records*.

POLICIES AND PROCEDURES

25 OPERATION OF THE CENTRE

FPCC 1.01 - Temporary Vacancies

1. Authorisation

This policy was adopted by the FPCC Committee of Management at the September 2014 Committee Meeting, and amended at the October 2017 AGM. This policy was reviewed in August 2025.

2. Review Date

This policy shall be reviewed annually at the October Committee Meeting. Any comprehensive amendments will be documented under authorisation.

3. Policy

Families are required to pay for all days their child is enrolled at the Centre, unless a temporary vacancy (TV) day is sold and used in accordance with this policy. Under this policy families may offer to sell any days they will not be using (for example, due to holidays) to other families who may need an occasional extra day. A minimum of 24 hours' notice is required for families who wish to sell their day to another family.

Educators and administration staff are under no obligation to match, offer or sell a TV day to another family.

There will be a zero-tolerance policy for any rude or aggressive behaviour by members of buying or selling families to staff about issues concerning this policy.

4. Procedure

A family (referred to as the Vacancy Family) should notify the Centre administration staff, by emailing (coordinator@fawknerpark.com.au) or telephoning, of a TV as soon as possible, being either a planned absence (for example, a holiday) or an unplanned absence (for example, a child is ill). This is both courteous and greatly helps in fine-tuning the running of the room that day.

If the TV is an unplanned absence, then the Vacancy Family must also state the reason for the absence in accordance with the Guidelines issued by the Department of Education and Training Victoria.

If a Vacancy Family has a child in more than one room, the administrative team will notify the room leader for each relevant room.

If a family seeks an additional care day (referred to as the Requesting Family), then the Requesting Family can advise the Centre administration staff and ask whether there are days available.

As the Centre is not permitted to have more than the specified number of children in each room, a Requesting Family can only access a TV in the room that the child usually attends.

If there is:

- a TV day available on a requested date, then the administration staff may notify the Requesting Family that a TV has been matched; or
- no TV day available on a requested day, and:
- a TV day subsequently becomes available on the requested date, then the administration staff may notify the Requesting Family that a TV has been matched; or
- a TV does not subsequently become available on the requested date, then the Vacancy Family will be required to pay the fees for the TV day.

The administration staff will be responsible for liaising with the Requesting Family regarding the offer and acceptance of a TV.

If the Requesting Family accepts a TV, then they are obliged to use that TV. The Centre will require the Requesting Family to pay for the days they have accepted. The Requesting Family will be asked to pay for the days whether or not the days are used by the Requesting Family.

The undertaking to purchase days will need to be made at the full daily rate. In the event that CCS is paid, a credit will be provided to the Requesting Family.

A Vacating Family will:

A. be charged for a TV day if the TV was not accepted by any family;
B. not be charged for a TV day if the TV was accepted and paid for by a Requesting Family

A TV will not be considered to be "sold" by the Vacating Family to the Requesting Family until that attendance is confirmed by the administration team.

The administration team is solely responsible for liaising with Vacating Families and Requesting Families regarding the sale of TV days - that is, it is not the responsibility of the educators to confirm the sale of TV days.

The Centre will notify a Vacancy Family if a day or days have been sold via the Vacancy Family's weekly statement.

Families are requested to not privately match TVs directly with other families. If for any reason families reach a private arrangement between themselves, then the Centre will not be responsible in any way for arranging or effecting those arrangements between the families.

5. Rationale

The purpose of the Centre offering the TV system is to add some flexibility for families and provide some financial benefit when children are unable to use their usual days. Families are required to pay fees for all days their child is enrolled at the Centre, unless a TV is sold and used in accordance with this policy. The Centre will endeavour to assist in selling any TVs on behalf of the family, but are under no obligation to offer or sell those TVs.

25.1.4 FPCC 1.02 - Care in January

1 Authorisation

This policy was adopted by the FPCC Committee of Management at the September 2014 Committee Meeting. This policy was reviewed in August 2025.

2 Review Date

This policy shall be reviewed annually at the October Committee Meeting. Any comprehensive amendments will be documented under authorisation.

3 Policy

The normal enrolment period for each child is from when the Centre opens in January to the day the Centre closes in December of each calendar year.

As the Centre begins each year with new enrolments, it is normal practice that care is not provided in January for those children who will start school or who are awaiting entry into another centre that year. Parents who have a child entering school or who are awaiting entry into another centre are requested to make alternative arrangements for child care at the beginning of the year until school or the other centre commences. It is only in exceptional circumstances that the Centre may be able to offer child care to child(ren) in the January before commencing school, such as if the vacancy to be created by that child going to school has not yet been filled.

25.1.5 FPCC 1.03 - Babysitting

1 Authorisation

This policy was adopted by the FPCC Committee of Management at the October 2014 Committee Meeting. This policy was reviewed in August 2025.

2 Review Date

This policy shall be reviewed annually at the October Committee Meeting. Any comprehensive amendments will be documented under authorisation.

3 Policy

The Centre does not take any responsibility for any private arrangements between Centre staff baby-sitting for families enrolled at the Centre outside of Centre hours.

4 Rationale

The Centre is not responsible or accountable for the actions of any staff in any situation that may arise whilst that person is caring for a child or children outside the hours of employment with the Centre. The Centre is only legally responsible for interactions between children and staff during licensed hours; therefore any other such arrangements are of a private nature between the staff member and family involved.

It is at the discretion of the family whether they allow the staff member to take photos of their child(ren) on personal devices and/or mobile phones. Families are encouraged to make their wishes on this matter known from the beginning, as well as their expectations regarding photos being uploaded onto social media.

5 Procedure

Any private babysitting arrangements will not involve the Centre and will be made independently of the Centre. The Centre will not be responsible for assisting in any such arrangements between families and staff.

25.1.6 FPCC 1.04 - Staffing (Mandatory – Quality Area 4)

1 Authorisation

This policy was adopted by the FPCC Committee of Management at the September 2014 Committee Meeting. This policy was reviewed in June 2026.

2 Review Date

This policy shall be reviewed annually at the October Committee Meeting. Any comprehensive amendments will be documented under authorisation.

3 Policy

Fawkner Park Children's Centre is committed to ensuring that the safety, wellbeing, rights and best interests of every child are the paramount consideration in all staffing decisions. Recruitment, induction, supervision, rostering, professional learning and performance management are undertaken with the primary objective of creating a safe, nurturing and high-quality environment for children. All educators, leaders, students, volunteers, contractors and committee members share responsibility for upholding the Child Safe Standards and promoting children's rights.

The Centre has a total of 26-30 permanent staff. They are divided into two classifications; primary contact and ancillary. Primary contact (room staff) are employed to work directly with the children, while ancillary staff play an administrative and support role.

Blue and Green Rooms **11-12 children**
2 x Qualified Early Childhood Educator (Room Leaders)
1x Qualified Early Childhood Educator or 1x Assistant
1 x Assistant

Yellow Room **12 children**
2 x Qualified Early Childhood Educator (Room Leaders)
1 x Qualified Early Childhood Educator or 1 x Assistant
1 x Assistant

Orange Room **16-17 children**
2 x Qualified Early Childhood Teacher (Room Leaders)
1 x Qualified Early Childhood Educator or 1 x Assistant
1 x Assistant

Kindergarten Room **26-28 children**
2 x Kindergarten Teachers (Room Leaders)
1 x Qualified Early Childhood Teacher
1 x Assistant

Ancillary Staff
1 x Centre Director (Full-time)
1 x 2IC/Educational Leader (Full-time)
1 x 3IC/Junior Garden Educational Leader (Full time)
2 x Administrative Support (Part-time)
2 x Cooks (Part-time)

All full-time staff have a rostered day off (RDO) once a month Monday to Friday.

Child safety is embedded throughout recruitment, induction, supervision and performance review. Only appropriately screened and suitably qualified people are engaged to work with children. A Responsible Person is present whenever children are being educated and cared for.
Continuity of care is prioritized through consistent staffing and the use of regular relief educators wherever possible.

Background and Legislation
Research has demonstrated that the employment of appropriately-qualified staff in early childhood services is a key contributor to the delivery of quality programs and better learning outcomes for children. "Those with higher qualification levels and standards of training are better equipped to provide improved learning environments and mentor educators in quality practices, leading to better outcomes for children" (*Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011*). The Australian Government has acknowledged this by legislating minimum qualification requirements for all educators working in early childhood education and care services. Eligibility for services to receive funding also includes requirements for staff to hold specific qualifications (*Victorian kindergarten policy, procedures and funding criteria)*
(See Appendix 8 for Determining Responsible Person Policy)

A current list of approved qualifications is available on the Australian Children's Education and Care Quality Authority (ACECQA) website.

In addition, current legislation requires at least one educator who holds current approved first aid qualifications, anaphylaxis management training and emergency asthma management training to be in attendance and immediately available at all times that children are being educated and cared for by the service. These qualifications must be updated as required, and details of qualifications must be kept on an individual's staff record. As a demonstration of duty of care and best practice, this Centre recommends **all educators** have current approved first aid qualifications, anaphylaxis management training and emergency asthma management training.

Staff are required to actively supervise children at all times when children are in attendance at the service To facilitate this, services are required to comply with legislated educator-to-child ratios at all times, and these ratios are based on the ages and number of children at the service. Only those educators working directly with children can be counted in the ratio.
To ensure that children are protected from harm while participating in service programs, all educators and staff are required by law to have and maintain a Working with Children (WWC) Check or a criminal history record check This also applies to volunteers and students unless they are working under the direct supervision of an educator who is over 18 years of age and holds, or is actively working towards an approved diploma-level education and care qualification (Regulation 358). (See Appendix 9 for Participation of Students and Volunteers Policy)

Parents/guardians and family members closely related to children attending the service are exempt from needing a WWC Check. However all parents/guardians who volunteer at the service are required to undergo a WWWC Check.

Qualifications and values

FPCC is committed to:

- ensuring that the health, safety and wellbeing of children at the service is protected at all times while also promoting their learning and development
- fulfilling a duty of care to all children attending the service
- providing accountable and effective staffing and management practices
- employing educators with a range of relevant qualifications and experience to provide a quality educational program that meets the needs of children and families in the community
- employing educators according to policy and funding requirements
- complying with current legislation in relation to the employment of staff, including the *Equal Opportunity Act 2010*, *Fair Work Act 2009,* the *Working with Children Act 2005, the Education and Training reform Act 2006 (Vic) (amended in 2014) and the Privacy and Data Protection Act 2014.*

Qualifications held by staff comply with the requirements of the *National Law 2012*.
All teachers in Victorian Government schools, Catholic schools and Independent schools are required to be registered with the Victorian Institute of Teaching (VIT). An amendment to the Education and Training Reform Act 2006 introduced in 2014 requires early childhood teachers to be registered with VIT from the 30th September 2015.

Recruitment and child safety

- All recruitment includes referee checks, verification of identity, qualifications, VIT registration (where applicable) and Working with Children Check requirements.
- Recruitment processes assess applicants' commitment to child safety and professional conduct.
- New employees complete a structured induction before working independently.
- Probation and performance reviews include child safety responsibilities.

Staff Levels

The Centre employs staff in accordance with or above the staff-to-children ratios prescribed in the *Education and Care Services National Regulations 2011*.

Photographs of staff members with their names and qualifications are posted in the foyer.

At opening and closing times there will always be two qualified staff members on duty in the Centre, one of whom will be a nominee as required by the Children's Services Regulations.

Staff Orientation Program

When new staff join the Centre, they will be inducted into the Centre according to the staff orientation program. This is contained in the Staff Handbook, a copy of which is provided to each new member of staff upon commencement.

Professional expectations

- All staff follow the Code of Conduct, Child Safety policies and professional boundaries.
- Personal digital devices are used only in accordance with Centre policy.
- Respectful relationships with children, families and colleagues are expected at all times.
- Confidentiality and privacy requirements are maintained.

Continuity of Care

In order to provide an environment which fosters in children and families a deep sense of security, basic trust and acceptance, it is imperative that children receive continuity of care from their primary caregivers. To this end:

- staff will be assigned to a group for a year at the beginning of each year;
- staff will be responsible for observing, planning for that group as a whole and for each individual child and for working with the families of those children;
- staff rosters will be arranged to minimise disruption;
- each day the names of staff members on duty in each room and the hours they will be working will be listed on the door;
- the services of a pool of regular relieving staff, who are very familiar to the children and their families, will be used wherever possible;
- families will be advised in advance if possible when staffing changes occur.

Staff Training and Development

The Centre has an ongoing commitment to staff training. All staff participate in a staff development and review process, in the first year of employment at three months, then annually. As part of the review, each staff member has their work performance reviewed and assessed and their individual training requirements identified. Training is organised for each staff member to enhance and develop their skills. The Centre also provides customised training in-house for staff on a variety of issues eg. OH&S, First Aid, Mandatory reporting.

Students and Volunteers

The Centre readily accepts students on placement to assist them in practising their theoretical knowledge with the children. The Centre usually accepts students from Swinburne and Melbourne University.

A sign will be placed outside the room to advise parents of the student's name and the duration of their stay. The acceptance and timing of students' visits will be at the discretion of the room staff. Students must always provide a handbook issued by their institution to ensure that staff are fully informed as to what is expected of both the student and Centre staff. They must always abide by the Centre's policies and procedures. They will be given a copy of the Centre's *Student, Reliever and Visitor Handbook* on commencement.

Students and volunteers are always fully supervised by the Centre Staff. They are never left alone with children.

The Centre accepts two types of volunteers:

- Parent or family volunteers who assist with excursions. Volunteers who assist with excursions are counted as part of the adult/ child ratio as long as they are accompanied by staff, which must be the case at all times.
- Prospective students who are interested in taking up a course to work professionally with children and want to gain some experience. In these cases, they must apply through the Director.
- All have to provide a valid working with children check card.

References

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations
- National Quality Standard – Quality Area 4
- Victorian Child Safe Standards
- Working with Children Act 2005 (Vic)
- Education and Training Reform Act 2006 (Vic)
- Fair Work Act 2009
- Equal Opportunity Act 2010 (Vic)
- Privacy and Data Protection Act 2014 (Vic)
- ACECQA – Approved Qualifications

25.1.7 FPCC 1.05 Video Surveillance Policy

1. Authorisation

This policy was adopted by the FPCC Committee of Management at the May 2017 Committee Meeting. This policy was reviewed in August 2025.

2. Review Date

This policy shall be reviewed annually at the October Committee Meeting. Any comprehensive amendments will be documented under authorisation.

3. Policy

Closed Circuit Television Systems (CCTVS) are installed in Fawkner Park Children's Centre in order to enhance the security and safety of our community members. CCTV is used both internally and externally in order to deter crime and to ensure the safety of individuals and their property. All video monitoring will be conducted and stored in a professional, ethical and legal manner.

4. Procedure

Legitimate safety and security purposes for CCTV monitoring include, but are not limited to:

- Protection of individuals, property and buildings (both during and after school hours)
- Promoting the health and safety of staff, children, family members and visitors
- Investigation of criminal activity and/or anti-social behaviour

Information obtained through video monitoring will be used exclusively for safety, security and law enforcement purposes. Recorded images are only ever monitored by authorised staff at Fawkner Park Children's Centre, unless law enforcement intervention is required. Our cameras focus on four main areas:

- The main entrance (external view)
- The main entrance (internal view)
- The foyer
- The car park

Recordings are taken 24 hours a day, seven days a week. Our CCTV system is stored in the main office and saves recordings for seven days, at which point the videos are either deleted or backed up, depending on the content. Video monitoring of public areas is limited to uses that do not violate an individual's reasonable expectation to privacy. Staff are made aware of our video surveillance policy upon induction into the centre. Parents are made aware of this policy upon enrolling their child at Fawkner Park Children's Centre and are required to provide written authorisation of consent. Adequate signage is displayed externally in order to indicate that CCTV is in use on these premises.

5. Rooms screens

Since 2012, the Centre has incorporated the use of monitors in the three-bathroom areas as an additional supervision tool alongside strong supervision practice. The monitors do not record any footage/images. They are not connected to the internet, so they cannot be accessed or hacked externally. Those monitors are used solely for live supervision, to ensure that every child is safe and that no adult is ever alone with a child without another staff member's knowledge. The focus of all bathroom cameras is on the general movement in the room, and not on an individual.

6. Background and Legislation

Relevant legislation includes, but is not limited to *The Victorian Privacy and Data Protection Act 2014, Education and Care Services National Law Act 2010* and *Children's Services Act 1996*

12.1.6 FPCC 1.06 Paramount Consideration Policy

1. Authorisation
This policy was adopted by the Fawkner Park Children's Centre Committee of Management.

2. Review Date
This policy will be reviewed annually or earlier if required due to legislative amendments. It was last reviewed in May 2026.

3. Policy Statement
Fawkner Park Children's Centre (FPCC) recognises that children's safety, rights and best interests must be the paramount consideration in all decisions relating to the operation and delivery of the service.
This principle is embedded within the Education and Care Services National Law (amended 2026) and requires that the safety, rights and wellbeing of children are

prioritised above all other considerations including operational convenience, financial considerations or stakeholder preferences.

FPCC is committed to fostering a strong child safe culture in which:

- Children are respected as active participants in their learning and wellbeing
- Adults act proactively to prevent harm
- Governance and operational decisions remain child-centred
- Children's voices and rights are actively promoted and protected

This policy underpins all aspects of the service including governance, staffing, educational programs, environments and interactions with children and families.

4. Purpose

The purpose of this policy is to ensure that:

- The safety, rights and best interests of children are prioritised in all decision-making
- All staff, volunteers and committee members understand their legal obligations
- The service maintains a consistent and proactive child safety culture
- Governance and operational decisions remain child-focused
- Practices align with the National Quality Framework and Victorian Child Safe Standards

5. Scope

This policy applies to all individuals associated with the service, including:

- Approved Provider / Committee of Management
- Persons with Management or Control
- Nominated Supervisor
- Educational Leaders
- Early Childhood Teachers
- Educators and staff
- Students and volunteers
- Contractors and visitors

All individuals share responsibility for ensuring that children's safety, rights and best interests remain the paramount consideration.

6. Definitions

Paramount Consideration: Paramount consideration means that the safety, rights and best interests of children must be the primary consideration in all actions, decisions and service operations.

Child Safe Culture: A culture in which the organisation prioritises children's safety and wellbeing, encourages open communication and actively prevents harm to children.

Best Interests of the Child: The concept that all decisions affecting children must prioritise outcomes that support their safety, wellbeing, development and dignity.

7. Guiding Principles

At FPCC we recognise that:

- Every child has the right to feel safe, respected and valued
- Children are competent, capable and active participants in their learning
- Safe relationships support wellbeing and positive identity development
- Adults hold a duty of care and legal responsibility to safeguard children
- Decisions must always prioritise children's safety and wellbeing above other interests

8. Implementation at Fawkner Park Children's Centre

8.1 Governance and Leadership

The Committee of Management and leadership team will ensure:

- Governance decisions prioritise children's safety and wellbeing
- Financial decisions support safe environments, appropriate staffing and quality programs
- The Quality Improvement Plan (QIP) embeds child safety priorities
- Policies are regularly reviewed to align with child safety legislation and best practice
- Leadership actively promotes a strong child safe culture

8.2 Recruitment and Staffing Practices
FPCC will ensure:
• All staff hold a valid Working With Children Check
• Recruitment processes prioritise safe and suitable candidates
• Staff participate in child protection and child safety training
• Induction programs include child safe expectations and paramount consideration obligations

8.3 Educational Program and Practice
Educators will:
• Promote children's voice, agency and participation
• Support children to feel safe, secure and confident
• Foster respectful relationships and inclusive practices
• Respond appropriately to children's concerns or disclosures
• Reflect regularly on practice to ensure children's wellbeing remains central to decision-making

8.4 Safe Environments
The service will:
• Maintain environments that are safe, well supervised and developmentally appropriate
• Conduct regular risk assessments and safety checks
• Implement strong supervision practices
• Ensure digital technology is used in line with the Digital Safety Policy
• Maintain secure premises and visitor procedures

8.5 Decision-Making Framework
When making decisions affecting children, staff will consider:
1. Does this decision prioritise children's safety and wellbeing?
2. Does it respect children's rights and dignity?
3. Could it create any risk or harm to children?
4. Does it align with child safety legislation and service policies?

Where competing interests arise, children's safety and best interests will always take precedence.

9. Alignment with the Victorian Child Safe Standards
This policy supports the implementation of the 11 Victorian Child Safe Standards by ensuring:

Standard 1: Child safety embedded in organisational leadership and culture
Standard 2: Child safety in governance and oversight
Standard 3: Children's empowerment and participation
Standard 4: Families and communities informed and involved
Standard 5: Equity and respect for diverse needs
Standard 6: Suitable staff and volunteers
Standard 7: Staff equipped with knowledge and skills
Standard 8: Safe environments and supervision
Standard 9: Child safety reflected in policies and procedures
Standard 10: Continuous improvement
Standard 11: Appropriate responses to complaints and concerns

10. Responsibilities
Committee of Management
- Ensure governance decisions prioritise children's safety
- Support the implementation of child safe policies
- Monitor compliance with legislative obligations

Nominated Supervisor and Leadership Team
- Promote a child safe organisational culture
- Provide staff training and guidance
- Ensure policies are implemented consistently
- Educators and Staff
- Prioritise children's safety in daily practice
- Maintain appropriate supervision
- Report concerns immediately

Students and Volunteers
- Follow the service's child safety expectations
- Report concerns to educators or leadership

11. Reporting Concerns
All staff must act immediately if a child's safety or wellbeing is at risk by:
• Following the Child Safety and Child Protection Policy
• Reporting concerns to the Nominated Supervisor
• Following mandatory reporting obligations where required
• Documenting incidents according to service procedures

12. Continuous Improvement
The service will:
• Reflect on child safety practices through staff meetings and professional learning
• Review policies regularly to ensure legislative compliance
• Use feedback from families, staff and children to strengthen practices
• Monitor implementation through the Quality Improvement Plan

13. Practical Implementation Checklist (Educators)
Educators at FPCC will ensure that they:
✓ Maintain active supervision at all times
✓ Respond promptly to children's emotional and physical needs
✓ Encourage children to express their ideas, feelings and concerns
✓ Maintain professional boundaries and respectful interactions
✓ Use digital technology in line with service policies
✓ Document and report any concerns relating to child safety
✓ Reflect on practice to ensure decisions prioritise children's wellbeing

14. Related Policies
- Child Safety and Wellbeing Policy
- Code of Conduct
- Digital Safety Policy
- Supervision of Children Policy
- Incident, Injury, Trauma and Illness Policy
- Inappropriate Conduct Policy
- Complaints and Grievances Policy

15. References
Education and Care Services National Law Act 2010 (amended 2026)
Education and Care Services National Regulations 2011
National Quality Standard (ACECQA, 2018)
Victorian Early Years Learning and Development Framework (2016)
Victorian Child Safe Standards (Commission for Children and Young People, 2022)
United Nations Convention on the Rights of the Child (1989)
ACECQA – Understanding Paramount Consideration (2026)

26 ENROLMENT AND ATTENDANCE

26.1.4 FPCC 2.01 - Terms and Conditions of Enrolment

The following steps must be completed before enrolment at the Centre will be considered to be confirmed. If there is a failure to comply with the required conditions of the enrolment the Centre may withdraw the enrolment offer at its discretion and without further notice.

Expression of interest

- Following the offer of a place, an expression of interest in accepting the offer, must be made by 5.00pm the following day or by 9.00am Monday morning (if an offer of a place is made on Friday).

- Following receipt of the expression of interest an Immunisation History Statement will be required. In accordance with new legislation, 'No Jab No Play, enrolment cannot proceed until this documentation is received.

- An appointment will also be made to collect formal enrolment documents and to make a bond payment. Enrolment documents will not be issued until the bond payment has been made.

Immunisation History Statement

- To finalise enrolment/to accept an offered place at the Centre, you must provide us with an Immunisation Status Certificate. You may forward this to us by email, prior to collecting enrolment documents, or alternatively bring the statement with you at that appointment.

- You can view, download and print your child's Immunisation History Statement from the Australian Childhood Immunisation Register by visiting: www.medicareaustralia.gov.au/online

Bond Payment

- The bond must be paid no later than one week after the date that the expression of interest in accepting a place at the Centre is given by the family.
- The bond is payable by cash, cheque, money order or direct bank transfer to the following account:

Bank Name	Westpac
Account Name	Fawkner Park Children's Centre Co-operative Ltd
BSB	033-165
Account Number	27-8896

- The bond is $2,000 and provides security for payment of fees to the Centre.
- The bond will be returned to you when your child's enrolment is cancelled, subject to:
  - all outstanding fees and the final account being paid to the Centre.

For full details on fees, refer to policy *FPCC 2.10 Fees*; any notice being given in accordance with the requirements set out in *FPCC 2.09 Amending days or leaving the Centre*. This includes, for example, where:

- enrolment for a child is accepted but that child does not commence at the Centre; or
- a child is re-enrolled for a future year but subsequently that child's enrolment is cancelled after 1 September; and
- any parking permits being returned (if relevant);
- If the Centre requests you to pay the bond after its due date for payment, and you do not pay the bond within 24 hours after notification is given, then your enrolment offer will be considered withdrawn.

Return of completed enrolment documents/Enrolment interview

- At the bond payment appointment an enrolment interview will also be scheduled for you with Tatyana, the Director of the Centre.

- Up to date immunisation records and the child's Health record will need to be provided at this interview.

- CRNs need to be applied for and this information provided to the Centre before your child commences their attendance. Please note that even if you think you are not eligible for the income tested Child Care Benefit, you still need to contact Centrelink and have your family assessed for CCB, in order to receive the non-income tested Child Care Rebate. Please also bring in your letter of assessment.

Further conditions applying to attendance at the Centre

The following further conditions of attendance at the Centre are drawn to the attention of parents.

Co-operative Membership

- Due to the fact that the Centre is a Parent Co-operative all families are required to have membership in order to use the service. The application for membership form will be provided with the enrolment documents.

- The amount of $10.00 joining fee is required to be paid upon enrolment in order to be using the service. The membership is for one member of the family only.

- Co-operative membership has responsibilities, in that co-operative members are expected to contribute to the Centre. Members are required to attend the Regular General Meetings held twice a year and attend the Annual General Meeting held once a year. These meetings are held in the evenings, usually in March, June and October.

- If a family is unable to attend one of the meetings a written apology is required. If a member does not attend at least two of the meetings a year the Committee may make a decision to have a child's place withdrawn.

- All members are expected to:

    - Support fundraising ventures.
    - Read notices displayed in the foyer and distributed via parent pockets and email to keep informed of events at the Centre.

Changes to Enrolment

- Once your child/ren begin(s), if changing or cancelling enrolment, four weeks' notice in writing (excluding Christmas closure – not counted towards notice period) is required in the Blue, Green or Yellow Rooms and nine weeks' notice in the Orange and the Large Kindergarten Rooms before 1st September of that Calendar year. If a child is enrolled as of 1st September, fees are payable until the end of the year unless the cancelling of enrolment is approved by the committee.

- It is Centre Policy that families cannot drop one day only as the Centre is unable to offer 'one day enrolment' due to our two day minimum attendance policy.

Weekly Fees

- Accounts for fees are issued and payable weekly.

- A statement of monies owing will be placed in you parent "pocket".

- Our method of payment is direct credit into our nominated bank account as per weekly invoice/statement.

- If you plan on taking a holiday throughout the year please let the room and the Centre Director know. A 100% payment of fees is still required whenever absent from the Centre in order to keep your place. It may be possible for another family to take all or some of your days. If some or all or your allocated days are used by another family your account will be credited for the amount.

Parent Code of Conduct

- Both parents are required to sign and abide by the Parent Code of Conduct.

26.1.5 FPCC 2.02 - Priority of Users

1 Authorisation

This policy was adopted by the FPCC Committee of Management at the September 2014 Committee Meeting.

2 Review Date

This policy shall be reviewed annually at the October Committee Meeting. Any comprehensive amendments will be documented under authorisation. This policy was reviewed last in September 2024.

3 Policy

At FPCC our intention is to ensure that our service is distributed fairly to families across our community. We endeavour to provide a unique opportunity to reduce the inequalities of socio-economic circumstances and disability.

ELIGIBILITY AND PRIORITY

The following access guidelines provide a priority listing to those families on the waiting list. Access eligibility is governed by federal government policy and is listed within the Service Agreement and Lease between the Centre and the City of Melbourne. Families interested in using the service must be eligible for access. In order to have this eligibility – families must live, and/or work, and/or study within the following areas:

The City of Melbourne areas of South Yarra (between Punt and St Kilda Roads, up to the border on this side of Commercial Road);
The Central Activities District (CAD – perimeters include Spencer St, Flinders St, Spring St, and LaTrobe Streets); and
St Kilda Road (within the City of Melbourne boundary).

We are also mandated by DEEWR and DECS to allocate places within our Centre based upon the following Priority of Access Criteria;

- **Priority 1** A child at risk of abuse or neglect
- **Priority 2** A child of a single parent who satisfies, or of parents who both satisfy the work/training/study test under Section 14 of the Family Assistance Act
- **Priority 3** Any other child

Within these main categories priority must further be given to the following children;

- Children in Aboriginal or Torres Strait Islander families
- Children in families which include a disabled person
- Children in families on lower incomes
- Children in families with a non-English speaking background
- Children in socially isolated families

OTHER FACTORS

There are a number of other factors that must be taken into consideration when determining priority, including;

- the Federal Government's guidelines for access to child care;
- the fact that we operate under the auspices of the City of Melbourne's initiatives to provide its residents with access to child care;
- family considerations of existing members;
- the conditions of our licence, which limit the number of spaces we are able to offer on any one day in any one room;
- the balance of ages and developmental stages of children in the room (which impacts on the ability of staff to provide individual care) and;
- the Centre's status as a cooperative, with the incumbent responsibilities of parents to take an active role in the operation and decision-making of the Centre.

4 Procedure

Once eligibility has been determined, priority is given in the following order:

1. Siblings of children who, at the time that the place becomes available:
   a. are currently enrolled in the Centre;
   b. have been enrolled in the Centre for at least 12 months; and
   c. whose parents or guardians are working and have been actively involved in cooperative activities including, for example General Meetings, fundraising initiatives, social activities and working bees.

2. Siblings of children who have been enrolled in the Centre (for at least 12 consecutive months) but are not currently enrolled in the Centre will be given priority within the category (4, 5 or 6) which their parent(s)/ guardian(s) meet.

3. Children whose parents or guardians, at the time that the place becomes available, are:
   a. employed (either full or part time);
   b. undertaking study or training;
   c. actively looking for work,
   and who both live and work (or study) within the boundaries of the City of Melbourne; (as defined above)

4. Children whose parents or guardians, at the time that the place becomes available, are:
   a. employed (either full or part time);
   b. undertaking study or training;
   c. actively looking for work,
   and who live (but do not work or study) within the boundaries of the City of Melbourne;

5. Children whose parents or guardians – at the time that the place becomes available – are:
   a. employed (either full or part time);
   b. undertaking study or training
   and who work or study (but do not live) within the boundaries of the City of Melbourne;

6. To others on the waiting list.
   In the case of items 1 to 6, regard will be had:

   a. for the mandate by DEEWR and DECS to allocate places within our Centre.
   b. the balance of the children in the room in terms of age and developmental stage: secondly,
   c. To the place on the waiting list (in terms of the date initially registered).
   d. The Centre's Committee also reserves the right, in its absolute discretion, to make a selection in 'special circumstances' upon the written application of a parent who is a present or past member of the Fawkner Park Children's Centre Cooperative. In exercising its discretion, the Committee may take into account any of the above factors or any other matter raised by the parent.

Please note if you decline a place that is offered to you, you will be removed from the waiting list unless you notify the centre in writing. If the Centre is notified in writing you go back into the priority of users wait list as outlined above.

If the Centre has contacted you to offer a place and you do not respond within the specified time frame in the Enrolments Terms and Conditions, then the offer will be withdrawn and offered to the next person on the wait list. If a place is accepted and the bond is paid to secure the place, the bond will only be refunded if you comply with the relevant notice period in *FPCC 2.09 Amending days or leaving the Centre*.

26.1.6 FPCC 2.03 - Enrolments: Minimum Number of Days

Mandatory – Quality Area 7

1 Authorisation

This policy was adopted by the FPCC Committee of Management at the September 2014 Committee Meeting. This policy was reviewed in August 2025.

2 Review Date

This policy shall be reviewed annually at the October Committee Meeting. Any comprehensive amendments will be documented under authorisation.

3 Policy

The Centre requires that each child is enrolled to attend the centre a minimum of two days per week. A minimum attendance of two days per week provides stability and consistency of care for the children which is fundamental to establishing secure attachment relationships. Exceptional circumstances may apply whereby enrolment for one day per week is permitted by approval of the committee.

4 Rationale

The most recent attachment theory tells us that secure attachment relationships which involve opportunities for play, everyday activities and sharing of emotions, facilitate optimal brain development and stimulate the child's curiosity to explore and learn. Moreover, minimum two days attendance allows the child to form stable and consistent relationships and brings predictability to their routine. This makes the child feel secure in the environment and reduces the length of the settling in period.

5 Procedure

Upon enrolment, a child will be enrolled for a minimum of two days per week.

Exceptional circumstances may apply, and a child may be enrolled for one day a week where approved by the Committee of Management. Exceptional circumstances may include where a family's financial limitations only allow enrolment for one day a week, or where only one day is available to a new family and that one day is accepted on the basis that a second day will be accepted by the family upon becoming available.

26.1.7 FPCC 2.04 - Use of Enrolled Place at Centre

1 Authorisation

This policy was adopted by the FPCC Committee of Management at the October 2013 Committee Meeting. This policy was reviewed in September 2024.

2 Review Date

This policy shall be reviewed annually at the October Committee Meeting. Any comprehensive amendments will be documented under authorisation.

3 Policy

Where a new enrolment at the Centre is offered and accepted, the child must actually physically commence using that place within six months from the date of that enrolment, even where the fees for the placement are being paid. This policy applies to all children enrolled at FPCC, including siblings of children already enrolled and attending the Centre.

4 Rationale

It is understood that at times, places at the Centre are accepted and paid for, but that the child does not attend that placement for a period of time. This is particularly the case where an enrolment is for an infant sibling of a child already enrolled and attending the Centre – the place is accepted and paid for to ensure the place is held available for the infant, even though the infant is not yet of an age and/or stage ready to commence actual attendance at the Centre.

Child care placements are highly sought after in the Community and therefore the Centre should endeavour to operate at full capacity of places at all times.

5 Procedure

An enrolled place must be used by the actual attendance of the child within six months from the date when the child was enrolled.

The Centre shall contact the family prior to the six months cut-off point to enquire whether the child is ready to commence attendance at the Centre. If not, then the child's place at the Centre shall be terminated. If necessary the child's name can be added to the waiting list.

Further, when a place at the Centre is accepted and the child is enrolled, that child is considered to have commenced at the Centre and fees shall be charged accordingly, regardless of whether or not the child is attending the placement.

The temporary vacancy system can be utilised by a family paying for an enrolment but not yet using the place.

For more information, refer to *FPCC 1.01 Temporary Vacancies*

26.1.8 FPCC 2.05 – Delivery and Collection of Children

Mandatory – Quality Area 2

1 Authorisation

This policy was adopted by the FPCC Committee of Management at the October 2013 Committee Meeting. This policy was reviewed in August 2024.

2 Review Date

This policy shall be reviewed annually at the October Committee Meeting. Any comprehensive amendments will be documented under authorisation.

3 Policy

From January 2019 parents are required to sign in manually, using a paper based sign in sheet, and electronically, using the Hub Hello website. The electronic system is required as part of the new Child Care Subsidy in order to record the exact number of hours a child attends care. The paper based copy is required as evidence of attendance during fire drills/emergencies, as consent for spontaneous park visits and to enable the buying and selling of days.

The Centre will only release children into the care of a parent/s or a caregiver aged at least 16 years, who has either been nominated by parent(s) on the enrolment form as a person who has authority to pick up the child or has been given temporary authority by parent(s) to collect the child (i.e submitted a signed **'Authority to Collect'** form, or completed an **'Emergency telephone Authority to collect'** form). Hub Hello has the details of every parent, emergency contact and those with authority to collect stored for each child. Anyone who has been given 'emergency telephone authority to collect' will not be able to sign the child out electronically and will only be able to use the paper based sign in/out record.

To protect their safety, the Centre must ensure that children are given into the care of a person who has been authorised by the parent to collect their child.

4 Procedure

If a parent wishes to arrange for their child to be collected by a person not nominated as an authorised person on the enrolment form, the parent must give prior advice of temporary authorisation in writing to the Director. In an emergency, or when unexpected circumstances occur, a parent can advise the Director or a qualified staff member by telephone of temporary authorisation to a person and provide written confirmation of the authorisation later. In these instances, the adult collecting the child will sign them out on the paper based record only. Teachers will then mark the child as being signed out on Hub Hello, ensuring a record of their hours is logged.

Where the person picking up the child is unknown to the Centre staff on duty, that person must provide proof of identity with a photo, for example a driver's license.

Under no circumstances will a child be allowed to leave the Centre with an unauthorised person or, in the case of family separation, a person who does not have custody of the child. It is the responsibility of the custodian to provide any relevant information regarding custody arrangements to the Centre Director.

Please note that the sign in and out sheet is a legal document. The person who signs the child in or out must be a person of at least 16 years of age.

No person under the age of 16 is authorised to collect a child from the Centre. Children are not permitted to sign themselves out or take themselves home.

Procedures for refusing a written authorisation

On receipt of a written authorisation from a parent/guardian that does not meet the requirements outlined in the related service policy, the Approved Provider will:

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

26.1.9 FPCC 2.06 - Late Departures

1 Authorisation

This policy was adopted by the FPCC Committee of Management at the February 2013 Committee Meeting. This policy was reviewed in August 2023.

2 Review Date

This policy shall be reviewed annually at the October Committee Meeting. Any comprehensive amendments will be documented under authorisation.

3 Policy

The Centre closes at 6.00pm. Parents are requested to arrive prior to 6.00pm, allowing enough time to greet their child and have the usual handover discussions with staff, collect their child's bags and to sign out prior to 6.00pm.

In the event that a child is not collected by 6pm, the child's carers, and then the child's emergency contacts, will be contacted by the Centre. If no contact can be made to arrange the collection of the child the Centre will contact the Department of Health and Human Services Child Protection.

Fines are imposed for the late collection of children. In addition, if a family demonstrates 3 'late' pick ups in a calendar month, then a flat rate charge of $50 will be added to your account for every additional late pick up in that calendar month.

Please note that this includes 'out of hours' contact with staff without prior agreement. For example if you collect your child at 5.58pm and need to be debriefed on your child's day until 6.10pm, this will be classed as a late pick up and you will be charged. Centre staff are available to catch up with parents within the Centre's hours of 7.30am to 6pm. We therefore suggest that the latest time you should arrive for the collection of your child is at 5.50pm. This will fulfill the communication needs of both parents and children and will also respect the working conditions of staff.

If extenuating circumstances apply it will be at the discretion of the Centre Director or Committee of Management to waive any late fees.

4 Procedure

As staffing overtime costs are borne by the Centre, the following procedure applies when children are not collected by 6.00 pm:

- The first 3 offences in a calendar month incur a fine of one dollar per minute after 6.00 pm.
- Any further offences in a calendar month with incur a flat rate administration cost of $50 per offence.
- If after 3 months regular offences still occur, the matter will be escalated to the FPCC Committee to take further action which may include the withdrawal of services for your child if the situation cannot be resolved.

Should the parent wish to discuss the penalty, they should refer to the Coordinator the following day, and are requested not to discuss with staff on duty.

26.1.10 FPCC 2.07 - Collection of Children Whilst Under the Influence of Alcohol or Drugs

1 Authorisation

This policy was adopted by the FPCC Committee of Management at the October 2013 Committee Meeting. This policy was reviewed in August 2025.

2 Review Date

This policy shall be reviewed annually at the October Committee Meeting. Any comprehensive amendments will be documented under authorisation.

3 Policy

To ensure children are not placed at risk when being collected by a parent or adult who may be suspected of being under the influence of alcohol or drugs.

4 Rationale

Children's welfare is paramount at all times and staff have a duty of care to ensure they are safe at all times.

5 Procedure

If a staff member suspects that a parent may be intoxicated with alcohol or drugs, they must consult with the Director, or in their absence, the second in charge or most senior staff member, who will decide upon a course of action.

Indicators which may be observed include strong alcohol smell on the breath, slurred speech, or unsteadiness of movement.

The Director will find a quiet place to talk with the parent and politely suggest they call a taxi to travel home with their child. A gentle, caring and understanding approach will be adopted which is devoid of judgment. The potential consequences/risks will be discussed.

The other parent/guardian may be called to collect the child.

The parent will be reminded of this policy, which they agreed they had understood when enrolling at the Centre.

If the intoxicated person becomes angry or insists the staff do not have the right to prevent them taking the child, the child will be allowed to leave.

Staff cannot legally keep the child at the Centre without parental permission. If the parent decides to leave the premises with the child, staff are required to contact the police immediately.

If the parent insists on driving the child, staff will contact the local police station with details of the car, including make, model, colour, number plate and direction of travel.

If staff believe it is unsafe for the child to be at home with this adult, child care staff are encouraged to contact Protective Services and inform them of the situation. While child care workers are not currently mandated to report suspicions of child abuse, all professionals have a duty of care to the children with whom they work. Where there is concern for the wellbeing of a child a report should be made to child protection.

All staff members who have been involved will immediately document details of the incident.

26.1.11 FPCC 2.08 - Transition and Orientation for Children Progressing Between Rooms and to School

Mandatory – Quality Area 6

1 Authorisation

This policy was adopted by the FPCC Committee of Management at the April 2011 Committee meeting. This policy was reviewed in August 2025.

2 Review Date

This policy shall be reviewed annually at the October Committee Meeting. Any comprehensive amendments will be documented under authorisation. .

3 Policy

The Centre has a transition and orientation program for children progressing to the next room within the Centre, and from kindergarten to school.

Parent participation is a valued part of the program and parents are encouraged to be involved.

4 Rationale

Change is a key feature throughout each of these transition periods. Children need to feel secure, confident and connected to people, places, events, routines, rules and understandings when they move into new environments.

5 Procedure

- Orientation for children progressing to next room at the Centre will include:

    - experience time in their next room for a play, lunch and/ or sleep from mid –October;
    - Information booklet about the next room to be provided to families before moving rooms;
    - Information sessions (toddler children moving to kindergarten)
    - as much time as possible given to children moving on in their new room from mid-October early November;
    - parents are encouraged to drop into the room their child is moving into for an informal chat from early November.

- Transition program for children progressing from kindergarten to school will include:
    - a Transition Learning and Development Statement that reflects the five learning outcomes identified for children in the Victorian Early Years and Development Framework is completed for each child, and with the consent of guardians, forwarded to the child's school to support the child's continuity of learning and development as they transition to school;
    - verbal conversation with school teacher when and if requested;
    - portfolios are given to child at the beginning of December, and parents are encouraged to share with their child's prep teacher;
    - children progressing to school are encouraged to try hard and show independence;
    - 'mat time' tends to focus more on experience of pre – literacy and numeracy in the last term of the year.

- For all children information can be shared through:

    - learning and development statements;
    - mid – year report;
    - Parent/Teacher interview;
    - one – on – one discussion with parents when and if needed.

The basis for the Centre's transition and orientation policy is as follows:

<u>Transition: A Positive Start to School Resource Kit</u>

Creating this continuity involves building on children's prior and current experiences to help them to feel secure, confident and connected to people, places, events, routines and understandings.

Transition to school should be understood as a process, not a point in time. It is an individual experience for everyone involved. While there are common elements to most children's

transition, there are important considerations that need to be thought about and planned to ensure that each child has a successful start to school.

Starting school is a process whereby children and families adjust to new roles, identities and expectations, new interactions and new relationships.

All children are different – even those of similar ages demonstrate many differences. Effective transition – to – school programs recognise and respect these differences.

When children start school, they experience environments that can be quite different from home, child care or kindergarten. Not only can the physical environment be different, but the social nature of school and academic expectations can differ.

Most significantly, we know that ensuring an effective and positive transition can also help to support the continuity of a child's learning and development. Placing greater emphasis on the continuity of learning recognises that building on children's prior and current experiences helps them to feel secure, confident and connected people, in relation to places, events, routines and understandings.

Providing a 'seamless' transition should not be seen as the primary aim of transition programs, because in reality the change for children is significant. Rather, the focus should be on facilitating and supporting children's adjustment to the inevitable changes they will experience, recognising and building on what they have experienced before arriving to school.

Some of the most important elements of helping children to be 'ready' for school relate to ensuring that they are healthy and well nourished; are confident that school will be a positive experience for them; and feel supported by positive relationships. When children are happy to be at school, when they are healthy and feel valued, much learning will occur.

School Readiness – Kathy Walker and Associates

Readiness usually comes down to emotional and social development (30th April is the cut-off date for school entry).

Emotional and Social maturity which is demonstrated by:

- Appropriate self help skills
- Appropriate self expression
- Being able to deal with some level of conflict

What is Readiness?

- Initiating contact with others
- Responding to others
- Separating from primary caregiver
- Tolerating others being around
- Ability for parallel and some associative play
- Interest and awareness in others

Victorian Early Years Learning and Development Framework

Change is a key feature throughout each of these transition periods. Children need to feel secure, confident and connected to people, places, events, routines, rules and understandings when they move into new environments.

What does effective transition look like?

A combination of approaches and processes are required to support effective transition and will be achieved when:

- respectful, trusting and supportive relationships are maintained between all those working with a child and their family
- communication and collaboration are keys to the process of transition
- information about the child is well understood, shared and valued
- children have the opportunity to have their way about what is important to them
- processes are adapted to the needs of the local communities
- children and families who require additional support are identified early, and support is planned and delivered through a collaborative approach

Children have to feel that school is a place where people care about them and where they are likely to succeed. Similarly, families need to be valued and respected as well as included in school life.

Children are often excited, and sometimes daunted, by the experience of starting school. It is important to recognise that their expectations and experiences can impact on the success of transition programs.

From Kindergarten to School Family Resource

Kindergartens and schools will offer ways for families to get involved in the move to school. Activities might include information sessions, orientation programs or social events.

It is good to remember that early childhood education is not just about preparing children for the future. It is a special experience in itself – a time for fun, play, learning and making friends.

It is worth remembering that preparatory 'prep' year is considered a year of transition for young children into the school environment.

A kindergarten program is not just about developing pre – literacy and pre – numeracy skills in children' it is about strengthening relationships, developing emotional maturity, social competence and developing positive attitudes to learning. Kindergarten is not just about preparing for the future; it is about living, learning and enjoying the present!

Kindergarten programs and schools undertake orientation activities to help children get to know their school. You may see this as a brief introduction to the school while your child may find it a good way to find out what happens at school.

Your child is likely to be keen to talk with you about starting school. You can have fun discussions answering their questions honestly, emphasizing the positives. Talking about some of the familiar things that will happen at school, like playing in the playground or sharing lunch can help reduce potential areas of anxiety for you or your child. Remember, our experience of school may be very different to what actually occurs in schools today.
Some skills children can develop at school:

- Carrying and hanging up their school bag, coat and library bag.
- Changing or adjusting clothes such as taking jumpers, coats, shoes and socks on and off, sports clothes and bathers.
- Opening and closing their bag and packaged items away in their bag.
- Recognising the sign and symbol for the appropriate toilets.
- Going to the toilet (including the use of urinals for boys).
- Pulling up sleeves to wash hands.
- Handling any food packaging they may have, including wrappers or bottle tops on food or drinks
- Recognising their name in writing.

26.1.12 FPCC 2.09 - Amending Days or Leaving the Centre

1 Authorisation

This policy was adopted by the FPCC Committee of Management at the March 2018 Committee Meeting. This policy was reviewed in August 2023.

2 Review Date
This policy shall be reviewed annually at the October Committee Meeting. Any comprehensive amendments will be documented under authorisation.

3 Policy
Demand for care is often very high, with large numbers of families on the waiting list. Parents intending to leave the Centre are required to give notice to allow staff time to offer the vacant place to another family. Fees are payable for the notice period.

Notice must be to the Centre's Director during the Centre's operating hours. In this regard, notice given during periods of Centre closure such as over the Christmas break are deemed to have been given by you on the date that the Centre is next open and operational.

4 Procedure
If you wish to amend or cancel your child's enrolment at the Centre, you must give notice in accordance with the following:

(a) In relation to the current calendar year in which your child is enrolled in the Blue, Green or Yellow Room, four weeks' notice when:
    i) cancelling that enrolment for that calendar year; or
    ii) reducing the number of days.
(b) In relation to the current calendar year in which your child is enrolled in the Orange or Kindergarten Room, nine weeks' notice when:
    i) cancelling that enrolment for that calendar year; or
    ii) reducing the number of days, where such notice must be provided before 1 September of that calendar year.
(c) In relation to a future calendar year in which you have already accepted enrolment or re-enrolment for your child at the Centre, notice must be given prior to 1 September of the current year when:
    i) cancelling your child's enrolment at the Centre; or
    ii) reducing the number of days for children in any room (being the Blue, Green, Yellow, Orange or Kindergarten Rooms), for that future calendar year.

In relation to paragraphs (a) and (b) above, if your child is enrolled for 3 days each week, the enrolment will have to be kept for the whole calendar year as one day cannot be dropped/offered to a new family. The Centre may reconsider this policy where exceptional circumstances apply, for example where a current family (with a child in that room) is waiting to pick up that particular day.

In relation to paragraph (b)(ii) above, if notice is given after 1 September, then fees are payable in full until the end of that calendar year unless:

a) the child's position is filled (where the Centre is under no obligation to fill that position); or
b) the cancelling of enrolment in the Kindergarten Room is approved by the Committee.

If you do not give notice in accordance with the above notice periods, then you will forfeit your bond. In exceptional circumstances the Centre may consider refunding part of the bond and charging $500 administration fee deducting it from the bond amount unless otherwise determined by the Committee. If a family would like the Committee to consider exercising its discretion to refund the bond, then the family must apply in writing to the Committee and clearly state the reason for the reduction or cancellation.

26.1.13 FPCC 2.10 – Fees Policy

Mandatory – Quality Area 7

1 Authorisation

This policy was adopted by the FPCC Committee of Management at the June 2013 Committee Meeting.

2 Review Date

This policy shall be reviewed annually at the October Committee Meeting. Any comprehensive amendments will be documented under authorisation. This policy was reviewed in September 2025.

3 Policy

Members are issued with a weekly account for fees due. Fees are to be paid in advance or kept up to date each week. The preferred payment is by electronic transfer or cheque, which should be placed in the Fee Box in the Centre Coordinator's office. Fees are non-refundable should a child be absent due to sickness or any other reason. Public holidays are chargeable to full-time parents who pay for all public holidays except for Christmas Day, Boxing Day and New Year's Day. This does not apply to part-time users. No fee payment is required from service users over the Christmas break.

Fawkner Park Childcare Centre is committed to:

- providing responsible financial management of the service, including establishing fees that will result in a financially viable service, while keeping user fees at the lowest possible level
- supporting families to manage the transition from the Child Care Rebate and Child Care Benefit, to the new Child Care Subsidy
- providing a fair and manageable system for dealing with non-payment and/or inability to pay fees/outstanding debts
- ensuring there are no financial barriers for families wishing to access an early childhood program for their child/children
- maintaining confidentiality in relation to the financial circumstances of parents/guardians
- advising users of the service about program funding, including government support and fees to be paid by parents/guardians
- providing equitable access and giving priority for families eligible for the Kindergarten Fee Subsidy
- acknowledges the Victorian Government funding support to the centre

4 Procedure

- The setting, payment and collection of fees is made clear to parent and families.
- The viability of Fawkner Park Childcare Centre is maintained by setting appropriate fees and charges.
- There is an equitable and non-discriminatory application of fees across the programs provided by Fawkner Park Childcare Centre.

The Approved Provider is responsible for:

- reviewing the current budget to determine fee income requirements
- developing a fee policy that balances the parent's/guardian's capacity to pay, with providing a high-quality program and maintaining service viability
- implementing and reviewing this policy in consultation with parents/guardians, the Nominated Supervisor and staff, and in line with the requirements of VECRA, DET's *Victorian kindergarten policy, procedures and funding criteria* (refer to *Sources*)
- ensuring that this policy is based on the principles of the *Kindergarten Fee Subsidy – Fees Policy* (refer to *Definitions)*
- considering any issues regarding fees that may be a barrier to families enrolling at Fawkner Park Childcare Centreand removing those barriers wherever possible

- ensuring that families are aware of the new Child Care Subsidy's ability to support higher levels of 'activity', such as training, studying and volunteering
- reviewing the number of families experiencing financial hardship and the effectiveness of the procedures for late payment and support offered
- considering options for payment when affordability is an issue for families
- clearly communicating this policy and payment options to families in a culturally-sensitive way, and in the family's first language where possible
- providing all parents/guardians with a copy of the document containing fee information for families (see appendix)
- collecting and receipting all fees
- collecting all relevant information and maintaining relevant documentation regarding those with entitlement to concessions, where applicable
- complying with the service's *Privacy and Confidentiality Policy* regarding financial and other information received, including in relation to the payment/non-payment of fees
- notifying parents/guardians within 14 days of any proposed changes to the fees charged or the way in which the fees are collected (Regulation 172(2))
- ensuring a notice outlining fees charged by the service is displayed prominently in the main entrance to Fawkner Park Childcare Centre.

The Nominated Supervisor is responsible for:

- assisting the Approved Provider in developing this policy, and ensuring that this policy is based on the principles of the *Kindergarten Fee Subsidy – Fees Policy* (refer to *Definitions)*
- implementing and reviewing this policy, in consultation with parents/guardians, the Approved Provider and staff, and in line with the requirements of VECRA, DET's *Victorian kindergarten policy, procedures and funding criteria* (refer to *Sources*)
- considering any issues regarding fees that may be a barrier to families enrolling at Fawkner Park Childcare Centre and removing those barriers wherever possible
- ensuring that families are aware of the new Child Care Subsidy's ability to support higher levels of 'activity', such as training, studying and volunteering
- considering options for payment when affordability is an issue for families
- communicating this policy and payment options to families in a culturally-sensitive way and in the family's first language where possible
- providing all parents/guardians with a copy of the document containing fee information for families (refer to Attachment 1)
- providing all parents/guardians with a statement of fees and charges (refer to samples in Attachments 2 and 3) upon enrolment of their child, and ensure that the *Fees Policy* is readily accessible at the service
- providing all parents/guardians with a fee payment agreement (refer to samples in Attachments 3 and 4)
- collecting all relevant information and maintaining relevant documents regarding those with entitlement to concessions, where applicable
- complying with the service's *Privacy and Confidentiality Policy* regarding financial and other information received, including in relation to the payment/non-payment of fees
- notifying parents/guardians within 14 days of any proposed changes to the fees charged or the way in which the fees are collected
- ensuring a notice outlining fees charged by the service is displayed prominently in the main entrance to Fawkner Park Childcare Centre.

Certified Supervisors and other educators are responsible for:

- informing the Approved Provider of any complaints or concerns that have been raised regarding fees at the service
- referring parents'/guardians' questions in relation to this policy to the Approved Provider
- assisting the Approved Provider,as required, in sighting supporting documentation for access to the Kindergarten Fee Subsidy.

Parents/guardians are responsible for:

- applying for the Child Care Subsidy via MyGov and providing certain information to Centrelink
- providing a copy of the completed Child Care Subsidy Assessment to Fawkner Park Children's Centre and confirming enrolment via MyGov
- reading the Fawkner Park Children's Centre Fee information for families (refer to Attachment 1),
- complying with the Fee Payment Policy
- notifying the Approved Provider if experiencing difficulties with the payment of fees
- providing the required documentation to enable the service to claim the Kindergarten Fee Subsidy for eligible families (refer to Attachment 1 – Fee information for families).

5 Scope

This policy applies to the Approved Provider, Nominated Supervisor, Certified Supervisor, educators and parents/guardians with an enrolled child, or who wish to enrol a child at Fawkner Park Children's Centre.

6 Background and Legislation

Background

The Department of Education and Training (DET) provides per capita funding as a contribution towards the costs of the four-year-old kindergarten program. Income from other sources, primarily fees, is required to meet all the additional costs incurred by the service in the delivery of the children's program. In addition, the Kindergarten Fee Subsidy (refer to *Definitions*) enables eligible families to attend the four-year-old kindergarten program at minimal or no cost.

DET requires that funded services have a comprehensive written fees policy in place, and the content of this policy must be communicated to families. The policy must include a written statement about the fees to be charged, as required under Regulation 168(2)(n), and the payment process. All families must be informed of applicable daily and weekly fees at the time of enrolment. Services must also advise eligible families of the Kindergarten Fee Subsidy arrangements. The fees charged must comply with the *Kindergarten Fee Subsidy – Fees Policy* (refer to *Definitions),* and be responsive to the local community and the viability of the service. The *Victorian kindergarten policy, procedures and funding criteria* (refer to *Sources*) outlines the criteria to be covered in the policy.

FPCC acknowledges the Victorian Government funding support to the centre.

Legislation and standards

Relevant legislation and standards include but are not limited to:

Charter of Human Rights and Responsibilities 2006 (Vic), as amended 2011

Child Wellbeing and Safety Act 2005 (Vic), as amended 2012

Disability Discrimination Act 1992 (Cth)

Education and Care Services National Law Act 2010

Education and Care Services National Regulations 2011: Regulation 168(2)(n)

Equal Opportunity Act 1995 (Vic)

National Quality Standard, Quality Area 7: Governance and Leadership

Element 7.1.2: Systems are in place to manage risk and enable the effective management and operation of a quality service.

Sources

Victorian kindergarten policy, procedures and funding criteria; www.education.vic.gov.au/ecprofessionals/kindergarten/

The constitution of Fawkner Park Child Care Centre

7 Evaluation

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

- regularly seek feedback from everyone affected by the policy regarding its effectiveness, particularly in relation to affordability, flexibility of payment options and procedures for the collection of fees
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- monitor the number of families/children excluded from the service because of their inability to pay fees
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notify parents/guardians at least 14 days before making any changes to this policy or its procedures (Regulation 172(2)).

Attachment 1: Fee information for families

Fee information for families Fawkner Park Childcare Centre 2026

Why fees are necessary

The Department of Education and Training (DET) provides per capita funding as a contribution toward the costs of providing three and four-year-old kindergarten programs. Services meet the balance of costs through charging fees and fundraising activities.

DET provides a Kindergarten Fee Subsidy (see below) that enables children from eligible families to attend three and four-year-old kindergarten program free of charge, or at a minimal cost.

DET also provides funding to assist eligible three-year-old Aboriginal and Torres Strait Islander children, and children known to Child Protection, to access kindergarten programs.

Fawkner Park Childcare Centre provides a range of support options to parents/guardians experiencing difficulty with payment of fees (see below).

How fees are set

As part of the budget development process, the Committee sets fees each year for the programs of the service, taking into consideration:

- the financial viability of the service
- the level of government funding provided for the program, including the Kindergarten Fee Subsidy
- the availability of other income sources, such as grants

- the fees charged by similar services in the area
- the capacity of parents/guardians to pay fees
- reasonable expenditure in meeting agreed program quality and standards
- requirements of the *Kindergarten Fee Subsidy – Fees Policy* (details in the *Victorian kindergarten policy, procedures and funding criteria* document available at www.education.vic.gov.au/ecprofessionals/kindergarten/

Fees set for the year are only reviewed in extraordinary circumstances, for example, if attendance rates fall below the budget 'break even' point.

Other charges
Other charges levied by Fawkner Park Childcare Centre are included on the Statement of Fees and Charges. These include:

- **Enrolment bond/deposit:** This payment secures a child's place at the Centre and is currently set at $2,000. In March 2018 the terms of acceptance of a place at the Centre were amended to clarify, amongst other things, that if a place is initially accepted for a future year, and then after 1 September the family decides not to take the place, then the bond paid to the Centre with the initial enrolment will be forfeited.

- **Excursion/service event charge:** This additional charge is required to cover the cost of excursions or special events that occur throughout the year in response to emerging children's program needs and interests. Affordability and relevance to the children's interests and the service program will be taken into consideration before a decision is made that will require families to pay this additional charge (refer to *Excursions and Service Events Policy*). Events that are planned ahead are included as an expenditure item in the service's budget and do not incur this additional charge.

- **Non-refundable levy:** This levy (if applicable) is retained by the service and is included in the total fees charged by the service.

- **Late collection charge:** The Committee reserves the right to implement a late collection charge when parents/guardians are frequently late in collecting a child from the service. This charge will be set at a level determined by the Committee and is currently charged at $1 per minute after 6pm.

Fundraising

Not all service costs are covered by DET per capita funding and the fees charged. Fundraising is undertaken to meet the balance and/or pay for additional items for the service. While participation in fundraising is voluntary, the support of every family is encouraged. Fundraising activities are also an opportunity for families and communities to come together.

Subsidies

Kindergarten Fee Subsidy (three and four-year-old programs)

The Kindergarten Fee Subsidy is provided by DET and enables eligible children to attend kindergarten free of charge or at minimal cost. Eligibility conditions change from time-to-time – contact the service for further information.

Families who may be eligible for the Kindergarten Fee Subsidy (four-year-old programs only) include those who are:

- Health Care Card holders
- Pensioner Concession Card holders
- Department of Veterans' Affairs Gold Card holders

- Temporary Protection/Humanitarian Visas 447, 451, 785 or 786
- Asylum seekers on Bridging Visas A–F
- Refugee and Special Humanitarian Visa 200–217
- Resolution of Status (RoS) visa, Class CD, subclass 851
- Aboriginal or Torres Strait Islander children
- Triplets or quadruplets attending a funded kindergarten program in the same year.

Supporting documentation must be sighted by the service on acceptance of a place or on commencement in the program. Families are eligible for the Kindergarten Fee Subsidy for the full term in which their concession is valid. Contact the service for further information.

What free kindergarten means at our service

Fawkner Park Children's Centre and Kindergarten has opted in to the Free Kindergarten initiative. Applicable parent fees are outlined below:

- Kindergarten in long day care for 3 and 4 year old children – parent fee will be reduced by the Free Kindergarten Funding.

Early Start Kindergarten fee subsidy

Three-year-old Aboriginal and Torres Strait Islander children and children known to Child Protection are eligible to attend a funded early childhood program that is planned and delivered by a qualified early childhood teacher free of charge. The service receives funding for children who meet the eligibility criteria. Contact the service for further information.

Child Care Subsidy

Child Care Subsidy (CCS) is an Australian Government subsidy that can assist eligible families with the costs of childcare at an approved child care provider. Fawkner Park Children's Centre and Kindergarten is an approved care provider.

Approved child care are providers that meet certain standards and requirements, and are approved by the Australian Government. Approved child care provider must:

- Hold the required approvals or licences to provide child care in the state or territory that the service/s operate in.

- Ensure the provider and any individual who is or will be a Person with Management or Control of the Provider is fit and a proper person to administer the CCS (requirements set out in Section 194E of A New Tax System (Family Assistance) Act 1999.

- Be financially viable and is likely to remain so.

- Ensure that required fit and proper checks are carried out for each Person with Management or Control of the Provider, Persons with Responsibility for Day-to Day Operation of the Service.

Families must apply for the Child Care Subsidy by logging on to their MyGov account and providing certain information to Centrelink, such as their combined family income and hours of recognised 'activity'. The subsidy will be paid directly to the Centre and will show up on families' weekly invoices as a fee reduction.

For more information visit: https://www.servicesaustralia.gov.au/child-care-subsidy

Long day care providers that offer funded kindergarten as part of the long day care program are required to directly offset the full payment of the Free Kindergarten initiative from parents'

out of pocket fees (after CCS is applied). Fee reductions will be made proportionally across the year to families' bills, i.e. fortnightly or monthly. Only children receiving a funded kindergarten place at Fawkner Park Children's Centre and Kindergarten, led by a qualified teacher, are eligible under this initiative.

Payment of fees for extended hours/wrap around care

Fees are payable for hours over and above 15 hours per week (600 hours per year) and/or wrap around care.

The Committee will regularly review payment options and procedures to ensure that they are inclusive and sensitive to families' cultural and financial situations.

Fees will be invoiced to parents/guardians directly and must be paid by the date indicated on the invoice. Each invoice will be accompanied by payment instructions. The first two weeks fees may be requested to be received in full prior to the child commencing at the service. For children enrolled after the commencement of a term, a pro rata invoice may be issued and must be paid in full within 14 days of the child's commencement at the service. Receipts will be provided for all fee payments.

Parents/guardians experiencing difficulty in paying fees are requested to contact Tatyana to arrange a suitable alternative payment plan. The *Privacy and Confidentiality Policy* of the service will be complied with at all times in relation to a family's financial/personal circumstances.

Unpaid fees

If fees are not paid by the due date, the following steps will be taken.

- An initial reminder letter will be sent to parents/guardians with a specified payment date, and will include information on a range of support options available for the family.
- Where payment is still not received, families will be invited to attend a meeting to discuss the range of support options available and establish a payment plan.
- Failure to attend the meeting and continued non-payment may result in a second and final letter notifying parents/guardians that the child's place at the service may be withdrawn unless payment is made or a payment plan is entered into within a specified period of time. This letter will also include information on a range of support options available for the family.
- The Committee will continue to offer support and will reserve the right to employ the services of a debt collector.
- If a decision is made to withdraw the child's place at the service, the parents/guardians will be provided with 14 days' notice in writing.

Refund of fees

If a family becomes eligible for the Kindergarten Fee Subsidy during a term, a full refund of the applicable term fees (and fee deposit, where appropriate) will be provided. Fees may still apply for programs offering more than the required minimum hours per week.

In any other case, fees are non-refundable (exceptional circumstances may apply – these are at the discretion of the Committee). There will be no refund of fees in the following circumstances:

- a child's short-term illness
- public holidays
- family holiday during operational times

- closure of the service for one or more days if a qualified educator is absent and a qualified reliever is not available
- closure of the service for staff training days
- closure of the service due to extreme and unavoidable circumstances.

In addition, there will be no refund where a family chooses not to send their child to the program for the maximum number of hours for which they are enrolled.

Support services

Families experiencing financial hardship often require access to family support services. Information on these services is available from the kindergarten service provider and a list can be supplied to those families who require it.

Notification of fee changes during the year

Fees set for the year would only be reviewed in extraordinary circumstances, for example, if attendance rates fall below the budget 'break even' point, inflationary pressure or government legislated Award changes. Parents/guardians will be notified 14 days in advance of any required fee increase and will be offered the option to request a payment plan.

26.1.14 FPCC 2.11 - Acceptance and Refusal of Authorisations

Mandatory – Quality Area 2

1 Authorisation

This policy was adopted by the FPCC Committee of Management at the June 2013 Committee Meeting

3 Review Date

This policy shall be reviewed annually at the October Committee Meeting. Any comprehensive amendments will be documented under authorisation. This policy was reviewed in August 2025.

4 POLICY

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

5 VALUES

Fawkner Park Children's Centre is committed to:
- ensuring the safety and wellbeing of all children attending the service
- meeting its duty of care obligations under the law.

6 SCOPE

This policy applies to the Approved Provider, Nominated Supervisor, Certified Supervisor, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of FPCC.

7 BACKGROUND AND LEGISLATION

Background

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

- self-administration of medication (Regulation 96)
- children leaving the service premises (Regulation 99)
- children being taken on excursions (Regulation 102).

Specific service policies (including the Administration of Medication Policy, Delivery and Collection of Children Policy, Enrolment and Orientation Policy and Excursions and Service Events Policy) should include details of the conditions under which written authorisations will be accepted. However, there may be instances when a service refuses to accept a written authorisation. The Education and Care Services National Regulations 2011 (Regulation 168(2)(m)) specify that services are required to develop a policy in relation to the acceptance and refusal of authorisations to help educators/staff and parents/guardians understand exactly what they need to do.

This policy outlines procedures to be followed when refusing a written authorisation from a parent/guardian or person authorised and named in the enrolment record. As an example, the National Law does not specify the minimum age of a person who is authorised to collect a child from the service premises. After consulting with parents/guardians and families, the Approved Provider may adopt a policy position accepting authorisations for persons over the age of 16 to collect a child from the service. This decision will then be outlined in the service's Delivery and Collection of Children Policy. In the event that the service receives written authorisation for a person under the age specified in its Delivery and Collection of Children Policy, to collect a child from the service, the procedures outlined below for refusing this written authorisation would be enacted.

Legislation and standards

Relevant legislation and standards include but are not limited to:

- Children, Youth and Families Act 2005 (Vic), as amended 2011
- Child Wellbeing and Safety Act 2005 (Vic), as amended 2012
- Child Wellbeing and Safety Act 2005 (Vic) (Part 2: Principles for Children)
- Education and Care Services National Law Act 2010: Section 167
- Education and Care Services National Regulations 2011: Regulations 96, 99, 102, 160, 161, 168(2)(m), 170
- Family Law Act 1975 (Cth), as amended 2011
- National Quality Standard, Quality Area 2: Children's Health and Safety
  - Standard 2.3: Each child is protected

8 SOURCES AND RELATED POLICIES

Sources

- Australian Children's Education and Care Quality Authority (ACECQA): www.acecqa.gov.au

Service policies

- Administration of Medication Policy
- Child Safe Environment Policy
- Dealing with Medical Conditions Policy
- Delivery and Collection of Children Policy
- Enrolment and Orientation Policy
- Excursions and Service Events Policy
- Incident, Injury, Trauma and Illness Policy

9 PROCEDURES

The Approved Provider is responsible for:

- ensuring that parents/guardians are provided with a copy of all service policies

- ensuring that the Nominated Supervisor and all staff follow the policies and procedures of the service
- ensuring that all parents/guardians have completed the authorised nominee section of their child's enrolment form (refer to Enrolment and Orientation Policy), and that the form is signed and dated before the child is enrolled at the service
- ensuring that permission forms for excursions are provided to the parent/guardian or authorised nominee prior to the excursion (refer to Excursions and Service Events Policy)
- ensuring that an attendance record (refer to Definitions) is maintained to account for all children attending the service
- keeping a written record of all visitors to the service, including time of arrival and departure
- ensuring that where children require medication to be administered by educators/staff, this is authorised in writing, signed and dated by a parent/guardian or authorised nominee, and included with the child's medication record (refer to Definitions) (refer to Administration of Medication Policy and Dealing with Medical Conditions Policy)
- ensuring educators/staff do not administer medication without the authorisation of a parent/guardian or authorised nominee, except in the case of an emergency, including an asthma or anaphylaxis emergency (refer to Administration of Medication Policy, Dealing with Medical Conditions Policy, Incident, Injury, Trauma and Illness Policy, Emergency and Evacuation Policy, Asthma Policy and Anaphylaxis Policy)
- ensuring educators/staff allow a child to participate in an excursion only with the written authorisation of a parent/guardian or authorised nominee including details required under Regulation 102(4)&(5) (refer to Excursions and Service Events Policy)
- ensuring educators/staff allow a child to depart from the service only with a person who is the parent/guardian or authorised nominee, or with the written authorisation of one of these, except in the case of a medical or other emergency (refer to Delivery and Collection of Children Policy and Child Safe Environment Policy)
- ensuring that there are procedures in place if an inappropriate person (refer to Definitions) attempts to collect a child from the service (refer to Delivery and Collection of Children Policy and Child Safe Environment Policy)
- developing and enacting procedures for dealing with a written authorisation that does not meet the requirements outlined in service policies (refer to Attachment 1)
- following appropriate reporting procedures set out in the Injury, Trauma and Illness Policy in the event that a child is ill, or is involved in a medical emergency or an incident that results in injury or trauma.

The Nominated Supervisor is responsible for:

- following the policy and procedures of the service
- ensuring that medication is not administered to a child without the authorisation of a parent/guardian or authorised nominee, except in the case of an emergency, including an asthma or anaphylaxis emergency (refer to Administration of Medication Policy, Dealing with Medical Conditions Policy, Incident, Injury, Trauma and Illness Policy, Emergency and Evacuation Policy, Asthma Policy and Anaphylaxis Policy)
- ensuring a child only departs from the service with a person who is the parent/guardian or authorised nominee, or with the written authorisation of one of these, except in the case of a medical or other emergency (refer to Delivery and Collection of Children Policy and Child Safe Environment Policy)
- ensuring a child is not taken outside the service premises on an excursion except with the written authorisation of a parent/guardian or authorised nominee including details required under Regulation 102(4)&(5) (refer to Excursions and Service Events Policy)
- informing the Approved Provider when a written authorisation does not meet the requirements outlined in service policies.

Certified Supervisors and other educators are responsible for:

- following the policies and procedures of the service
- checking that parents/guardians sign and date permission forms for excursions
- checking that parents/guardians or authorised nominees sign the attendance record (refer to Definitions) as their child arrives at and departs from the service
- administering medication only with the written authorisation of a parent/guardian or authorised nominee, except in the case of an emergency, including an asthma or

anaphylaxis emergency (refer to Administration of Medication Policy, Dealing with Medical Conditions Policy, Incident, Injury, Trauma and Illness Policy and Emergency and Evacuation Policy)
- allowing a child to participate in an excursion only with the written authorisation of a parent/guardian or authorised nominee including details required under Regulation 102(4)&(5) (refer to Excursions and Service Events Policy)
- allowing a child to depart from the service only with a person who is the parent/guardian or authorised nominee, or with the written authorisation of one of these, except in the case of a medical or other emergency (refer to Delivery and Collection of Children Policy and Child Safe Environment Policy)
- following procedures if an inappropriate person (refer to Definitions) attempts to collect a child from the service (refer to Delivery and Collection of Children Policy and Child Safe Environment Policy)
- informing the Director when a written authorisation does not meet the requirements outlined in service policies.

Parents/guardians are responsible for:
- reading and complying with the policies and procedures of the service
- completing and signing the authorised nominee section (refer to Definitions) of their child's enrolment form (refer to Enrolment and Orientation Policy) before their child commences at the service
- signing and dating permission forms for excursions
- signing the attendance record (refer to Definitions) as their child arrives at and departs from the service
- providing written authorisation where children require medication to be administered by educators/staff, and signing and dating it for inclusion in the child's medication record (refer to Definitions).

- Volunteers and students, while at the service, are responsible for following this policy and its procedures.

10 EVALUATION
In order to assess whether the values and purposes of the policy have been achieved, the Approved Provider will:
- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notify parents/guardians at least 14 days before making any changes to this policy or its procedures.

11 ATTACHMENTS
Attachment 1: Procedures for refusing a written authorisation

On receipt of a written authorisation from a parent/guardian that does not meet the requirements outlined in the related service policy, the Approved Provider will:
- immediately explain to the parent/guardian that their written authorisation contravenes service policy, and that it cannot be accepted
- ensure that the parent/guardian is provided with a copy of the relevant service policy and that they understand the reasons for the refusal of the authorisation
- request that an appropriate alternative written authorisation is provided by the parent/guardian that complies with the requirements of the relevant service policy
- ensure that procedures outlined in the relevant service policy are followed where a parent/guardian cannot be immediately contacted to provide an alternative written authorisation

- follow up with the parent/guardian, where required, to ensure that an appropriate written authorisation is obtained.

13.1.12 FPCC 2.12- Enrolment and orientation policy – 2026 Free Kindergarten

Mandatory – Quality Area 6

1. PURPOSE

This policy outlines:
• the criteria for enrolment at Fawkner Park Children's Centre & Kindergarten
• the process to be followed when enrolling a child at Fawkner Park Children's Centre & Kindergarten
• requirements in relation to No Jab, No Play
• the basis on which places within the programs will be allocated
• procedures for the orientation of new families and children into Fawkner Park Children's Centre & Kindergarten
• processes to ensure compliance with the Education and Care Services National Regulations 2011 and the Victorian Government's Best Start, Best Life reforms, including the 2026 Pre-Prep initiative and Free Kindergarten funding arrangements.

2. VALUES

Fawkner Park Children's Centre & Kindergarten Cooperative is committed to:
• equal access for all eligible children
• meeting the needs of the local community
• supporting families to meet the requirements for enrolment through the provision of accurate information
• maintaining confidentiality in relation to all information provided for enrolment
• ensuring all families are welcomed and receive an effective orientation into the service
• supporting the Victorian Government's Free Kindergarten initiative and Pre-Prep reform to ensure all children have equitable access to two years of quality early learning
• promoting transparent communication with families regarding eligibility, hours of funded kindergarten, and associated cost-saving benefits.

3. SCOPE

This policy applies to the Approved Provider, Persons with Management and Control, Nominated Supervisor, early childhood teachers, Persons in Day-to-Day Charge, educators, staff, and parents/guardians who wish to enrol or have already enrolled their child at Fawkner Park Children's Centre & Kindergarten Cooperative.

4. BACKGROUND AND LEGISLATION

Background

The Education and Care Services National Regulations 2011 require approved services to have a policy and procedures in place in relation to enrolment and orientation (Regulation 168(2)(k)).

The Victorian Government's Best Start, Best Life reforms are expanding access to high-quality early learning for all children. Beginning in 2026, the Pre-Prep program will provide 15 hours of funded kindergarten per week for four-year-old children at participating services, including long day care settings.

At Fawkner Park Children's Centre & Kindergarten (FPCC), our pre-Prep program is delivered

as an integrated model—children participate in a teacher-led kindergarten program for 16-30 hours per week over 49 weeks, as part of our broader early learning environment. This equates to 735 hours of funded kindergarten per year, exceeding the minimum 600-hour requirement while providing continuity and flexibility for families.

Eligibility

Children are eligible for Pre-Prep in the year before they start school (turning four years old by 30 April of that year). The Nominated Supervisor (Tatyana Skorkina) or Educational Leader (Manon Le Poul) can support families to confirm eligibility and enrolment requirements.

For detailed guidance, families can also visit: Free Kinder | vic.gov.au

Pre-Prep and Free Kindergarten in Long Day Care Settings

FPCC operates within a long-day care model that integrates care and kindergarten. Families will receive the Victorian Government's Free Kinder subsidy, which offsets up to $2,241 (for 16 hours) and up to $4,202 (for 30 hours) in annual savings for four-year-old children enrolled in Pre-Prep. This subsidy is applied directly to reduce out-of-pocket fees and ensure equitable access to the kindergarten program.

Participating kindergarten programs receive funding directly from the Victorian Government. Services must pass on the full funding amount as a direct fee reduction to families.

Hours and Attendance Model

FPCC delivers 16-30 hours of Pre-Prep education per week over 49 weeks, as part of our integrated kindergarten model. While the funded kindergarten hours are capped at 8 hours per day, families may choose to attend for two or more days per week based on their enrolment pattern and room allocation.

Where services operate for more than 40 weeks per year (such as FPCC), the required total number of hours per year may be delivered through slightly fewer hours per week, provided the total funded entitlement (minimum 600 hours) is met. FPCC exceeds this requirement.

The free Kindergarten offset applies to the 16-25 hour Pre-prep portion, standard fees apply to any hours exceeding that.

Additional Year of Funded Kindergarten or Pre-Prep

From 2026, families may apply for an additional year of funded kindergarten or Pre-Prep if it is in the best interest of the child's learning and development. Applications must use the updated departmental forms available at: Additional Year of Funded Kindergarten or Pre-Prep | vic.gov.au. Children who turn six years old in a kindergarten year will require an Exemption from School Enrolment (Attending Kindergarten if Your Child Is 6 Years Old)—information is available at the same site.

Priority of Access

Where demand exceeds available places, FPCC will apply its Eligibility and Priority of Access Criteria (see Attachment 1) in accordance with the Kindergarten Funding Guide and the Equal Opportunity Act 2010. The Approved Provider ensures that policies and procedures promote equal opportunity for all children and comply with central enrolment requirements where applicable.

Immunisation Requirements

Under the Public Health and Wellbeing Act 2008, FPCC can only confirm a child's place once a current Australian Immunisation Register (AIR) History Statement is provided. To meet Child Care Subsidy requirements, children must be immunised according to the National Immunisation Program Schedule.

5. SOURCES AND RELATED DOCUMENTS

- Free Kinder | vic.gov.au
- Best Start, Best Life reforms | vic.gov.au
- Operational Policies Supporting the Best Start, Best Life Reforms | vic.gov.au
- The Kindergarten Funding Guide
- Education and Care Services National Regulations 2011
- Public Health and Wellbeing Act 2008
- Equal Opportunity Act 2010
- Family Assistance Legislation Amendment (Jobs for Families Child Care Package) Act 2017

6. REVIEW

This policy will be reviewed annually or as new legislative or funding requirements are introduced. The next review will specifically ensure compliance with Pre-Prep 2026 implementation guidelines.

SUMMARY OF 2026 UPDATES

Update Area	Summary of Change
Policy Title	Updated to reflect 2026 Pre-Prep and Free Kindergarten requirements.
Hours & Model	Clarified FPCC delivery of 16-30 hours per week over 49 weeks.
Eligibility	Added clear eligibility criteria for Pre-Prep children (turning 4 by 30 April).
Cost Savings	Included government cost-saving information ($2,241–$4,202) for families.
Official References	Added links to Free Kinder, Additional Year, and Best Start Best Life policies.
Additional Year Guidance	Updated section on eligibility for an additional year or age exemption.

Definitions

The terms defined in this section relate specifically to this policy. For commonly used terms e.g. Approved Provider, Nominated Supervisor, Regulatory Authority etc. refer to the *General Definitions* section of this manual.

Australian Immunisation Register (AIR) Immunisation History Statement: is the only form of acceptable evidence of immunisation. The AIR is a national register administered by Medicare that records all vaccinations given in Australia, including to children. Parents/carers must provide a copy of their most recent AIR Immunisation History Statement, which shows that the child is up to date with their immunisations upon enrolment and when a child has received or been due to receive a vaccination while attending the service. In the case of medical contraindication, an authorised medical practitioner completes and signs a Medical Exemption Form and supplies it to the AIR. In order to confirm enrolment, the Immunisation History Statement must show the child is up to date with the vaccines they can have, medical contraindication and indicate the due date for the next vaccinations the child is able to receive in the future if applicable.

Approved child care providers: providers that operate services that have Australian Government approval to receive Child Care Subsidy (refer to Definitions) on behalf of eligible parents. Approved child care providers include centre-based day care, including long day care and occasional care, family day care, outside school hours care and in-home care.

Authorised nominee: (In relation to this policy) is a person who has been given written authority by the parents/guardians of a child to collect that child from the education and care service. These details will be on the child's enrolment form.

The National Law and National Regulations do not specify a minimum age limit for an authorised nominee. Each service will need to consider a risk assessment on an individual basis to determine if a person under the age of 18 is able to be an authorised nominee and, if so, what constitutes the minimum acceptable age at that service.

Child Care Subsidy (CCS): A Commonwealth Government means tested subsidy to assist eligible families with the cost of childcare. Payments are paid directly to approved childcare providers (refer to *Definitions*). Further information can be found at: https://www.education.gov.au/child-care-subsidy-0

Children with additional needs: Children whose development or physical condition requires specialist support or children who may need additional support due to language, cultural or economic circumstances (refer to *Inclusion and Equity Policy*).

Deferral: When a child does not attend in the 2021 when they are eligible for a funded kindergarten place or is officially withdrawn from a service prior to the April data collection. DET considers that this child has not accessed a year of funded kindergarten and is therefore not eligible for Victorian Government Free Kindergarten initiative in 2022.

Eligible child: as defined by the Kindergarten Funding Guide; a child that is at least four years old on April 30th in the year of enrolment; enrolled for at least 15 hours per week or 600 hours per year in a 4-year-old program; and not enrolled at a funded kindergarten program at another service. Or a child that is at least three years old on April 30th in the year of enrolment and is enrolled in a funded 3-year-old kindergarten program. Any child that is enrolled in an early childhood and education and care service must have an AIR Immunisation History Statement that indicate that the child is fully vaccinated for their age or who qualify for the 16-weeks grace period.

Enrolment application fee: A payment to cover administrative costs associated with the processing of a child's enrolment application for a place in a program at the service, which is not applicable in 2021. Any application fee made prior to the commencement of Term One will be reimbursed to families.

Enrolment application form: A form to apply for a place at the service (see *Attachment 3: Sample Enrolment Application Form*)

Enrolment record: The collection of documents which contains information on each child as required under the National Regulations (Regulations 160, 161, 162) including but not limited to parent details; emergency contacts; authorised nominee; details of any court orders; and health information including immunisation status. Enrolment records are stored securely in the service due to their confidential nature.

Fees: A charge for program hours over and above the 15 funded hours per week (600 per year) and/or wrap around care.

Grace period: allows specific categories of children of families experiencing vulnerability and disadvantage to enrol and attend the service without an AIR Immunisation History Statement (refer to *Definitions*) or when the statement is assessed as not being up-to-date. Services complete the grace period eligibility form with families during enrolment, and keep a copy with the child's enrolment record. The 16-week grace period starts on the first day of the child's attendance at the service. During the grace period, the service is required to take reasonable steps to obtain the AIR Immunisation History Statement (refer to *Definitions*) and to encourage families to access immunisation services.

Priority of access: in instances where more eligible children apply for a place at a service than there are places available, the service must allocate spaces using the criteria outlined in

The Kindergarten Funding Guide (*see Attachment 1: Eligibility and priority of access criteria for a 3 and 4-year-old funder kindergarten program*), or if in receipt of the CCS, comply with the Commonwealth Government's policy for allocating places (*see Source*).

Vulnerable Children/Families: Children are vulnerable if the capacity of parents and family to effectively care, protect and provide for their long-term development and wellbeing is limited. Some factors which may contribute to a child being vulnerable include: a child with a disability; living in a family with a low income, or one which is experiencing problems with housing, domestic violence, known to Child Protection, Out of Home Care, substance abuse, or mental health; Aboriginal and/or Torres Strait Islander, having a culturally and linguistically diverse background; having a young or sole parent, or a parent with a disability (adapted from the *Kindergarten Funding Guide*)

2. Sources and related policies

Sources

- Australian Childhood Immunisation Register: www.humanservices.gov.au/customer/services/medicare/australian-childhood-immunisation-register
- Australian Government Department of Health, *National Immunisation Program Schedule*: https://www.health.gov.au/health-topics/immunisation/immunisation-throughout-life/national-immunisation-program-schedule
- Department of Health and Human Services, *Immunisation enrolment toolkit for early childhood education and care service*: https://www2.health.vic.gov.au/public-health/immunisation/vaccination-children/no-jab-no-play/immunisation-enrolment-toolkit
- *Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011*: www.acecqa.gov.au/
- *Guide to the National Quality Standard*: www.acecqa.gov.au/
- *Free Kinder in 2023 - https://www.vic.gov.au/give-your-child-the-best-start-in-life*
- Priority of Access Guidelines for child care service: *https://www.dese.gov.au/uncategorised/resources/priority-access-guidelines-child-care-services*
- The Family Assistance Law as the basis for Commonwealth child care fee assistance including the Child Care Subsidy (CCS) and Additional Child Care Subsidy (ACCS): https://www.education.gov.au/child-care-legislation
- *The Kindergarten Funding Guide (Department of Education and Training)*: www.education.vic.gov.au/childhood/providers/funding/Pages/kinderfundingcriteria.aspx
- Victorian Department of Health: www2.health.vic.gov.au/immunisation

Service Policy

- *Acceptance and Refusal of Authorisations Policy*
- *Complaints and Grievances Policy*
- *Dealing with Infectious Disease Policy*
- *Free Kindergarten Fees Policy*
- *Inclusion and Equity Policy*
- *Privacy and Confidentiality Policy*

3. Procedures

The Approved Provider or Persons with Management and Control is responsible for:

- determining the criteria for priority of access to programs at Fawkner Park Children's Centre & Kindergarten, as described in The Kindergarten Funding Guide; and/or as

describe under the Family Assistance Law for CCS recipients, and the service's philosophy (refer also to Attachment 1 – Eligibility and priority of access criteria for 3 and 4-year-old funded kindergarten program)

- considering any barriers to access that may exist, developing procedures that ensure all eligible families are aware of, and are able to access, an early childhood program
- complying with the Inclusion and Equity Policy
- appointing a person to be responsible for the enrolment process and the day-to-day implementation of this policy (refer also to Attachment 2 – General enrolment procedures and Attachment 3 – Sample enrolment application form)
- providing opportunities (in consultation with the Nominated Supervisor and educators) for interested families to attend the service during operational hours to observe the program and become familiar with the service prior to their child commencing in the program
- providing parents/guardians with information about the requirements of the law for enrolment, locating and accessing immunisation services and obtaining the AIR Immunisation History Statement (refer to Definitions) required for enrolment and Free Kindergarten initiative information
- ensuring parents/guardians are only offered a tentative place until the AIR Immunisation History Statement (refer to Definitions) has been assessed as being acceptable or the child has been assessed as eligible for the grace period
- assessing the child's immunisation documentation as defined by the Immunisation Enrolment Toolkit for early childhood education and care services prior to enrolment to determine if the child's vaccination status complies with requirements or whether the child is eligible for the 16-week grace period (refer to Definitions)
- ensuring that only children whose AIR Immunisation History Statement (refer to Definitions) has been assessed as being acceptable or who are eligible for the grace period (refer to Definitions) have a confirmed place in the program
- advising parents/guardians who do not have an AIR Immunisation History Statement (refer to Definitions) and who are not eligible for the grace period that their children are not able to attend the service and referring them to immunisation services (see Attachment 4 – Letter for parents/guardians without acceptable immunisation documentation)
- taking reasonable steps to obtain an up-to-date AIR Immunisation History Statement (refer to Definitions) from a parent/guardian of a child enrolled under a grace period within 16 weeks from when the child begins attending (Note: the child can continue to attend the service if acceptable immunisation documentation is not obtained).
- taking reasonable steps to obtain an up-to-date AIR Immunisation History Statement (refer to Definitions) from all parents/guardians after enrolment, twice per calendar year, timing reminders to comply with the maximum seven-month interval (Public Health and Wellbeing Regulation 107, Public Health and Wellbeing Act 2008 Section 143E)
- ensuring that the enrolment record (refer to Definitions) complies with the requirements of Regulations 160, 161, 162 and that it effectively meets the management requirements of the service
- ensuring that enrolment records (refer to Definitions) are stored in a safe and secure place, and kept for three years after the last date on which the child was educated and cared for by the service (Regulation 183 (1a) (2d)
- ensuring that the orientation program and plans meet the individual needs of children and families, and comply with DET funding criteria
- reviewing the orientation processes for new families and children to ensure the objectives of this policy are met
- ensuring that parents/guardians of a child attending the service can enter the service premises at any time whilst the child is being educated and cared for, except where

this may pose a risk to the safety of children or staff, or conflict with any duty of the Approved Provider, Nominated Supervisor or educators under the Law (Regulation 157).

- taking reasonable steps to contact non-attending families prior to the cancellation of their enrolment (refer to Attachment 5)

The Nominated Supervisor, Persons in Day to Day Charge and early childhood teachers are responsible for:

- reviewing enrolment applications to identify children with additional needs (refer to *Definitions* and the *Inclusion and Equity Policy*)
- responding to parent/guardian enquiries regarding their child's readiness for the program that they are considering enrolling their child in
- discussing the individual child's needs with parents/guardians and developing an orientation program to assist them to settle into the program
- encouraging parents/guardians to:
    - stay with their child as long as required during the settling in period
    - make contact with educators at the service, when required
- assisting parents/guardians to develop and maintain a routine for saying goodbye to their child
- sharing information with parents/guardians concerning their child's progress with regard to settling in to the service
- discussing support services for children with parents/guardians, where required.
- taking reasonable steps to contact non-attending families prior to the cancellation of their enrolment (refer to Attachment 5)

All educators are responsible for:

- responding to enrolment enquiries on a day-to-day basis and referring people to the person responsible for the enrolment process, as required
- providing parents/guardians with information about the requirements of the law for enrolment, locating and accessing immunisation services and obtaining AIR Immunisation History Statement (refer to *Definitions*) required for enrolment
- developing strategies to assist new families to:
    - feel welcomed into the service
    - become familiar with service policies and procedures
    - share information about their family beliefs, values and culture
    - share their understanding of their child's strengths, interests, abilities and needs
    - discuss the values and expectations they hold in relation to their child's learning
- providing comfort and reassurance to children who are showing signs of distress when separating from family members
- complying with the service's *Privacy and Confidentiality Policy* in relation to the collection and management of a child's enrolment information.
- making reasonable attempts to contact non-attending families (refer to Attachment 5) and consult with Nominated Supervisor of outcomes.

Parents/guardians are responsible for:

- reading and complying with this *Enrolment and Orientation Policy*
- completing the enrolment application form and the enrolment record prior to their child's commencement at the service and providing AIR Immunisation History Statement (refer to *Definitions*) of their child's immunisation status

- where a child is eligible for the 16 weeks grace period, ensuring that the child's immunisations are updated in line with the schedule and providing an up-to-date AIR Immunisation History Statement (refer to *Definitions*) to the service
- ensuring that all other required information is provided to the service
- updating information by notifying the service of any changes as they occur.
- notify Fawkner Park Children's Centre in writing if they wish to cancel their enrolment.

Volunteers and students, while at the service, are responsible for following this policy and its procedures

4. Evaluation

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

- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notify parents/guardians at least 14 days before making any changes to this policy or its procedures.

5. Authorisation

This policy was adopted by the Approved Provider of Fawkner Park Children's Centre on February 9th 2021; Updated in December 2025.

6. Attachments

Attachment 1: Eligibility and priority of access criteria for 3 and 4-year-old funded kindergarten program

Attachment 2: General enrolment procedures

Attachment 3: Sample Enrolment Application Form

Attachment 4: Letter for parents/guardians without acceptable immunisation documentation

Attachment 5: Cancellation of enrolment and non-attendance

ATTACHMENT 2: GENERAL ENROLMENT PROCEDURES FOR FUNDED KINDERGARTENS PROGRAMS

1. Application for a place

- Enrolment applications will be accepted any time after the child has turned 4 years of age or from January 2021
- Enrolment application forms are available from the service and are provided to the parents/guardians together with information about the requirements of the law for enrolment, locating and accessing immunisation services, obtaining an up-to-date AIR Immunisation History Statement and a copy of the *Enrolment and Orientation Policy*.
- Fawkner Park Children's Centre & Kindergarten Cooperative will determine the date(s) by which applications must be received for offer of places in the three-year-old and the funded kindergarten program.
- A separate application form must be completed for each child, and for each proposed year of attendance at the service.
- To facilitate the inclusion of all children into the program, the enrolment application form should clearly identify any additional or specific needs of the child (refer to *Inclusion and Equity Policy*).
- Parents/guardians of children applying for a second year of funded kindergarten or currently attending a three-year-old program must also submit an enrolment application form for the following year.
- A copy of the child's birth certificate and proof of address must be submitted with all applications.
- Completed enrolment application forms are to be forwarded to the person responsible for the enrolment process at the service, at 65 Toorak Road West, South Yarra 3141.
- Access to completed enrolment application forms will be restricted to the person responsible for the enrolment process, the Approved Provider, Nominated Supervisor and educators at the service, unless otherwise specified by the Approved Provider.
- Applications will be entered on the waiting list using the eligibility and priority of access criteria.
- Applications received after the above dates set by Fawkner Park Children's Centre will be considered if there are available places, and after all other applicants have been offered a place, in line with the eligibility and priority of access criteria of Fawkner Park Children's Centre.

Offer of places

- Tentative places will be offered in writing to applicants in accordance with the eligibility and priority of access criteria of the service making clear that confirmation of places is not final until an up-to-date AIR Immunisation History Statement has been received, assessed and found acceptable.
- Fawkner Park Children's Centre requires parents/guardians who have been offered a tentative place to provide an up-to-date AIR Immunisation History Statement for assessment two months prior to the The Orange Door attending the service in order that a confirmed place can be offered.
- The documentation is assessed as outlined in the *Immunisation enrolment toolkit for early childhood education and care services* by the person responsible for the enrolment process on behalf of the Approved Provider. The "Key dates work form for immunisation and enrolment" in the *Immunisation enrolment toolkit for early childhood education and care services* is used to determine the date at which immunisations must be up to date. The toolkit also provides guidance on assessing immunisation documentation to determine if a child is up to date or qualifies for an exemption. The following documents and resources can be accessed from https://www2.health.vic.gov.au:

    - The Immunisation enrolment toolkit for early childhood education and care services (search 'Immunisation enrolment toolkit')
    - The Key dates work form for Immunisation and enrolment (search 'Key Dates work form')
    - Hard copies of the immunisation resources (search 'immunisation resources order form')

- The acceptable outcomes of the assessment for offering a confirmed place are:
    - That the next due vaccine for the child on the AIR Immunisation History Statement is within the acceptable timeframe for an enrolment, or;
    - That the child has been assessed by Fawkner Park Children's Centre as being eligible for a 16-week grace period
- The person responsible for the enrolment process advises the parent/guardian in writing whether a confirmed place is offered, and the enrolment can proceed.
- Parents/guardians who **do not** have an up-to-date AIR Immunisation History Statement and whose child is **not** eligible for the grace period cannot be offered a place and are referred to Australian Childhood Immunisation Register or to an immunisation provider (refer to Appendix 4 – Letter for parents/guardians who do not have acceptable immunisation documentation).
- Offer of places in the three-year-old program/s and the funded kindergarten program will be made at the same time.
- Parents/guardians who do not wish to accept the offer of a tentative or confirmed place, or intend to withdraw their enrolment, are requested to notify the Approved Provider, or the person responsible for managing the enrolment process at the service, in writing as soon as possible.
- An enrolment record and other relevant information will be provided by Fawkner Park Children's Centre to the parent/guardian after a confirmed place has been accepted.

ATTACHMENT 3: SAMPLE ENROLMENT APPLICATION FORM

FAWKNER PARK CHILDREN'S CENTRE & KINDERGARTEN COOPERATIVE

The Victorian Government has committed $9 billion to expand kindergarten programs across the state. In Fawkner Park Children's Centre & Kindergarten, we have a three- and four-year-old Kindergarten program within the long day care setting. The teacher-led kindergarten program is integrated with additional hours of education and care. There is a $2,150 Free Kinder subsidy which will offset the Kindergarten program component of your out-of-pocket fees. This could provide a free program for some families and a significantly reduced cost for other families, depending on Centre fees, number of days attended and the amount of Commonwealth subsidy received.

Complete this enrolment application form and:

- enclose a copy of the child's birth certificate or suitable evidence of the child's birth date
- enclose proof of address (e.g. copy of drivers licence, rates notice or electricity, gas or water bill)
- forward the completed enrolment application form with attachments to Fawkner Park Children's Centre Director, 65 Toorak Road West, South Yarra 3141
- notify the service of any changes to your address or other relevant information by contacting on (03) 9820 27 58 or via email to coordinator@fawknerpark.com.au.

Enrolment and immunisations

The Government's No Jab No Play laws requires children to be age-appropriately immunised before enrolment can be confirmed.

Parents/guardians offered tentative places will be asked to provide the AIR Immunisation History Statement to Fawkner Park Children's Centre two weeks prior to the start of their enrolment that shows that their child's immunisations are up to date.

Confirmation of places is finalised after the documentation has been assessed that the child is up to date or that the child has been assessed as being eligible for a 16 week grace period and the eligibility assessment form has been completed.

Further information on immunisation requirements for enrolment in early childhood services is available on the State Government's Better Health Channel at https://www.betterhealth.vic.gov.au/campaigns/no-jab-no-play

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This application is for my child to attend Fawkner Park Children's Centre in……..(year)
This application is for a second year of funded kindergarten ☐ Yes ☐ No
If *yes*, please attach a copy of the relevant paperwork.
[Delete this question if the application is for a three-year-old program]

Child's family name: _____

Child's given names: _____

Date of birth: ____/____/____ ☐ Male ☐ Female

Parents'/guardians' names: _____

Address: _____Postcode:_____

Telephone number: (Home) _____ (Business) _____ (Mob)

_____

Language/s spoken at home: _____

Kindergarten Fee Subsidy (For data collection only)

Please indicate if you are eligible for one of the following concessions, or meet one of the following criteria:
Health Care Card ☐
Pensioner Concession Card ☐
DVA Gold Card ☐
DVA White Card ☐
Bridging Visas A–F ☐
Temporary Protection/Humanitarian Visas 447, 451, 785 or 786 ☐
Resolution of Status Visa (RoS) Visa Class CD, Subclass 851 ☐
Refugee and Special Humanitarian Visas 200–217 ☐
Triplets or Quadruplets ☐
Aboriginal or Torres Strait Islander ☐

Children with additional needs

Does your child have additional needs? ☐ Yes ☐
No
If yes, please specify: _____

You are encouraged to discuss your child's needs with the educator when your child's place is confirmed.
Is your child registered with a specific support service/agency? ☐ Yes ☐ No
Name of support service/agency: _____

Additional information

Does your child have a medical condition? ☐ Yes ☐ No
If yes, please specify: _____

Do you acknowledge that your child's acceptance to Fawkner Park Children's Centre is determined by the requirements of priority of access outlined in Fawkner Park's enrolment policy: ☐ Yes ☐ No

Signature of parent/guardian:_____

Date: _____

ATTACHMENT 4: LETTER FOR PARENTS/GUARDIANS WITHOUT ACCEPTABLE IMMUNISATION DOCUMENTATION

Fawkner Park Children's Centre
65 Toorak Road West,
South Yarra 3141
[Insert date]

Dear [insert name]
Re: Enrolment at Fawkner Park Children's Centre for 2025.
I am contacting you regarding your tentative place for [insert child's name] at FPCC in the [insert 3 year old or 4 year old program] in [insert year].
Under the *Public Health and Wellbeing Act 2008* early childhood education and care services cannot enrol a child unless the parent/guardian has provided AIR Immunisation History Statement.
AIR Immunisation History Statement includes evidence that your child:

- is fully vaccinated for their age; or
- has been assessed by our service as being eligible for a 16-week grace period.

As we have not received acceptable immunisation documentation for [insert name of child] by the due date, and your child is not eligible for the 16 week grace period, we are unable to confirm a place at our service for [insert year] and your child's name has been removed from our list.
Immunisation programs are effective in reducing the risk of vaccine preventable diseases. Immunisation from an early age helps protect your child against serious childhood infections.
Further information about immunisations for your child is available from:

- your doctor
- [insert details of local government immunisation service]
- National Immunisation Information Line Tel. 1800 671 811
- Australian Immunisation Register: https://www.servicesaustralia.gov.au/individuals/services/medicare/australian-immunisation-register
- Better Health Channel website: https://www.betterhealth.vic.gov.au/no-jab-no-play

Should you wish to re-apply for a place for [insert child's name], we are happy to accept a new enrolment application accompanied by AIR History Statement. The new application would be considered in line with Fawkner Park Children's Centre Enrolment and Orientation policy.
Yours sincerely
[Insert name]
[Insert title]
Fawkner Park Children's Centre

ATTACHMENT 5: CANCELLATION OF ENROLMENT AND NON-ATTENDANCE

Cancellation of Enrolment
Families MUST notify Fawkner Park Children's Centre and/or an Enrolment Officer in writing of their intention to cancel their child's enrolment. Notice period to change/cancel enrolment is 4 weeks. Fees will continue to be generated for that place until the Centre is notified.

Note: This process does not apply to vulnerable children (refer to *Definitions*). Children and families that are experiencing vulnerability are to be supported according to their individual needs. Where children/families are linked to Child Protection and not attending; Educators will need to inform their Case Officer.

Non-attendance

- Term One

  Families that have accepted a placement and have not completed an enrolment form and not attend the service within the first 3 weeks of Term One will be contacted and informed their placement has been cancelled.

- Families Traveling Overseas

  Families are required to notify Fawkner Park Children's Centre prior to extended periods of travel, and ensure any applicable fees have been paid if they wish to return to the service. Please note that CCS will cease after 42 days allowable absences are used.

- Non-contactable Families
  - After one week of a child not attending the service, Educator to call the family. If there is no response, Educator to log this attempt and place in the child's file.
  - After second week of the child not attending and the family has made no attempts to contact the service, Educator to contact the family via phone/text and/or email. If there is no response, Educator to log this attempt and place in the child's file.
  - After third week of non-attendance, Educators to inform Nominated Supervisor and cross check families contact details.

- Nominated Supervisor or Approved Provider to email family, ensuring a response date is documented in the email. If the family have made no attempt to communicate with the service before the response date, post a final attempt letter, ensuring a response date is documented in the letter. If the family has not responded to the final attempt letter before the response date, their placement will be cancelled.

13.1.13 FPCC 2.13 Educators with children attending the Centre

Purpose

This policy has been developed to provide clear guidance, expectations, and professional boundaries for educators who have their children enrolled at Fawkner Park Children's Centre (FPCC).

FPCC recognises the unique and valuable perspective that educators bring when they are also parents within the service. At the same time, we acknowledge that holding dual roles can create complexities that require thoughtful management to ensure fairness, professionalism, and consistency across the Centre.

The purpose of this policy is to:

- Promote a **clear separation between educator and parent roles**

- Ensure **equitable practices** for all children and families
- Maintain a high standard of **professional conduct and ethical practice**
- Support a **child safe environment**, where all decisions are made with paramount consideration in mind and in the best interests of children
- Provide clear, practical guidance to support educators in navigating their dual role

Scope

This policy applies to:

- All educators who have a child/ren enrolled at the service

Policy Statement

Fawkner Park Children's Centre supports educators enrolling their children within the service and values the sense of community this can foster.

However, to ensure the integrity of our program and the wellbeing of all children, it is essential that educators:

- Maintain **clear and consistent professional boundaries**
- Demonstrate an understanding of when they are acting as a **parent** and when they are acting as an **educator**
- Adhere to all Centre policies and procedures without exception

All operational decisions, including those relating to staffing, room allocation, enrolments, and daily routines, are made by Centre leadership with consideration of the **needs of the whole service**.

Guiding Principles

At FPCC, the following principles underpin this policy:

- The **safety, wellbeing, and best interests of children are the paramount consideration** in all decision-making
- All families, including staff families, are treated with **fairness, respect, and equity**
- Professional relationships are built on **trust, transparency, and clear boundaries**
- Educators are expected to uphold the highest standards of **professionalism and integrity**
- The service operates within the requirements of the **National Law, National Regulations, National Quality Standard, and Victorian Child Safe Standards**

Procedures & Expectations

1. Enrolment & Return to Work

Educators returning from maternity or parental leave are required to:

- Work a **minimum of three (3) days per week**, in line with Centre operational needs

To support a positive and secure transition for their child:

- A **two (2) week unpaid settling period** will be offered when the child commences care (please note the discount on fees only starts once the educator starts in their position)
- This period allows the child to:

- Build relationships with educators
- Develop a sense of belonging within their environment

Adjustments to the settling period may be considered where:

- A child requires additional emotional support
- This is discussed and agreed upon with Centre leadership

2. Rostering & Working Hours

Educators are required to work within the operational requirements of the Centre.

This includes:

- **7:15am shifts**, make sure your child only comes in from 7:30am as we are licensed from that time
- Rosters will generally consist of:
  - **Middle shifts**, finishing no later than approximately 5:45pm where possible
  - Limited **9:00am–6:00pm shifts**, depending on operational needs

FPCC acknowledges that:

- Early childhood education settings require consistent staffing and continuity to support children's wellbeing
- Flexible working arrangements are more limited than in other industries

While the Centre aims to support staff families, flexibility cannot be guaranteed, as priority must be given to:

- Ratios
- Supervision requirements
- Consistency for children

3. Room Placement & Working Areas

To maintain professional boundaries and support both the child and educator:

- Educators will **not be placed in the same room** as their child
- In shared environments such as the **Big Garden and Little Garden**, educators are expected to work in the **opposite space**

Exceptions may occur where:

- Staffing requirements necessitate adjustments
- An educator's qualifications or experience are best suited to a specific group

All placement decisions are made by Centre leadership and must be respected. It is the responsibility of all educators to ensure they can fulfil their professional duties and responsibilities while their child is enrolled at the Centre. Where an educator's capacity to perform their role is significantly impacted by their child's attendance in a particular room or program, the educator is expected to work collaboratively with leadership to explore appropriate solutions. If suitable arrangements cannot be identified, alternative care or enrolment options may need to be considered to ensure the educator can effectively meet the requirements of their position.

4. Drop-off & Pick-up Expectations

Educators are expected to follow the same procedures as all families.

This includes:

- Completing daily **sign-in and sign-out processes**
- Supporting smooth and respectful transitions for their child

To minimise disruption:

- Drop-off and pick-up should be **timely and intentional**
- Prolonged goodbyes or repeated visits to the room during the day should be avoided
- Another educator will support the child's transition to maintain emotional consistency

5. Managing Child Distress During the Day

It is important that children develop secure relationships with their room educators.

If a child becomes upset or unsettled:

- The room educators remain the **primary caregivers** (during attendance hours)
- The parent-educator is expected to **step back and allow educators to respond**

Intervention by the parent-educator should only occur:

- At the request of leadership or the room team
- Where it is deemed necessary to support the child's wellbeing

6.Professional Boundaries

Educators must actively maintain a clear separation between their dual roles.

This includes:

- Not supervising or directly managing their own child
- Avoiding unnecessary visits to their child's room during working hours
- Respecting the routines, practices, and decisions of the room team

Maintaining these boundaries supports:

- Consistency for the child
- Professional integrity
- A positive team environment

7. Communication Expectations

When communicating about their child, educators must:

- Act in the role of a **parent**, not a colleague
- Use the same communication channels as all families

All communication must remain:

- Respectful
- Professional
- Constructive

Clear and respectful communication supports strong relationships between families and educators

8. Communication with Office & Leadership

Educators must respect all administrative processes and procedures.

This includes:

- Following processes such as **buying and selling days**
- Making requests through appropriate channels (email not in person)

Educators must not:

- Apply pressure on administration or leadership
- Use their position to influence decisions
- Expect preferential treatment

All decisions are made with consideration of fairness across the Centre.

9. Participation in Centre Events (Dual Role Expectations)

FPCC values family participation in Centre events and acknowledges that educators may wish to attend as parents.

For events such as:

- Mother's Day celebrations
- Father's Day celebrations
- Christmas concerts
- Any Centre-organised event

Educators attending as parents must:

- Arrange attendance **in advance with leadership and their room team**
- Adjust their **working hours or break times accordingly**
- This will generally involve taking a **shorter lunch break** or modifying break arrangements

Educators must ensure that:

- Their attendance does not impact **ratios, supervision, or program delivery**
- Their responsibilities as an educator remain the priority during working hours

10. Confidentiality & Privacy

Educators must uphold strict confidentiality at all times.

This includes:

- Accessing information about their child only through **standard parent communication platforms**
- Not accessing internal records outside their role as a parent
- Maintaining confidentiality regarding:
    - Other children
    - Families

- Staff

11. Equity & Use of Position

Educators must not use their role to gain advantage.

This includes:

- Influencing enrolment decisions
- Requesting preferential treatment
- Accessing information not available to other families

All families are treated equally, and all decisions are made in the best interests of the service.

12. Illness & Exclusion

Educators' children must follow all Centre policies regarding illness.

This includes:

- Adhering to **24-hour exclusion periods**
- Providing medical clearance where required

No exceptions apply, as this ensures:

- The health and safety of all children and staff

13. Breastfeeding / Visits (if applicable)

Where applicable:

- Visits must be **planned in advance with leadership**
- Visits should be:
  - Brief
  - Respectful of the program

Visits must not impact:

- Ratios
- Supervision
- Daily routines

14. Incident & Emergency Situations

If an incident occurs involving an educator's child:

- Standard procedures will be followed
- Another educator or a member of leadership will manage communication

This ensures:

- Objectivity
- Accuracy
- Transparency

15. Performance Expectations

Educators are expected to maintain their full professional responsibilities at all times.

Having a child enrolled must not:

- Impact work performance
- Reduce engagement in their role

Educators must remain:

- Focused
- Present
- Professionally accountable

16. Fees & Staff Discount

Where possible, educators are entitled to a staff discount on childcare gap fees, based on their length of employment at Fawkner Park Children's Centre. Staff discounts range from 10% to 40% and are subject to change depending on the family's eligibility for the Child Care Subsidy (CCS).

- The maximum discount available to families who are not eligible for CCS is 25%.
- Staff discounts are applied according to the educator's completed years of service at the Centre:
    - **Year 1:** 5% discount (without CCS)
    - **Year 2:** 15% discount (without CCS)
    - **Year 3:** 20% discount (without CCS)
    - **Year 4 and beyond:** 25% discount (without CCS)

- Staff discounts are applied according to the educator's completed years of service at the Centre:
    - **Year 1:** 10% discount (with CCS)
    - **Year 2:** 20% discount (with CCS)
    - **Year 3:** 30% discount (with CCS)
    - **Year 4 and beyond:** 40% discount (with CCS)

Families with More Than One Child

If an educator has more than one child attending the Centre, the second child is eligible for a reduced staff discount based on the educator's length of service:

Completed Years of Service	First Child Discount	Second Child Discount
Year 1	10%	5%
Year 2	20%	15%
Year 3	30%	25%
Year 4 and beyond	40%	30%

Completed Years of Service (without CCS)	First Child Discount	Second Child Discount

Year 1	5%	5%
Year 2	15%	10%
Year 3	20%	15%
Year 4 and beyond	25%	20%

The second child's discount is capped at a maximum of 20-30%.

FPCC values the opportunity to support staff families and expects:

- A **collaborative and respectful approach**
- An understanding of the operational requirements of the Centre

17. Conflict of Interest

Educators must:

- Declare any situation that may present a **conflict of interest**
- Follow leadership direction to ensure fairness and transparency

18. Child Safety

Fawkner Park Children's Centre is a **Child Safe Organisation**, where all **11 Victorian Child Safe Standards are actively practiced**.

The safety, rights, and wellbeing of children are the **paramount consideration** in all decision-making.

Non-Compliance

Failure to comply with this policy may result in:

- Performance management processes
- Review of working arrangements
- Disciplinary action

References

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
- National Quality Standard (QA4, QA7)
- Victorian Child Safe Standards

Quick Reference Guide

You are a parent when it's your child.
You are an educator during your shift.

Remember:

- Maintain clear boundaries
- Follow all Centre processes
- Respect fairness and equity
- Prioritise child safety at all times

27 ACCIDENTS, EMERGENCIES & SAFETY

27.1.4 FPCC3.01 Incident, Illness, Accident and Trauma Policy

Fawkner Park's Incident, Illness, Accident & Trauma Policy

1 Authorisation
This policy was adopted by the FPCC Committee of Management at the August 2019 Committee Meeting. This policy was reviewed in October 2024.

2 Review Date
This policy shall be reviewed annually at the October Committee Meeting. Any comprehensive amendments will be documented under authorisation.

3 Policy
In early childhood, illness and disease spreads easily from one child to another, even when implementing the recommended hygiene and infection control practices. When groups of children play together and are in new surroundings accidents and illnesses may occur. Our Service is committed to preventing illness and reducing the likelihood of accidents through its risk management and effective hygiene practices.

National Quality Standard (NQS):
Quality Area 2: Children's Health and Safety
2.1 Health; Each child's health and physical activity is supported and promoted.
2.1.2 Effective illness and injury management and hygiene practices are promoted and implemented.
2.2 Safety; Each child is protected
2.2.1 Supervision; At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard
2.2.2 Incident and emergency management; Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.
2.2.3 Child Protection; Management, educators and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect.

Education and Care Services National Regulations
Children (Education and Care Services) National Law
12 Meaning of serious incident
85 Incident, injury, trauma and illness policies and procedures
86 Notification to parents of incident, injury, trauma and illness
87 Incident, injury, trauma and illness record
88 Infectious diseases
89 First aid kits
97 Emergency and evacuation procedures
161 Authorisations to be kept in enrolment record
162 Health information to be kept in enrolment record
168 Education and care Service must have policies and procedures
174 Prescribed information to be notified to Regulatory Authority
176 Time to notify certain information to Regulatory Authority

REALTED FAWKNER PARK POLICIES
14.1.1 FPCC 3.01 Administration of First Aid Policy
14.1.11 FPCC 4.07 Administration of Medication Policy
14.1.22 FPCC 4.18 Anaphylaxis Policy
14.1.12 FPCC 4.08 Asthma Policy
14.1.10 FPCC 4.06 Collection of Sick Children
14.1.14 FPCC4.10 Dealing with infectious diseases

14.1.2 FPCC 3.02 Recording of Accidents/Incidents/Illnesses
14.1.5 FPCC 4.01 Hygiene Practices
Also see Fawkner Park's Emergency Management and Critical Incident Policy and Procedure contained in the Emergency Management Plan

4 PROCEDURE
Educators have a duty of care to respond to and manage illnesses, accidents, incidents & trauma that occur at the Service to ensure the safety and wellbeing of children, educators and visitors. This policy will guide educators to manage illness and prevent injury and the spread of infectious diseases.

5 SCOPE
This policy applies to children, families, staff, management and visitors of the Service.

IDENTIFYING SIGNS AND SYPTOMS OF ILLNESS
Early Childhood Educators and Management are not doctors and are unable to diagnose an illness or infectious disease. To ensure that symptoms are not infectious and to minimise the spread of an infection medical advice is required to ensure a safe and healthy environment. Symptoms indicating illness may include:
- Behaviour that is unusual for the individual child
- High Temperature or Fevers
- Loose bowels
- Faeces that are grey, pale in colour or containing blood
- Vomiting
- Discharge from the eye or ear
- Skin that displays rashes, blisters, spots, crusty or weeping sores
- Loss of appetite
- Dark urine
- Headaches
- Stiff muscles or joint pain
- Continuous scratching of scalp or skin
- Difficulty in swallowing or complaining of a sore throat
- Persistent, prolonged or severe coughing
- Difficulty breathing

High Temperatures or Fevers
Children get fevers or temperatures for all kinds of reasons. Most fevers and the illnesses that cause them last only a few days. But sometimes a fever will last much longer, and might be the sign of an underlying chronic or long-term illness or disease.

Recognised authorities define a child's normal temperature range as between 36.0°C and 37.0°C, this will often depend on the age of the child and the time of day. Any child with a high fever or temperature reaching 38°C or higher will not be permitted to attend the service until 24 hours after the temperature/fever has subsided.

Methods to reduce a child's temperature or fever
- Encourage the child to drink plenty of water (small sips), unless there are reasons why the child is only allowed limited fluids
- Remove excessive clothing (shoes, socks, jumpers, pants etc.) Educators will need to be mindful of cultural beliefs
- Sponge lukewarm water on the child's forehead, back of neck and exposed areas of skin
- The child's temperature, time, medication, dosage and the staff member's name will be recorded in the Illness Form, and the parent asked to sign the Medication Authorisation Form on arrival

When a child has a high temperature or fever
- Educators will notify parents when a child registers a temperature
- The child will need to be collected from the Service and will not permitted back for a further 24 hours after the child's last temperature

- Educators will complete an illness record and note down any other symptoms that may have developed along with the temperature (for example, a rash, vomiting, etc.)

Dealing with colds/flu (running nose)
Colds are the most common cause of illness in children and adults. There are more than 200 types of viruses that can cause the common cold. Symptoms include a runny or blocked nose, sneezing and coughing, watery eyes, headache, a mild sore throat and possibly a slight fever.

Nasal discharge may start clear, but can become thicker and turn yellow or green over a day or so. Up to a quarter of young children with a cold may have an ear infection as well, but this happens less often as the child grows older. Watch for any new or more severe symptoms—these may indicate other, more serious infections. Infants are protected from colds for about the first 6 months of life by antibodies from their mothers. After this, infants and young children are very susceptible to colds because they are not immune, they have close contact with adults and other children, they cannot practice good personal hygiene, and their smaller nose and ear passages are easily blocked. It is not unusual for children to have five or more colds a year, and children in education and care Services may have as many as 8–12 colds a year.

As children get older, and as they are exposed to greater numbers of children, they get fewer colds each year because of increased immunity. By 3 years of age, children who have been in group care since infancy have the same number of colds, or fewer, as children who are cared for only at home.

Management have the right to send children home if they appear unwell due to a cold or general illness. Children can become distressed and lethargic when unwell. Discharge coming from children's noses and coughing, can lead to germs spreading to other children, Educators, toys and equipment. Management will assess each individual case prior to sending the child home.

Diarrhoea and Vomiting (Gastroenteritis)
Gastroenteritis (or 'gastro') is a general term for an illness of the digestive system. Typical symptoms include abdominal cramps, diarrhoea and vomiting. In many cases, it does not need treatment, and symptoms disappear in a few days.

Gastroenteritis can cause dehydration because of the large amount of fluid lost through vomiting and diarrhoea. A person suffering from severe gastroenteritis may need fluids intravenously.

If a child has 2 episodes of diarrhoea and/or vomiting, Management will notify parents or an emergency contact to collect the child immediately.

Infectious causes of gastroenteritis include:
- Viruses such as rotavirus, adenoviruses and norovirus
- Bacteria such as Campylobacter, Salmonella and Shigella
- Bacterial toxins such as staphylococcal toxins
- Parasites such as Giardia and Cryptosporidium.

Non-infectious causes of gastroenteritis include:
- Medication such as antibiotics
- Chemical exposure such as zinc poisoning
- Introducing solid foods to a young child
- Anxiety or emotional stress.

The exact cause of infectious diarrhoea can only be diagnosed by laboratory tests of faecal specimens. In mild, uncomplicated cases of diarrhoea, doctors do not routinely conduct faecal testing. Children with diarrhoea who also vomit or refuse extra fluids should see a doctor. In severe cases, hospitalisation may be needed. The parent and doctor will need to know the details of the child's illness while the child was at the education and care Service.

Children, educators and staff with infectious diarrhoea and/or vomiting will be excluded until the diarrhoea and/or vomiting has stopped for at least 24 hours.
Please note: if there is a gastroenteritis outbreak at the Service, children will be excluded from the Service until the diarrhoea and/or vomiting has stopped for 48 hours.
If there are 2 or more cases of gastroenteritis, Management will report the outbreak to the local health department.

Serious Injury, Incident or Trauma Regulations require the Approved Provider or Nominated Supervisor to notify Regulatory Authorities within 24 hours of any serious incident at the Service.

The definition of serious incidents that must be notified to the regulatory authority:
a) The death of a child:
- (i) While being educated and cared for by an Education and Care Service or
- (ii) Following an incident while being educated and cared for by an Education and Care Service.

(b) Any incident involving serious injury or trauma to, or illness of, a child while being educated and cared for by an Education and Care Service, which:
- (i) A reasonable person would consider required urgent medical attention from a registered medical practitioner or
- (ii) For which the child attended, or ought reasonably to have attended, a hospital. For example: whooping cough, broken limb and anaphylaxis reaction

(a) Any incident where the attendance of emergency services at the Education and Care Service premises was sought, or ought reasonably to have been sought

(d) Any circumstance where a child being educated and cared for by an Education and Care Service
- (i) Appears to be missing or cannot be accounted for or
- (ii) Appears to have been taken or removed from the Education and Care Service premises in a manner that contravenes these regulations or
- (onlin) Is mistakenly locked in or locked out of the Education and Care Service premises or any part of the premises.

A serious incident should be documented as an incident, injury, trauma and illness record as soon as possible and within 24 hours of the incident, with any evidence attached.

If a child has received medical attention at a hospital due to injury or illness, families must present certification to state the child can return to centre based care. In the case of head injuries all children must remain at home for at least 24 hours post discharge from hospital/receiving medical attention in order to ensure their safety and wellbeing.

TRAUMA
Trauma defines the impact of an event or a series of events during which a child feels helpless and pushed beyond their ability to cope. There are a range of different events that might be traumatic to a child, including accidents, injuries, serious illness, natural disasters, war, terrorist attacks, assault, and threats of violence, domestic violence, neglect or abuse. Parental or cultural trauma can also have a traumatising influence on children. This definition firmly places trauma into a developmental context.

'Trauma changes the way children understand their world, the people in it and where they belong.' [Australian Childhood Foundation 2010; Making space for learning: Trauma informed practice in schools.]

Trauma can disrupt the relationships a child has with their parents, educators and staff who care for them. It can transform children's language skills, physical and social development and the ability to manage their emotions and behaviour.

Behavioural Responses in Babies and Toddlers who have experienced trauma may include:
- Avoidance of eye contact
- Loss of physical skills such as rolling over, sitting, crawling and walking

• Fear of going to sleep, especially when alone
• Nightmares
• Loss of appetite
• Making very few sounds
• Increased crying and general distress
• Unusual aggression
• Constantly on the move with no quiet times
• Sensitivity to noises.

Behavioural responses for Pre-School aged children who have experienced trauma may include:
• New or increased clingy behaviour such as constantly following a parent, carer or staff around
• Anxiety when separated from parents or carers
• New problems with skills like sleeping, eating, going to the toilet and paying attention
• Shutting down and withdrawing from everyday experiences
• Difficulties enjoying activities
• Being more jumpy or easily frightened
• Physical complaints with no known cause such as stomach pains and headaches
• Blaming themselves and thinking the trauma was their fault.

Children who have experienced traumatic events often need help to adjust into the way they are feeling. When parents, Educators and staff take the time to listen, talk and play they may find children start to tell or show how they are feeling. Providing children with time and space lets them know you are available and care about them. It is important for Educators to be patient when dealing with a child who has experienced a traumatic event. It takes time to understand how to respond to a child's needs and often their behaviour before parents, educators and staff work out the best ways to support a child. It is imperative to understand a child's behaviour may be a response to the traumatic event rather than just a 'difficult' behaviour. It is common for a child to provisionally go backwards in their behaviour or become 'clingy' and dependent.
This is one of the ways children try to manage their experiences.

Educators can assist children dealing with trauma by:

- Observing the behaviours and feelings of a child and the ways you have responded and what was most helpful in case of future difficulties.
- Creating a 'relaxation' space with familiar and comforting toys and objects children can use when they are having a difficult time.
- Having quiet time such as reading a story about feelings together.
- Trying different types of play that focus on expressing feelings (e.g. drawing, playing with play dough, dress-ups and physical games such as obstacle courses).
- Helping children understand their feelings by using reflecting statements (e.g. 'you look sad/angry right now, I wonder if you need some help?').

There are a number of ways for parents, Educators and staff to reduce their own stress and maintain awareness so they continue to be effective when offering support to children who have experienced traumatic events.
Strategies to assist Families, Educators and Staff may include:

- Taking time to calm yourself when you have a strong emotional response. This may mean walking away from a situation for a few minutes or handing over to another carer or staff member if possible.
- Planning ahead with a range of possibilities in case difficult situations occur.
- Remembering to find ways to look after yourself, even if it is hard to find time or you feel other things are more important. Taking time out helps adults be more available to children when they need support.
- Using supports available to you within your relationships (e.g., family, friends, colleagues).
- Identifying a supportive person to talk to about your experiences. This might be your family doctor or another health professional.

Living or working with traumatised children can be demanding - be aware of your own responses and seek support from management when required.

6 IMPLEMENTATION

We have a duty of care to ensure that all children, educators, carers, families, management, volunteers and visitors are provided with a high level of protection during the hours of the Service's operation.

Infections are by far the most common cause of fever in children. In general, a fever is nature's response to infection, and can actually help the body fight infection.

Management/Nominated Supervisor/Responsible Person will ensure:

- Service policies and procedures are adhered to at all times
- Parents or Guardians are notified as soon as practicable no later than 24 hours of the illness, accident or trauma occurring
- To complete an Illness, accident or trauma record accurately and without deferral
- First aid kits are easily accessible and recognised where children are present at the Service and during excursions
- First aid, anaphylaxis management training and asthma management training is current and updated
- Adults or children who are ill are excluded for the appropriate period.
- Staff and children always practice appropriate hand hygiene.
- Appropriate cleaning practices are followed
- Educators or Staff who have diarrhoea do not prepare food for others
- To keep cold food cold (below 5 °C) and hot food hot (above 60°C) to discourage the growth of bacteria
- First aid kits are suitably prepared and checked on a monthly basis (First Aid Kit Record)
- Incident, Injury, Trauma and Illness Records are completed accurately as soon as practical following the incident
- That if the incident, situation or event presents imminent or severe risk to the health, safety and wellbeing of any person present at the Service or if an ambulance was called in response to the emergency (not as a precaution) the regulatory authority will be notified within 24 hours of the incident.
- Parents are notified of any infectious diseases circulating the Service within 24 hours of detection
- Educators qualifications are displayed where they can be easily viewed by all educators, families & authorities
- First aid qualified educators are present at all times on the roster and in the Service
- Children are excluded from the Service if educators feel the child is too unwell

Educators will:

- Advise the parent to keep the child home until they are feeling well and they have not had any symptoms for at least 24-48 hours.
- Practice effective hand hygiene techniques
- Ensure that appropriate cleaning practices are being followed in the Service at all times
- Disinfect toys and equipment on a regular basis which is recorded on the toy cleaning register

7 SOURCE

• Australian Children's Education & Care Quality Authority
• Guide to the Education and Care Services National Law and the Education and Care Services National Regulations
• ECA Code of Ethics.
• Guide to the National Quality Standard.
• Raising Children Network - http://raisingchildren.net.au/articles/fever_a.html3
• Staying healthy in child care. 5th Edition
• Policy Development in early childhood setting
• First Aid Workplace - http://sydney.edu.au/science/psychology/whs/COP/First-aidworkplace.

pdf
• Revised National Quality Standard

8 REVIEW:
This policy was adopted on 06.08.19. This policy will be reviewed annually during our October Committee Policy Review Meeting.

27.1.5 FPCC 3.02 – Administration of First Aid Procedure and Action Plan on Dangerous Products

Mandatory – Quality Area 2

1 Authorisation

This policy was adopted by the FPCC Committee of Management at the October 2013 Committee Meeting.

2 Review Date

This policy shall be reviewed annually at the October Committee Meeting. Any comprehensive amendments will be documented under authorisation. This policy was reviewed in August 2023.

3 Policy

All staff are trained with basic paediatric first aid qualifications and or senior first aid level 2, and are able to respond appropriately in the event of an accident. All qualified staff at The Centre are designated first aid officers and hold a current recognised First Aid qualification. Procedures are in place to ensure a consistent and calm approach is taken to each situation.

4 Procedure

- Should an accident/injury or trauma occur, staff will comfort the child and assess the nature of the injury
- If spinal injury is a possibility or the child is unconscious, the child will not be moved unless it is necessary for safety or in order to preserve life.
- Staff will call for assistance calmly. Staff with first aid qualifications will apply the relevant first aid in the case of a minor injury.
- If the child sustains a minor head injury, contact the parent to advise them and recommend that they collect the child to have the child checked by a doctor. If the parent decides not to collect the child make a note of their decision on the Incident Report Form.
- Disposable gloves will always be worn if bleeding is present.
- Ambulance will be called if necessary. (Dial 000). Parent will be contacted to advise of the accident and the action taken.
- Following treatment of the child, the area must be cleaned and disinfected and hands washed thoroughly.
- This will be recorded using the Incident Report Form.
- The Centre has a comprehensive first aid kit in the office which is checked monthly. Staff advise of supplies needing replenishment as they are used.
- A basic first aid kit is kept in each bath room. A portable kit is used for excursions and park visits.
- The kit will be taken to the meeting point during evacuation drills.
- In case of swallowed poison do not try to make the child/adult vomit.
- Pick up the container and take it to the telephone. Call the Victorian Poisons Information Centre 13 11 26.
- In case of poison on the skin remove contaminated clothing, taking care to avoid contact with the chemical. Flood the skin with cool running water for 15 minutes, then wash gently with soap and water.
- The best treatment for poisoning is constantly changing. If you ring Poisons Information Centre you will receive the most current advice.

Source: Austin Health, www.austin.org.au Accessed October 2010

27.1.6 FPCC 3.03 - Recording of Accidents/Incidents/Illnesses

Mandatory – Quality Area 2

1 Authorisation

This policy was adopted by the FPCC Committee of Management at the October 2013 Committee Meeting. This policy was reviewed in October 2024.

2 Review Date

This policy shall be reviewed annually at the October Committee Meeting. Any comprehensive amendments will be documented under authorisation.

3 Policy

Any accident, incident or illness of a child or staff member is recorded in the Incident Log kept at the Centre.

4 Procedure

- The information recorded includes the date, time, child or staff member's name, incident or symptoms, first aid applied, whether the parent or next of kin were contacted, whether the Director was notified, and the names of the relevant staff members present at the time of the accident/incident/illness. Parents will be required to sign the report upon collection of the child.
- Should the accident/incident/illness be likely to require medical attention, staff must record relevant information on a separate form which can be taken to the doctor. This procedure aims to reduce stress for parents and provides an efficient means to provide accurate information.
- In the case of an accident/incident/illness involving a staff member, it may be necessary to complete a WorkCover form, depending on the severity of the incident. The Centre encourages staff to attend a doctor in the event of illness or accident.

  Please see Appendix 10 for Reporting Accidents/Incidents/Illnesses Policy in full.

27.1.7 FPCC 3.04 - Occupational Health and Safety

Mandatory – Quality Area 3

1 Authorisation

This policy was adopted by the FPCC Committee of Management at the March 2010 Committee meeting.

2 Review Date

This policy shall be reviewed annually at the October Committee Meeting. Any comprehensive amendments will be documented under authorisation. This policy was reviewed in October 2024.

3 Policy

The Centre is committed to the safety and well-being of its employees, children, parents/carers and visitors to the centre.

We strive to achieve a target of zero injuries.

The Centre's occupational health and safety (OHS) policy aligns with the *Occupational Health and Safety Act 2004* and corresponding legislation.

The Committee of Management and employees share responsibility for occupational health and safety.

The Committee of Management and Centre Director have responsibility to review and adopt the OHS Policy, oversee the development and implementation of OHS procedures and monitor OHS compliance, risk and audits. The Committee of Management and Centre Director are responsible for the following:

- Providing and maintaining workplaces in a safe condition;
- Maintaining up to date knowledge of, and complying with, all relevant OHS legislation/regulation and other identified requirements;
- Actively promoting, implementing and supporting OHS procedures;
- Identification and removal/remediation of risks;
- Encouraging initiatives that contribute to a safer and improved working environment;
- Monitoring OHS performance and improvements;
- Promoting and encouraging employees and children personal health;
- Providing the resources to meet OHS commitments;
- Conducting appropriate OHS induction and training.

Employees have a responsibility to:

- Work in a safe manner and comply with all safe working procedures;
- Maintain up to date knowledge of and comply with all relevant OHS legislation/regulations and other identified requirements;
- Report all accidents and incidents;
- Report all workplace hazards;
- Participate in all OHS induction and training that is provided.

Parents and carers of children at the Centre have a responsibility to:

- Comply with all FPCC policies and procedures outlining requirements for OHS;
- Report any workplace hazards which they identify.

27.1.8 FPCC 3.05 – Water Safety

Mandatory – Quality Area 2

1 Authorisation

This policy will be adopted by the FPCC of Management at the November 2011 Committee Meeting. This policy was reviewed in October 2024.

2 Review Date

This policy shall be reviewed annually at the October Committee Meeting. Any comprehensive amendments will be documented under authorisation.

3 Policy

The Centre believes that water play is essential for children as it offers sensory benefits, environmental awareness and assists in developing fine motor skills as children learn to measure, pour, and discover the basic concepts of water energy and scientific concepts such as diffusion.
Similarly, the safety and supervision of children is paramount when in or around water. This relates to water play, excursions near water, hot water, drinking water and hygiene practices with water in the Centre. Children will be supervised at all times during water play experiences.

4 Scope

The policy applies to all staff, parents, students and visitors at Fawkner Park Children's Centre.

Water use within the Centre will be supervised to ensure the safety of children, staff and families.

The hygienic state of water will be assessed before it is used for children's play.
Drinking water will be accessible but hygienically stored and maintained.

5 Procedure

- Grey water tanks or rain water tanks will be labeled with "Do not drink" signage and children will be supervised in these areas to make sure they are not accessing this water for drinking. Staff will discuss with children that this water is for the purpose of play and not for consumption.
- Staff will ensure water troughs or containers for water play are filled to a safe level. These experiences will be supervised at all times by adults and containers or troughs will be emptied onto garden areas after use. Children will be discouraged from drinking from these water experiences.
- All children will be provided with clean drinking water at all times. This water will be maintained (if not tap water) to ensure that it is safe and hygienic for consuming. Water containers must always be securely sealed. At the end of the day, the water containers must be emptied and cleaned thoroughly.
- Buckets used for general cleaning in the Centre will be emptied immediately after use. No filled buckets will be left in play areas or accessible to children.
- The City of Melbourne maintenance professionals will inspect all of the thermostatic valves once a year as part of the routine maintenance they provide for the Centre to ensure that water temperature of all water accessible to children is set at below40 degrees C
- Staff will use their breaks to consume hot drinks away from the children. If staff or parent need to have a hot drink it will be done in areas inaccessible to children, such as staff room upstairs
- Excursions will not be located near bodies of water. If an excursion occurs where children must pass by water the staff will ensure that correct staff to child ratios are met as per Children's Services Regulations 2009 and follow all guidelines as set out in the Excursion Policy
- The children's play areas will be checked each morning to ensure that no containers or pools of water are accessible for children. If it rains during the day, outdoor play areas will be checked for safety prior to the children entering the outdoor environment.

At all times, staff will be aware of the children's safety and health when playing with water.
Supervision and access to water within the Centre is managed effectively by staff to ensure children remain safe and healthy.

Occupational Health and Safety Act 2004
Working Safely in Community Services 2nd edition October 2006
Children's Services Regulations 2009
The Royal Life Saving Association of Australia water safety tips- www.royalsaving.com.au/www/html/476-water-safety-tips.asp

Best Practice – Quality Area 2

1 Authorisation

This policy was adopted by the FPCC Committee of Management at the October 2013 Committee Meeting.

2 Review Date

This policy shall be reviewed annually at the October Committee Meeting. Any comprehensive amendments will be documented under authorisation. This policy was reviewed in October 2024.

3 Policy

The Centre actively teaches children the importance of good hygiene practices and ensures children learn to wash their hands regularly as part of the daily routine. Staff will discuss with children that washing their hands will help stop the spread of germs that cause sickness.

The washing of children's hands upon arrival at the Centre is also required pursuant to the Centre's anaphylaxis policy.

4 Procedure

Hand washing is the most important way of controlling infection. The most effective way to prevent the transmission of disease is to wash hands well. When washing hands, warm water and soap must be used and hands should be rubbed vigorously.

Staff will wash hands:

- on arrival at the Centre
- before commencing work
- before handling food
- before eating
- after handling raw food
- after using the toilet or assisting a child in the toilet
- after changing a child's soiled nappy or clothing
- after cleaning up faeces or blood
- after removing gloves.
- after wiping a nose either their own or a child's
- after touching eyes, ears, nose, hair or mouth
- after any other unhygienic practice
- before and after administering first aid
- after handling garbage
- after each break
- after handling animals.

Children will wash hands:

- on arrival at the Centre, with the assistance of the caregiver dropping the child off.
- before eating
- after using the toilet or having a nappy change
- after wiping their nose
- after any other unhygienic practice
- after handling animals.

27.1.10 FPCC 4.02 - Nose Wiping Procedure

1 Authorisation

This policy was adopted by the FPCC Committee of Management at the October 2013 Committee Meeting.

2 Review Date

This policy shall be reviewed annually at the October Committee Meeting. Any comprehensive amendments will be documented under authorisation.

3 Policy

The Centre has developed guidelines to prevent the risk of cross-infection which may occur when staff assist children wiping their noses.

4 Procedure

- A new, clean tissue will be used for every child.
- After wiping a child's nose, the staff member will dispose of the tissue in a bin immediately.
- The staff member must wash hands or wipe hands thoroughly with a 'wet wipe' to which disinfectant cleaning solution has been added or use alcohol based hand sanitiser if access to water is limited e.g. in outside playground
- The 'wet wipe' will be disposed of immediately in a bin.

This procedure is displayed indoors and outdoors at 'wet wipe' and tissue dispensers. This ensures that students/relief staff/volunteers are informed of the correct procedure. This will prevent any breach of policy if permanent staff are not present at any time.

Reference: National Health and Medical Research Council 'Staying Healthy in Child Care – Preventing Infectious Diseases in Child care', 4th Edition, 2005, Commonwealth Department of Health and Family Services. Canberra ACT

27.1.11 FPCC 4.03 - Dental Hygiene

1 Authorisation

This policy was adopted by the FPCC Committee of Management at the October 2013 Committee Meeting.

2 Review Date

This policy shall be reviewed annually at the October Committee Meeting. Any comprehensive amendments will be documented under authorisation.

3 Policy

Dental hygiene is an important aspect of the Centre's overall hygiene policy. We encourage children to include dental care as part of the normal daily routine.

4 Procedure

- We encourage children to eat a balanced diet, with an emphasis on fresh fruit and vegetables.
- Regular discussions on dental hygiene form part of the program. Parents have access to information on oral care.
- The Centre offers only water and milk to drink.
- The use of bottles as pacifiers is discouraged.

Reference: 'Healthy Teeth in Child Care', Child care and Children's Health Vol.7 No.4 August 2004

27.1.12 FPCC 4.04 - Sun Smart

Mandatory – Quality Area 2

1 Authorisation

This policy was adopted by the FPCC Committee of Management at the June 2014 Committee Meeting. This policy was revised on the 19th March 2019 and annually thereafter.

2 Review Date

This policy shall be reviewed annually at the October Committee Meeting. Any comprehensive amendments will be documented under authorisation. This policy was reviewed in October 2025.

3 Policy

The SunSmart policy has been developed to ensure that all children attending the Centre are protected from skin damage caused by the harmful UV rays of the sun using a combination of sun protection measures for all outdoor activities during sun protection times. The policy applies throughout the year, but with particular emphasis from mid-August until the end of April. To assist with the implementation of this policy educators and families are encouraged to access the local daily sun protection times via the SunSmart widget on the Centre website, via the free SunSmart app, at myuv.com.au or sunsmart.com.au.

This Sun Smart policy provides guidelines to:

- Ensure all children, educators and staff are well protected from too much UV exposure by using a combination of sun protection measures whenever UV levels reach 3 and above.
- Ensure the outdoor environment is sun safe and provides shade for children, educators and staff.
- Ensure children are encouraged and supported to develop independent sun protection skills.
- Support duty of care and regulatory requirements.
- Support appropriate OHS strategies to minimise UV risk and associated harms for educators, staff and visitors.

4 Procedure (QA 1, 2, 4, 6, 7)

- The Centre requires children to wear hats which protect the face, neck and ears whenever they are outside (QA 1, 2, 4, 5).
- The Centre provides all children with a bucket hat, which will be named by staff and kept at the Centre.
- Children and staff are required to wear appropriate, sun safe, covering clothing. If a child is not wearing 'sun safe' clothing (e.g. singlet top or shoestring dress) they will be asked to choose a t-shirt to wear before going outside (QA1, 2, 4, 5).
- Children will be encouraged to use available areas of shade for outdoor play activity.
- The Management Committee will ensure there are a sufficient number of shelters and trees providing shade in the grounds.
- The availability of shade will be considered when planning excursions and outdoor activities.
- Staff will act as role models by: always wearing sun smart compliant hats (bucket or broad brimmed) and clothing when outdoors, using SPF30+ sunscreen for skin protection, and seeking shade whenever possible.
- SPF30+ or 50 broad spectrum, water resistant sunscreen will be provided for staff and children for use as necessary. (QA1, 2, 4, 5).

- Parents are required to apply sunscreen to their children either immediately before drop off each day or are welcome to make use of the centres sunscreen which is located next to the book when they sign in.
- Learning about skin and ways to protect skin from the sun will be incorporated into programmed activities (QA 1, 2, 4, 5, 6).

- Staff and parents will be provided with educational material on sun protection.
- Educators and children are encouraged to access the daily local sun protection times at sunsmart.com.au or on the free SunSmart app to assist with the implementation of this policy.
- A combination of sun protection measures are used for all outdoor activities from mid-August to the end of April and whenever UV levels reach 3 and above.
- Where possible, active, outdoor sun safe play is encouraged throughout the day.
- SunSmart practices consider the special needs of infants. All babies under 12 months are kept out of direct sun when UV levels are three and above.
- Sunscreen is applied at least 20 minutes before going outdoors and reapplied every TWO hours if outdoors.
- To help develop independent skills ready for school, children from 3 years of age are given opportunities and encouraged to apply their own sunscreen under supervision of staff.

When enrolling their child, parents will be:
- Informed of the Centre's Sun Smart policy.
- Informed that the Centre will provide a wide brimmed hat and sunscreen for their child's use.
- Required to give authority and directive for staff to administer sunscreen.
- Required to sign a form should they not wish sunscreen to be applied to their child.
  (QA 2, 3, 4, 6, 7).

Sources:
Belonging, Being and Becoming – The Early Years Learning Framework
Victorian Early Years Learning and Development Framework (VEYLDF)
Australian Government Therapeutics Goods Administration (TGA) – Australian regulatory guidelines for sunscreens: https://www.tga.gov.au/sites/default/files/australian-regulatory-guidelines-for-sunscreens.pdf
Reference: Cancer Council Victoria, SunSmart www.sunsmart.com.au; May 2026.

27.1.13 FPCC 4.05 - Clothing

1 Authorisation

This policy was adopted by the FPCC Committee of Management at the October 2013 Committee Meeting.

2 Review Date

This policy shall be reviewed annually at the October Committee Meeting. Any comprehensive amendments will be documented under authorisation. This policy was reviewed in October 2024.

3 Policy

The policy aims firstly to ensure that children are not put at unnecessary risk of sunburn or exposure to the weather. Secondly, the policy seeks to ensure children are able to succeed at gross motor activities unhindered by restrictive clothing or footwear that is inappropriate or unsafe for play.

This policy also recognises the importance of respecting any child's cultural requirements in matters of dress.

As children get older, and more independent, it becomes more difficult to determine how they will dress. The following clothing policy ensures both safety and equal opportunities in play for all children in the centre.

Footwear

Whilst the centre allows bare feet where appropriate for general play, some activities require protective footwear e.g. park visits or wet weather. Sandals must have ankle straps (thongs or slides are not appropriate footwear). Gumboots are suitable for limited use in outdoor play in the wet weather, but should be supplemented by another pair of shoes to allow staff to change as required.

Clothing

FPCC 4.04 Sun Smart Policy ensures that children will be protected by sunscreen whenever they are involved in outdoor activities. Wide brimmed hats are also worn to protect the head, face and neck. In addition to these measures already in place, parents are requested to select clothing which provides maximum protection from the sun. Sun dresses with shoulder straps and no sleeves and sleeveless T-shirts should be avoided. Standard length short-sleeved T-shirts and shirts are suitable.
Clothing should be appropriate for the activities the children engage in. Messy play and painting may be dirty and stain clothes.

Source: National Childcare Accreditation Council Q1AS Factsheet #15 – Children's clothing in Childcare, www.ncac.gov.au

27.1.14 FPCC 4.06 - Collection of Sick Children

1 Authorisation

This policy was adopted by the FPCC Committee of Management at the October 2013 Committee Meeting.

2 Review Date

This policy shall be reviewed annually at the October Committee Meeting. Any comprehensive amendments will be documented under authorisation. This policy was reviewed in August 2024.

3 Policy

As the centre has no separate facilities to care for a sick child, it is important that any child observed to be unwell or with an infectious illness whilst at the centre must be collected by the parents/caregivers.

4 Procedure

Parents are required to collect their child within ninety minutes of the centre's request to ensure minimum stress on both the sick child and the other children in the room.

At the time of collection, the parent/caregiver will be given a letter stating the child's symptoms and an observation chart detailing the child's condition which may be given to a medical practitioner if necessary.

In the event of an emergency, an ambulance may be called and the parents will be notified immediately. (See also *FPCC 3.01 Accidents & Emergencies*)

Reference: National Health and Medical Research Council 'Staying Healthy in Child Care – Preventing Infectious Diseases in Child care', 4th Edition, 2005, Commonwealth Department of Health and Family Services. Canberra ACT.

27.1.15 FPCC 4.07 - Administration of Medication

Best Practice – Quality Area 2

1 Authorisation

This policy was adopted by the FPCC Committee of Management at the October 2013 Committee Meeting.

2 Review Date

This policy shall be reviewed annually at the October Committee Meeting. Any comprehensive amendments will be documented under authorisation. This policy was reviewed in March 2025.

3 Policy

Staff will administer prescribed medication to children if requested to do so by parents.

4 Procedure

- An 'authorisation for dispensing medicines' form must be completed with parents or another authorised person's signature for each medicine dispensed.
- Written instructions on medication must be supported by verbal consultation between parents and staff.
- The first dose of a new medication will not be administered at Fawkner Park in case there is a reaction.
- Parents will be asked to inform the ECT or educator if any medication has been administered to the child before bringing them to the service, and if the administration of that medication is relevant to or may affect the care provided to the child at the service.
- Parents must physically hand the medication to staff. (i.e. it should not left in child's bag.)
- Medication must be that which has been prescribed for that particular child and must be in the original container. The name of the child must be on the bottle. If medication is intended for siblings, the doctor must be asked to include both names on the label.
- All medication must be checked by two staff members (one of whom must be qualified) before being given. The person delegated to give the medication (who must be qualified) must sign the form. This should then be co-signed by the second staff member.
- In the case of multiple medications being administered, a separate authorisation form must be used for each medicine to ensure that time, dose and medications do not get mixed up.
- On completion of a course of medicine, the forms will be kept in the child's file.
- Panadol is available to use for sudden fever, at the parent's consent. Authorisation can be given over the telephone. The parent must sign the medication form on arrival at the centre on the same day.
- Medication forms are kept in the child's room and are not on public display.
- No out-of-date medicine is to be given.
- Medication must be stored safely out of reach of children. Medication requiring refrigeration will be stored in the fridge.
- Non-prescription medication may only be given at parent's request, following the above guidelines. Should the child require medication for more than three days, a doctor's authority must be obtained. Only non-prescription medications with specific dosage instructions for paediatric use will be given.
- Naturopathic medication may be given upon request. Parents are required to provide a letter from the prescribing Naturopath and parents must complete the usual authorisation form.

Mandatory – Quality Area 2

1 Authorisation

This policy was adopted by the FPCC Committee of Management at the October 2013 Committee Meeting.

2 Review Date

This policy shall be reviewed annually at the October Committee Meeting. Any comprehensive amendments will be documented under authorisation. This policy was reviewed in August 2024.

3 Rationale

Asthma is a chronic health condition affecting approximately 1 in 10 Australian children. It is one of the most common reasons for childhood admission to hospital. While an average of two people die in Victoria each week from asthma, many of these deaths are thought to be preventable. Community education and correct asthma management will assist to minimise the impact of asthma.

It is generally accepted that children under the age of six do not have the skills and ability to recognise and manage their own asthma effectively. With this in mind, Fawkner Park Children's centre recognises the need to educate its staff and parents/carers about asthma and to promote responsible asthma management strategies.

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

4 Aims

This Asthma Policy aims to:

- Raise the awareness of asthma amongst those involved with the Children's Service
- Provide the necessary strategies to ensure the health and safety of all persons with asthma involved with the Children's Service
- Provide an environment in which children with asthma can participate in all activities to the full extent of their capabilities
- Provide a clear set of guidelines and expectations to be followed with regard to the management of asthma.

5 Our Commitment

Asthma management should be viewed as a shared responsibility. To this end each of the key groups within Fawkner Park Children's Centre give the following undertakings:

The Management will:

- Provide all staff with a copy of the Asthma Policy and brief them on asthma procedures upon their appointment to the Children's Service.
- Provide parents with a copy of the Asthma Policy upon enrolment.
- Ensure that at least one staff member who has completed accredited asthma training (Emergency Asthma Management) is on duty whenever children are being cared for or educated.
- Ensure that at least one staff member holds a current Bronchodilator Accreditation Number (BAN).

- Identify children with asthma during the enrolment process.
- Provide an Asthma Action Plan to all parents of children with asthma upon enrolment. The completed Asthma Action Plan is to be returned within seven days.

- Store Asthma Action Plans in the child's enrolment record.
- Ensure that all staff are informed of the children with asthma in their care.
- Formalise and document the internal procedures for emergency Asthma First Aid.
- Ensure that an emergency Asthma First Aid poster is displayed in key locations.
- Ensure that the First Aid Kit contains a blue reliever puffer (Ventolin), a spacer device, concise written instructions on Asthma First Aid procedures and 70% alcohol swabs.
- Ensure that an accredited staff member correctly maintains the asthma component of the First Aid Kit.
- Provide a mobile Asthma First Aid Kit for use at activities outside the Children's Service.
- Where appropriate, organise information sessions on asthma for parents/ guardians.
- Encourage open communication between parents/guardians and staff regarding the status and impact of a child's asthma.
- Promptly communicate any concerns to parents should it be considered that a child's asthma is limiting his/her ability to participate fully in all activities.

Staff will:

- Ensure that they maintain current accreditation in Emergency Asthma Management (valid for three years).
- Ensure that they are aware of the children in their care with asthma.
- Ensure, in consultation with the parent/guardian, the health and safety of each child through supervised management of the child's asthma.
- Identify and, where practicable, minimise asthma triggers.
- Where necessary, modify activities in accordance with a child's needs and abilities.
- Ensure that all regular prescribed asthma medication is administered in accordance with the information on the child's written Asthma Action Plan.
- Administer emergency asthma medication if required according to the child's written Asthma Action Plan. If no written Asthma Action Plan is available the asthma emergency procedures outlined below should be followed immediately.
- Promptly communicate, to management or parents/guardians, any concerns should it be considered that a child's asthma is limiting his/her ability to participate fully in all activities.
- Ensure that children with asthma are treated the same as all other children.

Parents/guardians will:

- Inform staff, either upon enrolment or on initial diagnosis, that their child has a history of asthma.
- Provide all relevant information regarding the child's asthma via the Asthma Action Plan.
- Notify the staff, in writing, of any changes to the Asthma Action Plan during the year.
- Ensure that their child has an adequate supply of appropriate asthma medication (including reliever) at all times and ensuring it is appropriately labelled with the child's name.
- Ensure that their child has their own spacer device.
- Ensure that they comply with all requirements and procedures in relation to the Medications Book.
- Communicate all relevant information and concerns to staff as the need arises e.g. if asthma symptoms were present last night.
- Ensure, in consultation with the staff, the health and safety of their child through supervised management of the child's asthma.
- Children will:
- Wherever practical, be encouraged to seek their reliever medication as soon as their symptoms develop.

Implementing the Asthma Policy

1 Medical Information – the Asthma Action Plan

Any parent of a child with asthma in your care is required to provide written information regarding the child's asthma either on enrolment or on diagnosis. Enrolment forms may ask the question 'Has your child ever had asthma'?

The Asthma Action Plan should include information such as:

- Signs and symptoms specific to the child's asthma
- A list of known triggers
- Medications taken on a regular basis when the child is 'well'
- The preferred method for treating deteriorating asthma, that is, an asthma attack
- What to do in an asthma emergency
- Name, address and telephone number of a 'person who is to be notified of any accident, injury, trauma or illness involving the child'
- Name, address and telephone number of the child's doctor.

Refer to Appendix 11: Asthma – Attachment 1: Example of Asthma Action Plan; Attachment 2: Asthma First Aid Poster
Information about Asthma Action Plans can be found on 'Asthma Australia' website at **https://asthma.org.au/ or 1800 278 462**.

2 First Aid Kit

Your Children's Service is required to have 'a suitably equipped First Aid Kit'. If there are children with asthma in your care, it is appropriate to be prepared for an asthma emergency.

An Asthma First Aid Kit should contain:

- Blue reliever puffer (inhaler) Ventolin
- A spacer device that is compatible with the puffer. This may be a large volume spacer (e.g. Volumatic) or a small volume spacer with a removable mask (e.g. Breath-a-tech, Aero chamber or Able Spacer).
- Clear written instructions on the steps to be taken in treating an asthma attack.
- 70% alcohol swabs.

Only Children's Services with staff who have completed a Course in Emergency Asthma Management and have been issued a Bronchodilator Accreditation Number (BAN) are able to purchase and hold a blue reliever puffer in the First Aid Kit.

Only staff that have completed a Course in Emergency Asthma Management may access the blue reliever puffer for first aid purposes from the First Aid Kit.

Children's Services can purchase a blue reliever puffer for first aid purposes from a pharmacist by completing the Authorisation to Purchase form provided with the BAN.

3 Cleaning of Spacers

Devices (puffers and spacers) from the First Aid Kit must be thoroughly cleaned after each use to prevent cross-infection. In most cases a child will use his/her own puffer and spacer. Devices can be easily cleaned by following these steps (NHMRC Infection Control Guidelines 2003):

- Ensure the canister is removed from the puffer container (the canister must not be submerged) and the spacer is separated into two parts.
- Wash devices thoroughly in hot water and kitchen detergent.
- Do not rinse.
- Allow devices to 'air dry'. Do not rub dry.
- When dry, wipe with a 70% alcohol swab (e.g. Medi-Swab available from pharmacies), paying particular attention to the inside and outside of the mouthpiece of the devices.
- When completely dry, ensure the canister is replaced into the puffer container and check the device is working correctly by firing one or two 'puffs' into the air. A mist should be visible upon firing.

If any device is contaminated by blood, dispose of it safely and replace the device.

Emergency Treatment of an Asthma Attack

If a child or staff member develops signs of what appears to be an asthma attack, appropriate care must be given immediately. Regardless of whether the attack is mild, moderate or severe, treatment should commence immediately as delay may increase the severity of the attack and ultimately risk the child's life.

- If the child has written instructions on their Asthma Action Plan follow these instructions immediately.
- If no instructions are available then immediately commence the standard asthma emergency protocol detailed below.

Step 1:	Sit the child upright and remain calm to reassure them. Do not leave them alone.
Step 2:	Without delay shake a blue reliever puffer (inhaler) and give four separate puffs through a spacer. Use one puff at a time and ask the child to take four breaths from the spacer after each puff.
Step 3:	Wait four minutes. If there is no improvement repeat step 2.
Step 4:	If still no improvement after a further four minutes, call an ambulance immediately (dial 000) and state clearly that the child is 'having an asthma attack.'

Continuously repeat steps 2 and 3 whilst waiting for the ambulance.

In an emergency the blue reliever puffer used may be the child's own, from the First Aid Kit or borrowed from another child. Only staff that have completed a Course in Emergency Asthma Management may access the blue reliever puffer for first aid purposes from the First Aid Kit.

- The parents/guardians of any child who becomes ill at the children's service should be notified, even if the child has a complete recovery from the asthma attack.
- The treatment given should be recorded in the Incident Log and/or the Medication Book.
- It does not matter if a different brand of reliever medication to the child's usual medication is used.
- An overdose cannot be given following the steps outlined. However it is important to note that some children may experience an increased heart rate or tremors but these will pass quickly.

What if it is the first attack of asthma?

A problem that may be encountered is when a child suddenly collapses, or appears to have difficulty breathing, and is not known to have pre-existing asthma or other health problems. In this situation staff should:

Step 1:	Call an ambulance immediately (dial 000) and state that the child is having breathing difficulty.
Step 2:	Administer four separate puffs of a blue reliever puffer via a spacer. Use one puff at a time and ask the child to take four breaths from the spacer after each puff
Step 3:	Keep giving four separate puffs of a blue reliever puffer every four minutes until the ambulance arrives.

The parents/guardians of any child who becomes ill at the children's service should be notified as soon as possible.

In an emergency the blue reliever puffer can be accessed from the First Aid Kit by a trained staff member if the service has a BAN or borrowed from another child.

This treatment could be life saving for a child whose asthma has not been previously recognised and it will not be harmful if the collapse or breathing difficulty was not due to asthma. Reliever puffers are extremely safe, even if the child does not have asthma.

Source: Asthma Australia; August 2015.

27.1.17 FPCC 4.09 - Immunisation

1 Authorisation

This policy was adopted by the FPCC Committee of Management at the October 2013 Committee Meeting.

2 Review Date

This policy shall be reviewed annually at the October Committee Meeting. Any comprehensive amendments will be documented under authorisation. This policy was reviewed in August 2024.

3 Policy

In February 2016, the Victorian State Government introduced the 'No Jab, No Play' legislation, requiring families to confirm their child's immunisation status upon enrolment in child care. In February 2018 the legislation was amended and now states that Immunisation History Statements provided by the Australian Immunisation Register are the only form of document accepted as evidence of immunisation.

4 Procedure

Details of the child's immunisations should be recorded at the time of enrolment. In accordance with the new 'No Jab, No Play' legislation, enrolment cannot proceed until this documentation is received.

The child's immunisation records must be checked regularly and updated when necessary. As of November 2018, families must provide an updated Immunisation History Statement every seven months. Fawkner Park Children's Centre will ask families for an updated document every six months, in keeping with best practice guidelines. A copy of this request will be kept on file and will be followed up accordingly if the documentation is not provided.

Parents are asked to provide copies of their child/ren's Immunisation History Statement from the Australian Childhood Immunisation Register, by visiting www.medicareaustralia.gov.au/online. This document will provide information regarding the date and type of each immunisation received.

The child's immunisation status certificate should demonstrate that the child:

- is fully immunised for their age, OR
- is on a vaccination catch-up program, OR
- is unable to be fully immunized for medical reasons, OR
- meets the criteria for the 16 week grace period (for families experiencing vulnerability or disadvantage)

Diseases prevented by immunisation are:

- Poliomyelitis
- Diphtheria
- Tetanus
- Whooping Cough
- Rubella
- Measles

- Haemophilias Influenza type B (HIB)
- Mumps and Chickenpox.

Immunisation schedules are available from the Health Department, local councils and health centres.

If any child at the Centre contracts an infectious disease, a notice will be displayed advising parents of the illness and the signs and symptoms.

Reference: National Health and Medical Research Council 'Staying Healthy in Child Care – Preventing Infectious Diseases in Child Care', 4th Edition, 2005, Commonwealth Department of Health and Family Services. Canberra ACT.

27.1.18 FPCC 4.10 – Dealing with Infectious Diseases

Mandatory – Quality Area 2

1 Authorisation

This policy was adopted by the FPCC Committee of Management at the October 2013 Committee Meeting.

2 Review Date

This policy shall be reviewed annually at the October Committee Meeting. Any comprehensive amendments will be documented under authorisation. This policy was reviewed in August 2019 and August 2025.

3 Policy

The wellbeing of the children is the Centre's highest priority. The Centre's objective is to create a safe and hygienic environment that will promote the health of the children and staff. The Centre will keep cross-infection at a minimum to reduce instances of illnesses from infectious diseases through a variety of methods.

Every parent has the right to choose the type of health care they will seek for their children. The Centre fully supports this right and will always attempt to respect the wishes of parents in this matter. Centre staff will offer assistance in line with the advice and wishes of parents and health care providers.

4 Rationale

Children are particularly at risk of infection, most importantly, because they have previously had little exposure to many infectious illnesses. They have close contact with a wide range of children and adults and they have age-characteristic behaviours which contribute to the spread of infection. In such an environment infection can spread. The exclusion of children for the prescribed period is the most effective control measure. It is vitally important that all possible measures are taken to contain infection.

5 Procedure

The Centre will always exclude sick staff and children according to the recommendations of National Health and Medical Research Council of Australia (NHMRC). The complete list of illnesses requiring exclusion is posted on the wall in the foyer. Some of the most common infectious illnesses and symptoms are listed below. Parents are required to keep a child at home in the following cases:

Diarrhoea: A child who has watery stools should not return to the Centre until the child has been free of diarrhoea for 24 hours. If the child has an allergy or medical condition which regularly causes diarrhoea, please discuss this with the Director on enrolment.

Vomiting: A child who is vomiting should be kept home for a period of 24 hours after the vomiting has stopped. Micro-organisms which cause vomiting and diarrhoea are highly contagious and will spread to others very quickly.

Fever: A child with a fever of 38˚ C or higher must be kept at home and should be fever-free for 24 hours before returning to the Centre.

Headlice (Pediculosis): The child should be treated at home. If head lice are suspected when a child is attending the Centre, parents will be notified to collect the child immediately.

Contagious Conjunctivitis: This condition requires specific medical attention. Children may not attend the Centre until after being on medication for 24 hours and the discharge has cleared. If after treatment, the discharge reappears while the child is at the Centre, the parent will be required to collect and begin treatment again.

Cold Sores (Herpes): Young children unable to comply with good hygiene practices should not attend while the lesion is weeping. Lesions should be covered by dressing if possible.

School Sores (Impetigo): Children should not attend until treatment has commenced. Sores on exposed areas must be covered with a watertight dressing.

Hand-Foot-Mouth Infection*:* This is a highly contagious infection which consists of small lesions. Lesions may also occur on the hands, feet, and occasionally, on the buttocks. Children should not return to the Centre until a medical practitioner has certified them as free from the infection.

Rashes: Rashes may occur due to a variety of reasons. Parents are requested to consult a doctor if a rash should appear. The child may attend with a doctor's certificate stating that the rash is not infectious.

Parents will be required to collect children from the Centre within ninety minutes whenever a child shows symptoms that may indicate an infectious illness or when the child appears to be unwell. If possible, the child will be placed away from other children while awaiting the parent's arrival.

Staff will be assisted to undertake training in preventing the spread of infectious illnesses.

Staff will be familiar with the signs and symptoms of illness so that possible cases of infectious illnesses will be identified expeditiously and infection control measures implemented.

Families must advise if their child has been diagnosed with any infectious illness. The Director is required to inform other families (without identifying the child) by a notice on the front door of the Centre of any cases of infectious disease which occur among the children attending the Centre.

The Centre will notify the Department of Health and Human Services whenever infectious diseases designated by NHMRC as notifiable diseases occur in the Centre.

All staff will have up-to-date first aid training.

Staff and children will follow the Centre's hand-washing practices at all times to minimise cross-infection.
Each child will have her/his own paper towel for hand drying, which will be restocked daily.

Staff will implement and monitor the Centre's nappy change and toileting procedures at all times.

A record will be kept of infectious illness occurring among staff and children so that any possible sources of infection within the Centre can be identified.

Staff will be encouraged to keep their immunisations up-to-date.

Toys and equipment will be washed regularly.

Mattresses used for sleeping will be wiped down after each use.

References:
Children's Services Regulation 2009 (Vic)
National Health and Medical Research Council 'Staying Healthy in Child care – Preventing Infectious Diseases in Child Care', 4th Edition, 2005, Commonwealth Department of Health and Family Services. Canberra ACT

27.1.19 FPCC 4.11 - Staff Immunisation

1 Authorisation

This policy was adopted by the FPCC Committee of Management at the October 2013 Committee Meeting.

2 Review Date

This policy shall be reviewed annually at the October Committee Meeting. Any comprehensive amendments will be documented under authorisation. This policy was reviewed in August 2024.

3 Policy

Infectious diseases are readily transmitted in a child care setting so child care staff are at risk of infection. Immunisation is a very reliable method of preventing some infections. Many of these diseases can cause serious illness in adults. Some of these diseases, such as rubella and chickenpox, can cause serious damage to an unborn child if a woman is infected during her pregnancy.

The Centre encourages all staff members to receive vaccinations against certain infectious illness that are preventable by vaccination and will meet the vaccination costs. While the Centre strongly recommends staff be immunised, the decision whether to be vaccinated is the decision of the staff member.

4 Procedure

Staff members should be vaccinated against:

- Hepatitis A
- Measles-Mumps-Rubella (MMR). Staff born during or since 1966 who do not have vaccination records of two doses of MMR or do not have antibodies for rubella, require vaccination.
- Varicella. If the staff member is unsure about whether they had chicken pox in childhood.
- Pertussis (Whooping Cough). An adult booster dose is especially important for those staff caring for the youngest children who are not fully vaccinated.
- Although the risk is low, staff who care for children with intellectual disabilities should seek advice about hepatitis B immunisation if the children are unimmunised.
- COVID-19

The Centre will:
- keep a staff immunisation record for all staff
- update immunisation records as staff advise they have become vaccinated
- provide staff with information about illnesses that are preventable by vaccination; for example, through in-service training and written information
- take all reasonable steps to encourage non-immunised staff to be vaccinated.

References: National Health and Medical Research Council 'Staying Healthy in Child Care – Preventing Infectious Diseases in Child Care', 4th Edition, 2005, Commonwealth Department of Health and Family Services. Canberra ACT

27.1.20 FPCC 4.12 - Nutrition

Mandatory – Quality Area 2

1 Authorisation

This policy was adopted by the FPCC Committee of Management at the June 2014 Committee Meeting.

2 Review Date

This policy shall be reviewed annually at the October Committee Meeting. Any comprehensive amendments will be documented under authorisation. This policy was reviewed in August 2025.

Use and development of the policy

The policy will determine the Centre's practices and procedures in respect of food provision.

The policy complies with the Standards of Quality Improvement and Accreditation System to ensure that written nutrition, health and safety policies are available to staff and families.

The policy has been developed by staff members, the parent Committee and families, in association with the Victorian Government Kids – 'Go for Your Life' and 'Achievement Program' initiative.

Role of the Nutrition Policy

The nutrition policy provides guidelines for the quality control for the provision of food and drink in the Centre.

Children's nutrition needs are high in early childhood as they are at crucial stages in their development and are experiencing rapid growth.

Children in long day care receive at least 50% of their daily nutritional requirements while in child care.

Food and drink habits and attitudes are established in early childhood. It is important to foster healthy attitudes to food and eating.

Mealtimes are important in child development, providing valuable opportunities to learn and to practice social, self-help and decision-making skills.

Cooking and food preparation experiences help children to learn about food, its origin, its social and cultural values as well as its nutritional role. These experiences also widen children's knowledge of language and concepts in mathematics, science and technology.

Food and Drink Provided

Goal

To provide children in long day care with drinks, meals and snacks that are appetising, consistent with the Dietary Guidelines for Children and Adolescents and provide at least 50% of the RDI for all nutrients as set out below.

The Dietary Guidelines for Children and Adolescents in Australia

- Encourage and support breastfeeding

- Children and adolescents need sufficient nutritious foods to grow and develop normally
- Physical activity is important for all children and adolescents
- Growth should be checked regularly
- Enjoy a wide variety of nutritious foods.
- Advise that infants should be kept on breast milk or formula as the main drink at least until 12 months of age. To comply with the guidelines and adhere to Staff/children ratios in the room at all times, parents must supply pre filled bottles with formula or milk/milk alternative until a child is at least 12 months of age. If a child needs to continue using a bottle after they turn 12months, the bottle needs to be pre-filled when supplied by parents for the above- mentioned reasons.

Children and adolescents should be encouraged to:

- Eat plenty of vegetables, legumes and fruit
- Eat plenty of cereals, (including bread, rice, pasta and noodles), preferably wholegrain
- Include lean meat, fish, poultry and/or alternatives
- Include milks, yoghurts, cheeses and/or alternatives (reduced fat milks are not suitable for young children less than two years because of their high energy needs, but reduced fat varieties should be encouraged for older children and adolescents)
- Choose water as a drink. Water is recommended in preference to sweet drinks as it provides better hydration for concentration and learning and promotes healthy teeth.

Care should be taken to:

- Limit saturated fat and moderate total fat intake
- Exclude low fat diets as they are not for infants
- Choose foods low in salt
- Consume only moderate amounts of sugar and foods containing added sugars
- Care for your child's food: prepare and store it safely.

The minimum amount of essential foods for each child (2 to 5) in long day care is 50 percent of the recommended daily intake, (RDI) which is equal to:

Food Group	Minimum number of serves to be offered in long day care	Equivalent amount of food
Milk and milk alternatives	3	300ml
Bread and cereals	2	60g
Fruit	1	150g
Vegetables	1	75g
Meat and meat alternatives	1	45g
Fats and oils	1.5	7g

***Note:* all serves are child size serves**

- Milk will be served with both morning and afternoon tea.
- All dairy products provided will be full cream.
- Only soy milks that are fortified with calcium will be used as a substitute for cow's milk.
- Fruit and vegetables are provided every day for lunch, morning and/or afternoon tea. A range of fruit and vegetables are incorporated into meals.
- Children will have access to breads/cereals or fruit/vegetables if they are hungry between meals.
- Water will be available at all times and will be the alternative drink to milk for all age groups. Fruit juice, cordial, soft drinks and other sweetened drinks will not be provided.

- Children will have access to water throughout the day via a water and cup station set up outside and cups next to taps inside. They are at the children's level so they can serve themselves. Staff encourage children to drink water, particularly on hot weather days. Younger children will be assisted to access water.
- Children are allowed to have additional helpings of food as deemed appropriate to ensure children are satisfied.
- Parents will be advised when their child is not eating well.
- Parents of children on special diets will be asked to provide details of food needs so that a shared management plan can be developed.
- The centre will make every effort, in consultation with the families, to cater for any cultural or religious dietary needs of their children. For example, vegetarian meals and snacks will always be available for children whose religion or family values preclude the eating of meats and seafoods.
- Families will be encouraged to discuss any issues about the food provided with the Centre Director.
- Infants are advised 'to be kept on breast milk or infant formula as the main drink at least until 12 months of age' as per the Dietary Guidelines for Children and Adolescents in Australia.
- Infants will be kept on breast milk or infant formula as the main drink at least until 12 months of age.
- The food to be carried in excursion backpacks as an emergency supply will be rice crackers.
- Food and drinks high in fat, sugar and/or salt will not be provided.
- In a situation where kitchen facilities were not available, the Centre would procure healthy food from an outside catering firm, taking into account any of the children's special dietary needs. For children who are at risk of anaphylaxis, food would be prepared by a staff member trained appropriately in safe food handling in the staff kitchen. Where this would not be possible, the child's parents would be asked to provide a lunch box and snacks for the child.

Introduction of Solid Foods

Goal

To introduce solid food by progressing to different textured foods according to the stages of infant development.

Strategies

- At around six months of age, after consultation with parents and depending on the child's home routine, after a milk feed, offer one to two teaspoons of iron-fortified baby rice cereal or pureed/sieved foods e.g. cooked fruit or vegetables with no added salt or sugar.
- After consultation with parents and depending on the child's home routine, one new food will be introduced every three days.
- Around six to nine months, meat and meat alternatives, fruit, vegetables and cereals will be served. Food will be mashed, minced or grated.
- Generally food will be offered before milk.
- New foods will be introduced gradually.
- Finger food will be served from eight months.
- Around nine to twelve months, meat is minced, other food is mashed, chopped, and finger food is offered.
- A wide variety of fruits, vegetables, cereals and meats will be offered.
- Full cream milk foods will be slowly introduced.
- One small lunch meal will be offered with snacks morning and afternoon.
- Breast milk or formula will be offered after feeding.

Food Safety and Staff Training

Goal

To provide food to children which has been stored, prepared and served in a safe and hygienic manner and to promote hygienic food practices.

Training	Staff	Time frame
Food Safety	all staff	ongoing
Hygiene	all staff	ongoing
Nutrition	Director and Cook	ongoing

Strategies

- A Food Safety Supervisor is employed in the Centre.
- The centre will have a Food Safety Plan and current Food Safety Audit.
- Gloves will be worn or food tongs used by any staff directly handling ready to eat foods.
- Children and staff will wash and dry their hands (using soap and warm running water and personal towels washed daily) before handling food or eating meals and snacks.
- Food will be stored and served at safe temperatures i.e. below 5°C or above 60°C.
- A separate cutting board will be used for raw meat and chicken and utensils and hands will be washed before touching other foods.
- Staff will discourage children from handling other children's food and utensils.
- All infant bottles will be washed and sent home to be sterilised.
- Expressed breast milk and infant formula will be warmed in warm water, not by microwave.
- Expressed breast milk and formula will be kept refrigerated.
- Unused infant formula or breast milk will be discarded at the end of each feed.

The Environment

Goal
To provide an eating environment that assists the transmission of family and multicultural values, and one that is a positive meal environment that is relaxed, social and an enjoyable learning experience to promote a positive attitude to food and eating for life.

Strategies

- At mealtimes, children in the toddler and kindergarten rooms will sit at tables in small groups. Under staff supervision, the children will serve themselves from dishes set in the middle of the table.
- In the Nursery, children will sit in high chairs or low chairs, whichever is the most appropriate. Their food will be served to them and where appropriate, the children will be encouraged to feed themselves under close supervision.
- Children are encouraged to taste and experience all types of food, thereby creating opportunities to try new foods with different colours, textures, flavours and aromas.
- Staff members should sit with the children and share the same food.
- At meal times staff will encourage the children to interact quietly and non-actively with each other to create a pleasant social atmosphere conducive to enjoying their meal.
- Food will not be used as a form of punishment, reward incentive or comfort, either by its provision or denial. However praise and encouragement will be used to foster a positive experience during meal times.
- Children will be given plenty of time to eat without feeling rushed.
- Parents will be invited to at least one food occasion each year.
- Recipes and food awareness activities will be chosen from a variety of cultures.
- Special occasions may be celebrated with culturally appropriate foods.
- For birthdays, for a small charge, the Centre's cook will provide a cake. Parents are requested not to bring food of any kind into the Centre.
- Recipes for food served in the centre will be available to parents and staff.
- The weekly menu will be on display to parents and staff and shared on Storypark every Friday in advance of the coming week.

Safe Eating Environment

Goal

To provide an environment where children can eat safely minimising the risk of choking.

Strategies

- Children will be sitting down whenever they are eating or drinking.
- Staff should sit with the children at meals and snack times.
- Children will be encouraged to take small bites and take time to chew food.
- Children will be encouraged to engage in slow non-active conversation.
- Foods will be presented to children in an age-appropriate way e.g. fruit to be peeled and cut into small pieces for children under four years.

Nutrition Education

Goal

To teach children and their parents about food and nutrition.

Strategies

- Parents will receive information about food and nutrition as part of the orientation package.
- Nutritional information will be provided to families at least four times a year in a variety of ways including through newsletters, pamphlets, and displays
- Age appropriate food awareness activities will be included in the Centre programs in each room.
- Children will be encouraged to participate in practical food preparation experiences.
- The foods being served to children will be discussed with them.

Children with a food allergy or intolerance

Food Allergies	Food Intolerances
Immune reaction	Non-immune reaction
Usually begin as infant or toddler	Can develop at any age
Symptoms can be mild to life threatening and include: swelling, hives, breathing difficulties and anaphylaxis	Symptoms can be mild to severe, including hives, irritable bowel
Immediate onset of symptoms – minutes to one hour	Delayed onset of symptoms – one hour to 72 hours
Symptoms occur every time	Symptoms don't always occur – level of tolerance
Can be diagnosed with blood/skin tests	Difficult to diagnose – elimination diet
Usually involve only a few foods – common foods causing allergies and intolerances are: milk, eggs, peanuts and tree nuts, wheat, soy, fish/seafood	May involve large number of foods – natural and added chemicals

Goal

To develop a shared management plan with parents for the provision of food to children with a food allergy or intolerance.

Strategies

- Parents will be asked via the enrolment form and at the enrolment interview to provide the Centre with details of any food allergies or intolerances.
- Parents will be asked to provide an allergy management plan signed by a general practitioner.
- Parents will be requested to ensure that their child's medication is clearly labelled and up-to-date.
- The centre has an Anaphylaxis policy which incorporates a 'Risk Minimisation Plan' for each child with a food allergy and a 'Strategies for Anaphylaxis Minimisation' document which will identify the children by a photo, detail allergies, state the location and dosage of the medication to be administered and the avoidance of risk measures to be implemented.
- All staff, including relief staff, will be aware of the management plans and risk minimisation plan for each affected child.
- Staff will be trained in appropriate first aid procedures including administration of an Epipen.
- Where staff suspect that a child may have an allergy or food intolerance, parents will be informed and requested to seek advice from a medical practitioner and, if necessary supply the centre with an allergy management plan.
- Information about the management of food allergies and intolerances can be obtained from: Your local doctor, Community dietician-nutritionist, Maternal and child health nurse, Royal Children's Hospital Allergy specialist/ paediatrician, Royal Prince Alfred Hospital Allergy Unit.

Sources: The Start Right Eat Right Program. Victorian Government Department of Health and Human Services, Australia October 2005 and www.health.vic.gov.au/foodsafety - Reviewed October 2009. Kids – 'Go for Your Life' www.goforyourlife.vic.gov.au October 2010.

27.1.21 FPCC 4.13 - Active Play

1 Authorisation

This policy was adopted by the FPCC Committee of Management in December 2011. Amendments made February 2019.

2 Review Date

This policy shall be reviewed annually at the October Committee Meeting. Any comprehensive amendments will be documented under authorisation. This policy was reviewed in August 2023.

3 Policy

Active play environment:

- Children are actively encouraged to accept and respect each other's range of physical abilities.
- A range of strategies are utilised to promote active play and its benefits to children.
- Staff/carers consult with families and resource agencies on providing physical experiences that reflect diverse backgrounds and abilities.
- Children are dressed appropriately to support engagement in active play.
- Staff role model appropriate footwear.

Screen time:

- Screen time is not provided for children two years and under.

Where used, screen time is strictly limited:

- Strategies are in place in the program to promote active outdoor play, open ended learning experiences and to monitor screen time activities, with screens being utilised solely for educational purposes for restricted periods of time.

- Information is provided to parents about why it is important to decrease screen time at home and how to offer other active play ideas.

Playing safely and pedestrian and car safety:

- Walking is encouraged in the local area for excursions.
- Parents are actively encouraged to have toddlers and young children walking short distances rather than being in strollers/pushers.
- Space is provided for children to leave their bikes and scooters if they ride
- Walk or ride/trike to the children's service days are held. For example bike / scooter days are held as part of the kinder room programming.

Families and Community:

- The Centre actively shares information and ideas on the most effective ways to promote active play. Families at the Centre are provided with information and updates (e.g. Kids – 'Go for your life' publications), which includes information, ideas and strategies to encourage families to:
  - Promote active play at home for children
  - Be active together

Centre staff understand they are excellent role models for children and utilize this in promoting active play.

Policies empower staff to make changes around nutrition and active play and support families in understanding what is important for the health and wellbeing of their children. The Centre's policies (contained in the Parent Handbook and Policies and Procedures) promote the development of active play habits in children. All families at the Centre have access to the Centre's Parent Handbook and Policies and Procedures.

4 Rationale

Healthy eating and active play are associated with improved learning and concentration, better mood and behaviour, healthy growth and weight and lifelong health and wellbeing. It is recognised that early childhood services can impact on children's health and can contribute to creating an environment that promotes healthy eating and active play. Moreover, early childhood services can help children develop healthy habits to live, learn, grow and play.

5 Procedure

Active Play:

Participation

- Every child is provided with equal encouragement to allow them to acquire skills and develop confidence.
- Gender, cultural, age and individual differences are considered when planning activities.
- A sense of fair play and courtesy among children is encouraged to promote a friendly playing environment.
- Play experiences should be inclusive of all children.
- Educators act as good role models of physically active behaviour.
- All physical activity sessions will be adequately supervised.

Amount and types of physical activity

- Program plans incorporate a variety of outdoor as well as indoor active play experiences such as dance, drama, moving to music, climbing and active games on a daily basis.
- Floor based active play is encouraged regularly for babies both indoors and outdoors
- Both adult guided and child initiated active play is spread throughout the day. The

Australian guidelines recommend at least 3 hours a day of active play for children 2-5 years **(Please refer to the physical activity recommendations at the end)**

- The staff will ensure that a range of sensory experiences and fine motor, as well as gross motor experiences are available at all times.
- To decrease sedentary activities, children will be encouraged to play outdoors with free and creative active play activities.
- Adult guided activity sessions will vary to incorporate aspects of endurance, flexibility and strength.
- Physical activity is planned to encourage all children and cater for a range of abilities.
- Parents are encouraged to walk or ride with children to service where appropriate.
- In adverse weather conditions, outdoor playing time is substituted with equivalent indoor activities.

Learning about Physical activity

- Children learn about the importance of physical activity for future health.
- The Centre provides physical activity information and guidelines for carers and parents.
- Age appropriate traffic safety education, including pedestrian and car safety and playing safely, is provided as part of the program to children and their parents/carers. These will be promoted in daily practice when out walking, in the park and in play experiences within the program.

Screen time

- The Centre limits the amount of screen time the children have. There are 2 iPads in each room. One iPad is used for electronic sign in. The other iPad is primarily utilised for documenting children's learning and educational experiences. There is an interactive white board in the large foyer.
- The iPads are used with children over 2 years solely in an educational capacity (e.g. Road safety videos) alongside supervision and interaction with educators, for periods of a maximum of 10 minutes.
- The computer is used in the kinder or junior kinder program (Orange Room) under the guidance of the staff. Programs are educational.
- Staff ensure that the children spend no more than 15 minutes at a time on the computer in the kinder room.
- The interactive whiteboard is used primarily with Kinder children in small groups, guided by educators to explore educational experiences (e.g. literacy or science) for restricted periods of time (up to a maximum of 15 minutes).
- Parents are encouraged to filter and limit their children's screen time at home.
- Staff will provide information to parents about the impact of too much, or inappropriate, screen time on their child's overall development.
- The Centre is a strong advocate for active play, role modelling a well organised and fun program that builds children's skills and self-confidence. The children are encouraged to develop their interest in play at home and parents are given tips with inexpensive activity ideas.

Playing safely and pedestrian and car safety

- The Centre will provide traffic safety education in their programs using a variety of methods that are appropriate to the children's ages and abilities.
- The centre will provide information to families on traffic safety education via newsletters, pamphlets, books, videos and tip sheets.
- Staff will provide opportunities for children to learn about safety through planned excursions where they will have the opportunity to practice what they have learned e.g. holding hands, wearing bike helmets, crossing the road, etc.
- The resources from VicRoads are used including the 'Starting Out Safely' program.

Appendix 1

The National Physical Activity Recommendations for Children 0 to 5 years

1. For healthy development in infants (birth to 1 year), physical activity – particularly floor-based play in safe environments – should be encouraged from birth.

2. Toddlers (1-3 years) and pre-schoolers (3-5 years) should be physically active every day for at least three hours, spread throughout the day.

3. For children two to five years of age, sitting and watching television and the use of other electronic media (DVDs, computer and electronic games) should be limited to less than one hour per day.

4. Children younger than two years of age should not spend any time watching television or using other electronic media (DVDs, computer and other electronic games).

5. Infants toddlers, and pre-schoolers should not be sedentary, restrained or kept inactive, for more than one hour at a time – with the exception of sleeping.

Taken from Get Up and Grow - Healthy Eating and Physical Activity for Early Childhood. Commonwealth of Australia 2009

27.1.22 FPCC 4.14 - Nappy Change and Toileting

1 Authorisation

This policy was adopted by the FPCC Committee of Management at the October 2013 Committee Meeting.

2 Review Date

This policy shall be reviewed annually at the October Committee Meeting. Any comprehensive amendments will be documented under authorisation. This policy was reviewed in July 2023.

3 Policy

Centre staff will ensure that nappy changing and toileting is carried out hygienically and safely. Nappy changing will be an opportunity for staff to enjoy a pleasant interaction with each child by singing or chatting. At the appropriate time staff will discuss each child's readiness for toileting training with her/his parents so that there is consistency in expectations. Staff will be sensitive to each child's individual needs, encouraging the child's self-help and independence skills.

4 Procedure

Nappy Change

Staff will:

- Ensure that all supplies needed are close at hand but out of reach of children;
- Place protective nappy on the change table;
- Lift the child, or assist a child using steps to the change table;
- Ensure a child is never left unattended on the change table;
- Ensure that if eyes are off the child, one hand is kept on the child;
- Ensure gloves are worn if the nappy is soiled;
- Remove the child's nappy and any wet/soiled clothes;
- Place wet/soiled nappy in the bin and wet/soiled clothing in a plastic bag;
- Clean the child's bottom using a wet cloth nappy;
- Remove protective cover (paper or nappy) and place in bin;
- Remove gloves, by peeling them back from the wrist, before touching clean clothes;
- Place the gloves in the bin;
- Put on clean nappy on the child. If cream is needed put on fresh glove and use tissue to apply;
- Dispose of tissue in the bin;
- Remove the child from the change table;
- Wash and dry the child's hands;

- Clean the table using disinfectant. Use paper towelling to wipe the table down disposing of the paper in the bin;
- Wash own hands;
- Mark on the nappy change /toileting chart using the appropriate key.

Toileting

Staff will:

- Ensure that the child will be offered a choice of toilet, if possible;
- Assist the child to use the toilet, using a glove for wiping, and reminding the child to flush the toilet;
- Prompt the child to wash their hands, modelling the correct method if necessary;
- Remind the child to wipe their hands on their towel, assisting them to identify their own hook, if necessary;
- Place any wet or soiled clothes in a plastic bag for laundering at home;
- Always encourage the child's efforts to develop toilet independence.

Reference: National Health and Medical Research Council 'Staying Healthy in Child Care – Preventing Infectious Diseases in Child Care', 4th Edition, 2005, Commonwealth Department of Health and Family Services. Canberra ACT

27.1.23 FPCC 4.15 - Biting

1 Authorisation

This policy was adopted by the FPCC Committee of Management at the October 2013 Committee Meeting.

2 Review Date

This policy shall be reviewed annually at the October Committee Meeting. Any comprehensive amendments will be documented under authorisation. This policy was reviewed in July 2023.

3 Policy

The Centre recognises that biting among young children is, unfortunately, not unexpected. Biting can occur for a whole range of reasons, such as frustration, excitement, experimentation. We recognise that it is never the right thing to do and recognise the distress it causes. The staff have training on the issue of biting and attend in-services to keep their knowledge current. Parents are encouraged to voice concerns they may have to a staff member and can feel reassured that the Centre treats this issue very seriously and will support both the bitten child and the biting child towards the resolution of the issue.

Whilst we cannot guarantee to never have incidences of biting, we aim to minimise the likelihood of its occurring by providing a calm, cheerful atmosphere with a mix of stimulating and soothing, age-appropriate activities and with multiples of favourite toys. We also work to model acceptable and appropriate behaviours for the children, giving them tools to resolve conflicts.

4 Procedure

When biting occurs we give immediate attention, sympathy and reassurance, and if necessary, first aid, to the child who was bitten. We offer to put ice on the bite if the child is willing. If the skin is broken, we follow medical advice and clean the wound with soap and water. If it is likely that the bite may get dirty, we will also cover it to keep it clean.

If your child is bitten, we will call you to let you know about the bite. Biting is always documented on our Incident Report Form, which is completed and signed by the staff member, then signed

by the parent, a copy given to the parent, and the other copy kept with the child's enrolment form in the office.

We then respond to the child who did the biting. Our specific response will vary depending on the circumstances, but our basic message is that biting is the wrong thing to do. Because we want to stop the biting from happening as quickly as possible, we don't use responses that would harm a child or are known to be ineffective, but rather ones that help the child who bit learn different, appropriate behaviour.

If your child bites, you will be informed personally and privately the same day. We will keep the name of the child who bit confidential. We have this absolute policy of confidentiality as it avoids labelling and confrontations and allows our staff to concentrate their time and energy to work on preventing the biting.

5 Strategies

- We set limits to prevent biting from occurring.
- Rules are simple.
- We provide multiples/more than one, of the same toys to play with in a group play situation.
- We give positive encouragement when children play well together. This gives recognition and acknowledgement to children who behave positively instead of to those who behave negatively.
- We acknowledge children's feelings using reflective listening i.e. 'I can see you are upset. Please tell B. you would like this truck when he/she is finished with it'.
- We supervise play closely and mix play time in large groups with play time in two or three small groups during our day.
- We demonstrate alternative ways of interacting and offer solutions such as, 'We have a cold teething ring over there. Let's go get it. Perhaps you would like to bite it.'

If there are episodes of ongoing biting, we will develop a plan of specific strategies, techniques and timelines to address it.

This will include observing the biting child closely and consistently to understand the causes/triggers behind the behaviour. Staff will discuss strategies as a team to influence and modify the behaviour through carefully targeted, individualised planning. We will examine our program to see if changes need to be made. The whole process shall have the children's safety uppermost in mind. If we need to develop such a plan, we will share the details with parents so they know specifically how we are addressing the problem.

27.1.24 FPCC 4.16 - Maintenance and Safety

1 Authorisation

This policy was adopted by the FPCC of Management at the October 2013 Committee Meeting.

2 Review Date

This policy shall be reviewed annually at the October Committee Meeting. Any comprehensive amendments will be documented under authorisation. This policy was reviewed in July 2023 and August 2025.

3 Policy

The Centre believes that the safety of all who use the facility is of paramount importance. The Centre will ensure that its buildings, grounds and equipment are safe for children, families and staff. Centre management and staff will be constantly vigilant to identify and remove hazards and dangers. The Centre will minimise the use of toxic products without compromising effective cleaning. Potentially dangerous products will be managed so that they are inaccessible to

children. The Centre will provide and maintain an environment that is safe and without risks to health for children, families and staff. The Centre will ensure that its health and safety policies and practices are based upon up-to-date recommendations of the relevant authorities.

4 Procedure

- The Melbourne City Council will undertake the general maintenance of the Centre's buildings and its grounds according to its Service Agreement and Lease.
- The Melbourne City Council will provide a schedule of its proposed maintenance visits to the Centre every six months.
- The Melbourne City Council will make unscheduled visits as required at the request of the Centre.
- Each morning, staff on the early shift will check the grounds for any hazards, such as spider webs, animal faeces and syringes.
- The sandpit will be raked and the paved areas outdoors swept each morning. The debris will be disposed of in the closed bin in the toddler bathroom.
- The staff member will sign the daily check proforma to indicate that the checks and cleaning of the outdoor areas have been completed.
- A minimum of two staff members will be in attendance at all times the Centre is operating.
- Staff/child ratios prescribed by the Victorian State Regulations will be maintained at all times.
- Staff will ensure that children are adequately supervised at all times, maintaining a level of supervision appropriate to the activity being undertaken and the children who are participating in the activity.
- Staff will educate children in the safe use of equipment and, where appropriate, involve the children in setting safety rules.
- Staff will only use toys and equipment in good repair appropriate for each age group.
- Broken or damaged toys and equipment will be removed immediately and reported to the Director for repair or replacement.
- A safety switch will protect all power points and electrical cords placed out of reach of children.
- Throughout the day staff will carry out spot checks of areas wherever children are present to ensure the area is free from hazards.
- Staff will clean tables before and after meals and sweep floor. Floors will be kept clear and any spills wiped up.
- Potentially dangerous material and products will be stored out of reach of children and/or within a locked environment.
- Chemicals will be managed according to the guidelines recommended by the Victorian Work Cover Authority.
- The Centre is covered by the City of Melbourne Municipal Plan (MEMPLAN)/CBD Emergency Plan. In the event of a disaster the Council will keep the Centre informed and advise the Centre of the emergency relief measures in place.
- The emergency evacuation procedures will be posted prominently in all rooms and on the foyer notice board.
- Evacuation drills involving all staff will be conducted regularly with alternate persons in charge. The effectiveness of the evacuation procedures will be evaluated after each drill.
- All fire safety equipment will be maintained by The City of Melbourne subcontractors who will check fire extinguishers regularly.
- All staff will participate in annual training, provided by the Australian Institute of Public Safety in the use of fire safety equipment.
- All staff will be required to have current first aid certificates.
- The Occupational Health and Safety Committee member will be responsible for overseeing the maintenance of the Centre's facilities, promoting OH&S, ensuring that the Centre complies with OH&S legislation and statutory rules.

- The Occupational Health and Safety staff representative will work with staff to identify and report hazards and to liaise with the Director and the OH&S Committee member on OH&S matters.
- Occupational Health and Safety will be a standing agenda item for staff meetings.
- Staff will be assisted to undertake training in OH&S issues.

Occupational Health and Safety Act 2004
Working Safely in Community Services 2nd edition October 2006

27.1.25 FPCC 4.17 – Use and Storage of Dangerous Products

1 Authorisation

This policy was adopted by the FPCC of Management at the October 2013 Committee Meeting.

2 Review Date

This policy shall be reviewed annually at the October Committee Meeting. Any comprehensive amendments will be documented under authorisation. This policy was reviewed in July 2023.

3 Policy

The Centre believes that the safety of all who use the facility is of paramount importance. The Centre will ensure that all children, families and staff are safe and protected from dangerous products during the hours of the Centre's operation. The policy will assist the Centre to minimize the use of dangerous products without compromising effective cleaning and to ensure that dangerous products are stored in the correct manner out of access by the children.

4 Procedure

- The Centre will ensure that families are given a copy of the use and storage of dangerous products policy upon enrolment at the centre, and that staff are given a copy upon commencement of employment.
- Ensure there is shelf space in the chemical/cleaners room where dangerous products can be stored-locked and out of reach of the children
- Provide correct and adequate safety equipment for use when handling dangerous products.
- Provide staff training in the correct use and storage of all dangerous products found at the Centre.
- Staff will ensure they are familiar with the use and safe storage of dangerous products policy
- Follow all safety and storage instructions as directed by management
- Attend any training as provided by management in the correct use and storage of dangerous products
- Parents/guardians will make sure they are familiar with the use and safe storage of dangerous products policy
- Children will be protected from dangerous products through proper use and storage by staff and management.

Occupational Health and Safety Act (Victoria) 2004
Austin Health- Prevention of Poisoning- Accessed August 2009
http://www.austin.org.au/Content.aspx?topicID=841
Royal Children's Hospital-Safety Centre- Accessed August 2009
htpp://www.rch.org.au/emplibrary/safetycentre/11_Poisoning.pdf

27.1.26 FPCC 4.18 - Anaphylaxis

Mandatory – Quality Area 2

1 Authorisation

This policy was adopted by the FPCC Committee of Management at the October 2013 Committee Meeting.

2 Review Date

This policy shall be reviewed annually at the October Committee Meeting. Any comprehensive amendments will be documented under authorisation.
ELAA acknowledges the contribution of the Department of Allergy and Immunology at The Royal Children's Hospital Melbourne, Allergy & Anaphylaxis Australia Inc and Department of Education and Training (DET) in the development of this policy. This policy was reviewed in July 2025.

Purpose

This policy will provide guidelines to:

- minimise the risk of allergic reaction resulting in anaphylaxis occurring while children are in the care of FPCC
- ensure that service staff respond appropriately to anaphylaxis by following the child's ASCIA action plan for anaphylaxis
- raise awareness of anaphylaxis and its management amongst all at the service through education and policy implementation.

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

Values

FPCC believes that the safety and wellbeing of children who are at risk of anaphylaxis is a whole-of-community responsibility, and is committed to:

- providing a safe and healthy environment in which children at risk of anaphylaxis can participate fully in all aspects of the program
- raising awareness of families, staff, children and others attending the service about allergies and anaphylaxis
- actively involving the parents/guardians of each child at risk of anaphylaxis in assessing risks, and in developing risk minimisation and risk management strategies for their child
- ensuring all staff members and other adults at the service have adequate knowledge of allergies, anaphylaxis and emergency procedures
- facilitating communication to ensure the safety and wellbeing of children at risk of anaphylaxis.

Scope

This policy applies to the Approved Provider, Nominated Supervisor, Certified Supervisor, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of FPCC. This policy will apply regardless of whether a child diagnosed by a registered medical practitioner as being at risk of anaphylaxis is enrolled at the service.

Background

Anaphylaxis is a severe and potentially life-threatening allergic reaction. Up to two per cent of the general population and up to ten per cent of children are at risk. The most common causes of allergic reaction in young children are eggs, peanuts, tree nuts, cow's milk, fish, shellfish, soy, wheat and sesame, bee or other insect stings, and some medications. A reaction can develop within minutes of exposure to the allergen and young children may not be able to identify or articulate the symptoms of anaphylaxis. With planning and training, a reaction can be treated effectively by using an adrenaline autoinjector, often called an EpiPen® or an Anapen®.
In any service that is open to the general community it is not possible to achieve a completely allergen-free environment. A range of procedures and risk minimisation strategies, including strategies to minimise the presence of allergens in the service, can reduce the risk of anaphylactic reactions.

Legislation that governs the operation of approved children's services is based on the health, safety and welfare of children, and requires that children are protected from hazards and harm. The Approved Provider will ensure that there is at least one educator on duty at all times who has current approved anaphylaxis management training in accordance with the *Education and Care Services National Regulations 2011* (Regulation 136(1)(b)). As a demonstration of duty of care and best practice, ELAA recommends all educators have current approved anaphylaxis management training (refer to *Definitions*).

Approved anaphylaxis management training is listed on the ACECQA website (refer to *Sources*).

Legislation and Standards

Relevant legislation and standards include but are not limited to:

- *Education and Care Services National Law Act 2010*: Sections 167, 169
- *Education and Care Services National Regulations 2011*: Regulations 90–96, 102, 136, 137, 146, 147, 160–162, 168(2)(d), 173, 177, 181, 183, 184, 246
- *Health Records Act 2001* (Vic)
- *National Quality Standard*, Quality Area 2: Children's Health and Safety
  - Standard 2.1: Each child's health and physical activity is supported and promoted
    - Element 2.1.2: Health practices and procedures; Effective illness and injury management and hygiene practices are promoted and implemented
    - Element 2.1.3: Healthy lifestyle; Healthy eating and physical activity is promoted and is appropriate for each child.
  - Standard 2.3: Each child is protected
    - Element 2.2.1: Supervision; At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
    - Element 2.2.2: Incident and emergency management; plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.
- *Occupational Health and Safety Act 2004* (Vic)
- *Privacy and Data Protection Act 2014* (Vic)
- *Privacy Act 1988* (Cth)
- *Public Health and Wellbeing Act 2008* (Vic)
- *Public Health and Wellbeing Regulations 2009* (Vic)

The most current amendments to listed legislation can be found at:
- Victorian Legislation – Victorian Law Today: http://www.legislation.vic.gov.au/
- Commonwealth Legislation – ComLaw: http://www.comlaw.gov.au/

Definitions

The terms defined in this section relate specifically to this policy. For commonly used terms e.g. Approved Provider, Nominated Supervisor, Regulatory Authority etc. refer to the *General Definitions* section of this manual.

Adrenaline autoinjector: An intramuscular injection device containing a single dose of adrenaline designed to be administered by people who are not medically trained. This device is commonly called an EpiPen® or an Anapen®. As EpiPen® and Anapen® products have different administration techniques, only one brand should be prescribed per individual and their ASCIA action plan for anaphylaxis (refer to *Definitions*) must be specific for the brand they have been prescribed.
Used adrenaline autoinjectors should be placed in a rigid sharps disposal unit or another rigid container if a sharps container is not available.
Adrenaline autoinjector kit: An insulated container with an unused, in-date adrenaline autoinjector, a copy of the child's ASCIA action plan for anaphylaxis, and telephone contact details for the child's parents/guardians, doctor/medical personnel and the person to be notified in the event of a reaction if the parents/guardians cannot be contacted. If prescribed, an antihistamine should also be included in the kit. Autoinjectors must be stored away from direct heat and cold.
Allergen: A substance that can cause an allergic reaction.
Allergy: An immune system response to something in the environment which is usually harmless, eg: food, pollen, dust mite. These can be ingested, inhaled, injected or absorbed.
Allergic reaction: A reaction to an allergen. Common signs and symptoms include one or more of the following:

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

Anapen®: A type of adrenaline autoinjector (refer to *Definitions*) containing a single dose of adrenaline. The administration technique in an Anapen® is different to that of the EpiPen®. Two strengths are available: an Anapen® and an Anapen Jr®, and each is prescribed according to a child's weight. The Anapen Jr® is recommended for a child weighing 10–20kg. An AnaPen® is recommended for use when a child weighs more than 20kg.The child's ASCIA action plan for anaphylaxis (refer to *Definitions*) must be specific for the brand they have been prescribed.
Anaphylaxis: A severe, rapid and potentially life threatening allergic reaction that affects normal functioning of the major body systems, particularly the respiratory (breathing) and/or circulation systems.
Anaphylaxis management training: Training that includes recognition of allergic reactions, strategies for risk minimisation and risk management, procedures for emergency treatment and facilitates practise in the administration of treatment using an adrenaline autoinjector (refer to *Definitions*) trainer. Approved training is listed on the ACECQA website (refer to *Sources*).
Approved anaphylaxis management training: Training that is approved by the National Authority in accordance with Regulation 137(e) of the *Education and Care Services National Regulations 2011*, and is listed on the ACECQA website (refer to *Sources*).

ASCIA action plan for anaphylaxis: An individual medical management plan prepared and signed by the child's treating, registered medical practitioner that provides the child's name and confirmed allergies, a photograph of the child, a description of the prescribed anaphylaxis medication for that child and clear instructions on treating an anaphylactic episode. The plan must be specific for the brand of autoinjector prescribed for each child. Examples of plans specific to different adrenaline autoinjector brands are available for download on the Australasian Society of Clinical Immunology and Allergy (ASCIA) website: www.allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-for-anaphylaxis

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

***AV How to Call Card*:** A card that the service has completed containing all the information that Ambulance Victoria will request when phoned on 000. Once completed, this card should be kept within easy access of all service telephone/s. A sample card can be downloaded from: http://www.ambulance.vic.gov.au/Education/Calling-Triple-0.html

Communication plan: A plan that forms part of the policy outlining how the service will communicate with parents/guardians and staff in relation to the policy. The communication plan also describes how parents/guardians and staff will be informed about risk minimisation plans and emergency procedures to be followed when a child diagnosed as at risk of anaphylaxis is enrolled at a service.

Duty of care: A common law concept that refers to the responsibilities of organisations to provide people with an adequate level of protection against harm and all reasonable foreseeable risk of injury.

EpiPen®: A type of adrenaline autoinjector (refer to *Definitions*) containing a single dose of adrenaline which is delivered via a spring-activated needle that is concealed until administration is required. Two strengths are available: an EpiPen® and an EpiPen Jr®, and each is prescribed according to a child's weight. The EpiPen Jr® is recommended for a child weighing 10–20kg. An EpiPen® is recommended for use when a child weighs more than 20kg. The child's ASCIA action plan for anaphylaxis (refer to *Definitions*) must be specific for the brand they have been prescribed.

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

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

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

Nominated staff member: (In relation to this policy) a staff member nominated to be the liaison between parents/guardians of a child at risk of anaphylaxis and the Approved Provider. This person also checks regularly to ensure that the adrenaline autoinjector kit is complete and that the device itself is unused and in date, and leads practice sessions for staff who have undertaken anaphylaxis management training.

Risk minimisation: The practice of developing and implementing a range of strategies to reduce hazards for a child at risk of anaphylaxis, by removing, as far as is practicable, major allergen sources from the service.

Risk minimisation plan: A service-specific plan that documents a child's allergy, practical strategies to minimise risk of exposure to allergens at the service and details of the person/s responsible for implementing these strategies. A risk minimisation plan should be developed by the Approved Provider/Nominated Supervisor in consultation with the parents/guardians of the child at risk of anaphylaxis and service staff. The plan should be developed upon a child's enrolment or initial diagnosis, and reviewed at least annually and always on re-enrolment. A sample risk minimisation plan is provided as Attachment 3.

Staff record: A record which the Approved Provider of a centre-based service must keep containing information about the Nominated Supervisor, staff, volunteers and students at a service, as set out under Division 9 of the National Regulations.

Sources

- ACECQA provides lists of approved first aid training, approved emergency asthma management training and approved anaphylaxis management training on their website: http://acecqa.gov.au/qualifications/approved-first-aid-qualifications/
- Allergy & Anaphylaxis Australia Inc is a not-for-profit support organisation for families of children with food-related anaphylaxis. Resources include a telephone support line and items available for sale including storybooks, and EpiPen® trainers: www.allergyfacts.org.au
- Australasian Society of Clinical Immunology and Allergy (ASCIA): www.allergy.org.au provides information and resources on allergies. Action plans for anaphylaxis can be downloaded from this site. Also available is a procedure for the First Aid Treatment for anaphylaxis (refer to Attachment 4). Contact details of clinical immunologists and allergy specialists are also provided.
- Department of Education and Training (DET) provides information related to anaphylaxis and anaphylaxis training: http://www.education.vic.gov.au/childhood/providers/health/Pages/anaphylaxis.aspx
- Department of Allergy and Immunology at The Royal Children's Hospital Melbourne (www.rch.org.au/allergy) provides information about allergies and services available at the hospital. This department can evaluate a child's allergies and provide an adrenaline autoinjector prescription. Kids Health Info fact sheets are also available from the website, including the following:
  - *Allergic and anaphylactic reactions*: www.rch.org.au/kidsinfo/factsheets.cfm?doc_id=11148
  - *Autoinjectors (EpiPens) for anaphylaxis – an overview:* www.rch.org.au/kidsinfo/factsheets.cfm?doc_id=11121

  The Royal Children's Hospital has been contracted by the Department of Education and Training (DET) to provide an Anaphylaxis Advice & Support Line to central and regional DET staff, school principals and representatives, school staff, children's services staff and parents/guardians wanting support. The Anaphylaxis Advice & Support Line can be contacted on 1300 725 911 or 9345 4235, or by email: carol.whitehead@rch.org.au

Procedures

The approved Provider is responsible for:

- ensuring that an anaphylaxis policy, which meets legislative requirements and includes a risk minimisation plan (refer to Attachment 3) and communication plan, is developed and displayed at the service, and reviewed regularly
- providing approved anaphylaxis management training (refer to *Definitions*) to staff as required under the National Regulations
- ensuring that at least one educator with current approved anaphylaxis management training (refer to *Definitions*) is in attendance and immediately available at all times the service is in operation (Regulations 136, 137)
- ensuring the Nominated Supervisor, educators, staff members, students and volunteers at the service are provided with a copy of the *Anaphylaxis Policy* and the *Dealing with Medical Conditions Policy*
- ensuring parents/guardians and others at the service are provided with a copy of the *Anaphylaxis Policy* and the *Dealing with Medical Conditions Policy* (Regulation 91)
- ensuring that staff practice administration of treatment for anaphylaxis using an adrenaline autoinjector trainer at least annually, and preferably quarterly, and that participation is documented on the staff record
- ensuring the details of approved anaphylaxis management training (refer to *Definitions*) are included on the staff record (refer to *Definitions*), including details of training in the use of an
  autoinjector (Regulations 146, 147)

- ensuring that parents/guardians or a person authorised in the enrolment record provide written consent to the medical treatment or ambulance transportation of a child in the event of an emergency (Regulation 161), and that this authorisation is kept in the enrolment record for each child
- ensuring that parents/guardians or a person authorised in the child's enrolment record provide written authorisation for excursions outside the service premises (Regulation 102) (refer to *Excursions and Service Events Policy*)
- identifying children at risk of anaphylaxis during the enrolment process and informing staff
- following appropriate reporting procedures set out in the *Incident, Injury, Trauma and Illness Policy* in the event that a child is ill, or is involved in a medical emergency or an incident at the service that results in injury or trauma.

In services where a child diagnosed as at risk of anaphylaxis is enrolled, the Approved Provider is also responsible for:

- displaying a notice prominently at the service stating that a child diagnosed as at risk of anaphylaxis is being cared for and/or educated by the service (Regulation 173(2)(f))
- ensuring the *Enrolment checklist for children diagnosed as at risk of anaphylaxis* (refer to Attachment 2) is completed
- ensuring an ASCIA action plan for anaphylaxis, risk management plan (refer to Attachment 3) and communications plan are developed for each child at the service who has been medically diagnosed as at risk of anaphylaxis, in consultation with that child's parents/guardians and with a registered medical practitioner (Attachment 3)
- ensuring that all children diagnosed as at risk of anaphylaxis have details of their allergy, their ASCIA action plan for anaphylaxis and their risk minimisation plan filed with their enrolment record (Regulation 162)
- ensuring a medication record is kept for each child to whom medication is to be administered by the service (Regulation 92)
- ensuring parents/guardians of all children at risk of anaphylaxis provide an unused, in-date adrenaline autoinjector at all times their child is attending the service. Where this is not provided, children will be unable to attend the service
- ensuring that the child's ASCIA action plan for anaphylaxis is specific to the brand of adrenaline autoinjector prescribed by the child's medical practitioner
- implementing a procedure for first aid treatment for anaphylaxis consistent with current national recommendations (refer to Attachment 4) and ensuring all staff are aware of the procedure
- ensuring adequate provision and maintenance of adrenaline autoinjector kits (refer to *Definitions*)
- ensuring the expiry date of the adrenaline autoinjector is checked regularly and replaced when required and the liquid in the EpiPen/EpiPen Jnr is clear
- ensuring that a sharps disposal unit is available at the service for the safe disposal of used adrenaline autoinjectors
- implementing a communication plan and encouraging ongoing communication between parents/guardians and staff regarding the current status of the child's allergies, this policy and its implementation
- identifying and minimising allergens (refer to *Definitions*) at the service, where possible
- ensuring measures are in place to prevent cross-contamination of any food given to children diagnosed as at risk of anaphylaxis (refer to *Nutrition and Active Play Policy* and *Food Safety Policy*)
- ensuring that children at risk of anaphylaxis are not discriminated against in any way
- ensuring that children at risk of anaphylaxis can participate in all activities safely and to their full potential

- immediately communicating any concerns with parents/guardians regarding the management of children diagnosed as at risk of anaphylaxis attending the service
- ensuring that medication is not administered to a child at the service unless it has been authorised and administered in accordance with Regulations 95 and 96 (refer to *Administration of Medication Policy* and *Dealing with Medical Conditions Policy*)
- ensuring that parents/guardians of a child and emergency services are notified as soon as is practicable if medication has been administered to that child in an anaphylaxis emergency without authorisation from a parent/guardian or authorised nominee (Regulation 94)
- ensuring that a medication record is kept that includes all details required by Regulation 92(3) for each child to whom medication is to be administered
- ensuring that written notice is given to a parent/guardian as soon as is practicable if medication is administered to a child in the case of an emergency
- responding to complaints and notifying Department of Education and Training, in writing and within 24 hours, of any incident or complaint in which the health, safety or wellbeing of a child may have been at risk
- displaying the Australasian Society of Clinical Immunology and Allergy (ASCIA) (refer to *Sources*) generic poster *Action Plan for Anaphylaxis* in key locations at the service
- displaying Ambulance Victoria's *AV How to Call Card* (refer to *Definitions*) near all service telephones
- complying with the risk minimisation procedures outlined in Attachment 1
- ensuring that educators/staff who accompany children at risk of anaphylaxis outside the service carry a fully equipped adrenaline autoinjector kit (refer to *Definitions*) along with the ASCIA action plan for anaphylaxis for each child diagnosed as at risk of anaphylaxis.

Risk assessment
The National Law and National Regulations do not require a service to maintain a stock of adrenaline autoinjectors at the service premises to use in an emergency. However, ELAA recommends that the Approved Provider undertakes a risk assessment in consultation with the Nominated Supervisor, Certified Supervisors and other educators, to inform a decision on whether the service should carry its own supply of these devices. This decision will also be informed by considerations such as distance to the nearest medical facility and response times required for ambulance services to reach the service premises etc.

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

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

The Nominated Supervisor is responsible for:

- ensuring the *Enrolment checklist for children diagnosed as at risk of anaphylaxis* (refer to Attachment 2) is completed
- ensuring that all educators' approved first aid qualifications, anaphylaxis management training and emergency asthma management training are current, meet the requirements

of the National Act (Section 169(4)) and National Regulations (Regulation 137), and are approved by ACECQA (refer to *Sources*)
- ensuring that medication is not administered to a child at the service unless it has been authorised and administered in accordance with Regulations 95 and 96 (refer to *Administration of Medication Policy* and *Dealing with Medical Conditions Policy*)
- ensuring that parents/guardians of a child and emergency services are notified as soon as is practicable if medication has been administered to that child in an anaphylaxis emergency without authorisation from a parent/guardian or authorised nominee (Regulation 94)
- ensuring educators and staff are aware of the procedures for first aid treatment for anaphylaxis (refer to Attachment 4)
- ensuring an adrenaline autoinjector kit (refer to *Definitions*) is taken on all excursions and other offsite activities (refer to *Excursions and Service Events Policy*)
- compiling a list of children at risk of anaphylaxis and placing it in a secure but readily accessible location known to all staff. This should include the ASCIA action plan for anaphylaxis for each child
- ensuring that all staff, including casual and relief staff, are aware of children diagnosed as at risk of anaphylaxis, their allergies and symptoms, and the location of their adrenaline autoinjector kits and ASCIA action plans for anaphylaxis
- ensuring measures are in place to prevent cross-contamination of any food given to children diagnosed as at risk of anaphylaxis (refer to *Nutrition and Active Play Policy* and *Food Safety Policy*)
- organising anaphylaxis management information sessions for parents/guardians of children enrolled at the service, where appropriate
- ensuring that all persons involved in the program, including parents/guardians, volunteers and students on placement are aware of children diagnosed as at risk of anaphylaxis
- ensuring programmed activities and experiences take into consideration the individual needs of all children, including children diagnosed as at risk of anaphylaxis
- following the child's ASCIA~~S~~ action plan for anaphylaxis in the event of an allergic reaction, which may progress to an anaphylactic episode
- practising the administration of an adrenaline autoinjector using an autoinjector trainer and 'anaphylaxis scenarios' on a regular basis, at least annually and preferably quarterly
- ensuring staff dispose of used adrenaline autoinjectors appropriately in the sharps disposal unit provided at the service by the Approved Provider
- ensuring that the adrenaline autoinjector kit is stored in a location that is known to all staff, including casual and relief staff, is easily accessible to adults both indoors and outdoors (not locked away) but inaccessible to children, and away from direct sources of heat and cold
- ensuring that parents/guardians or an authorised person named in the child's enrolment record provide written authorisation for children to attend excursions outside the service premises (Regulation 102) (refer to *Excursions and Service Events Policy*)
- providing information to the service community about resources and support for managing allergies and anaphylaxis
- complying with the risk minimisation procedures outlined in Attachment 1.

Certified Supervisors, other educators and staff are responsible for:

- reading and complying with the *Anaphylaxis Policy* and the *Dealing with Medical Conditions Policy*
- maintaining current approved anaphylaxis management qualifications (refer to *Definitions*)

- practising the administration of an adrenaline autoinjector using an autoinjector trainer and 'anaphylaxis scenarios' on a regular basis, at least annually and preferably quarterly
- ensuring they are aware of the procedures for first aid treatment for anaphylaxis (refer to Attachment 4)
- completing the *Enrolment checklist for children diagnosed as at risk of anaphylaxis* (refer to Attachment 2) with parents/guardians
- knowing which children are diagnosed as at risk of anaphylaxis, their allergies and symptoms, and the location of their adrenaline autoinjector kits and medical management action plans
- identifying and, where possible, minimising exposure to allergens (refer to *Definitions*) at the service
- following procedures to prevent the cross-contamination of any food given to children diagnosed as at risk of anaphylaxis (refer to *Nutrition and Active Play Policy* and *Food Safety Policy*)
- assisting with the development of a risk minimisation plan (refer to Attachment 3) for children diagnosed as at risk of anaphylaxis at the service
- following the child's ASCIA action plan for anaphylaxis in the event of an allergic reaction, which may progress to an anaphylactic episode
- disposing of used adrenaline autoinjectors in the sharps disposal unit provided at the service by the Approved Provider
- following appropriate first aid procedures in the event that a child who has not been diagnosed as at risk of anaphylaxis appears to be having an anaphylactic episode (refer to Attachment 4)
- informing the Approved Provider and the child's parents/guardians following an anaphylactic episode
- taking the adrenaline autoinjector kit (refer to *Definitions*) for each child at risk of anaphylaxis on excursions or to other offsite service events and activities
- providing information to the service community about resources and support for managing allergies and anaphylaxis
- complying with the risk minimisation procedures outlined in Attachment 1
- contacting parents/guardians immediately if an unused, in-date adrenaline autoinjector has not been provided to the service for a child diagnosed as at risk of anaphylaxis. Where this is not provided, children will be unable to attend the service
- discussing with parents/guardians the requirements for completing the enrolment form and medication record for their child
- consulting with the parents/guardians of children diagnosed as at risk of anaphylaxis in relation to the health and safety of their child, and communicating any concerns
- ensuring that children diagnosed as at risk of anaphylaxis are not discriminated against in any way and are able to participate fully in all activities.

Parents/guardians of a child at risk of anaphylaxis are responsible for:

- informing staff, either on enrolment or on initial diagnosis, of their child's allergies
- completing all details on the child's enrolment form, including medical information and written authorisations for medical treatment, ambulance transportation and excursions outside the service premises
- assisting the Approved Provider and staff to develop an anaphylaxis risk minimisation plan (refer to Attachment 3)
- providing staff with an ASCIA action plan for anaphylaxis signed by a registered medical practitioner and with written consent to use medication prescribed in line with this action plan
- providing staff with an unused, in-date and complete adrenaline autoinjector kit

- ensuring that the child's ASCIA action plan for anaphylaxis is specific to the brand of adrenaline autoinjector prescribed by the child's medical practitioner
- regularly checking the adrenaline autoinjector's expiry date and colour of EpiPen adrenaline
- assisting staff by providing information and answering questions regarding their child's allergies
- notifying staff of any changes to their child's allergy status and providing a new anaphylaxis medical management action plan in accordance with these changes
- communicating all relevant information and concerns to staff, particularly in relation to the health of their child
- complying with the service's policy where a child who has been prescribed an adrenaline autoinjector is not permitted to attend the service or its programs without that device
- complying with the risk minimisation procedures outlined in Attachment 1
- ensuring they are aware of the procedures for first aid treatment for anaphylaxis (refer to Attachment 4).

Parents/guardians are responsible for:

- reading and complying with this policy and all procedures, including those outlined in Attachment 1
- bringing relevant issues and concerns to the attention of both staff and the Approved Provider

Volunteers and students, while at the service, are responsible for following this policy and its procedures.

Evaluation

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

- selectively audit enrolment checklists (for example, annually) to ensure that documentation is current and complete
- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle or following an anaphylactic episode at the service, or as otherwise required
- notify parents/guardians at least 14 days before making any changes to this policy or its procedures.
-

Attachments

- Attachment 1: Risk minimisation procedures
- Attachment 2: Enrolment checklist for children diagnosed as at risk of anaphylaxis
- Attachment 3: Sample risk minimisation plan
- Attachment 4: First Aid Treatment for Anaphylaxis – download from the Australasian Society of Clinical Immunology and Allergy:

  http://www.allergy.org.au/health-professionals/anaphylaxis-resources/first-aid-for-anaphylaxis

Acknowledgement

This policy has been reviewed by the Department of Allergy and Immunology at The Royal Children's Hospital Melbourne on 25 February 2015.

Attachment 1
Risk minimisation procedures

The following procedures should be developed in consultation with the parents/guardians of children in the service who have been diagnosed as at risk of anaphylaxis, and implemented to protect those children from accidental exposure to allergens. These procedures should be regularly reviewed to identify any new potential for accidental exposure to allergens.

In relation to the child diagnosed as at risk of anaphylaxis:

- the child should only eat food that has been specifically prepared for him/her. Some parents/guardians may choose to provide all food for their child
- ensure there is no food sharing (refer to *Definitions*), or sharing of food utensils or containers at the service
- where the service is preparing food for the child:
  - ensure that it has been prepared according to the instructions of parents/guardians
  - parents/guardians are to check and approve the instructions in accordance with the risk minimisation plan
- bottles, other drinks, lunch boxes and all food provided by parents/guardians should be clearly labelled with the child's name
- consider placing a severely allergic child away from a table with food allergens. However, be mindful that children with allergies should not be discriminated against in any way and should be included in all activities
- provide an individual high chair for very young children to minimise the risk of cross-contamination of food
- where a child diagnosed as at risk of anaphylaxis is allergic to milk, ensure that non-allergic children are closely supervised when drinking milk/formula from bottles/cups and that these bottles/cups are not left within reach of children
- ensure appropriate supervision of the child diagnosed as at risk of anaphylaxis on special occasions such as excursions and other service events
- children diagnosed as at risk of anaphylaxis who are allergic to insect/sting bites should wear shoes and long-sleeved, light-coloured clothing while at the service.

In relation to other practices at the service:

- ensure tables, high chairs and bench tops are thoroughly cleaned after every use
- ensure that all children and adults wash hands upon arrival at the service, and before and after eating
- supervise all children at meal and snack times, and ensure that food is consumed in specified areas. To minimise risk, children should not move around the service with food
- do not use food of any kind as a reward at the service
- ensure that children's risk minimisation plans inform the service's food purchases and menu planning
- ensure that staff and volunteers who are involved in food preparation and service undertake measures to prevent cross-contamination of food during the storage, handling, preparation and serving of food, including careful cleaning of food preparation areas and utensils (refer to *Food Safety Policy*)
- request that all parents/guardians avoid bringing food to the service that contains specified allergens or ingredients as outlined in the risk minimisation plans of children diagnosed as at risk of anaphylaxis
- restrict the use of food and food containers, boxes and packaging in crafts, cooking and science experiments, according to the allergies of children at the service

- ensure staff discuss the use of foods in children's activities with parents/guardians of at risk children. Any food used at the service should be consistent with the risk management plans of children diagnosed as at risk of anaphylaxis
- ensure that garden areas are kept free from stagnant water and plants that may attract biting insects.

Attachment 2

Enrolment checklist for children diagnosed as at risk of anaphylaxis

☐ A risk minimisation plan is completed in consultation with parents/guardians prior to the attendance of the child at the service, and is implemented including following procedures to address the particular needs of each child diagnosed as at risk of anaphylaxis.

☐ Parents/guardians of a child diagnosed as at risk of anaphylaxis have been provided with a copy of the service's *Anaphylaxis Policy* and *Dealing with Medical Conditions Policy*.

☐ All parents/guardians are made aware of the service's *Anaphylaxis Policy*.

☐ An ASCIA action plan for anaphylaxis for the child is completed and signed by the child's registered medical practitioner and is accessible to all staff.

☐ A copy of the child's ASCIA action plan for anaphylaxis is included in the child's adrenaline autoinjector kit (refer to *Definitions*).

☐ An adrenaline autoinjector (within a visible expiry date) is available for use at all times the child is being educated and cared for by the service.

☐ An adrenaline autoinjector is stored in an insulated container (adrenaline autoinjector kit) in a location easily accessible to adults both indoors and outdoors (not locked away) but inaccessible to children, and away from direct sources of heat and cold.

☐ All staff, including casual and relief staff, are aware of the location of each adrenaline autoinjector kit which includes each child's ASCIA action plan for anaphylaxis.

☐ All staff have undertaken approved anaphylaxis management training (refer to *Definitions*), which includes strategies for anaphylaxis management, risk minimisation, recognition of allergic reactions and emergency first aid treatment. Details regarding qualifications are to be recorded on the staff record (refer to *Definitions*).

☐ All staff have undertaken practise with an autoinjector trainer at least annually and preferably quarterly. Details regarding participation in practice sessions are to be recorded on the staff record (refer to *Definitions*).

☐ A procedure for first aid treatment for anaphylaxis is in place and all staff understand it (refer to Attachment 4).

☐ Contact details of all parents/guardians and authorised nominees are current and accessible.

☐ Information regarding any other medications or medical conditions in the service (for example asthma) is available to staff.

☐ If food is prepared at the service, measures are in place to prevent cross-contamination of the food given to the child diagnosed as at risk of anaphylaxis.

Attachment 3

Sample risk minimisation plan

The following information is not a comprehensive list but contains some suggestions to consider when developing/reviewing your service's risk minimisation plan in consultation with parents/guardians.

How well has the service planned for meeting the needs of children with allergies and those who have been diagnosed as at risk of anaphylaxis?	
Who are the children?	☐ List names and room locations of each child diagnosed as at risk.
What are they allergic to?	☐ List all known allergens for each child at risk. ☐ List potential sources of exposure to each known allergen and strategies to minimise the risk of exposure. This will include requesting certain foods/items not be brought to the service.
Do staff (including casual and relief staff), volunteers and visiting staff recognise the children at risk?	☐ List the strategies for ensuring that all staff, including casual and relief staff, recognise each at risk child, are aware of the child's specific allergies and symptoms and the location of their adrenaline autoinjector kit including their ASCIA action plan for anaphylaxis.
Do families and staff know how the service manages the risk of anaphylaxis?	☐ Record the date on which each family of a child diagnosed as at risk of anaphylaxis is provided a copy of the service's *Anaphylaxis Policy*. ☐ Record the date that parents/guardians provide an unused, in-date and complete adrenaline autoinjector kit. ☐ Test that all staff, including casual and relief staff, know the location of the adrenaline autoinjector kit and ASCIA action plan for anaphylaxis for each at risk child. ☐ Ensure that there is a procedure in place to regularly check the expiry date of each adrenaline autoinjector. ☐ Ensure a written request is sent to all families at the service to follow specific procedures to minimise the risk of exposure to a known allergen. This may include strategies such as requesting specific items not be sent to the service, for example: • food containing known allergens or foods where transfer from one child to another is likely e.g. peanut/nut products, whole egg, sesame or chocolate • food packaging where that food is a known allergen e.g. cereal boxes, egg cartons.

	☐ Ensure a new written request is sent to all families if food allergens change. ☐ Ensure all families are aware of the service policy that no child who has been prescribed an adrenaline autoinjector is permitted to attend the service without that device. ☐ Display the ASCIA generic poster *Action Plan for Anaphylaxis* in key locations at the service and ensure a completed Ambulance Victoria *AV How to Call Card* is next to all telephone/s. ☐ The adrenaline autoinjector kit, including a copy of the ASCIA action plan for anaphylaxis, is carried by an educator when a child diagnosed as at risk is taken outside the service premises e.g. for excursions.
Has a communication plan been developed which includes procedures to ensure that: • all staff, volunteers, students and parents/guardians are informed about the policy and procedures for the management of anaphylaxis at FPCC • parents/guardians of a child diagnosed as at risk of anaphylaxis are able to communicate with service staff about any changes to the child's diagnosis or anaphylaxis medical management action plan • all staff, including casual, relief and visiting staff, volunteers and students are informed about, and are familiar with, all ASCIA action plan for anaphylaxis and the FPCC risk management plan.	☐ All parents/guardians are provided with a copy of the *Anaphylaxis Policy* prior to commencing at FPCC. ☐ A copy of this policy is displayed in a prominent location at the service. ☐ Staff will meet with parents/guardians of a child diagnosed as at risk of anaphylaxis prior to the child's commencement at the service and will develop an individual communication plan for that family. ☐ An induction process for all staff and volunteers includes information regarding the management of anaphylaxis at the service including the location of adrenaline autoinjector kits, ASCIA action plans for anaphylaxis, risk minimisation plans and procedures, and identification of children at risk.

Do all staff know how the service aims to minimise the risk of a child being exposed to an allergen?

Think about times when the child could potentially be exposed to allergens and develop appropriate strategies including identifying the person responsible for implementing them (refer to the following section for possible scenarios and strategies).

- ☐ Menus are planned in conjunction with parents/guardians of children diagnosed as at risk of anaphylaxis:
  - Food for the at risk child is prepared according to the instructions of parents/guardians to avoid the inclusion of food allergens.
  - As far as is practical, the service's menu for all children should not contain food with ingredients such as milk, egg, peanut/nut or sesame, or other products to which children are at risk.
  - The at risk child should not be given food where the label indicates that the food may contain traces of a known allergen.
- ☐ Hygiene procedures and practices are followed to minimise the risk of cross-contamination of surfaces, food utensils or containers by food allergens (refer to *Hygiene Policy* and *Food Safety Policy*).
- ☐ Consider the safest place for the at risk child to be served and to consume food, while ensuring they are not discriminated against or socially excluded from activities.
- ☐ Develop procedures for ensuring that each at risk child only consumes food prepared specifically for him/her.
- ☐ Do not introduce food to a baby/child if the parents/guardians have not previously given this food to the baby/child.
- ☐ Ensure each child enrolled at the service washes his/her hands upon arrival at the service, and before and after eating.
- ☐ Employ teaching strategies to raise the awareness of all children about anaphylaxis and the importance of *no food sharing* (refer to *Definitions*) at the service.
- ☐ Bottles, other drinks, lunch boxes and all food provided by the family of the at risk child should be clearly labelled with the child's name.

Do relevant people know what action to take if a child has an anaphylactic

- ☐ Know what each child's ASCIA action plan for anaphylaxis contains and implement the procedures.
- ☐ Know:
  - who will administer the adrenaline autoinjector and stay with the child
  - who will telephone the ambulance and the parents/guardians of the child
  - who will ensure the supervision of other children at the service
  - who will let the ambulance officers into the service and take them to the child.
- ☐ Ensure all staff have undertaken approved anaphylaxis management training and participate in regular practise sessions.
- ☐ Ensure a completed Ambulance Victoria *AV How to Call Card* is located next to all telephone/s.

Potential exposure scenarios and strategies

How effective is the service's risk minimisation plan?
☐ Review the risk minimisation plan of each child diagnosed as at risk of anaphylaxis with parents/guardians at least annually, but always on enrolment and after any incident or accidental exposure to allergens.

Scenario	**Strategy**	**Who is responsible?**
Food is provided by the service and a food allergen is unable to be removed from the service's menu (e.g. milk).	Menus are planned in conjunction with parents/guardians of children diagnosed as at risk, and food is prepared according to the instructions of parents/guardians. Alternatively, the parents/guardians provide all food for the at risk child.	Cook, Nominated Supervisor and parents/guardians
	Ensure separate storage of foods containing the allergen.	Approved Provider and Cook
	Cook and staff observe food handling, preparation and serving practices to minimise the risk of cross-contamination. This includes implementing good hygiene practices and effective cleaning of surfaces in the kitchen and children's eating area, food utensils and containers.	Cook, staff and volunteers
	There is a system in place to ensure the child diagnosed as at risk of anaphylaxis is served only food prepared for him/her.	Cook and staff
	A child diagnosed as at risk of anaphylaxis is served and consumes their food in a location considered to be at low risk of cross-contamination by allergens from another child's food. Ensure this location is not separate from all children and allows social inclusion at meal times.	Staff
	Children are regularly reminded of the importance of not sharing food.	Staff
	Children are closely supervised during eating.	Staff

Party or celebration	Give parents/guardians adequate notice of the event.	Approved Provider, Nominated Supervisor and educators
	Ensure safe food is provided for the child diagnosed as at risk of anaphylaxis.	Parents/guardians and staff
	Ensure the child diagnosed as at risk of anaphylaxis only eats food approved by his/her parents/guardians.	Staff
	Specify a range of foods that all parents/guardians may send for the party and note particular foods and ingredients that should not be sent.	Approved Provider and Nominated Supervisor
Protection from insect bite allergies	Specify play areas that are lowest risk to the child diagnosed as at risk and encourage him/her and peers to play in that area.	Educators
	Decrease the number of plants that attract bees or other biting insects.	Approved Provider
	Ensure the child diagnosed as at risk of anaphylaxis wears shoes at all times they are outdoors.	Educators
	Respond promptly to any instance of insect infestation. It may be appropriate to request exclusion of the child diagnosed as at risk during the period required to eradicate the insects.	Approved Provider/Nominated Supervisor
Latex allergies	Avoid the use of party balloons or latex gloves.	Staff
Cooking with children	Ensure parents/guardians of the child diagnosed as at risk of anaphylaxis are advised well in advance and included in the planning process. Parents/guardians may prefer to provide the ingredients themselves. Ensure activities and ingredients used are consistent with risk minimisation plans.	Approved Provider, Nominated Supervisor and educators

ATTACHMENT 4
First Aid Treatment for Anaphylaxis

Download this attachment from the Australasian Society of Clinical Immunology and Allergy: http://www.allergy.org.au/health-professionals/anaphylaxis-resources/first-aid-for-anaphylaxis

RISK ASSESSMENT

27.1.27 FPCC 4.19 - Diabetes

Mandatory – Quality Area 2

1 Authorisation

This policy was adopted by the FPCC Committee of Management at the June 2012 Committee Meeting.

2 Review Date

This policy shall be reviewed annually at the October Committee Meeting. Any comprehensive amendments will be documented under authorisation. This policy was reviewed in July 2023.

3 Rationale

The content of this policy was developed for ELAA by advocacy and diabetes educators at Diabetes Australia – Vic and the Royal Children's Hospital Melbourne's manager of diabetes education in Australia, in August 2012. It was fully revised in February 2015.
Diabetes is a chronic disease with serious complications, currently affecting an estimated 1.7 million Australians. Children with diabetes can enjoy and participate in school life to the fullest, but it is important that the appropriate information is provided to those people who are responsible for their wellbeing while at school.

Type 1 diabetes is the form of diabetes most likely to be seen in children; however type 2 diabetes is increasingly being seen in school-age children.

It is generally accepted that children under the age of six do not always have the skills and ability to recognise and manage their own diabetes effectively. With this in mind, Fawkner Park Children's centre recognises the need to educate its staff and parents/carers about diabetes and to promote responsible diabetes management strategies.

4 Aims

This Diabetes Policy aims to:

- Raise the awareness of diabetes amongst those involved with the Children's Service
- Provide the necessary strategies to ensure the health and safety of all persons with diabetes involved with the Children's Service
- Provide an environment in which children with diabetes can participate in all activities to the full extent of their capabilities
- Provide a clear set of guidelines and expectations to be followed with regard to the management of diabetes.

5 Our Commitment

Diabetes management should be viewed as a shared responsibility. To this end each of the key groups within Fawkner Park Children's Centre give the following undertakings:

The management of a child's diabetic condition is dependent upon coordination between the service, the child's doctor and family.
On enrolment it is the parent's responsibility to inform the service of their child's diabetic condition.

In doing so, the following forms and equipment are to be completed/supplied and returned.

- Diabetic Details
- Individual Diabetic Action Plan
- Diabetic Emergency Plan
- Emergency Contacts
- Blood glucose test Authorisation
- Long Term Blood Glucose Testing Record
- Details provided in these forms are to be reviewed every twelve months or earlier if required for medical reasons.
- The service is to be informed of any changes in medication or the action plan immediately.
- It is the parent's/guardian's responsibility to ensure that a store of current blood glucose testing kit is maintained at the service. The kit is to be provided and stored in accordance with the Service's Medication Policy. The kit is to be labelled with the child's name.
- It is the parent/guardian responsibility to supply and keep stocked the "hypopack" energy food pack.
- If the child displays symptoms of a diabetic attack, too low – i.e.; below 4, too high – i.e.; above 20, Educator will contact the child's parent/guardian.
- In the event that an Educator feels emergency treatment is required an ambulance will be called.
- Educators will follow the child's Diabetic Action Plan, Educators are not medical professionals and are therefore unable to diagnose, however will seek further professional advice if they feel it is necessary.
- Educators will administer blood glucose test as instructed on management plan
- Attend training

PROCEDURE:

- Parent/s to provide to the Centre a Diabetes package (forms). The package includes: Diabetes Action Plan and Diabetes Emergency Plan signed by a medical professional, Blood glucose test authorization and testing kit, long term blood glucose testing record and a hypo pack.
- Discuss completed forms with parents.
- Inform all relevant Educators of information and where it is filed, location of child's testing kit and hypo pack.
- Review the information with parent every twelve months or earlier if required for medical reasons.
- Follow child's Diabetes Action Plan. This must be displayed in the child's room and in the staff room.
- In the event of low glucose level or high glucose level, follow the child's individual Diabetic Emergency Plan and complete emergency record.
- Document blood glucose levels and dispose of tissues etc. containing blood
- Remind parents to keep testing kits well stocked and in good condition

Implementing the Diabetes Policy

1 Medical Information – the Diabetes Action Plan

Any parent of a child with diabetes in your care is required to provide written information regarding the child's diabetes either on enrolment or on diagnosis. Enrolment forms may ask the question 'Has your child ever had diabetes'?

The Diabetes Action Plan should include information such as:

- Signs and symptoms specific to the child's diabetes
- A list of known triggers
- Medications taken on a regular basis when the child is 'well'
- The preferred method for treating deteriorating diabetes, that is, a hyperglycaemic or hypoglycaemic attack
- What to do in an diabetes emergency
- Name, address and telephone number of a 'person who is to be notified of any accident, injury, trauma or illness involving the child'
- Name, address and telephone number of the child's doctor.

Information about Diabetes Action Plans can be found on The Diabetes Australia Vic website at **http://www.diabetesvic.org.au/**.

2 First Aid

Children with specific health need in diabetes, must have an individual Diabetes Action Plan completed and signed by parents/guardians and a medical practitioner stipulating any particular care needs or specific first aid procedures for their child. Other special care needs should be by consultation with parent/guardian.

Emergency Treatment of Hypoglycaemia Attack (Low Blood sugar)

Low blood glucose levels – hypoglycaemia or "hypo"

A blood glucose level below 4mmol/L is regarded as low. Brain function and behaviour deteriorate if the brain is not supplied with enough glucose for its needs. Too much insulin and/or exercise, or not enough carbohydrate foods may cause a low blood glucose level (hypoglycaemia or hypo), depriving the brain of energy. Hypoglycaemia may be dangerous. Treatment is needed promptly to raise the blood glucose level to prevent a mild hypo from progressing to a severe hypo.

Warning signs of hypoglycaemia

The signs may progress from mild to severe if left untreated.

Features of a mild hypo include:

- Sweating, paleness, trembling, hunger, weakness
- Changes in mood and behaviour (e.g. crying, argumentative outbursts, aggressiveness)
- Inability to think straight, lack of coordination
- In a moderately severe hypo, additional signs develop, including:
- Inability to help oneself
- Glazed expression
- Being disoriented, unaware or seemingly intoxicated
- Inability to drink and swallow without encouragement
- Headache, abdominal pains or nausea
- In a severe hypo, the signs have progressed to include:
- Dizziness and unsteadiness, inability to stand
- Extreme disorientation, inability to respond to instructions
- Inability to drink and swallow (leading to danger of inhaling food into lungs)
- Unconsciousness or seizures (jerking or twitching of face, body or limbs)

Hypoglycaemia without symptoms

Occasionally a routine blood glucose test will show a result less than 4mmol/L without hypo symptoms being evident. Urgent treatment is still needed to prevent progression to a severe hypo.

What to do for mild or moderately severe hypos

Mild to moderately severe hypos are treated by giving sugar-containing food or drink by mouth.

Remember to:

a) Never leave a child who has a hypo alone

b) Act swiftly. Early treatment will prevent a mild hypo progressing to a severe one. If in doubt, TREAT

c) Give easily absorbed carbohydrate foods.
Any ONE of the following:

- Fruit juice (1/3 to 1/2 glass or 125-200ml)
- Sugar-containing soft drink (1/3 to 1/2 can or 125 to 200ml)
- Glucose tablets equivalent to 10-15 grams (2-3)
- Sugar, honey, sweetened condensed milk or jam (2-3 teaspoons)
- Jelly beans (4 large or 7 small)

Repeat this treatment if there has been no positive response within 10 to 15 minutes.

d) Follow up by giving additional carbohydrate food

After approximately 10 to 15 minutes, or once a positive response is evident, give some carbohydrate food (bread, biscuits, pasta, and equivalent to 1 slice of bread).

e) Adult supervision is needed until the student has fully recovered

If symptoms improve sufficiently, the student may return to normal activity in approx. 15-30 minutes. If no improvement is apparent in this time, repeat the treatment. If symptoms remain, notify the parents/ guardians or the school doctor or transfer to a hospital by ambulance. After a severe hypo, the child may have difficulty in concentrating for several hours.

What to do for severe hypos

Severe hypos, causing unconsciousness, seizures or extreme disorientation, cannot be treated by giving sweet foods or drinks by mouth. They require urgent specialised
help using either injections of glucose or a special injection of medication called Glucagon.

In a severe hypo, the signs progress to include:

a) Never put food or drink in the mouth of a person who is unconscious, convulsing or unable to swallow in case it is inhaled

b) Apply first aid principles:

- Lie the student on one side and protect from injury
- Check the airway and breathing. Check the mouth is clear to allow unobstructed breathing
- Call an ambulance and inform the operator that there is *a diabetes emergency*

Source: http://www.diabeteskidsandteens.com.au/pdf/DIA07010%20Info4Schools_DutyOfCare_v2.pdf

If a child or staff member develops signs of what appears to be a hypoglycemic attack, appropriate care must be given immediately. Regardless of whether the attack is mild, moderate or severe, treatment should commence immediately as delay may increase the severity of the attack and ultimately risk the child's life.

- If the child has written instructions on their Diabetes Action Plan follow these instructions immediately.
- If no instructions are available then immediately commence the standard diabetes emergency protocol detailed above.

Other Sources
www.diabetesvic.org.au/type-1-diabetes/children-a-adolescents

See Appendix 3 for Strategies

27.1.28 FPCC 4.20 – Dealing with Medical Conditions

Mandatory – Quality Area 2

1 Authorisation

This policy was adopted by the FPCC Committee of Management at the September 2013 Committee Meeting.

2 Review Date

This policy shall be reviewed annually at the October Committee Meeting. Any comprehensive amendments will be documented under authorisation. This policy was reviewed in July 2023.

Rational

This policy will provide guidelines for Fawkner Park Children's Centre educators and families to ensure that:

- clear procedures exist to support the health, wellbeing and inclusion of all children enrolled at the service
- service practices support the enrolment of children and families with specific health care requirements.

Fawkner Park Children's Centre is committed to recognising the importance of providing a safe environment for children with specific medical and health care requirements through implementing and maintaining effective hygiene practices. This will be achieved through:

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

Scope

This policy applies to the Approved Provider, Nominated Supervisor, Certified Supervisor, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Fawkner Park Children's Centre, including during offsite excursions and activities.

This policy should be read in conjunction with:

- *Anaphylaxis Policy*

- *Asthma Policy*
- *Diabetes Policy*

Background and Legislation

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

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

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

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

- with written authorisation from the parent/guardian or a person named in the child's enrolment record as authorised to consent to administration of medication (Regulation 92(3)(b))
- with two adults in attendance, one of whom must be an educator. One adult will be responsible for the administration and the other adult will witness the procedure
- if the medication is in its original container bearing the child's name, dose and frequency of administration.

Refer to the *Administration of Medication Policy* for more information.

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

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

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

Self-administration by a child over preschool age

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

- Where a child over preschool age can self-administer medication/medical procedures, written permission must be provided by the child's parent/guardian.
- Parents/guardians will provide written details of the medical information and administration protocols from the child's medical/specialist medical practitioner(s).
- The self-administration of medication or medical procedures by children over preschool age will be undertaken only under the supervision of a staff member with current approved first aid qualifications.

Legislation and standards

Relevant legislation and standards include but are not limited to:

- *Education and Care Services National Law Act 2010*: Section 173
- *Education and Care Services National Regulations 2011*: Regulations 90, 91, 96

- *Health Records Act 2001*
- *National Quality Standard*, Quality Area 2: Children's Health and Safety
  - Standard 2.1: Each child's health and physical activity is supported and promoted
    - Element 2.1.2 Health practices and procedures; Effective illness and injury management and hygiene practices are promoted and implemented.
  - Standard 2.2 Safety; Each child is protected
    - Element 2.2.1: Supervision; At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
    - Element 2.2.2 Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.
- *National Quality Standard*, Quality Area 7: Governance and Leadership
  - Standard 7.1: Governance supports the operation of a quality service
    - Element 7.1.2: Management systems; Systems are in place to manage risk and enable the effective management and operation of a quality service.

Sources

National Health and Medical Research Council (2005), *Staying Healthy in Child Care: Preventing infectious diseases in child care*, available at www.nhmrc.gov.au/guidelines or email nhmrc.publications@nhmrc.gov.au. (Note: this publication is currently being revised and will have significant changes. It is important that services refer to the most up-to-date version of this resource.)

Health and Safety in Children's Services, Model Policies and Practices, 2nd Edition (2003): www.sphcm.med.unsw.edu.au/SPHCMWeb.nsf/resources/CCModelPolicies.pdf/$file/CCModelPolicies.pdf

Service policies

- *Administration of First Aid Policy*
- *Administration of Medication Policy*
- *Anaphylaxis Policy*
- *Asthma Policy*
- *Dealing with Infectious Diseases Policy*
- *Incident, Injury, Trauma and Illness Policy*
- *Privacy and Confidentiality Policy*
- *Supervision of Children Policy*

Procedures

The approved provider is responsible for:

- ensuring that all staff and volunteers are provided with a copy of this policy and have a clear understanding of the procedures and practices outlined within
- developing and implementing a communication plan and encouraging ongoing communication between parents/guardians and staff regarding the current status of the child's specific health care need, allergy or other relevant medical condition, this policy and its implementation
- ensuring relevant educators/staff receive regular training in managing specific health care needs such as asthma management, anaphylaxis management and any other specific procedures that are required to be carried out as part of the care and education of a child with specific health needs
- ensuring at least one educator/staff member who has current accredited training in emergency management requirements for specific medical conditions is in attendance and

immediately available at all times that children are being educated and cared for by the service

- establishing robust induction procedures that include the provision of information regarding the implementation of the practices outlined in this policy
- ensuring families and educators/staff understand and acknowledge each other's responsibilities under these guidelines
- ensuring families provide information on their child's health, medications, allergies, their medical practitioner's name, address and phone number, emergency contact names and phone numbers, and a medical management plan signed by their medical practitioner, following enrolment and prior to the child commencing at the service
- ensuring that a risk minimisation plan is developed for each child with specific medical conditions on enrolment or upon diagnosis, and that the plan is reviewed at least annually
- ensuring that parents/guardians who are enrolling a child with specific health care needs are provided with a copy of this and other relevant service policies.

The nominated supervisor is responsible for:

- implementing this policy at the service and ensuring that all educators/staff follow the policy and procedures set out within
- informing the Approved Provider of any issues that impact on the implementation of this policy
- ensuring that the *AV How to Call Card* is displayed near all telephones
- identifying specific training needs of educators/staff who work with children diagnosed with a medical condition, and ensuring, in consultation with the Approved Provider, that educators/staff access appropriate training
- ensuring food preparation, food service and relief staff are informed of children and staff who have specific medical conditions or food allergies, the type of condition or allergies they have, and the service's procedures for dealing with emergencies involving allergies and anaphylaxis
- ensuring a copy of the child's medical management plan is visible and known to staff in the service. Prior to displaying the medical management plan, the Nominated Supervisor must explain to parents/guardians the need to display the plan for the purpose of the child's safety and obtain their consent (refer to *Privacy and Confidentiality Policy*)
- ensuring educators and other staff follow each child's risk minimisation plan and medical management plan
- ensuring opportunities for a child to participate in any activity, exercise or excursion that is appropriate and in accordance with their risk minimisation plan
- providing information to the community about resources and support for managing specific medical conditions while respecting the privacy of families enrolled at the service
- administering medications as required, in accordance with the procedures outlined in the *Administration of Medication Policy*
- maintaining ongoing communication between educators/staff and parents/guardians in accordance with the strategies identified in the communication plan, to ensure current information is shared about specific medical conditions within the service.

Certified supervisors and other educators are responsible for:

- ensuring that children do not swap or share food, food utensils or food containers
- communicating any relevant information provided by parents/guardians regarding their child's medical condition to the Nominated Supervisor to ensure all information held by the service is current
- being aware of individual requirements of children with specific medical conditions and following their risk minimisation plan and medical management plan

- monitoring signs and symptoms of specific medical conditions and communicating any concerns to the Nominated Supervisor
- adequately supervising all children, including those with specific medical conditions
- informing the Nominated Supervisor of any issues that impact on the implementation of this policy.

Parents/Guardians are responsible for:

- informing the service of their child's medical conditions, if any, and informing the service of any specific requirements that their child may have in relation to their medical condition
- developing a risk minimisation plan with the Nominated Supervisor and/or other relevant staff members at the service
- providing a medical management plan signed by a medical practitioner, either on enrolment or immediately upon diagnosis of an ongoing medical condition. This medical management plan must include a current photo of the child and must clearly outline procedures to be followed by educators/staff in the event of an incident relating to the child's specific health care needs
- meeting the cost of training staff to perform specific medical procedures as relevant to their child, as required
- notifying the Nominated Supervisor of any changes to the status of their child's medical condition and providing a new medical management plan in accordance with these changes
- informing the Nominated Supervisor of any issues that impact on the implementation of this policy by the service.

Volunteers and students, while at the service, are responsible for following this policy and its procedures.

Evaluation

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

- regularly seek feedback from educators, staff, parents/guardians, children, management and all affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- ensure that all information on display and supplied to parents/guardians regarding the management of medical conditions is current
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notify parents/guardians at least 14 days before making any change to this policy or its procedures.

27.1.29 FPCC 4.21 – Child Safe Environment Policy

Mandatory – Quality Area 2

Authorisation

This policy was adopted by the FPCC Committee of Management at the Dec 2013 Committee Meeting. It was extensively reviewed and amended at the Committee meeting in September 2015. It was last edited in June 2026.

Review Date

This policy shall be reviewed annually at the October Committee Meeting. Any comprehensive amendments will be documented under authorisation.

Purpose

This policy should be read in conjunction with the *Child Safety and Wellbeing Policy*. It provides a clear set of guidelines and procedures to ensure:

- all children attending Fawkner Park Childcare Centre are provided with a safe environment
- all reasonable steps are taken by the Approved Provider, educators and staff to ensure the health, safety and wellbeing of children attending the service.

Policy Statement
Values

At Fawkner Park Children's Centre, the safety, rights and best interests of children are the paramount consideration in all decisions and actions relating to the operation of the service. In accordance with the *Education and Care Services National Law*, all educators, staff, volunteers, leadership and committee members must ensure that children's wellbeing, safety and dignity are prioritised above all other considerations. This commitment guides all service policies, procedures, governance decisions and daily practices to ensure a strong child safe culture is maintained at all times.

Fawkner Park Childcare Centre has a moral and legal responsibility to ensure that all children are safe in their care, and will provide training, resources, information and guidance to support this. Fawkner Park Childcare Centre is committed to:

- ensuring that the health, safety and wellbeing of children at the service is protected at all times while also promoting their learning and development
- upholding the cultural safety of Aboriginal children, promoting inclusion for children from culturally and linguistically diverse backgrounds, and ensuring equity for children with disability
- fulfilling its duty of care (refer to *Definitions*) obligations under the law by protecting children from any reasonable, foreseeable risk of injury or harm
- ensuring that people caring for children at the service act in the best interests of the child, and take all reasonable steps to ensure the child's safety and wellbeing at all times
- supporting the rights of all children to feel safe, and be safe, at all times
- developing and maintaining a culture in which children feel valued, respected and cared for
- encouraging active participation from parents/guardians and families at the service, and ensuring that best practice is based on a partnership approach and shared responsibility for children's health, safety, wellbeing and development
- promoting children's development and wellbeing.

Scope

This policy applies to the Approved Provider, Nominated Supervisor, Certified Supervisor, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Fawkner Park Childcare Centre, including during offsite excursions and activities.

Background

"Every child has the right to live a full and productive life. It is up to all of us to ensure our children grow up in environments that build confidence, friendship, security and happiness, irrespective of a person's family circumstances and background" (*Protecting the safety and wellbeing of children and young people* – refer to *Sources*). The protection of children, one of

the most vulnerable groups in society, is a shared community responsibility and involves ensuring that all children are safe, their needs are met.
New legislation will require early childhood teachers to be registered with the Victorian Institute of Teaching (VIT) from 30 September 2015. They will then be obligated to undertake mandatory reporting of any concerns of child abuse. Please refer to the *Child Protection Policy* for guidelines in relation to mandatory reporting of child related concerns, or child abuse. From the 1st of March 2019 **ALL** Early Childhood workers are mandated to report a reasonable belief of child physical or sexual abuse (https://providers.dffh.vic.gov.au/mandatory-reporting).
The *Education and Care Services National Law Act 2010* and the *Education and Care Services National Regulations 2011* require that approved services protect children from any harm and hazards, and adequately supervise children at all times. Adult supervision is a key factor in creating and maintaining child safe environments. Active supervision together with risk minimisation strategies can prevent or reduce the risk of injury to children (refer to *Supervision of Children Policy*).
Risk minimisation strategies, supported by clear policies and procedures for specific areas of child safety and wellbeing will help ensure the environment and practices at the service are child safe. Policies and procedures must be developed in relation to all matters specified in Regulation 168(2), including emergency and evacuation, water safety, sun protection, delivery and collection of children, and incident, injury, trauma and illness. Risks in the child's physical environment can be minimised by ensuring the safety of buildings, grounds, equipment, materials and furniture used at the service, and the safe storage and use of dangerous substances such as cleaning products and chemicals.

This policy aligns with the Victorian Child Safe Standards (effective 1 July 2022), which set out 11 key standards to ensure child safety and wellbeing in organisations. These include ensuring child and family participation, promoting equity and inclusion, managing risk, responding to complaints, and ensuring governance and leadership prioritise child safety.

Legislation and standards

Relevant legislation and standards include but are not limited to:

- *Children, Youth and Families Act 2005* (Vic)
- *Child Wellbeing and Safety Act 2005* (Vic)
- *Child Wellbeing and Safety Amendment (Child Safe Standards) Act 2015 (VIC)*
- *Charter of Human Rights and Responsibilities Act 2006* (Vic)
- *Education and Care Services National Law Act 2010* (Vic): Sections 165, 166, 167
- *Education and Care Services National Regulations 2011* (Vic): Regulations 84, 85, 86, 99, 100, 101, 102, 168(2)(h)
- Education Training and Reform Act 2006 (Vic) (As amended in 2014)
- *National Quality Standard*, Quality Area 2: Children's Health and Safety
  - Standard 2.2: Each child is protected
    - Element 2.2.1: Supervision; at all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
    - Element 2.2.2: Incident and emergency management; plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.
    - Element 2.2.3: Child protection; management, educators and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect.
- *National Quality Standard*, Quality Area 3: Physical Environment
  - Standard 3.1: The design of the facilities is appropriate for the operation of a service
    - Element 3.1.1: Fit for purpose; Outdoor and indoor spaces, buildings, fixtures and fittings are suitable for their purpose, including supporting the access of every child.

- Element 3.1.2: Upkeep; Premises, furniture and equipment are safe, clean and well maintained

– Standard 3.2 The Service environment is inclusive, promotes competence and supports exploration and play-based learning

- Element 3.2.1 Inclusive environment; Outdoor and indoor spaces are organized and adapted to support every child's participation and to engage every child in quality experiences in both built and natural environments.

- *Occupational Health and Safety Act 2004* (Vic)
- *Working with Children Act 2005* (Vic)
- *Working with Children Regulations 2006* (Vic)

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

- Victorian Legislation – Victorian Law Today: http://www.legislation.vic.gov.au/
- Commonwealth Legislation – ComLaw: http://www.comlaw.gov.au/

Definitions

The terms defined in this section relate specifically to this policy. For commonly used terms e.g. Approved Provider, Nominated Supervisor, Regulatory Authority etc. refer to the *General Definitions* section of this manual.

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

Duty of care: A common law concept that refers to the responsibilities of organisations to provide people with an adequate level of protection against harm and all reasonable foreseeable risk of injury. In the context of this policy, duty of care refers to the responsibility of education and care services to provide children with an adequate level of care and protection against foreseeable harm and injury.

Notifiable complaint: A complaint that alleges a breach of the Act or Regulation, or alleges that the health, safety or wellbeing of a child at the service may have been compromised. Any complaint of this nature must be reported by the Approved Provider to the secretary of VECRA within 24 hours of the complaint being made (Section 174(2)(b), Regulation 176(2)(b)). If the Approved Provider is unsure whether the matter is a notifiable complaint, it is good practice to contact VECRA for confirmation. Written reports to VECRA must include:

- details of the event or incident
- the name of the person who initially made the complaint
- if appropriate, the name of the child concerned and the condition of the child, including a medical or incident report (where relevant)
- contact details of a nominated member of the Grievances Subcommittee/investigator
- any other relevant information.

Written notification of complaints must be submitted using the appropriate forms, which can be found on the ACECQA website: www.acecqa.gov.au

Serious incident: A children's service is required to notify the Department when a serious incident occurs at the service. A serious incident is defined as:

- the death of a child while being cared for or educated by the service (section 29C(a)).
- any incident involving injury or trauma to a child while being cared for or educated by the service requiring the
  - attention of a registered medical practitioner; or
  - admission to a hospital (section 29C(b))
- a child being cared for or educated by the service appears to be missing or otherwise unaccounted for or appears to have been taken or removed from the service contrary to the regulations (section 29C(c))
- any incident requiring attendance by emergency services (section 29C(d) and regulation 90(2)).

A children's service must notify the relevant regional office by telephone within 24 hours of the incident, followed by written notification as soon as practicable (regulation 90(1)). Written notification is to be provided by using the *Serious incident notification form* available at: www.education.vic.gov.au/childhood/providers/regulation/Pages/vcsforms.aspx

Sources

- Charter of Human Rights and Responsibilities Act 2006 (Vic)available at: http://www.legislation.vic.gov.au/
- Child Wellbeing and Safety Amendment (Child Safe Standards) Act 2015 (VIC)
- Owens, Angela (2012) Health Safety and Wellbeing. Early Childhood Australia, National Quality Standard Professional Learning Program, e-Newsletter no. 29, 2012.
- The United Nations Convention on the Rights of the Child: www.unicef.org/crc

Procedures

The Approved Provider is responsible for:

- ensuring children are adequately supervised and that educator-to-child ratios are maintained at all times (refer to *Supervision of Children Policy* and *Interactions with Children Policy*)
- ensuring the cultural safety of Aboriginal children and families, the inclusion of children from diverse cultural backgrounds, and equitable treatment of children with disability
- ensuring that the Nominated Supervisor and staff members at the service who work with children are advised of current child protection legislation, its application, and any obligations that they may have under that law (Regulation 84)
- ensuring parents/guardians have completed the enrolment form including details of authorised nominees, and permission forms for excursions and administration of medication (refer to *Acceptance and Refusal of Authorisations Policy, Delivery and Collection of Children Policy*, *Excursions and Service Events Policy*, *Administration of Medication Policy* and *Dealing with Medical Conditions Policy*)
- ensuring the physical environment at the service is safe, secure and free from hazards for children
- conducting risk assessments for excursions and considering children's safety when leaving the service premises
- ensuring all equipment and materials used at the service meet relevant safety standards (refer to *Service policies* section of this policy)
- ensuring the service is up to date with current legislation on child restraints in vehicles if transporting children (refer to *Occupational Health and Safety Policy, Road Safety and Safe Transport Policy*)
- implementing and practicing emergency and evacuation procedures (refer to *Emergency and Evacuation Policy*)
- notifying the Victorian Department of Education and Training (DET) if the service premises is in a state of disrepair or is damaged due to a natural disaster (such as fire or flood) and is a risk to children
- ensuring there are appropriate procedures in place for the safe delivery and collection of children (refer to *Delivery and Collection of Children Policy*)
- ensuring that educators and staff comply with the service's *Road Safety and Safe Transport Policy* and encouraging parents/guardians to do so
- ensuring that the Nominated Supervisor, educators and all staff at the service who work with children are aware that it is an offence to subject a child to any form of corporal punishment, or any discipline that is unreasonable or excessive in the circumstances
- notifying VECRA within 24 hours of a serious incident (refer to *Definitions*) occurring at the service

- notifying , VECRA in writing, within 24 hours of becoming aware of a notifiable complaint (refer to *Definitions*) or allegation regarding the health, safety and/or welfare of a child at Fawkner Park Childcare Centre
- implementing and reviewing this policy in consultation with the Nominated Supervisor, educators, staff, contractors and parents/guardians
- identifying and providing appropriate resources and training to assist educators, staff, contractors, visitors, volunteers and students to implement this policy (refer to *Sources*)
- protecting the rights of children and families, and encouraging their participation in decision-making
- ensuring that the management of a complaint that alleges a child is exhibiting harmful sexual behaviours is child focused, culturally safe and compliant with privacy laws, reporting obligations and employment law.
- ensuring the Nominated Supervisor, educators, staff, contractors, volunteers and students are kept informed of any relevant changes in legislation and practices in relation to this policy.
- Ensuring all child safety complaints are managed transparently, in line with the Complaints and Grievances Policy, with a focus on resolution and child wellbeing.

The Nominated Supervisor is responsible for:

- ensuring that all educators and staff who work with children are aware of this policy, and are supported to implement it in the service
- protecting the rights of children and families, and encouraging their participation in decision-making at the service
- ensuring that all children are adequately supervised at all times (refer to *Supervision of Children Policy* and *Interactions with Children Policy*)
- ensuring they are aware of current child protection legislation, its application and any obligations that they have under the law
- ensuring learning environments are established that provide sufficient space, and include carefully chosen and well-maintained resources and equipment that will help enhance the quality of children's learning and experiences
- organising/facilitating regular safety audits of the following:
  - emergency equipment
  - playgrounds and fixed equipment in outdoor environments
  - cleaning services
  - horticultural maintenance
  - pest control
- ensuring that all cupboards/rooms are labelled accordingly, including those that contain chemicals and first aid kits, and that child-proof locks are installed on doors and cupboards where contents may be harmful
- ensuring that all contractors/visitors sign in to the visitor's log book
- ensuring the physical environment at the service is safe, secure and free from hazards for children
- conducting risk assessments for excursions and considering children's safety when leaving the service premises
- ensuring all equipment and materials used at the service meet relevant safety standards (refer to the *Service policies* section of this policy)
- ensuring the service is up to date with current legislation on child restraints in vehicles if transporting children (refer to *Occupational Health and Safety Policy* and *Road Safety and Safe Transport Policy*)
- implementing and practising emergency and evacuation procedures (refer to *Emergency and Evacuation Policy*)

- ensuring that educators, staff, parents/guardians follow procedures for the safe delivery and collection of children (refer to *Acceptance and Refusal of Authorisations Policy, Delivery and Collection of Children Policy*)
- ensuring that educators and staff comply with the service's *Road Safety and Safe Transport Policy* and encouraging parents/guardians to do so ensuring that all educators and staff at the service who work with children are aware that it is an offence to subject a child to any form of corporal punishment, or any discipline that is unreasonable or excessive in the circumstances
- implementing and reviewing this policy in consultation with the Nominated Supervisor, educators, staff, contractors and parents/guardians
- identifying and providing appropriate resources and training to assist educators, staff, contractors, visitors, volunteers and students to implement this policy (refer to *Sources*)
- informing the Approved Provider of any serious incident (refer to *Definitions*) at the service
- keeping up to date and complying with any relevant changes in legislation and practices in relation to this policy.

Certified Supervisors and other educators/staff are responsible for:

- actively supervising children at all times (refer to *Supervision of Children Policy* and *Interactions with Children Policy*)
- undertaking appropriate training and education on child protection, including recognising the signs and symptoms of child abuse, knowing how to respond, and understanding responsibilities and processes for reporting and managing concerns/incidents (refer to *Child Protection Policy*)
- maintaining learning environments that provide sufficient space, and include carefully chosen and well-maintained resources and equipment to ensure a safe environment
- maintaining a regular cleaning schedule for all equipment to avoid cross-infection (refer to *Hygiene Policy*)
- maintaining a clean environment daily, and removing tripping/slipping hazards as soon as these become apparent (refer to *Occupational Health and Safety Policy*)
- conducting a daily check of the building, ensuring all children are signed out of the service, doors and windows are closed and locked, and appliances are switched off etc. A written record of the daily check should be kept, signed by an educator and filed for future reference
- educating and empowering children to talk about events and situations that make them feel uncomfortable
- ensuring the physical environment at the service is safe, secure and free from hazards for children
- conducting risk assessments for excursions and considering children's safety when leaving the service premises (refer to *Excursions and Service Events Policy*)
- ensuring all equipment and materials used at the service meet relevant safety standards
- complying with the service's *Road Safety and Safe Transport Policy*
- implementing and practising emergency and evacuation procedures (refer to *Emergency and Evacuation Policy*)
- following procedures for the safe delivery and collection of children (refer to *Delivery and Collection of Children Policy*)
- ensuring that children at the service are not subjected to any form of corporal punishment, or any discipline that is unreasonable or excessive in the circumstances
- notifying the Nominated Supervisor or the Approved Provider immediately on becoming aware of any concerns, complaints or allegations regarding the health, safety and welfare of a child at Fawkner Park Childcare Centre
- informing the Approved Provider of any serious incident (refer to *Definitions*) at the service

- implementing and reviewing this policy in consultation with the Approved Provider, Nominated Supervisor, contractors and parents/guardians
- undertaking appropriate training and using relevant resources to implement this policy (refer to *Sources*)
- protecting the rights of children and families, and encouraging their participation in decision-making
- keeping up to date and complying with any changes in legislation and practices in relation to this policy.
- Understanding the risks associated with being online for children.
- Ensuring that screen time activities are being utilised solely for educational purposes for restricted periods of time. Screen time is not provided for children two years and under.
- Following guidelines and strategies outlined in Policy 15.1.16 FPCC 5.16 'The use of technology with/by the children within our Service' when using digital technologies and whilst engaging in video conferencing with the children and families due to COVID-19 Pandemic.
- Not using personal devices to photograph, record, or communicate with children under any circumstances. All digital data (photos, videos, recordings) are stored securely in accordance with the Privacy and Confidentiality Policy, with parental consent obtained prior to use.

Parents/guardians are responsible for:

- reading and complying with this policy
- reporting any concerns regarding child safety and wellbeing to the Nominated Supervisor
- abiding by the service's *Code of Conduct*
- familiarising themselves with the service's *Road Safety and Safe Transport Policy*.

Volunteers and students, while at the service, are responsible for following this policy and its procedures.

Evaluation

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

- regularly seek feedback from everyone affected by the policy regarding its effectiveness, particularly in relation to identifying and responding to child safety and wellbeing concerns
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notify parents/guardians at least 14 days before making any changes to this policy or its procedures (Regulation 172(2)).
- Monitor compliance with the 11 Child Safe Standards and document improvements against each standard as part of the service's annual review.

27.1.30 FPCC 4.22 – epilepsy

Best Practice – Quality Area 2

1 Authorisation

This policy was adopted by the FPCC Committee of Management at the December 2013 Committee Meeting.

2 Review Date

This policy shall be reviewed annually at the October Committee Meeting. Any comprehensive amendments will be documented under authorisation.

This policy was written in consultation with The Epilepsy Foundation of Victoria and has been reviewed in 2015 and 2024. The Epilepsy Foundation of Victoria provides training, support and resources to any individual affected by epilepsy. For more detailed information, visit The Epilepsy Foundation of Victoria's website: www.epinet.org.au

3 POLICY

FPCC is committed to:

- providing a safe and healthy environment for all children enrolled at the service
- providing an environment in which all children with epilepsy can participate to their full potential
- providing a clear set of guidelines and procedures to be followed with regard to supporting children with epilepsy and the management of seizures
- educating and raising awareness about epilepsy, its effects and strategies for appropriate management, among educators, staff, parents/guardians and others involved in the education and care of children enrolled at the service.
- This policy should be read in conjunction with Dealing with Medical Conditions Policy

4 SCOPE

This policy applies to the Approved Provider, Nominated Supervisor, Certified Supervisor, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of FPCC.

5 Background and Legislation

Epilepsy is a common, serious neurological condition characterised by recurrent seizures due to abnormal electrical activity in the brain. While about 1 in 200 children live with epilepsy, the impact is variable – some children are greatly affected while others are not.

"Epilepsy is unique: There are virtually no generalisations that can be made about how epilepsy may affect a child. There is often no way to accurately predict how a child's abilities, learning and skills will be affected by seizures. Because the child's brain is still developing, the child, their family and doctor will be discovering more about the condition as they develop. The most important thing to do when working with a child with epilepsy is to get to know the individual child and their condition. All children with epilepsy should have an Epilepsy Management Plan" (refer to *Children with epilepsy: A Teacher's Guide*, Epilepsy Foundation of Victoria).

Most people living with epilepsy have good control of their seizures through medication, however it is important that all those working with children living with epilepsy have a good understanding of the effects of seizures, required medication and appropriate first aid for seizures.

The Epilepsy Foundation of Victoria has a range of resources and can assist with the development of an Epilepsy Management Plan. The foundation also provides training and support to families and educators in the management of epilepsy, and in the emergency administration of midazolam or rectal Valium.

Legislation that governs the operation of approved children's services is based on the health, safety and welfare of children, and requires that children are protected from hazards and

harm. Regulation 136 of the *Education and Care Services National Regulations 2011* requires the Approved Provider to ensure that there is at least one educator on duty at all times who has a current approved first aid qualification. As a demonstration of duty of care and best practice, KPV recommends **all educators** have current approved first aid qualifications.

Legislation and standards

Relevant legislation and standards include but are not limited to:

- *Education and Care Services National Law Act 2010*: Sections 167, 169, 174
- *Education and Care Services National Regulations 2011*: Regulations 79, 85, 86, 87, 90, 91, 92, 93, 95, 98, 101, 136, 137
- *Health Records Act 2001* (Vic)
- *Privacy and Data Protection Act 2014 (Vic)*
- *National Quality Standard*, Quality Area 2: Children's Health and Safety
  - Standard 2.1: Each child's health and physical activity is supported and promoted
    - Element 2.1.2: Health practices and procedures; Effective illness and injury management and hygiene practices are promoted and implemented.
  - Standard 2.2: Each child is protected
    - Element 2.2.2: Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented
- *Privacy Act 1988* (Cth)
- *Public Health and Wellbeing Act 2008* (Vic)
- *Public Health and Wellbeing Regulations 2009* (Vic)

6 Sources

- The Epilepsy Foundation of Victoria: www.epinet.org.au or phone (03) 9805 9111 or 1300 852 853
- Australian Children's Education and Care Quality Authority (ACECQA): www.acecqa.gov.au
- *Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011*, ACECQA

5 Procedures

The Approved Provider is responsible for:

- providing all staff with a copy of the service's *Epilepsy Policy* and ensuring that they are aware of all enrolled children living with epilepsy
- ensuring that all staff have current CPR training and are aware of seizure first aid procedures a child with epilepsy is enrolled at the service
- ensuring that all staff attend training conducted by The Epilepsy Foundation of Victoria on the management of epilepsy and, where appropriate, emergency management of seizures using emergency epileptic medication, when a child with epilepsy is enrolled at the service
- providing parents/guardians of children with epilepsy with a copy of the service's *Epilepsy Policy* (Regulation 91) and *Administration of Medication Policy*, upon enrolment/diagnosis of their child
- ensuring that all children with epilepsy have an Epilepsy Management Plan, seizure record and, where relevant, an Emergency Medical Management Plan, filed with their enrolment record. Records must be no more than 12 months old
- ensuring a medication record is kept for each child to who medication is to be administered by the service (Regulation 92)

- facilitating communication between management, educators, staff and parents/guardians regarding the service's *Epilepsy Policy*
- ensuring that children with epilepsy are not discriminated against in any way
- ensuring that children living with epilepsy can participate in all activities safely and to their full potential
- immediately communicating any concerns with parents/guardians regarding the management of children with epilepsy at the service
- ensuring that medication is administered in accordance with the *Administration of Medication Policy*.
- following appropriate reporting procedures set out in the Injury, Trauma and Illness Policy in the event that a child is ill, or is involved in a medical emergency or an incident that results in injury or trauma.

The Nominated Supervisor is responsible for:

- ensuring that all educators' first aid qualifications, including CPR training, are current, meet the requirements of the National Law (Section 169(4)) and National Regulations (Regulation 137), and are approved by ACECQA
- ensuring that only staff who have received child-specific training in the administration of emergency medications are permitted to administer that medication
- ensuring that medication is administered in accordance with the *Administration of Medication Policy*
- compiling a list of children with epilepsy and placing it in a secure, but readily accessible, location known to all staff. This should include the Epilepsy Management Plan, seizure record and Emergency Medical Management Plan for each child with epilepsy
- ensuring that induction procedures for casual and relief staff include information about children attending the service who have been diagnosed with epilepsy, and the location of their medication and management plans
- organising epilepsy management information sessions for parents/guardians of children enrolled at the service, where appropriate
- ensuring programmed activities and experiences take into consideration the individual needs of all children, including any children with epilepsy.

Certified Supervisor/s and other educators are responsible for:

- ensuring that they are aware of the service's *Epilepsy Policy* and seizure first aid procedures
- ensuring that they can identify children displaying the symptoms of a seizure, and locate their personal medication and Epilepsy Management Plan
- maintaining current approved first aid qualifications
- identifying and, where possible, minimising possible seizure triggers as outlined in the child's Epilepsy Management Plan
- taking all personal Epilepsy Management Plans, seizure records, medication records, Emergency Medication Plans and any prescribed medication on excursions and other offsite events
- administering prescribed medication in accordance with the service's *Administration of Medication Policy*
- ensuring that emergency medication is stored correctly and that it remains within it's expiration date
- developing a risk minimisation plan for every child with epilepsy, in consultation with parents/guardians/The Epilepsy Foundation of Victoria
- being aware of, and sensitive to, possible side effects and behavioural changes following a seizure or changes to the child's medication regime
- assisting parents/guardians with completing the enrolment form and medication record for their child

- consulting with the parents/guardians of children with epilepsy in relation to the health and safety of their child, and the supervised management of the child's epilepsy
- communicating any concerns to parents/guardians if a child's epilepsy is limiting his/her ability to participate fully in all activities
- ensuring that children with epilepsy are not discriminated against in any way
- ensuring that children with epilepsy can participate in all activities safely and to their full potential.
-

Parents/guardians are responsible for:

- reading the service's *Epilepsy Policy*
- informing staff, either on enrolment or on initial diagnosis, that their child has epilepsy
- providing a copy of their child's Epilepsy Management Plan (including an Emergency Medication Management Plan where relevant) to the service. This plan should be reviewed and updated at least annually
- ensuring the medication record is completed in accordance with the *Administration of Medication Policy* of the service
- working with staff to develop a risk minimisation plan for their child
- where emergency medication has been prescribed, providing an adequate supply of emergency medication for their child at all times
- notifying staff, in writing, of any changes to the information on the Epilepsy Management Plan, enrolment form or medication record
- communicating regularly with educators/staff in relation to the ongoing health and wellbeing of their child, and the management of their child's epilepsy
- encouraging their child to learn about their epilepsy, and to communicate with service staff if they are unwell or experiencing symptoms of a potential seizure.

Volunteers and students, while at the service, are responsible for following this policy and its procedures.

14.1.28 FPCC 4.23 - SAFE USE OF DIGITAL TECHNOLOGIES AND ONLINE ENVIRONMENTS POLICY

1 Authorisation

This policy was adopted by the FPCC Committee of Management at the August 2025 Committee Meeting.

2 Review Date

This policy shall be reviewed annually at the October Committee Meeting. Any comprehensive amendments will be documented under authorisation. This policy was reviewed in June 2026.

3 Policy

Fawkner Park Children's Centre is committed to fostering a culture that creates and maintains a safe online environment with support and collaboration from staff, families and community. As a child safe organisation, Fawkner Park Children's Centre embeds the and continuously addresses risks to ensure children are safe in physical and online environments. Digital technologies have become an integral part of many children's daily lives. For this reason, it is important that our educators are not only familiar with the use of digital technologies, but are

able to guide children's understanding of, and ability to interact, engage, access and use a range of digital technology in a child safe environment.
At Fawkner Park Children's Centre, the safety, rights and best interests of children are the paramount consideration in all decisions and actions relating to the operation of the service. In accordance with the *Education and Care Services National Law*, all educators, staff, volunteers, leadership and committee members must ensure that children's wellbeing, safety and dignity are prioritised above all other considerations. This commitment guides all service policies, procedures, governance decisions and daily practices to ensure a strong child safe culture is maintained at all times.

4 Rationale

Children's safety and wellbeing is paramount and Fawkner Park Children's Centre has the responsibility to provide and maintain a safe and secure working and learning environment for staff, children, visitors and contractors, including online environments. We aim to create and maintain a positive digital safe culture that works in conjunction with Fawkner Park Children's Centre philosophy, and privacy and legislative requirements to ensure the safety of enrolled children, educators and families.

The use of Close Circuit Television (CCTV) installed at Fawkner Park Children's Centre aims to address crime prevention strategies to reduce concerns, deal with complaints and support investigations. Fawkner Park Children's Centre adheres to the Privacy Act 1988 (Privacy Act) and comply with the Australian Privacy Principles.

The use of Live feed optical devices (visibility panels) installed at Fawkner Park Children's Centre creates clear lines of sight and aims to address child safety and consideration of a 'four eyes' rule of two adults visible to each other while with other children. Fawkner Park Children's Centre adheres to the Privacy Act 1988 (Privacy Act) and comply with the Australian Privacy Principles. This policy applies to children, families, staff, educators, management, approved provider, nominated supervisor, students, volunteers and visitors of Fawkner Park Children's Centre.

5 Procedure

Fawkner Park Children's Centre uses digital technology and electronic devices as a tool for learning with children, documenting their learning and development, communicating with families and the wider community, supporting program planning and administration tasks and enhancing safety and security through systems such as sign in/out platforms and CCTV monitoring. Our educators are diligent in ensuring children are only able to access age-appropriate technology on a Fawkner Park Children's Centre issued device.

DIGITAL TECHNOLOGY AND ELECTRONIC DEVICES USED AT THE SERVICE

Fawkner Park Children's Centre follows the Guidelines for taking images or videos of children. Our Centre has informed staff, educators, visitors, volunteers and family members that the use of personal electronic devices used to take photos, record audio or capture video of children who are being educated and cared for at Fawkner Park Children's Centre is strictly prohibited. This includes items such as tablets, phones, digital cameras, smart watches, META sunglasses and personal storage and file transfer media (such as SD cards, USB drives, hard drives and cloud storage). These devices should not be in the possession of staff, educators or visitors (e.g. ECIP professionals) while working directly with children.

Staff and educators will use electronic devices belonging to Fawkner Park Children's Centre, those devices must not be removed from the premises as they may contain personal details of staff or children, including photos or videos. Except where required for operational activities, for example excursions or transportation.

Fawkner Park Children's Centre will inform staff, educators and visitors of exemptions that may warrant a person to use or be in possession of a personal electronic device that can be used to take images or videos. Staff, educators or visitors with an exemption must not use the personal device to take images or videos of children. Exemptions need to be provided for in writing by the approved provider and may include:

- Emergency communication during incidents such as a lost child, injury, lockdown, or evacuation
- Emergency communication during excursions and regular outings (for example, for when groups of children and educators get split up)
- Emergency communication when children are transported or travel on transport arranged by the service
- Personal health needs requiring device use (e.g. heart or blood sugar monitoring)
- Disability related communication needs
- Urgent family matters (e.g. critically ill or dying family member)
- Local emergency event to receive alerts (e.g. government bushfire or evacuation notifications)

Fawkner Park Children's Centre will develop and maintain a register of all electronic devices purchased for and used within Fawkner Park Children's Centre. This register will include details such as the device type, date of purchase, intended use, assigned user (if applicable), security settings, and any features related to connectivity, data storage, or recording capabilities. Devices recorded in the register may include, but are not limited to, computers, tablets, mobile phones, cameras, CCTV systems, audio recorders, smart toys, baby monitors and any other internet-connected or data-enabled devices used within Fawkner Park Children's Centre.

Children enrolled at Fawkner Park Children's Centre are not permitted to bring electronic devices to Fawkner Park Children's Centre, unless an exception has been discussed with the approved provider or nominated supervisor where the device may be required to support a diagnosed medical condition or disability. If a child brings an electronic device to Fawkner Park Children's Centre, it will be switched off and stored in a locked cupboard.

IMAGES AND VIDEOS

The approved provider is responsible for determining who is authorised to take, use, store and destroy images and videos of children using Fawkner Park Children's Centre issued digital devices. Images and videos will be stored securely with password protection, with access limited to authorised personnel only. Images and videos of children must only be taken and used in accordance with Fawkner Park Children's Centre policies, and careful consideration given to the purpose of the image or video. Educators will engage in discussions that consider the intent, appropriateness, context and consent involved in capturing and using the images and videos, ensuring the process aligns with children's learning, wellbeing and right to privacy.

Fawkner Park Children's Centre will regularly review how digital data, including images and videos of children, is stored. Back-ups of all digital data, whether offline or online (such as a cloud-based Fawkner Park Children's Centre), will be performed quaterly. Digital data stored at Fawkner Park Children's Centre will be destroyed in accordance with the Record Keeping and Retention Policy and procedure. The approved provider will ensure staff, educators, visitors and volunteers do not transfer images or videos from Fawkner Park Children's Centre issued devices to personal devices, unauthorised transferring of digital data may result in disciplinary action.

PHYSICAL ENVIRONMENT AND ACTIVE SUPERVISION

The approved provider, nominated supervisor, management and educators will:

- ensure children are always supervised and never left unattended whilst an electronic device is connected to the internet
- provide a child safe environment to children- reminding them if they encounter anything unexpected that makes them feel uncomfortable, scared or upset, they can seek support from staff
- reflect on Fawkner Park Children's Centre's physical environment, layout and design to ensure it supports child safe practices when children are engaged in using technology
    - perform regular audits to identify risks to children's safety and changes in room set-ups that can indicate areas of higher-risk and become supervision 'blind spots'
    - ensure location of digital technology/equipment allows educators to remain in line-of-sight of other staff members when working with children

- only permit children to use devices in open areas where educators can monitor children's use
- be aware of high-risk behaviours for children online, including uploading private information or images, engaging with inappropriate content (inadvertently or purposefully), making in-app purchases, and interacting with unsafe individuals
- ensure all visitors and volunteers are supervised at all times
- ensure all devices are password protected with access for staff only

- where digital devices are used during transportation and excursions, they must be used in accordance with practices outlined within this policy and associated procedure.

SOFTWARE PROGRAMS AND APPS

Fawkner Park Children's Centre uses a range of secure software programs and apps on Fawkner Park Children's Centre-issued devices to support the educational program and administration of Fawkner Park Children's Centre. All apps used by staff, educators, visitors and children are carefully selected, regularly checked and kept up to date with the latest available system updates. Access to software programs and apps are password protected to ensure the privacy of children, families and staff. Each user is required to create their own user account and ensure log in, and password information is not shared.

The approved provider will ensure programs which require additional background checks, such as CCS Software, are only accessed by authorised staff who have completed necessary screening processes in accordance with Family Assistance Law. Our educational program software is used by educators to share observations, photos, videos, daily reports, and learning portfolios with families in a secure, closed platform. In addition, Fawkner Park Children's Centre may use accounting and payroll software such as MYOB or Xero, HR systems, and compliance tools. These platforms assist in managing Fawkner Park Children's Centre's financial, staffing, and operational requirements.

ARTIFICIAL INTELLIGENCE (AI) INTERACTIONS AND GUIDELINES

Educators or staff using AI are to be aware of limitations, privacy risks, and the potential for errors in the information it provides. AI can support and assist staff as a documentation tool; however, it is their responsibility to ensure the information's accuracy and not rely upon it as an authoritative source. Staff and educators should ensure they enter original work into the AI program and are required to monitor, verify, and check information obtained from AI to ensure specific details are contextually relevant. Data and privacy concerns must be addressed, and staff should not enter details which may identify individual children, such as photos, names and date of birth.

CONFIDENTIAL AND PRIVACY GUIDELINES

Our Privacy and Confidentiality Policy applies to all use of digital technology and online environments. All staff, educators, and visitors must ensure that any information, images, or digital content related to children, families, and Fawkner Park Children's Centre is collected, stored, used, and shared in accordance with privacy legislation and Fawkner Park Children's Centre procedures, to maintain confidentiality and protect the safety and wellbeing of children. The nominated supervisor will advise the approved provider as soon as possible regarding any potential threat to security information and access to data sensitive information. Fawkner Park Children's Centre will follow practices outlined within the Safe Use of Digital Technologies and Online Environments Procedure to protect personal and sensitive digital data.

Fawkner Park Children's Centre will notify the Office of the Australian Information Commissioner (OAIC) in the event of a possible data breach by using the online Notifiable Data Breach Form. This could include:

- a device containing personal information about children and/or families is lost or stolen (parent names and phone numbers, dates of birth, allergies, parent phone numbers)
- a data base with personal information about children and/or families is hacked
- personal information about a child is mistakenly given to the wrong person (portfolios, child developmental report)
- this applies to any possible breach within Fawkner Park Children's Centre or if the device is left behind whilst on an excursion
- ensure educators are aware of their mandatory reporting requirements and report any concerns

  related to child safety including inappropriate use of digital technology to the approved provider or nominated supervisor.

IDENTIFICATION AND REPORTING OF ONLINE ABUSE AND SAFETY CONCERNS

Fawkner Park Children's Centre will implement measures to keep children safe whilst using digital technology and accessing online environments.

The approved provider, nominated supervisor and management will:

- ensure all staff, educators, students and volunteers are aware of their mandatory reporting obligations and promptly report any concerns related to child safety, including inappropriate use of digital technology, to the approved provider or nominated supervisor [See *Child Protection Policy*]
- support educators to:
  - encourage children to seek support if they encounter anything unexpected that makes them feel uncomfortable, scared or upset

    - listen sensitively and respond appropriately to any disclosures children may make relating to unsafe online interactions or exposure to inappropriate content, adhering to the *Child Protection Policy, Behaviour Guidance: Bullying Policy* and reporting procedures
    - respond to and report any breaches and incidents of inappropriate use of digital devices and online Fawkner Park Children's Centres to management
- ensure all concerns are documented and responded to promptly and appropriately, with support provided to the child and their family as required
- report any suspected cases of online abuse to the relevant authorities, including the eSafety Commissioner and Police, in accordance with legal requirements and child protection procedures
- notify the regulatory authority within 24 hours, via NQAITS, if a child is involved in a serious incident, including any unsafe online interactions, exposure to inappropriate content, or suspected online abuse.

USE OF CLOSED-CIRCUIT TELEVISION (CCTV) MONITORING

Fawkner Park Children's Centre uses Closed-Circuit Television (CCTV) to monitor the physical environment. Fawkner Park Children's Centre will regularly review guidance on the use of surveillance devices, including information provided by the Office of the Australian Information Commissioner.

Fawkner Park Children's Centre does not use baby monitors within Fawkner Park Children's Centre. Families are informed Fawkner Park Children's Centre uses CCTV as a surveillance method during enrolment and orientation to Fawkner Park Children's Centre.

A sign is in place at the entrance of Fawkner Park Children's Centre to advise staff, families, and visitors about the surveillance. Closed-Circuit Television (CCTV) operates at Fawkner Park Children's Centre and comprises of:

- 3 fixed position cameras
- A monitor
- Digital Hard Drive Recorder
- 1 Public Information Sign

CAMERA LOCATIONS

- The entrance
- The carpark
- The undercover outdoor area (pram and bike parking spot)
- Foyer Area

The CCTV recording system operates in real mode, monitoring the site continuously 24 hours a day. Footage and information collected via the recording system will be governed by and all

relevant staff will be kept up to date with requirements under Australia's privacy law. CCTV footage is kept in a secure location, located in the front office at Fawkner Park Children's Centre for a period of up to 7days. Any recorded footage will be destroyed or de-identified when it is no longer needed for the purpose it was collected.

Access to CCTV footage at Fawkner Park Children's Centre is strictly controlled and protected by secure, password-protected systems. Only authorised personnel are permitted to access the footage, in accordance with privacy laws and Fawkner Park Children's Centre policies. The approved provider is responsible for determining who is authorised to access CCTV footage. CCTV footage will not be accessible to external parties (e.g., staff members or families) without appropriate authorisation. Any requests to view CCTV footage will be managed in accordance with Australian Law.
Access to the recordings will only be disclosed to:

1. the Ombudsman [Victoria] to assist with investigations on 'child protection' (e.g., risk of harm, abuse, neglect and ill treatment).
2. to a member or officer of a law enforcement agency e.g., Police for use in assisting with investigations.
3. the approved provider or nominated supervisor to investigate situations that may have occurred.

USE OF LIVE FEED OPTICAL DEVICES (VISIBILITY PANELS)

Since 2012, the Centre has incorporated the use of monitors in the three-bathroom areas as an additional supervision tool alongside strong supervision practice. The monitors do not record any footage/images. They are not connected to the internet, so they cannot be accessed or hacked externally. Those monitors are used solely for live supervision and clear line of sight, to ensure that every child is safe and that no adult is ever alone with a child without another staff member's knowledge. The focus of all bathroom cameras is on the general movement in the room, and not on an individual.

THE APPROVED PROVIDER/NOMINATED SUPERVISOR/MANAGEMENT WILL ENSURE:

- that obligations under the Education and Care Fawkner Park Children's Centres National Law and National Regulations are met
- educators, staff, students, visitors and volunteers have knowledge of and adhere to this policy and associated procedure
- new employees, students and volunteers are provided with a copy of the *Safe Use of Digital Technologies and Online Environments Policy* and procedure as part of their induction and are advised on how and where the policy can be accessed
- all staff, educators, volunteers and students are aware of current child protection law, National Principles for Child Safe Organisations and their duty of care to ensure that reasonable steps are taken to prevent harm to children

- families are aware of this *Safe Use of Digital Technologies and Online Environments Policy* and procedure and are advised on how and where the policy can be accessed
- they promote and support a child safe environment, ensuring adherence to the *Child Safe Environment and Child Protection Policies,* including mandatory reporting obligations
- the National Principles for Child Safe Organisations is embedded into the organisational structure and operations
- professional learning is provided to educators and staff relating to the safe use of digital technologies and online environments
- develop and monitor an Electronic Device Register for all electronic devices purchased and used at Fawkner Park Children's Centre
- appropriate ratios and adequate supervision are maintained for children at all times including when using digital technology and accessing online environments
- students, volunteers and/or visitors are never left alone with a child whilst at Fawkner Park Children's Centre under any circumstances
- all staff, educators, volunteers and students are aware of the National Model Code and Guidelines and adhere to these recommendations for taking images or video of children including:
    - personal electronic devices or personal storage devices, that can take images or videos, are not used by educators, staff, visitors or volunteers when working directly with children
    - staff and educators only use electronic devices issued by Fawkner Park Children's Centre for taking images or videos of children enrolled at Fawkner Park Children's Centre
    - Fawkner Park Children's Centre issued devices are securely configured, monitored and maintained to prevent unauthorised access
    - visitors who are supporting children at Fawkner Park Children's Centre (NDIS funded support professionals, Inclusion Support Professionals) obtain written authorisation from parents/guardians to capture images or video of a child for observation/documentation purposes only. (See ECIP Confidentiality Agreement)
- children, educators and parents are aware of Fawkner Park Children's Centre's complaints handling process to raise any concerns they may have about the use of digital technologies or any other matter (see: Dealing with Complaints Policy)
- Fawkner Park Children's Centre Privacy and Confidentiality Policy is adhered to at all times by staff, educators, families, visitors, volunteers and students

- parents/guardians are informed of how Fawkner Park Children's Centre will take, use, store and destroy images and videos of children enrolled at Fawkner Park Children's Centre during enrolment and orientation
- written authorisation is requested from families to take, use, store and destroy digital documentation including images and videos of children

- images or videos of children are not taken, used or stored without prior parent/guardian authorisation
- written authorisation is obtained from parents/guardians for children to use electronic devices (See: *Cyber Safety Authorisation*)
- written authorisation is obtained from parents/guardians to collect and share personal information, images or videos of their children online (Story Park)
- families are informed to withdraw authorisation, a written request is required
- images and videos for individual children are deleted or destroyed and removed from storage when authorisation has been revoked from the parent/guardian
- they review how images and videos are stored on a regular basis and ensure new educators and staff have access to relevant folders and files, if required, in accordance with their role
- digital data is stored securely, whether offline or online, using a cloud-based Fawkner Park Children's Centre, and that data is archived regularly (monthly is recommended)
- images and videos are deleted or destroyed and removed from storage devices in accordance with the *Record Keeping and Retention Policy,* images and videos used for documenting children's learning and development must be held for 3 years after the child's last day of attendance
- external agencies or specialists are consulted if concerns are identified relating to online abuse, cyberbullying or digital safety risks

- policies and procedures reflect a commitment to equity and diversity, protect children's privacy, and empower children to be independent
- collaboration with relevant professionals, as required, to support equitable access to digital technologies for all children

- they remain informed of privacy legislation through monitoring of updated from relevant government authorities such as the Office of the Australian Information Commissioner (OAIC)
- a risk assessment is conducted regarding the use of digital technologies by staff and children at Fawkner Park Children's Centre, including accessing online environments
- risk assessments for digital technology and online environments are reviewed annually or as soon as possible after becoming aware of any circumstances that may affect the safety, health or wellbeing of children

- policies and procedures are reviewed following an identification of risks following the review of risk assessments relating to the use of digital technologies and online environments
- staff, educators, families and children are informed of updates to policies, procedures or legislation relating to digital technologies and online environments
- a review of practices is conducted following an incident involving digital technologies or online environments, including an assessment of areas for improvement
- to install and maintain anti-virus and internet security systems including firewalls to block access to unsuitable web sites, newsgroups and chat rooms
- educators are informed of, and adhere to recommended timeframes for 'screen time' according to Australia's Physical Activity and Sedentary Behaviour Guidelines:
    - children birth to one year should not spend any time in front of a screen
    - children 2 to 5 years of age should be limited to less than one hour per day
    - children 5-12 years of age should limit screen time for entertainment to no more than 2 hours a day.
- they share information to families about recommended screen time limits based on *Australia's Physical Activity and Sedentary Behaviour Guidelines*.

EDUCATORS WILL:

- adhere to the *Safe Use of Digital Technologies and Online Environments Policy* and associated procedure
- ensure they are aware of current child protection law, National Principles for Child Safe Organisations and their duty of care to ensure that reasonable steps are taken to prevent harm to children
- ensure they promote and support a child safe environment, ensuring adherence to the *Child Safe Environment* and *Child Protection Policies,* including mandatory reporting obligations
- participate in practical training related to digital safety, privacy protection and responsible use of technology
- understand the critical importance of implementing active supervision strategies when children are accessing online environments to keep children safe
- promote and contribute to a culture of child safety and wellbeing in all aspects of Fawkner Park Children's Centre's operations, including when accessing digital technologies and online learning environments
- not use, or have access to, any personal electronic devices, including mobile phones or smart watches used to take images or video of children at Fawkner Park Children's Centre, access social media (Facebook, Instagram or other) or breach children and families' privacy

- keep passwords confidential and log out of computers and software programs after each use
- ask permission before taking photos of children on any device and explain to children how photos of them will be used and where they may be published
- ensure children's personal information where children can be identified such as name, address, age, date of birth etc. is not shared online
- ensure that screen time is NOT used as a reward or to manage challenging behaviours under any circumstances
- introduce concepts to children about online safety at age-appropriate levels
- support children's understanding of online safety by providing age-appropriate guidance, discussions and activities that help them to recognise safe and unsafe online behaviours
- consult with children about matters that impact them, including the use of digital technologies and online environments, to ensure their voices are heard and respected in a meaningful way.

FAMILIES WILL:

- adhere to the *Safe Use of Digital Technologies and Online Environments Policy* and associated procedure
- not use personal electronic devices, such as mobile phones, smart watches or META sunglasses, to take photos, record audio, or capture video of children being educated and cared for at Fawkner Park Children's Centre
- be aware that sometimes other children in Fawkner Park Children's Centre may feature in the same photos, videos, and/or observations as their children. In these cases, families are never to duplicate or upload them to the internet/social networking sites or share them with anyone other than family members.

VISITORS AND VOLUNTEERS WILL:

- adhere to the Safe Use of Digital Technologies and Online Environments Policy and associated procedure whilst visiting Fawkner Park Children's Centre
- not use personal electronic devices, such as mobile phones smart watches or META sunglasses, to take photos, record audio, or capture video of children being educated and cared for at Fawkner Park Children's Centre
- report any concerns related to child safety, including inappropriate use of digital technology, to the approved provider or nominated supervisor
- obtain written authorisation from parents/guardians to capture images or video of a child for observation/documentation purposes only. This applies to visitors who are supporting

children at Fawkner Park Children's Centre (NDIS funded support professionals, Inclusion Support professionals) (See ECIP Confidentiality Agreement).

BREACH OF POLICY

Staff members or educators who fail to adhere to this policy may be in breach of their terms of employment and may face disciplinary action. Visitors or volunteers who fail to comply to this policy may face termination of their engagement. Family members who do not comply with this policy may place their child's enrolment at risk and limit the family members access to Fawkner Park Children's Centre.

NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.2	Safety	Each child is protected
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
2.2.3	Child Safety and Protection (effective Jan 2026)	Management, educators and staff are aware of their roles and responsibilities regarding child safety, including the need to identify and respond to every child at risk of abuse or neglect
QUALITY AREA 7: GOVERNANCE AND LEADERSHIP		
7.1.2	Management System	Systems are in place to manage risk and enable the effective management and operation of a quality Fawkner Park Children's Centre that is child safe.

EDUCATION AND CARE SERVICES NATIONAL LAW AND NATIONAL REGULATIONS	
S. 162A	Child protection training
S. 165	Offence to inadequately supervise children
S. 167	Offence relating to protection of children from harm and hazards
12	Meaning of serious incident
73	Educational Program
76	Information about educational program to be given to parents
84	Awareness of child protection law
115	Premises designed to facilitate supervision
122	Educators must be working directly with children to be included in ratios
123	Educator to child ratios – centre-based Fawkner Park Children's Centres

149	Volunteers and students
155	Interactions with children
156	Relationships in groups
168	Education and care Fawkner Park Children's Centres must have policies and procedures
170	Policies and procedures to be followed
171	Policies and procedures to be kept available
172	Notification of change to policies or procedures
175	Prescribed information to be notified to Regulatory Authority
176	Time to notify certain information to Regulatory Authority
181	Confidentiality of records kept by approved provider
183	Storage of records and other documents
184	Storage of records after Fawkner Park Children's Centre approval transferred

RELATED LEGISLATION

Child Care Subsidy Secretary's Rules 2017	**Family Law Act 1975**
A New Tax System (Family Assistance) Act 1999	*Privacy Act 1988* (the Act)
Family Assistance Law – Incorporating all related legislation as identified within the Child Care Provider Handbook	

RELATED POLICIES

Behaviour Guidance: Bullying Policy CCS Data Security Policy CCS Personnel Policy CCS Governance Policy Child Safe Environment Policy Child Protection Policy Code of Conduct Policy Dealing with Complaints Policy ECIP Management Policy Educational Program Policy Enrolment Policy Family Communication Policy Governance and Leadership Policy	Fraud Prevention Policy Incident, Injury, Trauma, and Illness Policy Interactions with Children Families and Staff Policy Photography Policy Privacy and Confidentiality Policy Programming Policy Record Keeping and Retention Policy Staffing Arrangements Policy Student, Volunteer and Visitor Policy Supervision Policy Social Media Policy

TERMINOLOGY

Artificial intelligence (AI)	An engineered system that generates predictive outputs such as content, forecasts, recommendations, or decisions for a given sent of human defined objectives or parameters without explicit programming.
Cyberbullying	When someone uses the internet to be mean to a child or young person so they feel bad or upset
Cyber safety	Safe and responsible use of the internet and equipment/devices, including mobile phones and devices.
Disclosure	Process by which a child conveys or attempts to convey that they are being or have been sexually abuses, or by which an adult conveys or attempts to convey that they were sexually abused as a child
Generative artificial intelligence (AI)	A branch of AI that develops generative models with the capability of learning to generate novel content such as images, text and other media with similar properties as their training data
ICT	Information and Communication Technologies
Illegal content	Includes: images and videos of child sexual abuse Content that advocates terrorist acts Content that promotes, incites or instructs in crim or violence Footage of real violence, cruelty and criminal activity
Optical Surveillance Device	Has the same meaning as in section 6(1) of the Surveillance Devices Act 2004 of the Commonwealth
Online hate	Any hateful posts about a person or group based on their race, religion, ethnicity, sexual orientation, disability or gender
Smart toys	Smart toys generally require an internet connection to operate as the computing task is on a central server
Sexting	Sending a sexual message or text, with or without a photo or video. It can be done using a phone Fawkner Park Children's Centre or any platform that allows people to connect via an online message or chat function
Unwanted contact	Any type of online communication that makes you feel uncomfortable, unsafe or harassed.

Source: Glossary to NQF Child Safe Culture and Online Safety Guides- ACECQA 2025

RESOURCES

Australian Children's Education & Care Quality Authority. National Model for Early Childhood Education and Care.

Australian Government Office of the eSafety commission

eSafety Early Years Program for educators

eSafety Early Years Program checklist

eSmart Alannah & Madeline foundation

Family Tech Agreement. eSafety Early Years Online safety for under 5s

Kiddle is a child-friendly search engine for children that filters information and websites with deceptive or explicit content: https://www.kiddle.co/

Office of the Australian Information Commissioner (OAIC)

CHILDCARE CENTRE DESKTOP- RELATED RESOURCES

CCS Compliance Checklist and Audit CCTV Monitoring Letter to Families Cyber Safety Agreement Cyber Safety Authorisation Data Breach Response Record Data Security Checklist Digital Technologies Risk Assessment ECIP Confidentiality Agreement	Electronic Device Register Media Authorisation Child Media Authorisation Staff Privacy Audit Privacy and Confidentiality Procedure Safe Use of Digital Technologies and Online Environment Procedure

SOURCES

Australian Children's Education & Care Quality Authority. (2025). *Guide to the National Quality Framework*

Australian Children's Education & Care Quality Authority. (2023). *Embedding the National Child Safe Principles*

Australian Children's Education & Care Quality Authority. (2024). *Taking Images and Video of Children While Providing Early Childhood Education and Care. Guidelines For The National Model Code*.

Australian Children's Education & Care Quality Authority. (2025). *NQF Online Safety Guide*

Australian Government eSafety Commission (2020) www.esafety.gov.au

Australian Government Department of Education.(2025). *Child Care Provider Handbook*

Australian Government. eSafety Commissioner Early Years program for educators

Australian Government, Office of the Australian Information Commissioner. (2019). Australian Privacy Principles: https://www.oaic.gov.au/privacy/australian-privacy-principles-guidelines/

Australian Government Department of Health and Aged Care. (2021). Australia's Physical Activity and Sedentary Behaviour Guidelines

Australian Human Rights Commission (2020). *Child Safe Organisations.* https://childsafe.humanrights.gov.au/

Early Childhood Australia Code of Ethics. (2016).

Education and Care Fawkner Park Children's Centres National Law Act 2010. (Amended 2023).

Education and Care Services National Regulations. (Amended 2023).

Office of the Australian Information Commissioner (OAIC)

Privacy Act 1988.

Western Australian Legislation Education and Care Services National Law (WA) Act 2012

Western Australian Legislation Education and Care Fawkner Park Children's Centres National Regulations (WA) Act 2012

14.129 FPCC 4.24 FPCC Psychological Health and Safety Policy (Psychosocial Hazards)

Quality Areas: QA2, QA4, QA6, QA7

Legislation: Occupational Health and Safety Act 2004 (Vic); Occupational Health and Safety (Psychological Health) Regulations 2025 (Vic); Child Safe Standards (2022); National Quality Framework

1. Purpose
Fawkner Park Children's Centre and Kindergarten (FPCC) is committed to providing and maintaining a working and learning environment that is psychologically safe, respectful, inclusive, and free from harm. This policy outlines FPCC's responsibilities under the Occupational Health and Safety (Psychological Health) Regulations 2025 (Vic) to identify and manage psychosocial hazards; implement control measures that eliminate or minimise risks to psychological health; and promote wellbeing for all employees, contractors, students, volunteers, children, and families engaging with FPCC.

2. Scope
This policy applies to all FPCC staff, educators, students, volunteers, contractors, visiting professionals, consultants, children, families, and any person participating in FPCC-related activities, both on-site and off-site.

3. Definitions
Psychosocial Hazard: Any factor in the work design, systems of work, management of work, carrying out of work, or personal/work-related interactions that may cause a negative psychological response creating a risk to health or safety.

Negative Psychological Response: Emotional or behavioural reaction such as stress, distress, burnout, fear, or anxiety resulting from exposure to psychosocial hazards.

Examples include: bullying, harassment, aggression, high or low job demands, poor role clarity, poor support, discrimination, and sexual harassment.

4. Policy Statement
FPCC recognises psychological health and safety as equally important as physical safety. The Centre will take all reasonably practicable steps to eliminate or minimise psychosocial risks by identifying hazards, assessing and controlling risks, consulting with staff, reviewing measures regularly, and promoting a culture of respect, empathy, and open communication.
5. Procedures
Identification of Psychosocial Hazards: Conduct regular workplace assessments and include psychosocial factors in existing WHS checklists and incident reporting.

Managing Risks: Apply the three-step hierarchy of control—eliminate, change, educate/support. Prioritise changes to work design, management, and environment before relying on training.

Consultation: Engage educators and health and safety representatives in decisions about control measures. Provide confidential channels for feedback.

Review and Continuous Improvement: Review control measures after major changes, new information, incidents, or at the request of a health and safety representative.

6. Roles and Responsibilities
Approved Provider / Management / Director: Ensure compliance, allocate resources, and model psychological safety.

Educational Leader / 2IC / Room Leaders: Model respectful communication, identify early signs of stress, and support reflective practice.

Educators, Students, Volunteers: Report hazards, contribute to a supportive environment, and engage in wellbeing initiatives.

Families and Visitors: Engage respectfully, avoid inappropriate behaviour, and raise concerns appropriately.

7. Monitoring and Review

This policy will be reviewed annually or sooner if legislative changes, incidents, or feedback indicate a need. All incidents and reviews are recorded in the FPCC Psychosocial Risk Register and Incident Reporting System.

8. References

- Occupational Health and Safety Act 2004 (Vic)
- Occupational Health and Safety (Psychological Health) Regulations 2025 (Vic)
- Compliance Code: Managing Psychosocial Hazards at Work (WorkSafe Victoria, 2025)
- Education and Care Services National Regulations 2011
- National Quality Standard (QA2, QA4, QA7)
- Child Safe Standards (2022)

Supporting Documents Required

Document / Tool	Purpose	Frequency / Use
Psychosocial Risk Assessment Form	Identify, assess, and record psychosocial hazards.	Annually and after major changes.
Psychosocial Risk Register	Central record of hazards, controls, and reviews.	Ongoing.
Wellbeing & Consultation Record	Record staff consultation and actions.	Quarterly or as issues arise.
Incident / Hazard Report Form (Psychological Category)	Report bullying, aggression, or stress events.	As required.
Post-Incident Review Template	Analyse causes and update controls.	After every event.
Staff Wellbeing Survey or Reflection Tool	Monitor psychosocial climate and satisfaction.	Twice per year.
Conflict Resolution and Respectful Communication Procedure	Steps for addressing interpersonal issues.	As needed.
Trauma-Informed Response Procedure	Guidance for supporting children or staff exposed to trauma.	Ongoing.

14.130 4.25 INAPPROPRIATE CONDUCT POLICY

1. Authorisation & Review

This policy was Approved by the Committee of Management of Fawkner Park Children's Centre (FPCC) in February 2026.

The Nominated Supervisor is responsible for reviewing this policy annually.

2. Legislative & Regulatory Framework

This policy complies with and is informed by:

Education and Care Services National Law
Education and Care Services National Regulations 2011 (Regs 155, 156, 168, 170, 84–86, 99–102)
National Quality Standard (QA2 – Children's Health & Safety; QA4 – Staffing; QA7 – Governance & Leadership)
Victorian Child Safe Standards (2022)
Reportable Conduct Scheme – Commission for Children and Young People Victoria
Children, Youth and Families Act 2005 (Vic) – Mandatory Reporting Obligations

3. Statement of Commitment

FPCC has zero tolerance for child abuse, grooming, neglect, sexual misconduct, or any conduct that compromises a child's physical or psychological safety. Child safety is embedded in governance, leadership accountability, recruitment, supervision practices, and daily pedagogy.

At Fawkner Park Children's Centre & Kindergarten, child safety is paramount. All staff, students, volunteers and visitors must act in accordance with the Child Safe Standards and uphold the rights, safety, wellbeing and dignity of every child. The best interests of children will always take precedence in all decisions, practices and procedures.

4. Definition of Inappropriate Conduct

Physical abuse or excessive force.
Emotional or psychological harm including humiliation or intimidation.
Sexual misconduct, grooming, or exposure to inappropriate material.
Serious neglect of supervision responsibilities.
Professional boundary breaches including unauthorised communication or transport.

5. Supervision & Operational Controls

Active supervision is mandatory at all times. Educators must position themselves strategically across indoor and outdoor environments.

Open-door visibility practices apply during toileting and intimate care.

Excursion risk assessments must be completed and authorised prior to departure.

Afternoon supervision practices must ensure at least one educator remains indoors with children until 5:00pm to prevent overcrowding and risk escalation.

6. Digital Technology & Image Management

Only Centre-approved devices may be used for photographing children.

Personal devices are strictly prohibited for child-related documentation.

Images may only be shared via approved platforms in accordance with family consent documentation.

Any digital boundary breach will be treated as potential reportable conduct.

7. Behaviour Guidance & Prohibited Practices

Positive behaviour support aligned with VEYLF principles is required. (please refer to staff handbook) The following are examples of prohibited practices:

Physical punishment.
Verbal humiliation or intimidation.
Isolation used as punishment.
Withholding food, comfort, or care.

8. Reportable Conduct Scheme – Procedural Requirements

If an allegation of reportable conduct is made against an employee, volunteer, contractor or committee member, FPCC will:

- Immediately assess and secure the safety of the child/ren.
- Notify the Commission for Children and Young People (CCYP) within 3 business days of becoming aware of the allegation.
- Provide detailed written information to CCYP within 30 calendar days.

- Conduct a fair, transparent and procedurally fair investigation.
- Maintain confidentiality and protect all parties from victimisation.
- Document all actions, decisions and risk mitigation strategies.
- Mandatory reporting to Child Protection must occur immediately if a reasonable belief of significant harm exists.

The Regulatory Authority (VECRA) will be notified within required timeframes where applicable.

VECRA notification: Within 24 hours of becoming aware of:

- a serious incident at the service
- the service receives a complaint alleging that:
    - a serious incident has occurred while a child is being educated or cared for by the service, or
    - the following law or regulations have been contravened:
        - National Law or National Regulations, or
        - CS Act or CS Regulations
- an incident or allegations of physical and/or sexual abuse has occurred or is occurring at the service
- any circumstances at the service that pose a risk to the health, safety or wellbeing of a child
- an incident that requires the provider to close, or reduce the number of children attending, the service for a period
- if an additional child, or children, attend the service in an emergency.

CCYP Notification (Reportable Conduct)

Step 1: Initial Notification

- Within 3 business days of becoming aware of the allegation

Step 2: Investigation Outcome

- Within 30 calendar days, provide:
    - Findings
    - Outcome
    - Actions taken

In instances of suspected abuse or risks to the wellbeing of children, Fawkner Park Children's Centre may also to need to report to another agency such as:

- Victoria Police
- Child Protection
- Orange Door (previously Child FIRST)

- Victorian Institute of Teaching
- Commission for Children and Young People

Following all steps as stated in *Notifying the Victorian Early Childhood Regulatory Authority about incidents, complaints and other circumstances* - https://www.vic.gov.au/notify-regulatory-authority-about-incidents-complaints

9. Documentation & Evidence Retention

All reports, investigations and outcomes will be documented objectively and stored securely.

Records will be retained in accordance with legislative record-keeping requirements.

Staff training records, WWCC verification, and recruitment screening documentation will be maintained for audit review.

10. Breach of Policy

Breaches may result in suspension, termination, referral to external authorities, or notification to professional regulatory bodies.

Failure to report concerns constitutes serious misconduct.

11. Continuous Improvement & Audit Readiness

This policy is reviewed annually through leadership meetings and Quality Improvement Plan processes.

Child Safe Standard compliance is evaluated through staff training, supervision audits, and incident trend analysis.

12. Governance & Leadership Accountability

The Committee of Management, Nominated Supervisor, Educational Leader and 2IC are collectively responsible for embedding a culture of child safety across all levels of the service. Child safety is a standing agenda item at leadership and committee meetings and is reviewed through incident data, supervision audits, and staff performance reviews.

Leadership ensures that child safety risks are identified, assessed and mitigated through documented risk management systems aligned with QA2 and QA7 of the National Quality Standard.

13. Risk Management Framework

FPCC adopts a proactive risk management approach to inappropriate conduct. Risk assessments are conducted across physical environments, staffing patterns, excursions, digital platforms, and high-risk times of day (including transitions).

Risk controls include environmental visibility, ratio monitoring, supervision mapping, clear line-of-sight practices, visitor sign-in protocols, and controlled access procedures.

14. Recruitment, Screening & Suitability

All staff, volunteers and students must undergo rigorous recruitment screening, including:

Valid Working with Children Check verification prior to commencement.
Reference checks addressing child safety suitability.
Qualification verification.
Child Safe Code of Conduct signed prior to engagement.

Probation review assessing professional boundaries and supervision practices.
Failure to disclose relevant information during recruitment may constitute serious misconduct.

15. Staff Training & Professional Development

All staff must complete annual training in Child Safe Standards, Mandatory Reporting, Professional Boundaries, and Behaviour Guidance.

New educators receive induction training covering supervision expectations, reportable conduct obligations, digital safety protocols, and complaint handling procedures.

Training completion records are maintained for audit purposes and reviewed annually.

16. Cultural Safety & Inclusion

FPCC recognises the importance of culturally safe environments for Aboriginal and Torres Strait Islander children, children from culturally and linguistically diverse backgrounds, children with disability, and children identifying as LGBTQIA+.

Inappropriate conduct includes discriminatory language, bias, exclusion, or culturally unsafe practices. Staff must actively promote inclusion and uphold dignity for all children and families.

17. Whistleblower Protection & Non-Retaliation

FPCC strictly prohibits victimisation or retaliation against any person who raises a child safety concern in good faith.

Reports may be made confidentially. All disclosures will be handled with procedural fairness while prioritising child safety.

18. Monitoring, Review & Continuous Improvement

Compliance with this policy is monitored through:

Register for procedures – termly observation
Incident trend analysis.
Annual policy review.
Staff performance appraisals.
Committee governance oversight.
Findings inform updates to the Quality Improvement Plan and ongoing professional development priorities.

19. Definitions (Legal & Regulatory Terminology)

Child Abuse – Includes physical abuse, sexual abuse, emotional or psychological abuse, serious neglect, and grooming as defined under Victorian child protection legislation and the Reportable Conduct Scheme.

Grooming – Deliberate actions undertaken to build a relationship of trust with a child, family member or colleague with the intention of facilitating sexual abuse or exploitation.

Reportable Conduct – Includes sexual offences, sexual misconduct, physical violence, behaviour causing significant emotional or psychological harm, significant neglect, and grooming committed against, with, or in the presence of a child.

Reasonable Belief – A belief formed on reasonable grounds that a child is in need of protection from harm. Proof is not required; suspicion supported by facts is sufficient to trigger mandatory reporting.

Mandatory Reporter – A professional legally required under the Children, Youth and Families Act 2005 (Vic) to report a reasonable belief of child abuse to Child Protection.

Professional Boundary – Clear limits that define appropriate interactions between adults and children to ensure relationships remain safe, ethical and within professional standards.

Procedural Fairness – A legal principle requiring that allegations be investigated impartially, without bias, and that individuals be informed of allegations and given an opportunity to respond.

Victimisation – Detrimental treatment of a person because they have made, or intend to make, a child safety complaint or disclosure.

Significant Harm – Serious physical, psychological, or emotional injury, including exposure to family violence or sexual abuse.

Regulatory Authority – The Victorian Department of Education responsible for administering the Education and Care Services National Law and Regulations.

Commission (CCYP) – The Commission for Children and Young People Victoria, the independent statutory body administering the Reportable Conduct Scheme.

Working with Children Check (WWCC) – A screening process assessing suitability to engage in child-related work under Victorian law.

20. References

- Victorian Government. (2026, January 6). *Role of the regulatory authority*. Role of the regulatory authority
- Education and Care Services National Law Act 2010 (Vic).
- Education and Care Services National Regulations 2011 (Regs 84–86, 99–102, 155, 156, 168, 170).
- Australian Children's Education and Care Quality Authority (ACECQA). Guide to the National Quality Framework (current version).
- National Quality Standard (2018). Quality Area 2 – Children's Health and Safety; Quality Area 4 – Staffing Arrangements; Quality Area 7 – Governance and Leadership.
- Victorian Child Safe Standards (2022) – Commission for Children and Young People Victoria.
- Commission for Children and Young People (Vic). Reportable Conduct Scheme Information Sheet (current version).
- Children, Youth and Families Act 2005 (Vic) – Mandatory Reporting Obligations.
- Victorian Early Years Learning and Development Framework (VEYLF) (2016, updated 2023).
- United Nations Convention on the Rights of the Child (1989).
- Department of Education (Victoria). Child Safe Standards – Managing the Risk of Child Abuse in Schools and School Boarding Premises (as applicable to early childhood services).
- Notifying the Victorian Early Childhood Regulatory Authority about incidents, complaints and other circumstances - https://www.vic.gov.au/notify-regulatory-authority-about-incidents-complaints

28 CARE AND EDUCATION

28.1.1 FPCC 5.01 – Interaction with Children, Families and Staff Policy

Mandatory – Quality Area 5, 6 and 7

1. AUTHORISATION

This policy is adopted by the Fawkner Park Children's Centre Committee of Management.

2. REVIEW

This policy will be reviewed annually, or sooner where legislative or operational changes require.
Last Review: June 2026

3. PARAMOUNT CONSIDERATION STATEMENT

At Fawkner Park Children's Centre, the safety, wellbeing, participation and best interests of every child are our paramount consideration. Every interaction, decision and relationship must reflect this commitment. We are committed to creating a child-safe culture where children feel safe, respected, listened to and empowered.

4. PURPOSE

This policy establishes expectations for respectful, professional and child-focused interactions between children, families, educators, volunteers, students, visitors, leadership and the Committee of Management. Positive relationships underpin children's wellbeing, learning and protection.

5. SCOPE

This policy applies to all employees, relief educators, students, volunteers, contractors, visitors, Committee members and any adult engaged with the Centre.

6. GUIDING PRINCIPLES

- Children's rights, dignity and voice are respected at all times.
- Every interaction contributes to children's safety and wellbeing.
- Families are recognised as children's first and most influential teachers.
- Professional relationships between adults model respectful behaviour for children.
- Diversity, equity and inclusion are actively promoted.
- Professional boundaries are maintained in all circumstances.

Fawkner Park Children's Centre is committed to ensuring each child's rights and dignity is acknowledged, preserved and protected at all time. In order to ensure this standard is upheld, interactions with children must comply with the guidelines for best practice stipulated by the National Quality Framework, Quality Area Five: Relationships with children. Interactions with children must be responsive, respectful and promote children's sense of belonging. Thus creating a conducive environment for children to learn, thrive and flourish. Through these interactions we aim to form secure reciprocal relationships with each child that endures throughout their journey at Fawkner Park Children's Centre. It is commonly believed that children learn not only through their interactions with the environment but also through their everyday social interactions. By enabling children to engage in shared sustained thinking with their peers and educators, their learning and thinking is intellectually enriched while in a social context. Thoughtful and deliberate teaching intentions are not only prevalent through learning experiences; they are embedded within our daily conversations with children. These interactions bridge the gap between 'the potential' and 'the acquisition of new knowledge'.

7. INTERACTIONS WITH CHILDREN

- Build secure, warm and responsive relationships.
- Listen actively and respond to children's ideas, emotions and concerns.
- Support children's agency, decision making and independence.

- Use positive behaviour guidance and restorative conversations.
- Use inclusive, culturally responsive and strength-based language.
- Never shame, ridicule, threaten, intimidate or humiliate a child.
- Respond immediately to disclosures or indicators of abuse in accordance with child protection procedures.
- Maintain active supervision and appropriate professional boundaries.
- Use physical contact only when appropriate, respectful, responsive to the child's needs and never for adult convenience.

8. INTERACTIONS WITH FAMILIES

- Welcome every family respectfully and without discrimination.
- Communicate openly, honestly and professionally.
- Maintain confidentiality and privacy.
- Work collaboratively to support each child's learning, wellbeing and safety.
- Respond to concerns respectfully and in accordance with the Complaints and Feedback Policy.
- Use Storypark, email and other digital communication professionally and appropriately.

9. INTERACTIONS BETWEEN STAFF

- Treat colleagues with courtesy, integrity and respect.
- Model respectful communication in front of children.
- Address disagreements privately and constructively.
- Never engage in bullying, gossip, harassment or discriminatory behaviour.
- Raise child safety concerns immediately and challenge unsafe practices respectfully.

10. LEADERSHIP RESPONSIBILITIES

- Promote a child-safe organisational culture.
- Provide mentoring and reflective practice opportunities.
- Ensure induction includes expectations regarding respectful interactions and professional boundaries.
- Respond promptly to breaches of this policy.
- Support continuous professional learning.

11. DIGITAL AND ONLINE INTERACTIONS

- All digital communication must remain respectful, professional and confidential.
- Personal social media must never be used to communicate with children.
- Images of children may only be taken using approved Centre devices and in accordance with family consent and Centre procedures.
- Personal mobile phones must not compromise supervision or child safety.

12. CONTINUOUS IMPROVEMENT

The Centre regularly reviews educator interactions through observations, mentoring, staff meetings, family feedback, children's voices, professional learning and Quality Improvement Planning to ensure practice remains aligned with contemporary child-safe standards.

13. RELATED POLICIES

- Child Safety and Wellbeing
- Child Safe Code of Conduct
- Child Protection
- Behaviour Guidance
- Staff Conduct
- Supervision
- Privacy and Confidentiality
- Complaints and Feedback
- Inclusion and Equity
- Governance and Management

14. REFERENCES

- Education and Care Services National Law and Regulations
- National Quality Standard – Quality Areas 5, 6 and 7
- Early Years Learning Framework V2.0
- Victorian Child Safe Standards
- PROTECT: Identifying and Responding to Child Abuse

28.1.2 FPCC 5.02 - Guiding and Enabling Collaborative Behaviour

1 Authorisation

This policy was adopted by the FPCC Committee of Management at the October 2013 Committee Meeting.

2 Review Date

This policy shall be reviewed annually at the October Committee Meeting. Any comprehensive amendments will be documented under authorisation. This policy was reviewed in June 2026.

3 Policy

In guiding child behaviour, the Centre aims, while catering for each child's individual needs, to promote independent self-regulating skills, encourage independent conflict resolution, foster healthy self-esteem and foster positive peer relations. The centre will promote sound values and morals so that children become increasingly aware of their responsibilities to other children and the principles of social justice.

Staff through their knowledge of early childhood development acknowledge that during the socialisation process, conflicts between children will occur. Staff respond to inappropriate behaviour in a manner that will both support the child and encourage the development of independent self-regulation. Where appropriate, staff may offer suggestions in order to help children solve their conflict independently.

Staff will seek to understand the feelings behind the child's behaviour and take a preventative approach, including modifying the program if necessary. Staff aim for positive outcomes when redirecting child behaviour or assisting to resolve conflict by speaking in a calm and positive manner when addressing the child.

Staff ensure that they provide positive role models for children by using calm voices and interacting in a positive manner with both children and work colleagues. Staff ensure that the Centre's environment fosters positive behaviour by providing adequate space for each child and sufficient equipment for children to share.

The Centre acknowledges that sometimes it may be necessary to remove a child from their immediate environment to avoid them becoming more distressed or even harming themselves or others. In these instances, children will be given alternative activities to pursue. Although this may involve spending some time alone in an activity, 'time out' will not be used and children will not be left alone and unoccupied as a punishment.

Children of kindergarten age will frequently engage in play that may involve superheroes. Staff will ensure that children engaging in this play are not hurt or intimidated, whilst recognising the importance of 'role play' for children as a means of understanding their wider environment and establishing social skills. The Centre aims at all times to deal with children's behaviour in a way that reflects contemporary child development theories. We will treat children's play choices with respect and endeavour to extend their social skills through their interests.

References: Young children's behaviour: Practical approaches for caregivers and teachers. Dr Louise Porter 2003.

28.1.3 FPCC 5.03 - Bullying

1. Authorisation

This policy was adopted by the Fawkner Park Children's Centre & Kindergarten (FPCC) Committee of Management in October 2013.

This policy was reviewed and updated in June 2026.

2. Review Date

This policy will be reviewed annually by the Committee of Management, or earlier if required by changes to legislation, regulations or service needs.

3. Child Safety Statement

Fawkner Park Children's Centre & Kindergarten is committed to providing a child-safe environment where the safety, wellbeing and rights of children are paramount. The Centre recognises that a respectful, professional and psychologically safe workplace enables educators and staff to provide the highest quality care and education for children.

All employees, students, volunteers, committee members and contractors are expected to uphold the Centre's values, Child Safe Standards, Code of Conduct and professional expectations at all times.

4. Policy Statement

FPCC is committed to maintaining a workplace that is respectful, inclusive, safe and free from bullying, harassment, discrimination, victimisation and inappropriate conduct.

Workplace bullying can have a significant impact on employee wellbeing, team culture, job satisfaction and ultimately the quality of care provided to children and families.

Bullying behaviour will not be tolerated under any circumstances and will be addressed promptly, fairly and confidentially.

This policy applies to:

- Employees;
- Casual and relief educators;
- Students and volunteers;
- Committee members;

- Contractors and consultants;
- Families and visitors when interacting with staff.

5. Definition of Workplace Bullying

Workplace bullying is repeated and unreasonable behaviour directed towards a worker or group of workers that creates a risk to health and safety.

Bullying may occur in person, in writing, electronically or through social media.

Examples of bullying may include:

- Repeated rude, disrespectful or intimidating communication;
- Yelling, aggressive behaviour or verbal abuse;
- Deliberately excluding someone from workplace activities;
- Undermining a person's work performance or professional reputation;
- Excessive criticism that is not constructive;
- Spreading rumours or gossip;
- Deliberately withholding information required for a person to perform their role;
- Misuse of power, authority or position;
- Unreasonable work demands designed to cause distress;
- Repeated disregard for professional boundaries.

A single disagreement, conflict or isolated incident may not constitute bullying but may still require intervention and support.

Reasonable management action carried out in a fair and respectful manner is not bullying. This includes:

- Performance discussions;
- Supervision and feedback;
- Allocation of work;
- Investigation of complaints;
- Managing misconduct or performance concerns.

6. Responsibilities

Committee of Management

The Committee will:

- Promote a respectful workplace culture;
- Ensure appropriate policies and procedures are in place;
- Support the resolution of workplace concerns;
- Fulfil legal obligations under workplace health and safety legislation.

Director and Leadership Team

The Director, Educational Leaders and Persons in Day-to-Day Charge will:

- Model respectful and professional behaviour;

- Address concerns promptly and appropriately;
- Foster a psychologically safe workplace;
- Support staff experiencing workplace conflict;
- Ensure complaints are managed fairly and confidentially;
- Monitor workplace culture and staff wellbeing.

Employees, Students and Volunteers

All staff, students and volunteers must:

- Treat others with dignity, respect and professionalism;
- Communicate respectfully, even during periods of stress or disagreement;
- Respect professional and personal boundaries;
- Refrain from bullying, harassment, victimisation or discriminatory behaviour;
- Raise concerns appropriately through established channels;
- Support colleagues in creating a positive workplace culture.

7. Prevention

FPCC will promote a respectful workplace by:

- Providing clear policies and expectations;
- Delivering induction and ongoing professional learning;
- Encouraging open communication and constructive feedback;
- Supporting employee wellbeing;
- Promoting teamwork and collaboration across all rooms and departments;
- Addressing workplace concerns early before they escalate;
- Conducting regular reviews of workplace culture and staff wellbeing.

8. Reporting and Responding to Concerns

Employees who experience or witness bullying are encouraged to:

1. Address the concern directly if they feel safe and comfortable to do so;
2. Seek support from a Room Leader, Educational Leader, Director or Committee representative;
3. Document incidents, including dates, times and witnesses where possible;
4. Submit a formal complaint where appropriate.

The Centre will:

- Take all complaints seriously;
- Assess concerns objectively and confidentially;
- Investigate matters fairly and without bias;
- Provide support to all parties involved;
- Implement appropriate actions where concerns are substantiated;

- Monitor outcomes and workplace relationships following resolution.

Victimisation of any person who raises a concern or participates in an investigation will not be tolerated.

9. Possible Outcomes

Where bullying behaviour is substantiated, actions may include:

- Informal resolution and mediation;
- Professional coaching or mentoring;
- Additional supervision and support;
- Performance management processes;
- Formal warnings;
- Disciplinary action;
- Termination of employment where appropriate.

The response will be proportionate to the seriousness and frequency of the behaviour.

10. Related Policies

- Child Safety and Wellbeing Policy
- Code of Conduct
- Staff Grievance Policy
- Inclusion and Equity Policy
- Psychological Health and Safety Policy
- Occupational Health and Safety Policy
- Staff Induction Policy

11. Legislative References

- Occupational Health and Safety Act 2004 (Vic)
- Ocupational Health and Safety Regulations 2017 (Vic)
- Managing Psychosocial Hazards at Work Code of Practice
- Fair Work Act 2009 (Cth)
- Equal Opportunity Act 2010 (Vic)
- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011

The Centre is committed to fostering a culture where all staff feel respected, supported and valued. Professional relationships built on kindness, trust and collaboration contribute to positive outcomes for children, families and the wider FPCC community.

28.1.4 FPCC 5.04 - Ratios for Excursions

Mandatory – Quality Area 2

1 Authorisation

This policy was adopted by the FPCC Committee of Management at the October 2013 Committee Meeting.

2 Review Date

This policy shall be reviewed annually at the October Committee Meeting. Any comprehensive amendments will be documented under authorisation. This policy was reviewed in July 2025.

3 Policy

Fawkner Park Children's Centre has a unique advantage in the location adjacent to 100 acres of Fawkner Park itself and staff aim to take children for brief but frequent park visits when weather permits. Staff/child ratios are regulated to ensure adequate supervision is provided at all times. The ratios established (listed below) are higher than the ratios required by Children's Services regulations.

4 Procedure

Staff may not take children out of the Centre unless the parent has provided written consent giving staff permission to do so. All excursions must be planned in conjunction with the Centre Director and must adhere to staff/child ratios at all times. The paper based room attendance sheet is to be copied and given to the front office before departure. Staff names and contact details along with the location should also be included.

Educator to child ratio's for park visits (within the boundaries of Fawkner Park) are generally as follows;

Blue and Green Room (Under 3)	1:3 children
Yellow Room (2-3 mixed age group)	1:4 children
Orange & Kinder Rooms (3-5 mixed age group)	1:5 children

These ratios outlines are based on the usual age groupings within each room and will be adapted if/when necessary depending on the age's of the children on any given day. A minimum of 2 adults must supervise any park visit

The ratios for any excursions outside the boundaries of Fawkner Park is 1 adult/2 children.

28.1.5 FPCC 5.05 – Environmental Sustainability

Best Practice – Quality Area 3

1 Authorisation

This policy was adopted by the FPCC Committee of Management at the October 2013 Committee Meeting.

2 Review Date

This policy shall be reviewed annually at the October Committee Meeting. Any comprehensive amendments will be documented under authorisation. This policy was reviewed in March 2025.

3 Policy

Procedures have been developed to engender environmental awareness in children.

4 Rationale

"One of the most significant responsibilities that [early childhood] professionals have is to support children to retain the sense of awe and wonder that they are born with, to add to that a desire to nurture and protect what is beautiful, and to encourage them to appreciate that there are many possibilities for honouring life and wonders that the world holds" *(Stonehouse, A. (2006) NSW Curriculum Framework for Children's Services – refer to Sources)*.

Current research confirms that experiences in the early years help establish lifelong behaviour and values, and this reinforces the need for sustainability education to be included in early childhood programs. It is important for children to understand their place in the world and the role that they can play in protecting the environment. Children should learn to be environmentally responsible and be empowered to make a difference, and this learning should not wait until the 'formal education' of primary school. Our Centre is committed to ensuring that the children get to experience connections with the natural environment in meaningful ways which will ultimately promote action for sustainability.

Learning Outcome 2 in the *Victorian Early Years Learning and Development Framework (2016)* guides and supports a collaborative approach between professionals, parents and children where, children "are connected with and contribute to their world" and "broaden their understanding of the world in which they live".

Our educators in collaboration with families are responsible for scaffolding children's learning to develop an environmental identity and consciousness. Maximising children's engagement with the outdoor environment, and integrating access between the indoors and the outdoors, will enable children to actively engage and explore nature and diversify their play experiences. Intentional and planned learning spaces that promote the development of life skills, such as growing and preparing food, waste reduction, minimising consumption and recycling, and use of recycled, reclaimed, improvised, and natural materials will encourage deeper thinking and leverage learning to promote sustainable environmental habits.

Fawkner Park has the responsibility to align service practice with our environmental sustainability policy. Alignment will include practices and behaviours that support activities which contribute to environmental sustainability by reducing waste, pollution and greenhouse gases, the ethical purchasing of products and assisting to minimise the impact of climate change. This includes the commitment to use the Reduce, Reuse, Recycle, and Rethink (how our actions effect the environment) philosophy as a guide to monitor current practices and implement changes. A priority to energy efficient alternatives when considering lighting, building products and design will also be considered.

Environmental education can be defined as learning about the environment and how natural systems function, including the interconnectedness of plants, animals, humans and the planet we inhabit. Environmental education promotes the growth of knowledge, skills and values about the environment, often with a focus on science and nature. In an early childhood setting, environmental education is integrated into everyday decisions made as part of the curriculum.

Sustainability can be defined in a broader and more holistic context of education for the environment. The complexities of social, environmental and economic systems are acknowledged, and their implications for sustaining life are considered. The aim of sustainability education is to promote a sense of responsibility, respect, empowerment, active participation, enquiry and a desire for social change (adapted from ECA Environmental Sustainability Policy). The goal of sustainability education is to empower children and adults to think and act in ways that meet their immediate needs without jeopardising the potential of future generations to meet their own needs. Sustainable practice in early childhood settings requires a holistic approach that integrates all aspects of sustainability into service operations.

The National Quality Standard (Quality Area 3: Physical Environment) includes a discussion on the service taking an active role in caring for its environment and contributing to a sustainable future. As service providers to the community, education and care services have an opportunity not only to make reductions to waste, water and energy consumption through their operations, but to role-model sustainable living to young children in a world facing climate change, increasing levels of air, land and water pollution, and depleted natural resources.

Legislation and Standards

Relevant legislation and standards include but are not limited to:

Education and Care Services National Law Act 2010
Education and Care Services National Regulations 2011

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

- Victorian Legislation – Victorian Law Today: www.legislation.vic.gov.au
- Commonwealth Legislation – Federal Register of Legislation: www.legislation.gov.au

5 Procedure

Recycling & Paper Usage

- Recycled drawing paper is used where possible
- Every room has a recycling bin, which children are encouraged to use autonomously
- All office paper, glass and plastic containers are recycled
- Parents are encouraged to bring in boxes and other materials suitable for collage and art projects and creative play
- Double-sided photocopies are made wherever possible
- Parents can contribute by providing recyclable materials from their home or workplace and involving children
- Fee payments are sent via electronic invoices, rather than paper copies
- Laminating is discouraged. Signs and banners which need to stand the test of time are backed onto thick cardboard instead

Water usage

- Water tank was installed January 2004
- Rain water is collected and used for watering garden beds and for incidental, child led water play in the outdoor environment
- Excess water from the rain water tank is used when flushing toilets
- Shut-off Taps are used across the Centre to limit water wastage
- Children are educated in water saving practices through programs

Compost

- Child friendly compost bins installed 2014, enabling children to be a key part of the composting process
- Food scraps are composted and used for gardening
- A worm farm is also used for this purpose
- Children learn about the importance of composting through programs

Outdoor environment

- Native trees are planted where appropriate
- Children are encouraged to respect nature and living creatures, with stick insects and being cared for by children across the Centre
- Vegetable patches are cared for by Blue and Green Rooms, with seasonal produce planted throughout the year

- Incursions are planned for and delivered relating to the theme of environmental sustainability
- Birds, butterflies and insects are encouraged in the garden
- All the rooms benefit from natural light. Lights will be turned off when children are playing outside
- Solar panels were fitted and have been fully operational since March 2016

Purchasing & Packaging

- Toys and equipment made from natural materials are preferable; however, a balanced approach is necessary taking into account safety and hygiene factors. (Plastic may be more appropriate for younger children from a safety and cleanliness perspective)
- Unbleached, not white or coloured, toilet paper is used
- Fresh food is purchased wherever possible. Products excessively packaged are not used. Purchase of bulk items reduces packaging. Use of spray cans containing CFCs are avoided
- We avoid use of genetically modified food where information is available
- Re-useable containers are used to store food to avoid use of disposable covers
- Maintain membership and contact with EEEC (Environmental Education in Early Childhood)

6 Sources

Belonging, Being & Becoming – The Early Years Learning Framework for Australia: https://www.acecqa.gov.au/nqf/national-law-regulations/approved-learning-frameworks

Department of Education, Australian Government (2010) *'Educators' Guide to the Early Years Learning Framework for Australia*: https://www.dss.gov.au/our-responsibilities/families-and-children/publications-articles/educators-guide-to-the-early-years-learning-framework-for-australia

Environmental Education in Early Childhood (EEEC): http://www.eeec.org.au/index.php

Guide to the National Quality Standard, ACECQA: www.acecqa.gov.au

Department of Education, Australian Government, *My Time, Our Place – Framework for School Age Care in Australia*: https://www.acecqa.gov.au/nqf/national-law-regulations/approved-learning-frameworks

Sustainability Victoria: https://www.sustainability.vic.gov.au/schools

Victorian Early Years Learning and Development Framework: https://www.acecqa.gov.au/nqf/national-law-regulations/approved-learning-frameworks

28.1.6 FPCC 5.06 - Child Exploration

1 Authorisation

This policy was adopted by the FPCC Committee of Management at the October 2013 Committee Meeting.

2 Review Date

This policy shall be reviewed annually at the October Committee Meeting. Any comprehensive amendments will be documented under authorisation. This policy was reviewed in July 2024.

3 Policy

The Centre wishes to have a consistent approach to the information given to children about sexuality.

4 Rationale

Children have a natural curiosity about their bodies which may lead to sexual play with other children. Staff are trained to understand what normal behaviour for each age group is and how to handle any play which is deemed inappropriate.

5 Procedure

- Staff will always use correct anatomical names for body parts.
- Questions will be answered honestly, accurately and without embarrassment.
- The level of detail will be relevant to each child's level of understanding. Lengthy, detailed information may confuse the child.
- Staff will explain that it is acceptable to touch your own body but not other people's.
- Play deemed by staff to be inappropriate will be redirected quickly, and in a calm manner. Children should feel the reaction is the same as any other situation.
- Staff will discuss any unusual incidences of sexual play with parents of the children involved. Staff will offer resource information to parents and will offer advice on strategies depending on the nature of the play.
- Should staff be concerned about continuing inappropriate behaviour of a child, they may seek the support and expertise of the Early Intervention staff available.

Normal developmental milestones of childhood sexuality are:

- Birth to 2 years: feel pleasure from caring touch. This is an important part of learning to feel good about their bodies.
- Usually infants to do not discover their genitals until after they have discovered the other parts of their bodies, because they are the least easy place for them to see. When they do find them they like to touch and explore when they have their nappies off.
- Preschool years: Children are usually very natural and uninhibited about going without clothes and exploring their own and other people's bodies.
- They are interested in birth, their belly button, and where the baby grows inside the mother.
- Masturbation is common and may be done for exploration, for pleasure, or for comfort.
- Children of both sexes experience pleasurable sensations from their external sexual organs.
- By the age of three a child can say whether he or she is a boy or a girl and can relate this to the parent of the same sex (e.g. a girl like Mummy). It takes until they are six or seven for children to know their sex is permanent.
- Some children put things in body openings, including the vagina.
- There is interest in playing doctors and nurses and looking at each other's bodies.
- By age four there is lot of interest and fun derived from using toilet words or swear words. They may have overheard others use these words and are using them to test what is acceptable.
- Some children may become very attached to the parent of the other sex and may say that they want to marry them when they grow up. Adults can help children by understanding their feelings but not going along with the fantasy.
- From 5–8 years: Interest in sex play continues as well as exploration and looking to satisfy curiosity.
- Children may imitate what they know or think they know about adult sex, e.g. pretend intercourse with clothes on.
- They are still interested in pregnancy and birth.

- Children of this age will sometimes show their genitals to same sex peers.

28.1.7 FPCC 5.07 - Road Safety and Transport Policy

Authorisation

This policy was adopted by the FPCC Committee of Management at the October 2013 Committee Meeting. It was extensively reviewed and updated in the Committee meeting September 2015. Second Review and update conducted October 2023.

Review Date

This policy shall be reviewed annually at the October Committee Meeting. Any comprehensive amendments will be documented under authorisation.

Purpose

To provide evidence-based guidelines and procedures to ensure that all children attending Fawkner Park Childcare Centre are:

- adequately supervised at all times, including on excursions and regular outings
- kept safe while travelling as pedestrians, cyclists or passengers in a vehicle
- able to participate in road safety education to assist them in being and becoming safe and responsible road users.

Policy Statement

Values

Fawkner Park Childcare Centre is committed to the Guiding Principles of the National Quality Framework, and also to:

the rights of children to travel safely as passengers, pedestrians and cyclists

the rights of children to be active citizens in the community

the role of parents/guardians and families as children's first and most influential teachers

an evidence-based approach in the provision of road safety education and practice.

Scope

This policy applies to the Approved Provider, Nominated Supervisor, Certified Supervisor, educators, staff, students on placement, volunteers, parents/guardians, children and others attending Fawkner Park Childcare Centre, including during excursions and regular outings.

Background

Road trauma is one of the leading causes of death among young Australians[1]. Young children are at risk as passengers in motor vehicles, as pedestrians and as cyclists. They are particularly vulnerable because of their small size and the fact that their cognitive and perceptual skills are still developing.

Road safety education can help to reduce the risk of serious injury and death among young children by assisting them to develop skills, knowledge and behaviour about the safe use of roads. Working collaboratively with families to help children become safe and responsible road users aligns with the learning outcomes of the Early Years Learning Framework (EYLF).

Very high participation rates in early childhood education programs in Victoria enables service providers and educators to contribute to making children safer road users by:

- embedding road safety education in the curriculum in line with the *National Practices for Early Childhood Road Safety Education* (refer to Attachment 2, Appendix 6)

[1] Australian Institute of Health and Welfare (AIHW) (2012) *A picture of Australia's children 2012* (Cat. No PHE167). Canberra, Australia: AIHW.

- ensuring children wear correctly fitted bicycle helmets where bicycles or wheeled toys are used as part of the program
- adopting safe transport practices when children are participating in excursions or outings
- informing and encouraging parents/guardians to be proactive road safety role models for their children by adopting and promoting safe road user behaviours.

Under the Education and Care Services National Law Act 2010 (Section 167), early childhood services are required to protect children from harm and hazards likely to cause injury. With the introduction of the National Quality Standard (NQS), all early childhood services may now be assessed on how road safety education and active transport initiatives are incorporated into the program (refer to Attachment 2, Appendix 6).

Service providers and educators can achieve best practice in their programs by:

- adopting the safest possible behaviours when transporting children for excursions and outings
- promoting and adopting the safest pedestrian and cycling behaviours
- ensuring that road safety education is delivered in accordance with the *National Practices for Early Childhood Road Safety Education* (refer to Attachment 2, Appendix 6).

Legislation and standards

Relevant legislation and standards include but are not limited to:

<u>*Acts*</u>

- *Charter of Human Rights and Responsibilities Act 2006* (Vic)
- *Child Wellbeing and Safety Act 2005* (Vic) – Part 2: Principles for Children
- *Children Youth and Families Act 2005* (Vic)
- *Competition and Consumer Act 2010* (Cth)
- *Education and Care Services National Law Act 2010*: Section 167
- *Road Safety Act 1986*

<u>*Regulations*</u>

- *Education and Care Services National Regulations 2011*: Regulations 99, 100, 101, 102, 159, 160, 161
- *Road Safety (Drivers) Regulations 2009*
- *Road Safety (General) Regulations 2009*
- *Road Safety (Vehicles) Regulations 2009*

<u>*Rules*</u>

- *Road Safety Road Rules 2009* (Vic)

<u>*Standards*</u>

- AS/NZS 1754 Australian/New Zealand Standard: *Child restraint systems for use in motor vehicles*
- AS/NZS 4370 Australian/New Zealand Standard: *Restraint of children with disabilities, or medical conditions, in motor vehicles*
- AS/NZS 8005 Australian/New Zealand Standard: *Accessories for child restraints for use in motor vehicles*
- AS/NZS 2063 Australian/New Zealand Standard: *Bicycle helmets*
- National Quality Standard (refer to Attachment 2, Appendix 6 for road safety links to the NQS)
- Quality Area 2: Children's Health and Safety
    - Standard 2.2 Safety; Each child is protected

        - Element 2.2.1: Supervision; At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard
- Quality Area 6: Collaborative Partnerships with Families and Communities
    - Standard 6.1: Supportive relationships with families; Respectful relationships with families are developed and maintained and families are supported in their parenting role.
        - Element 6.1.3: Families are supported; current information is available to families about the service and relevant community services and resources to support parenting and family wellbeing.
    - Standard 6.2 Collaborative partnerships; collaborative partnerships enhance children's inclusion, learning and wellbeing
        - Element 6.2.3: Community engagement; the service builds relationships and engages with its community.

Notices

- *Competition and Consumer Act 2010 – Consumer Protection Notice* – Safety standard: Child restraint systems for use in motor vehicles
- *Victorian Government Gazette*, Approval of Child Restraints, Booster Seats and Child Safety Harnesses

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

- Victorian Legislation – Victorian Law Today: http://www.legislation.vic.gov.au
- Commonwealth Legislation – ComLaw: http://comlaw.gov.au

Sources

- Early Learning Association Australia: www.elaa.org.au
- Road Safety Education Victoria: www.roadsafetyeducation.vic.gov.au
- VicRoads: www.vicroads.vic.gov.au
- National Practices for Early Childhood Road Safety Education

Procedures

The Approved Provider is responsible for:

- ensuring that educators/staff only allow a child to participate in an excursion with the written authorisation of a parent/guardian or authorised nominee including details required under Regulation 102(4). If the excursion is a regular outing, the authorisation is required to be obtained once every 12 months and kept with the child's enrolment record (refer to *Excursions and Service Events Policy 15.1.4*)
- ensuring that a written risk assessment (refer to *Definitions Attachment 1, Appendix 6*) is undertaken prior to conducting excursions, including details of the safest route for travel and safety aspects for the chosen mode of transport e.g. motor vehicle, bus, train and tram
- ensuring that all children are adequately supervised (refer to *Definitions, Attachment 1, Appendix 6*) at all times, including while on excursions and regular outings
- ensuring that road safety education, based on the *National Practices for Early Childhood Road Safety Education* (refer to Attachment 2, Appendix 6) is provided
- ensuring that all children attending the service are included in road safety education (refer to *Inclusion and Anti-Bias Policy 15.1.12*)
- ensuring that educators and staff have access to regular professional development/training in road safety and are kept up to date with current legislation, regulations, rules, standards and best practice information

- ensuring that bicycle helmets are available, in good condition and meet Australian/New Zealand Standard 2063 where bicycles or wheeled toys (refer to Definitions) are used
- ensuring that parents/guardians and visitors to the service are provided with location-specific road safety information (e.g. details about where to park safely when delivering and collecting children and local area speed limits etc.)
- ensuring that parents/guardians are provided with general road safety information about transporting children to and from the service (which might include using the 'safety door' (the rear kerbside door), driveway safety, child restraint information and role modelling safe road use)
- ensuring parents/guardians have access to this policy and its attachments (see Appendix 6).

In relation to the safe transportation of children:

- ensuring that buses hired for use on excursions have seatbelts fitted, and that these are correctly used by all children, staff and volunteers for the entire trip
- ensuring that appropriate procedures are followed in the event of a vehicle crash or transport-related injury involving any children, staff or volunteers from the service (refer to *Accidents, Emergencies and Safety Policies 14*)
- developing procedures for educators/staff to follow where a child is observed being transported to or from the premises in an unsafe manner (refer to Attachment 4, Appendix 6, for a sample procedure).
- Notifying the regulatory authority within seven days that the service starts to provide or arranges regular transportation. The notification is to be lodged through the NQA IT System (Regulations (regulation 175(2)(f))
- Ensuring these documentations are kept for a period of three years after the last date on which the child was educated and cared for by the service (Regulations 177 and 183)

Under duty of care obligations, services must develop appropriate procedures to guide educators and other staff to address situations where a child is observed to be at risk while being transported to or from the early childhood service. This may include instances where a child is observed to be travelling unrestrained, in an inappropriate restraint, riding a bicycle or wheeled toy without a helmet, or instances where a parent/guardian is in an unfit state to drive due to intoxication or impairment.

The Nominated Supervisor is responsible for:

- ensuring that educators/staff only allow a child to participate in an excursion with the written authorisation of a parent/guardian or authorised nominee including details required under Regulation 102(4). If the excursion is a regular outing, the authorisation is required to be obtained once every 12 months and kept with the child's enrolment record (refer to *Excursions and Service Events Policy 15.1.14*)
- ensuring that educators undertake a written risk assessment (refer to *Definitions, Attachment 1, Appendix 6*) prior to conducting excursions, including details of the safest route for travel and type of vehicle to be used etc.
- ensuring that educators adequately supervise (refer to *Definitions, Attachment 1, Appendix 6*) children at all times, including while on excursions and regular outings
- ensuring that the Educational Leader embeds road safety education in the curriculum, based on the *National Practices for Early Childhood Road Safety Education* (refer to Attachment 2, Appendix 6)
- organising regular professional development/training for educators and staff on road safety topics, including vehicle and driveway safety, current legislation, regulations, rules, standards and best practice information
- providing educators with access to a broad range of resources to support road safety education

- ensuring that bicycle helmets are available, in good condition and meet Australian/New Zealand Standard 2063 where bicycles or wheeled toys (refer to Definitions, Attachment 1, Appendix 6) are used.
- Ensuring that all the required equipment and/or items are taken on the transportation, including, but not limited to, a first aid kit, emergency contact lists, children's individual medication, required medical management plans and mobile phone and that educators or staff with first aid qualifications and training are in attendance (regulation 136)

In relation to the safe transportation of children:

- ensuring that buses hired for excursions have seatbelts fitted, and that these are correctly used by all children, staff and volunteers for the entire trip
- ensuring that educators follow appropriate procedures in the event of a vehicle crash or transport-related injury involving children, staff or volunteers (refer to *Accidents, Emergencies and Safety Polies 14*)
- ensuring that educators provide parents/guardians with appropriate information about road safety
- ensuring that educators follow the service's procedures and exercise duty of care if a child is observed to be at risk while being transported to or from the service (refer to Attachment 4, Appendix 6).

Certified Supervisors and other educators are responsible for:

- allowing a child to participate in an excursion only with the written authorisation of a parent/guardian or authorised nominee. For a regular outing, this authorisation is required every 12 months
- checking that parents/guardians or authorised nominees sign and date permission forms prior to an excursion
- undertaking a written risk assessment (refer to *Definitions, Attachment 1, Appendix* 6) prior to conducting excursions, including details of the safest route for travel and the type of vehicle used
- providing adequate supervision (refer to *Definitions, Attachment 1, Appendix* 6) of children at all times including while on excursions and regular outings
- providing parents/guardians and visitors to the service with location-specific road safety information (e.g. details about where to park when delivering and collecting children and local area speed limits etc.)
- providing parents/guardians with general road safety information about transporting children to and from the service (which might include using the 'safety door' (the rear kerbside door), driveway safety, child restraint information and role modelling safe road use) (refer to Attachment 3, Appendix 6)
- delivering road safety education that is based on the *National Practices For Early Childhood Road Safety Education* (refer to Attachment 2, Appendix 6)
- including all children attending the service in road safety education (refer to *Inclusion and Anti-Bias Policy 15.1.12*)
- undertaking regular professional development/training in road safety and keeping up to date with current legislation, regulations, rules, standards and best practice information
- using a broad range of resources to support the delivery of road safety education
- ensuring that bicycle helmets are available, in good condition, meet Australian/New Zealand Standard 2063 and are correctly fitted where bicycles or wheeled toys (refer to *Definitions, Attachment 1, Appendix* 6) are used.

In relation to the safe transportation of children:

- ensuring that only buses fitted with seatbelts are hired for excursions and that these are correctly used by all children, staff and volunteers for the entire trip
- following appropriate procedures in the event of a vehicle crash involving children, staff and others from the service (refer to *Accident, Emergencies and Safety Policies 14*)

including notifying the Nominated Supervisor and Approved Provider as soon as possible after the event
- providing appropriate information to parents/guardians about road safety
- following duty of care procedures in instances where a child is observed to be at risk while being transported to or from the premises (refer to Attachment 4, Appendix 6).

Parents/guardians are responsible for:
- signing and dating permission forms prior to excursions and regular outings
- ensuring that their child travels in a restraint suitable for their age/size when arriving at or departing from the service
- being aware of all location-specific and general road safety requirements including details about where to park to deliver and collect children, observing speed limits in the vicinity of the service, using the 'safety door' (the rear kerbside door), driveway safety and role modelling safe road use
- communicating any issues or concerns relating to their child's safety or wellbeing to the early childhood service
- being aware of this policy and of the service's procedures relating to the safe transportation of children to and from the service.

Volunteers and students, while at the service, are responsible for following this policy and its procedures.

EVALUATION

In order to assess whether the values and purposes of the policy have been achieved, the Approved Provider will:
- regularly seek feedback from parents/guardians, children, educators, management and all affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notify parents/guardians at least 14 days before making any changes to this policy or its procedures (this is a requirement under Regulation 172 of the National Regulations for policies mandated by law and would be considered best practice for all policies and procedures).

Acknowledgement
The *National Practices for Early Childhood Road Safety Education* have been developed by early childhood education and road safety experts across Australia and New Zealand. The eight national practices are based on research and are aligned with the Early Years Learning Framework.
The national practices guide early childhood educators and policy makers to develop, implement and evaluate evidence-based road safety programs that support children's and families learning about road safety. Refer to:
http://roadsafetyeducation.vic.gov.au/resources/early-childhood.html

28.1.8 FPCC 5.08 – Bringing Personal Toys to the Centre

1 Authorisation

This policy was adopted by the FPCC Committee of Management at the October 2013 Committee Meeting.

2 Review Date

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This policy shall be reviewed annually at the October Committee Meeting. Any comprehensive amendments will be documented under authorisation. This policy was reviewed in July 2023.

3 Policy

Families are discouraged from bringing children's personal toys to the Centre. If a child does bring a toy to the Centre they will be asked to put it in their locker. As a last resort the toy will be removed from the room until the end of the day.

This policy does not apply to comforter toys. Comforter toys are toys that comfort children, and without which children cannot sleep, and in some instances find it distressing.

This policy applies equally to dress up costumes, such as superhero costumes.

4 Rationale

Personal toys brought to the Centre by children can be misplaced, broken or cause tension with other children.

The Centre provides a vast amount of toys that benefit the children's learning and development. The placement and use of these toys has been carefully planned with respect to each room and the corresponding age and stage of children within those rooms.

When purchasing toys from the Centre, they are selected on the basis of fostering peace, cooperation and education.

This policy applies equally to dress up costumes, such as superhero costumes. In particular, superhero costumes are discouraged due to the potential to perceive these characters as promoting violence.

5 Procedure

Families are discouraged from bringing children's personal toys to the Centre. If a child does bring a toy to the Centre which is not a comforter toy, they will be asked to put it in their locker. As a last resort the toy will be removed from the room until the end of the day.

The kindergarten room has planned toy days each month. On Toy Day children have the opportunity to bring ONE special toy from home in order to share during a designated period during the day. During this time the children can explain why the toy is special to them and their peers will be given the opportunity to ask 'why, where, when, how, what? questions. The Centre's toys are purchased on the basis that they foster peace, cooperation and education. Children should be encouraged to leave any toys that do not fit with this approach.

In terms of dress up costumes, the kinder room has dress up days from time to time, such as during Education Week and on 'culture day'. However even on the This Policy applies equally to dress up costumes, such as superhero costumes. However superhero costumes are discouraged due to the potential to perceive these characters as promoting violence.

Reference: Young children's behaviour: Practical approaches for caregivers and teachers. Dr Louise Porter 2003.

28.1.9 FPCC 5.09 – Relaxation and Sleep

1. Authorisation

This policy was adopted by the FPCC Committee of Management at the October 2013 Committee Meeting.

2. Review Date

This policy shall be reviewed annually at the October Committee Meeting. Any comprehensive amendments will be documented under authorisation.

This policy was last reviewed and approved in May 2026 and will continue to be reviewed in line with legislative updates, regulatory changes, and best practice recommendations.

3. Policy

Fawkner Park Children's Centre recognises that sleep, rest and relaxation are essential for children's wellbeing, health, development and learning. The Centre is committed to ensuring that all children have access to safe, comfortable and hygienic sleep and rest environments that respond to their individual needs.

Educators will support children's individual sleep and rest requirements while maintaining practices that promote safety, supervision and wellbeing. All sleep and rest practices will align with the Education and Care Services National Regulations, ACECQA guidance, and Red Nose Australia safe sleep recommendations.

The Centre will implement safe sleep practices and ensure that environments used for sleep and rest minimise risk to children and support their health, safety and wellbeing.

4. Values

At Fawkner Park Children's Centre we are committed to providing a nurturing and responsive environment that respects the individual needs of each child.

We acknowledge that children's sleep and rest requirements vary depending on their age, developmental stage, health and family routines. Educators work in partnership with families to ensure that children's sleep and rest routines are respected while maintaining safe sleep practices.

The Centre is committed to:

- Supporting children's physical health and emotional wellbeing
- Providing safe sleep environments consistent with current evidence-based guidelines
- Maintaining close supervision during sleep and rest periods
- Working collaboratively with families to support children's routines
- Implementing safe sleep practices aligned with **Red Nose Australia recommendations**
- Ensuring sleep and rest environments support the **Victorian Child Safe Standards**, particularly the supervision and safety of children

5. Procedure

Safe sleep and rest practices

Educators at Fawkner Park Children's Centre will ensure that sleep and rest practices support the safety, health and wellbeing of children.

Educators will:

- Maintain appropriate supervision during all sleep and rest periods
- Ensure children are always within sight and/or hearing of an educator
- Maintain required educator-to-child ratios at all times
- Conduct regular physical checks of sleeping children, including monitoring breathing, sleep position and comfort
- Document sleep checks using the Centre's Sleep Safety Record
- Closely monitor children who are unwell or experiencing health concerns

Where appropriate, physical sleep checks will be conducted at least every 10 minutes or more frequently when required.

Educators will also monitor environmental factors such as temperature, ventilation and comfort.

Safe sleeping practices for infants

Educators will follow the Red Nose Australia Safe Sleep Guidelines, including:

- Placing infants on their back to sleep
- Ensuring the child's head and face remain uncovered
- Using firm, well-fitting mattresses
- Ensuring bedding is lightweight and securely tucked
- Placing infants with feet at the bottom of the cot
- Ensuring cots are free from pillows, soft toys, doonas, bumpers or loose bedding
- Maintaining a smoke-free environment

Infants who are able to roll independently may adopt their own sleeping position.

If families request alternative sleep positions, educators will require written medical advice and a documented risk assessment and risk minimisation plan.

Sleeping equipment

All sleeping equipment used by the Centre must meet relevant Australian Standards and safety guidelines.

The Centre will ensure that:

- Cots meet Australian Standard AS/NZS 2172 – Cots for household use
- Mattresses fit securely within the cot
- Beds and stretchers used by older children are stable and safe
- Bedding is clean and hygienic

Portable cots will only be used if they meet Australian Standards and following a documented risk assessment.

Children will transition from a cot to a bed when they are developmentally ready and safe to do so.

Sleep environment

Educators will create a calm, safe and comfortable environment for sleep and rest.

Sleep environments will include:

- Quiet, dimly lit areas to support relaxation
- Comfortable bedding and sleep equipment
- Appropriate ventilation and temperature
- Calm and predictable routines to support children to settle

Soft music, storytelling or quiet reassurance may be used to help children settle.

For children who do not require sleep, educators will provide quiet and restful experiences such as reading, drawing or calm play.

Responding to individual needs

Children's individual sleep and rest needs will be respected.

Educators will:

- Work with families to understand children's sleep routines
- Respond to children's cues for sleep or rest
- Support children who require assistance to settle
- Provide quiet rest opportunities for children who no longer sleep during the day

Children will never be forced to sleep.

Bottle feeding and comfort items

Bottle-fed children will be given their bottle before being placed into bed. Bottles will not be given to children while they are lying down.

If children use a dummy or comfort item during sleep, educators will ensure it is used safely and in accordance with Red Nose recommendations.

Hygiene practices

The Centre will maintain high standards of hygiene for all sleep equipment.

Educators will ensure that:

- Babies and toddlers have a clean nappy before sleep
- Children are encouraged to use the bathroom before rest time
- Each child uses their own bed linen
- Bedding is sent home weekly for laundering
- Spare bedding is washed after each use
- Beds, mattresses and sleep surfaces are cleaned after use

Sleep and rest risk assessment

Fawkner Park Children's Centre will conduct a Sleep and Rest Risk Assessment in accordance with Education and Care Services National Regulations.

The risk assessment will consider:

- Sleep surfaces and equipment
- Sleep environment and room layout
- Lighting and ventilation
- Supervision arrangements
- Educator positioning during sleep periods
- Children's ages and developmental needs

Risk assessments will be reviewed:

- At least annually
- When changes occur to sleep environments or equipment
- Following any incident or identified risk

Staff health and safety

The Centre will also consider educator health and safety during sleep routines.

Manual handling risks associated with patting, rocking or lifting children will be reviewed through the Centre's Occupational Health and Safety processes.

Communication with families

The Centre values strong partnerships with families in supporting children's wellbeing.

Educators will:

- Discuss sleep routines with families during orientation and enrolment
- Respect cultural beliefs and family practices where safe to do so
- Inform families of their child's daily sleep or rest patterns
- Communicate any concerns regarding sleep or wellbeing

Where family requests conflict with current safe sleep guidelines, educators will discuss the risks and implement appropriate risk management strategies.

Continuous improvement

Fawkner Park Children's Centre will remain informed about developments in safe sleep recommendations and will update practices in line with current evidence and regulatory guidance.

References

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011 (as amended)
- National Quality Standard (ACECQA, 2018)
- Red Nose Australia – Safe Sleep Guidelines (2023)
- Australian Standard AS/NZS 2172 – Cots for Household Use
- Australian Competition and Consumer Commission (ACCC) Product Safety Guidelines
- Victorian Child Safe Standards (2022)

28.1.10 FPCC 5.10 - Confidentiality and Security of Children's Records

Mandatory – Quality Area 7

1 Authorisation

This policy was adopted by the FPCC Committee of Management at the October 2013 Committee Meeting.

2 Review Date

This policy shall be reviewed annually at the October Committee Meeting. Any comprehensive amendments will be documented under authorisation. This policy was last reviewed in August 2025.

3 Policy

Centre staff collect data about each child which is analysed and used to plan a program of learning and educational activities. The data which make up a child's progress record includes written observations, photographs, and samples of the children's work and analyses of their progress. The Centre will ensure that this information remains confidential and each child's privacy is protected, especially so with the addition of our fully secure online assessment tool, Storypark.

4 Procedure

- The information collected about the children will be used solely for the purposes of recording a child's progress and program planning.
- Children's special progress records will be stored securely in a separate room accessible only to staff.
- Assessments uploaded onto the Storypark program are fully secure and password protected, with parents taking control of who else has access to their password
- Parents can discuss their child's progress at any time and can have access to their child's progress records.
- A child's record will not be passed on to other organisations without written consent from parents.
- Children's records will be stored securely for the amount of time after a child has left the Centre as required by Part 3 of the Children's Services Regulations.

  Fawkner Park Children's Centre will ensure the appropriate supervision of staff wh o regularly handle personal, sensitive, and health information.

Fawkner Park Children's Centre will maintain the management of privacy risks at each

Document Types	Where to store and How long for
Program Planning, Child Assessments – anything used in the program across the year -Sleep records -Cleaning charts -Emergency Back pack checklist -Milk receival forms -Parent permission forms	Room Document Box – Stored for 3 years
Authority to collect forms –	These are passed on to the child's room for the following year. If that child is leaving the centre/finishing Kinder then given to Tatyana and kept for 3 years with original enrolment forms.
Accident/Illness Forms -	At the end of the year, each room to collate alphabetically/chronologically for each child's form with room name and then children's names listed and given to Tatyana– kept until the child is 25
Medication Record-	Passed on to the child's next room, if the child is leaving the centre/finishing Kinder – records to be collated with cover sheet and alphabetical list of children's names – kept 3 years
Records Relating to Child Sexual Abuse/Allegations	To be kept for at least 45 years
Child Attendance	Office- kept for 3 years
Anaphylaxis, Allergy, Asthma plans Risk Minimization	-Tatyana to be given the original copies, of plans -Rooms to ensure the plans are up to date before the end of the year or ask parents to get a new one for the following year - The new risk minimization form should be prepared by the child's new room (Reminder – that children cannot attend without plans or medication)
Enrolment forms	Copies in the room to be shredded at the end of a child's enrolment. The original copy will be kept for 3 years
Photos	To be deleted at the end of the year by room leaders

stage of the information lifecycle, including collection, use, disclosure, storage, destruction, or de-identification.

- In cases of mandatory reporting some aspects of this policy may not apply.

Procedures: (end of year record keeping)

Authority to collect process:

Enrolment: Parents add emergency contacts and other authorised people in the enrolment forms. These names including emergency contacts need to be added to that child's 'authority to collect list'. **During the Year:** If parents want to add people to the 'authorised' list they need to fill out an 'Authority to collect' form – when this new person has been verified at pick up by showing their I.D. they can also be added to the 'Authority to collect list' along with the name of the educator who viewed the I.D. To keep it simple please ask the parents if they would like the person to be added on an ongoing basis, so that the same form doesn't need to be filled out each time they want them to pick up their child.

Related Policy: FPCC 7.01 Privacy Policy

28.1.11 FPCC 5.11 - Child Safety, Protection and Wellbeing

Authorisation

This policy was adopted by the FPCC Committee of Management at the October 2013 Committee Meeting and is reviewed annually at the October Committee meeting. It was extensively reviewed by the Committee at the October 2017 meeting and redrafted in November 2017; June 2021, July 2024, August 2025 and June 2026.

Review Date

Last review January 2019, July 2021, further updates made May 2022, July 2024 and August 2025. This policy shall be reviewed annually at the October Committee Meeting. Any comprehensive amendments will be documented under authorisation.
We will ensure that families and children have the opportunity to contribute. Where possible, we do our best to work with local Aboriginal communities, culturally and/or linguistically diverse communities and people with a disability.

Child protection risk assessment (Attachment 2) and Child Safety Review checklist (Attachment 4) is reviewed annually by Child Protection Officer

Purpose

This policy should be read in conjunction with the FPCC 4.21 Child Safe Environment Policy, the FPCC Code of Conduct and the Reportable Conduct Scheme Policy (Child Safe Attachment 7). It provides a clear set of guidelines and procedures to ensure:

- all children attending Fawkner Park Children's Centre are provided with a safe environment
- all reasonable steps are taken by the Approved Provider, educators and staff to ensure the health, safety and wellbeing of children attending the service
- service staff are able to identify the indicators of a child who may need protection
- timely and effective intervention for children who may be at risk of abuse or neglect
- service staff understand and comply with their obligations under the law including mandatory reporting obligations.

Our Commitment

At Fawkner Park Children's Centre, the safety, rights and best interests of children are the paramount consideration in all decisions and actions relating to the operation of the service. In accordance with the *Education and Care Services National Law*, all educators, staff, volunteers, leadership and committee members must ensure that children's wellbeing, safety and dignity are prioritised above all other considerations. This commitment guides all service policies, procedures, governance decisions and daily practices to ensure a strong child safe culture is maintained at all times.

Fawkner Park Children's Centre is committed to ensuring that all children feel safe and are kept safe at all times. This includes:

- Promoting the cultural safety of First Nation children
- Promoting the cultural safety of children from culturally and linguistically diverse backgrounds
- Promoting the safety of children with a disability

We want children to be safe, happy and empowered, and we actively work to listen to children.

We have zero tolerance of child abuse and all allegations and safety concerns will be treated very seriously and consistently according to our robust policies and procedures.

We support and respect all children, as well as our staff and volunteers.

We are committed to the safety, participation and empowerment of all children.

We have legal and moral obligations to contact authorities when we are worried about a child's safety, which we follow rigorously.

We are committed to preventing child abuse and identifying risks early, and removing and reducing these risks.

We are committed to regularly training and educating our staff and volunteers on child abuse.

We have robust recruitment practices to reduce the risk of child abuse by new and existing staff and volunteers.

We have devised a strict and comprehensive Code of Conduct that every person entering the Centre is a) made aware of and b) required to adhere to.

Our Code of Conduct can be found in our Policies and Procedures Appendix 4: Child Safe Attachments, Attachment 1.

Policy Statement

Values

Fawkner Park Children's Centre has a moral and legal responsibility to ensure the health and safety of all children at the service, and will provide training, resources, information and guidance to support this. Fawkner Park Children's Centre is committed to:

- ensuring that all staff, volunteers, students and contractors are made aware of our commitment towards child safety and wellbeing, our zero tolerance towards child abuse and our comprehensive Code of Conduct
- ensuring that the health, safety and wellbeing of children at the service is protected at all times while also promoting their learning and development
- fulfilling its duty of care and legal obligations to protect children from any reasonable, foreseeable risk of injury or harm
- ensuring that people caring for children at the service act in the best interests of the child, and take all reasonable steps to ensure the child's safety and wellbeing at all times
- supporting the rights of all children to feel safe, and be safe, at all times
- developing and maintaining a culture in which children feel valued, respected and cared for
- encouraging active participation from parents/guardians and families at the service, and ensuring that best practice is based on a partnership approach and shared responsibility for children's health, safety, wellbeing and development
- promoting children's development and wellbeing.
- Empowering children by involving them when making decisions, especially about matters that directly affect them.
- Listening to children's views and respecting what they have to say

Scope

This policy applies to the Approved Provider, Nominated Supervisor, Certified Supervisor, educators, staff, students on placement, volunteers, contractors, parents/guardians, children and others attending the programs and activities of Fawkner Park Children's Centre, including during offsite excursions and activities.

Background

"Every child has the right to live a full and productive life. It is up to all of us to ensure our children grow up in environments that build confidence, friendship, security and happiness, irrespective of a person's family circumstances and background" (*Protecting the safety and wellbeing of children and young people* – refer to *Sources*). The protection of children, one of the most vulnerable groups in society, is a shared community responsibility and involves ensuring that all children are safe, their needs are met and the possibility of child abuse is minimised.

The *Children, Youth and Families Act 2005* (CYFA) provides the legislative basis for the provision of services to vulnerable children, young people and their families, and places children's best interests at the heart of decision-making and service delivery. Under the *Education and Care Services National Regulations 2011*, the Approved Provider must ensure that all educators and staff are familiar with current policies and procedures with regard to child protection, including state and territory legislative responsibilities and their obligations under these laws (Regulation 84).

Under section 182 of the *Children, Youth and Families Act 2005*, a person registered under the *Education Training and Reform Act 2006* (as amended in 2014), or who has been granted permission to teach under that Act, is designated as a mandatory reporter. From 30 September 2015 early childhood teachers are required to be registered with the Victorian Institute of Teaching and will be obligated to undertake mandatory reporting of any concerns of child abuse and neglect.

"Mandated staff members must make a report to DFFH Child Protection as soon as practicable after forming a belief on reasonable grounds that a child or young person is in need of protection from significant harm as a result of abuse [refer to *Definitions* – Child abuse] and the child's parents are unable or unwilling to protect the child" (Protecting the safety and wellbeing of children and young people – refer to Sources). From the 1st of March 2019 **ALL** Early Childhood workers are mandated to report a reasonable belief of child physical or sexual abuse (https://providers.dffh.vic.gov.au/mandatory-reporting).

Early childhood educators, in daily contact with children and their families, are well placed to observe when a child appears to be at risk of harm arising from abuse. Services have a duty of care to act immediately to protect and preserve the safety and wellbeing of the children in their care. Any person who believes, on reasonable grounds that a child is in need of protection may report their concerns to DFFH Child Protection. (*Protecting the safety and wellbeing of children and young people* – refer to *Sources*).

Legislation and standards

Fawkner Park Children Centre takes our legal responsibility seriously, including:

- **Failure to disclose**: All adults in Victoria who have a reasonable belief that an adult has committed a sexual offence against a child under 16 have an obligation to report that information to Victoria Police

- **Mandatory reporting**: Any Committee members, staff or volunteers who are mandatory reporters (doctors, nurses, midwives, teacher, principals and police officers) must comply with their duties

- **Failure to protect:** People of authority in our organization will commit an offence if they know of a substantial risk of child sexual abuse and have the power or responsibility to reduce or remove the risk, but negligently fail to do so.

- **Reportable conduct:** The head of our organization must be made aware of any allegations of physical and sexual abuse, sexual misconduct, significant emotional or psychological harm or significant neglect by an employee or volunteer towards a child. We are also legally required to notify the Commission for Children and Young People of the allegation.

- **Duty of care:** If a child is abused by an individual associated with our organization, our organization is presumed to have breached its duty of care unless it can prove that it took 'reasonable precautions' to prevent the abuse in question.

Relevant legislation and standards include but are not limited to:

- *Children, Youth and Families Act 2005* (Vic)
- *Child Wellbeing and Safety Act 2005* (Vic)
- *Child Wellbeing and Safety Amendment (Child Safe Standards) Act 2015 (Vic)*
- *Charter of Human Rights and Responsibilities Act 2006* (Vic)
- *Education and Care Services National Law Act 2010* (Vic): Sections 165, 166, 167
- *Education and Care Services National Regulations 2011* (Vic): Regulations 84, 85, 86, 99, 100, 101, 102, 168(2)(h)
- Education Training and Reform Act 2006 (Vic) (As amended in 2014)
- *Family Law Act 1975* (Cth)
- *National Quality Standard*, Quality Area 2: Children's Health and Safety
  - Standard 2.2: Each child is protected
    - Element 2.2.3: Management, educators and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse and neglect
- *Working with Children Act 2005* (Vic)
- *Working with Children Regulations 2006* (Vic)

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

- Victorian Legislation – Victorian Law Today: http://www.legislation.vic.gov.au/
- Commonwealth Legislation – ComLaw: http://www.comlaw.gov.au/

Definitions

The terms defined in this section relate specifically to this policy. For commonly used terms e.g. Approved Provider, Nominated/Certified Supervisor, Regulatory Authority etc. refer to the *General Definitions* section of this manual.

Abuser: A person who mistreats and/or harms a child or young person.
Abuse: see Child abuse definition below
Bullying: Repeated verbal, physical, social or psychological behaviour that is harmful and involves the misuse of power by an individual or group towards one or more persons[2]. Bullying occurs when one or more people deliberately and repeatedly upset or hurt another person, damage their property, reputation or social acceptance.
Child: In Victoria, under the *Children, Youth and Families Act 2005*, a child or young person is a person under 18 years of age.

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

- **Physical abuse:** When a child suffers or is likely to suffer significant harm from an injury inflicted by a parent/guardian, caregiver or other adult. The injury may be inflicted intentionally, or be the consequence of physical punishment or the physically aggressive treatment of a child. Physical injury and significant harm to a child can also result from neglect by a parent/guardian, caregiver or other adult. The injury may take the form of bruises, cuts, burns or fractures, poisoning, internal injuries, shaking injuries or strangulation.

[2] www.bullyingnoway.gov.au

- **Sexual abuse:** When a person uses power or authority over a child, or inducements such as money or special attention, to involve the child in sexual activity. It includes a wide range of sexual behaviour from inappropriate touching/fondling of a child or exposing a child to pornography, to having sex with a child[3].
- **Emotional and psychological abuse:** Occurs when a child's parent or caregiver repeatedly rejects the child or uses threats to frighten the child. This may involve name calling, put downs or continual coldness from the parent or caregiver, to the extent that it significantly damages the child's physical, social, intellectual or emotional development.[4]
- **Neglect:** The failure to provide a child with the basic necessities of life, such as food, clothing, shelter, medical attention or supervision, to the extent that the child's health and development is, or is likely to be, significantly harmed (Victorian Department of Family, Fairness and Housing Services).
- **Exposure to domestic/family violence:** When children and young people witness or experience the chronic, repeated domination, coercion, intimidation and victimisation of one person by another through physical, sexual and/or emotional means within intimate relationships (adapted from the Australian Medical Association definition).

  For a more detailed definition of child abuse refer to Appendix 2: Definitions of child abuse and indicators of harm in *Protecting the safety and wellbeing of children and young people* (refer to *Sources*)

Child FIRST: A Victorian community-based intake and referral service linked with Family Services. Child FIRST ensures that vulnerable children, young people and their families are effectively linked to relevant services, including Child Protection https://providers.dffh.vic.gov.au/making-referral-child-first
Please note Child First is progressively transitioning to 'The Orange Door'. The Orange Door is the new access point for families who need assistance with the care and wellbeing of children, including those experiencing family violence to contact the services they need to be safe and supported https://www.orangedoor.vic.gov.au/
Child sex offender: Someone who sexually abuses children, and who may or may not have prior convictions.
Child protection: The term used to describe the whole-of-community approach to the prevention of harm to children. It includes strategic action for early intervention, for the protection of those considered most vulnerable and for responses to all forms of abuse.
Code of conduct: A set of rules or practices that establish a standard of behaviour to be followed by individuals and organisations. A code of conduct defines how individuals should behave towards each other and towards other organisations and individuals in the community (refer to Attachment 1: FPCC *Code of Conduct; Attachment 2: FPCC Child Safe Code of Conduct*).Staff, volunteers, students and contractors will all be made aware of our Code of Conduct and asked to sign it.
DFFH Child Protection: The statutory child protection service provided by the Victorian Department of Families, Fairness and Housing, to protect children and young people at risk of abuse and neglect. This service also works closely with Family Services (including Child FIRST/The Orange Door) to support the assessment and engagement of vulnerable children and families in community-based services https://services.dffh.vic.gov.au/child-protection
Disclosure: (In the context of this policy) refers to a statement that a child or young person makes to another person that describes or reveals abuse.
Domestic/family violence: The repeated use of violent, threatening, coercive or controlling behaviour by an individual against a family member(s) or someone with who they have or have had an intimate relationship, including carers.
Duty of care: A common law concept that refers to the responsibilities of organisations to provide people with an adequate level of protection against harm and all reasonable

[3]Child Safety Commissioner, Victoria (now Commission for Children and Young People): https://ccyp.vic.gov.au/child-safe-standards/being-a-child-safe-organisation/

[4]https://www.education.vic.gov.au/school/teachers/health/childprotection/Pages/identify.aspx

foreseeable risk of injury. In the context of this policy, duty of care refers to the responsibility of education and care services to provide children with an adequate level of care and protection against foreseeable harm and injury.

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

Mandatory reporting: The legal obligation of certain professionals and community members to report when they believe, on reasonable grounds, that a child is in need of protection from harm.

A broad range of professional groups are identified in the CYFA as 'mandatory reporters'. From 30 September 2015 this list includes early childhood teachers. Mandated staff members must make a report to Child Protection as soon as is practicable after forming a belief, on reasonable grounds, that a child or young person is in need of protection from significant harm as a result of abuse (refer to *Definitions* – Child abuse) and the child's parents/guardians are unwilling or unable to protect the child (*Protecting the safety and wellbeing of children and young people* – refer to *Sources*). From the 1st of March 2019 **ALL** Early Childhood workers are mandated to report a reasonable belief of child physical or sexual abuse (https://providers.dffh.vic.gov.au/mandatory-reporting).

To have reasonable grounds to believe a child is in need of protection, a mandatory reporter should believe both that there is risk of significant harm as a result of abuse, and that the parents/guardians are unwilling or unable to protect the child (Sections 162(c) (d) and 184 of the *Children, Youth and Families Act 2005*). Section 182 of the *Children, Youth and Families Act 2005* lists those who are mandated to report.

Mandatory reporters must report the abuse/neglect to:

- police, by calling 000, if the offence requires immediate police attention, or
- DFFH Child Protection authorities[5], if they suspect, on reasonable grounds, that a child is suffering abuse or neglect, or wish to discuss their concerns about a child or young person.

Neglect: see Child abuse definition above.

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

Notifiable complaint: A complaint that alleges a breach of the Act or Regulation, or alleges that the health, safety or wellbeing of a child at the service may have been compromised. Any complaint of this nature must be reported by the Approved Provider to the secretary of DEECD within 24 hours of the complaint being made (Section 174(2)(b), Regulation 176(2)(b)). If the Approved Provider is unsure whether the matter is a notifiable complaint, it is good practice to contact DEECD for confirmation. Written reports to DEECD must include:

- details of the event or incident
- the name of the person who initially made the complaint
- if appropriate, the name of the child concerned and the condition of the child, including a medical or incident report (where relevant)
- contact details of a nominated member of the Grievances Subcommittee/investigator
- any other relevant information.

Written notification of complaints must be submitted using the appropriate forms, which can be found on the ACECQA website: www.acecqa.gov.au

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

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

Reasonable grounds: A person may form a belief on reasonable grounds that a child or young person is in need of protection after becoming aware that the child or young person's

[5] Child Protection Crisis Line: toll free on 13 12 78, or a regional DHS office.

health, safety or wellbeing is at risk and the child's parents/guardians are unwilling or unable to protect them. There may be reasonable grounds for forming such a belief if:

- a child or young person states that they have been physically or sexually abused
- a child or young person states that they know someone who has been physically or sexually abused (sometimes the child may be referring to themselves)
- someone who knows the child or young person states that the child or young person has been physically or sexually abused
- a child shows signs of being physically or sexually abused (see details in Appendix 2 of *Protecting the safety and wellbeing of children and young people* – refer to *Sources*)
- the person is aware of persistent family violence or parental substance misuse, psychiatric illness or intellectual disability that is impacting on the child or young person's safety, stability or development
- the person observes signs or indicators of abuse, including non-accidental or unexplained injury, persistent neglect, poor care or lack of appropriate supervision
- a child's/young person's actions or behaviour may place them at risk of significant harm and the parents/guardians are unwilling or unable to protect the child.

Serious incident: A children's service is required to notify the Department when a serious incident occurs at the service. A serious incident is defined as:

- the death of a child while being cared for or educated by the service (section 29C(a)).
- any incident involving injury or trauma to a child while being cared for or educated by the service requiring the: -
    i. attention of a registered medical practitioner; or
    ii. admission to a hospital (section 29C(b))
- a child being cared for or educated by the service appears to be missing or otherwise unaccounted for or appears to have been taken or removed from the service contrary to the regulations (section 29C(c))
- any incident requiring attendance by emergency services (section 29C(d) and regulation 90(2)).

A children's service must notify the relevant regional office by telephone within 24 hours of the incident, followed by written notification as soon as practicable (regulation 90(1)). Written notification is to be provided by using the *Serious incident notification form* available at: www.education.vic.gov.au/childhood/providers/regulation/Pages/vcsforms.aspx

Voluntary (non-mandated) notification: A notification to the Child Protection Service by a person who believes that a child is in need of protection. Section 183 of the *Children,Youth and Families Act 2005* states that any person who believes, on reasonable grounds, that a child is in need of protection, may notify a protective intervener of that belief and of the reasonable grounds that the belief is based on. Under this part of the Act, notifications are made out of moral obligation, rather than legislative obligation. The person making the notification is not expected to prove the abuse, and the law protects the anonymity of the person making the notification.

Young person: In Victoria, under the *Children, Youth and Families Act 2005*, a child or young person is a person under 18 years of age.

Sources

- *Charter of Human Rights and Responsibilities Act 2006* (Vic)available at: http://www.legislation.vic.gov.au/
- *Children, Youth and Families;* Mandatory Reporting 2022; https://providers.dffh.vic.gov.au/mandatory-reporting
- *Choose With Care: Child Protection* – an information and training program: www.childwise.net
- Commission for Children and Young People (CCYP): http://www.ccyp.vic.gov.au/

- Department of Education and Training (DET – Victoria) : http://www.education.vic.gov.au/childhood/providers/regulation/Pages/protectionprotocol.aspx
- Department of Family, Fairness, and Housing Child Protection: https://www.dffh.vic.gov.au/child-protection-0
- National Children's Commissioner: http://www.dss.gov.au/our-responsibilities/families-and-children/publications-articles/national-children-s-commissioner
- Palfrey, N & Harris, A. *Information for professionals on supporting children and families after a child has been abused*. Tipsheet produced by the Australian Child & Adolescent Trauma, Loss & Grief Network. Viewed at: *http://earlytraumagrief.anu.edu.au/files/profrespondchildabusetip.pdf*
- *Protecting the safety and wellbeing of children and young people* – A joint protocol of the Department of Human Services Child Protection, Department of Education and Early Childhood Development, Licensed Children's Services and Victorian Schools: http://www.education.vic.gov.au/childhood/providers/regulation/Pages/protectionprotocol.aspx
- *Safeguarding Children* accreditation program, Australian Childhood Foundation: www.childhood.org.au
- Service Agreement Information Kit for Funded Organisations: http://www.dhs.vic.gov.au/facs/bdb/fmu/service-agreement
- The United Nations Convention on the Rights of the Child: www.unicef.org/crc
- Victorian Institute of Teaching : www.vit.vic.edu.au
- *Identify Child Abuse:* https://www.education.vic.gov.au/school/teachers/health/childprotection/Pages/identify.aspx#link42
- Working with Children (WWC) Check: www.justice.vic.gov.au/workingwithchildren

Procedures

The Approved Provider is responsible for:

- ensuring that everyone entering the building (including students, volunteers and contractors) are made aware of and expected to adhere to our comprehensive Code of Conduct (refer to Attachment 1 – FPCC Code of Conduct)
- ensuring that the Nominated Supervisor, early childhood teachers and staff members at the service who work with children are advised of current child protection legislation, its application, and any obligations that they may have under that law (Regulation 84)
- identifying the potential for and signs of child abuse at Fawkner Park Children's Centre, and developing and implementing effective prevention strategies in consultation with the Nominated Supervisor and educators/staff (refer to Attachment 2 – Child Protection Risk Assessment and Attachment 3 – Child Safety Review Checklist)
- ensuring recruitment and induction processes for educators, staff and contractors are in line with this policy (refer to Attachment 7 – Guidelines for the Recruitment of Staff and Volunteers)
- screening all educators, staff, contractors, volunteers and students, including undertaking criminal history checks (if required), Working with Children Checks (except for individuals under the age of 18, registered teachers or police officers), reference checks and interviews (refer to *Staffing Policy*)
- ensuring that volunteers/students, parents/guardians and other visitors to the service are not left with sole supervision of individual children or groups of children
- ensuring that where the service has been notified of a court order prohibiting an adult from contacting an enrolled child, such contact does not occur while the child is on the service premises
- ensuring clear procedures are in place for reporting suspected child abuse or neglect (refer to Attachment 6 – Reporting Responsibilities and Guidelines)

- ensuring educators, staff, contractors, volunteers and students undertake appropriate training and education on child protection, including recognising the signs and symptoms of child abuse knowing how to respond, and understanding responsibilities and processes for reporting (refer to Attachment 6 – Reporting Responsibilities and Guidelines.)
- offering support to the child and their family, and to educators and staff in response to concerns or reports relating to the health, safety and wellbeing of a child at Fawkner Park Children's Centre
- developing co-operative relationships with appropriate services and/or professionals (including Child FIRST/The Orange Door) in the best interests of children and their families
- identifying and implementing appropriate programs and practices to support the principles of a child safe organisation, in consultation with the Nominated Supervisor and educators/staff at the service (refer to Attachment 5 – Child Safe Organisations and the *Safeguarding Children* accreditation program (refer to *Sources*))
- implementing reporting procedures and notifications when there are significant concerns for the health, safety or wellbeing of a child at the service (refer to Attachment 6 - Reporting Responsibilities and Guidelines)
    - notifying the VECRA within 24 hours of a serious incident occurring at the service
- notifying VECRA, in writing, within 24 hours of becoming aware of a notifiable complaint or allegation regarding the health, safety and/or welfare of a child at Fawkner Park Children's Centre
- maintaining confidentiality at all times (refer to *Privacy and Confidentiality Policy; FPCC 7.01 Privacy*)
    - all personal information considered or recorded will respect the privacy of the individuals involved, whether they be staff, volunteers, families or children, unless there is a risk to someone's safety. Everyone is entitled to know how this information is recorded, what will be done with it and who will have access to it. This is intended to protect reporters and to ensure that all members of Fawkner Park Children's Centre are comfortable to disclose any allegations or concerns in relation to child safety and wellbeing without repercussions.
- implementing and reviewing this policy in consultation with the Nominated Supervisor, educators, staff, contractors and parents/guardians
- identifying and providing appropriate resources and training to assist educators, staff, contractors, visitors, volunteers and students to implement this policy (refer to *Sources*)
- protecting the rights of children and families, and encouraging their participation in decision-making
- ensuring the Nominated Supervisor, educators, staff, contractors, volunteers and students are kept informed of any relevant changes in legislation and practices in relation to this policy.
- Reporting an allegation of abuse if there is a reasonable belief that an incident took place
    - recording all allegations of abuse and safety concerns using Fawkner Park Children's Centre Child Abuse Incident Reporting Form (Attachment 9). All records are securely stored.

The Nominated Supervisor is responsible for:

- ensuring that everyone entering the building (including students, volunteers and contractors) are made aware of and expected to adhere to our comprehensive Code of Conduct (refer to Attachment 1 – FPCC Code of Conduct; Attachment 2 – FPCC Child Safe Code of Conduct)
- ensuring that they are aware of current child protection legislation, its application and any obligations, including reporting obligations, that they may have under the law
- keeping up to date and complying with any relevant changes in legislation and practices in relation to this policy

- working with the Approved Provider to arrange appropriate training and education for educators and staff on child protection, including recognising the signs and symptoms of child abuse (knowing how to respond, and understanding responsibilities and processes for reporting (refer to Attachment 6 – Reporting Responsibilities and Guidelines)
- identifying the potential for child abuse at Fawkner Park Children's Centre, and developing and implementing effective prevention strategies in consultation with the Approved Provider and educators/staff (refer to Attachment 3 – Child protection risk assessment and Attachment 4 – Child Safety Review Checklist)
- ensuring that where the service has been notified of a court order prohibiting an adult from contacting an enrolled child, such contact does not occur while the child is on the service premises
- identifying and implementing appropriate programs and practices to support the principles of a child safe organisation in consultation with the Approved Provider and educators at the service (refer to Attachment 5 – Child Safe Organisations and the *Safeguarding Children* accreditation program (refer to *Sources*))
- co-operating with other services and/or professionals in the best interests of children and their families
- ensuring that families are made aware of support services available to them (such as Child FIRST/The Orange Door), and of the assistance these services can provide
- ensuring that no child is left alone (or is out of sight) with a contractor, visitor, volunteer, student or parent/guardian at the service
- implementing reporting procedures where there are reasonable grounds for believing that a child is at risk of child abuse (refer to Attachment 6 – Reporting Responsibilities and Guidelines)
- notifying the Approved Provider immediately on becoming aware of a concern, complaint or allegation regarding the health, safety and welfare of a child at Fawkner Park Children's Centre
- Reporting an allegation of abuse if there is a reasonable belief that an incident took place
  - recording all allegations of abuse and safety concerns using Fawkner Park Children's Centre Child Abuse Incident Reporting Form (Attachment 9). All records are securely stored.
- offering support to the child and their family, and to educators and staff in response to concerns or reports relating to the health, safety and wellbeing of a child at Fawkner Park Children's Centre
- implementing and reviewing this policy in consultation with the Approved Provider, educators, staff, contractors and parents/guardians
- maintaining confidentiality at all times (refer to *Privacy and Confidentiality Policy; FPCC 7.01 Policy*)
  - all personal information considered or recorded will respect the privacy of the individuals involved, whether they be staff, volunteers, families or children, unless there is a risk to someone's safety. Everyone is entitled to know how this information is recorded, what will be done with it and who will have access to it. This is intended to protect reporters and to ensure that all members of Fawkner Park Children's Centre are comfortable to disclose any allegations or concerns in relation to child safety and wellbeing without repercussions.
- ensuring that all educators and staff at the service who work with children are aware that it is an offence to subject a child to any form of corporal punishment, or any discipline that is unreasonable or excessive in the circumstances
- ensuring that all educators, staff and others who work with children are aware of this policy, and are supported to implement it in the service
- identifying and providing appropriate resources and training to assist educators, staff, contractors, visitors, volunteers and students to implement this policy (refer to *Sources*)

Certified Supervisors, early childhood teachers, other educators and staff are responsible for:

- adhering to our comprehensive Code of Conduct (refer to Attachment 1 – FPCC Code of Conduct and Attachment 2 – FPCC Child Safe Code of Conduct)
- keeping up to date and complying with any relevant changes in legislation and practices in relation to this policy
- undertaking appropriate training and education on child protection, including recognising the potential signs and symptoms of child abuse; identifying, assessing and minimizing risks of child abuse, knowing how to respond, and understanding responsibilities and processes for reporting (refer to Attachment 6 – Reporting Responsibilities and Guidelines) if they observe abuse and if they notice inappropriate behaviour
- identifying the potential for child abuse at Fawkner Park Children's Centre, and developing and implementing effective prevention strategies in consultation with the Approved Provider and the Nominated Supervisor (refer to Attachment 3 – Child protection risk assessment and Attachment 4 – Child safety review checklist)
- ensuring that where the service has been notified of a court order prohibiting an adult from contacting an enrolled child, such contact does not occur while the child is on the service premises
- identifying and implementing appropriate programs and practices to support the principles of a child safe organisation in consultation with the Approved Provider and Nominated Supervisor at the service (refer to Attachment 5 – Child safe organisations and the *Safeguarding Children* accreditation program (refer to *Sources*))
- co-operating with other services and/or professionals (including Child FIRST/The Orange Door) in the best interests of children and their families
- informing families of support services available to them (such as Child FIRST/The Orange Door), and of the assistance these services can provide
- ensuring that no child is left alone (or is out of sight) with a contractor, visitor, volunteer, student or parent/guardian at the service
- implementing reporting procedures where there are reasonable grounds for believing that a child is at risk of child abuse (refer to *Definitions* and to Attachment 6 – Reporting responsibilities and guidelines).
- Recording all allegations of abuse and safety concerns using Fawkner Park Children's Centre Child Abuse Incident Reporting Form. All records are securely stored.
  Factors contributing to a reasonable belief may include:
  - A child states they or someone they know has been abused (noting that sometimes the child may in fact be referring to themselves)
  - Behaviour consistent with that of an abuse victim is observed
  - Someone else has raised a suspicion of abuse but is unwilling to report it
  - Observing suspicious behaviour
- notifying the Nominated Supervisor or the Approved Provider immediately on becoming aware of any concerns, complaints or allegations regarding the health, safety and welfare of a child at Fawkner Park Children's Centre

  Early childhood teachers must mandatorily report concerns of child abuse; however any person can report if they have reasonable grounds for doing so. From the 1st of March 2019 **ALL** Early Childhood workers are mandated to report a reasonable belief of child physical or sexual abuse
- offering support to the child and their family, and to other educators and staff in response to concerns or reports relating to the health, safety and wellbeing of a child at Fawkner Park Children's Centre
- maintaining confidentiality at all times (refer to *Privacy and Confidentiality Policy; FPCC 7.01 Policy*)

- all personal information considered or recorded will respect the privacy of the individuals involved, whether they be staff, volunteers, families or children, unless there is a risk to someone's safety. Everyone is entitled to know how this information is recorded, what will be done with it and who will have access to it. This is intended to protect reporters and to ensure that all members of Fawkner Park Children's Centre are comfortable to disclose any allegations or concerns in relation to child safety and wellbeing without repercussions.

- reviewing this policy in consultation with the Approved Provider, Nominated Supervisor, educators, staff, contractors and parents/guardians
- educating and empowering children to talk about events and situations that make them feel uncomfortable
- ensuring that children at the service are not subjected to any form of corporal punishment, or any discipline that is unreasonable or excessive in the circumstances
- implementing and reviewing this policy in consultation with the Approved Provider, Nominated Supervisor, educators, staff, contractors and parents/guardians
- using appropriate resources and undertaking training to assist with the implementation of this policy (refer to *Sources*)
- protecting the rights of children and families, and encouraging their participation in decision-making
- keeping up to date and complying with any changes in legislation and practices in relation to this policy
- be respectful and flexible in their attitudes towards people from cultures other than their own, including having regular discussions about how to recognize unconscious cultural biases.

Parents/guardians are responsible for:

- adhering to our comprehensive Code of Conduct (refer to Attachment 1 – FPCC Code of Conduct)
- reading and complying with this policy
- reporting any concerns, including in relation to potential child abuse, to the appropriate child protection authorities or the police if immediate police attention is required

Volunteers and students, while at the service, are responsible for following this policy and its procedures.

New educators, volunteers and students will be supervised regularly to ensure they understand our commitment to child safety and wellbeing, and that everyone has a role to play in protecting children from abuse, as well as checking that their behaviour towards children is safe and appropriate (Refer to Attachment 1- FPCC Code of Conduct; Attachment 2 – FPCC Child Safe Code of Conduct)

RISK MANAGEMENT

Fawkner Park Children's Centre protects children when a risk is identified. In addition to general occupational health and safety risks, we proactively manage risks of abuse and harm to our children in the physical and online environments. We have risk assessments and risk management strategies in place to identify, assess, and take steps to minimise risks of child harm and abuse. Any contractors or other providers of services will always be supervised by a member of staff while working with us to ensure child safety. (Refer to Attachment 1 – Fawkner Park Children's Centre Code of Conduct; Attachment 3 – Child Protection Risk Assessment)

CHILDREN'S EMPOWERMENT AND PARTICIPATION

Fawkner Park Children's Centre is a child-centered organization. Educators, staff, volunteers and students readily interact with children in an age-appropriate and respectful way. Children are treated as individuals; educators and volunteers strive to understand each child's particular needs and interests.

We actively seek to include children's views and ideas, and these are respected and taken into consideration in decision-making. We respect the rights of children and provide them with information about their rights including the right to be safe at Fawkner Park Children's Centre. We actively seek to understand what makes children feel safe in our Centre, and regularly communicate with children about what they can do if they feel unsafe. We also involve children in discussing appropriate, fair and unfair behaviours. At Fawkner Park Children's Centre, children are supported to develop friendships and are encouraged to be supportive of each other. We do not tolerate bullying or abusive behaviours between children and take action if this occurs.

Fawkner Park Children's Centre values children's voices and will act on safety concerns raised by children or their families. All staff listen to children and support their participation in the following ways:

- Regular discussions with children, including child-led conversations on what makes them feel safe and unsafe.
- Educating children about recognizing and labelling emotions (i.e., how do they feel when experiencing feelings of 'unsafe')
- Consultation with children about any proposed significant changes to the physical environment or programs. Children's views are collected by staff in children's respective rooms, and considered in the decision-making process.
- Promoting children's agency by asking them for permission "Can I please change your nappy?"; "Would you like me to close the toilet door so you can have privacy?"; "Would you need some help with changing your clothes?"
- Educating children about 'Child Safety Network' – 5 adults whom they can trust. Children are aware of whom they can approach whenever they have any concerns or complaints about anyone or anything (Refer to Attachment 10 – Poster: Child Safety Network)
- Staff reflect on the organization of space, experiences and provided resources available to support the children in playing with each other; engaging in both small and group experiences. Educators also educate children in being respectful and inclusive towards each other.
- Staff and volunteers are provided monthly updates and information during Staff Meetings with regards to Child Protection and understanding the rights of children (i.e., helping children to participate in decision-making and engaging with children); annual training on recognizing and acting on the signs of child abuse and harm.

FAMILIES AND COMMUNITIES

Fawkner Park Children's Centre recognizes the important role of families. Parents, families and communities are welcome to provide feedback at any time through verbal or written communication, and are encouraged to raise any concerns they have with us.
Fawkner Park Children's Centre provides information to families and community about our child safe policies and practices including through:

- The Committee of Management has a designated committee member who is involved in the formulation, maintenance and revision of Centre policies. All proposed policies are prepared in consultation with the Centre Director. Parents are consulted and asked for their views on all draft policies, and during the annual review and evaluation process.
- Copies of the Centre's Policy Manual (Parent Handbook) are emailed to families and discussed during orientation interviews with Centre Director; copies are also available for reading in the foyer.
- Parents/guardians can access the service policies on request.

CREATING CULTURALLY SAFE ENVIRONMENTS FOR ALL ABORIGINAL CHILDREN AND THEIR FAMILIES

Fawkner Park Children's Centre is committed to creating environments where Aboriginal culture is celebrated and Aboriginal children, families and community members are welcomed and included.
Strategies to embed cultural safety for Aboriginal children include:

- An Acknowledgment of Country at all gatherings, which is also recorded on a wooden board in the main foyer.

- Educators, staff, students, volunteers and other children acknowledge and show respect to Aboriginal culture
- Policies acknowledge that an Aboriginal child's cultural identity is fundamental to their overall wellbeing
- Provide opportunities for children to share their cultural identity and express their culture
- Celebrating NAIDOC Week and acknowledging significant events including National Sorry Day and National Reconciliation Week
- Staff continuously working on the Reconciliation Action Plan Working Document
- Providing training for staff to have a deeper understanding of Aboriginal culture and its importance to the wellbeing and safety of Aboriginal children.
- Provide educational learning experiences to engage and educate the children (i.e., Dreamtime Stories, Aboriginal symbols, introduction of Aboriginal and Torres Strait Islander flags, provide Aboriginal and Torres Strait Islander dolls and books)
- Educators, staff, volunteers and students are reminded to not assume that an Aboriginal and Torres Strait Islander person will necessarily want someone from their own community to handle their complaint – always ask what their preference is.
- Inviting local Elders and Ganga Giri from Didgeridoo Australia to provide education experiences for all children to increase their opportunities to learn about, and participate in Aboriginal and Torres Strait Islander culture.

Also, refer to FPCC5.12 Inclusion and Anti Bias Policy

VALUING DIVERSITY AND EQUITY

Fawkner Park Children's Centre value diversity and equity for all children. To achieve this, we:

- Welcome and support participation of all children, including children with disability, children from culturally and linguistically diverse backgrounds, LGBTIQ children, and Aboriginal children and their families.
- Commit to ensuring our facilities and online activities promote inclusion of children of all abilities, as well as actively celebrates diversity
- Offer children and their families through our enrolment forms the opportunity to share information about themselves, including any specific needs to participate fully in our programs.
- Experiences offered are representative of the cultural and religious mix of the local community
- Educators, staff, students and volunteers relate to all children in a respectful and developmentally-appropriate manner.
- Policies are in place to guide the physical and psychological care requirements of all children.
- Have zero tolerance of racism and other forms of discrimination and take action when discrimination or exclusion is identified.
- The organization recognizes that children are vulnerable. Educators, staff, students and volunteers accept there is a difference in power between a child and an adult. The Service maintains appropriate educator-to-child ratio.
- Children are supported and comforted in an appropriate way, consistent with the child's wishes.
- Equipment and activities are appropriate for the ability and age of the children.

Refer to FPCC5.12 Inclusion and Anti Bias

CODE OF CONDUCT

Fawkner Park Children's Centre has a Child Safe Code of Conduct and Code of Conduct. Staff, volunteers, families, and the Management Committee must comply with these Codes of Conduct at all times. The Codes of Conduct outlines acceptable behaviour by educators, staff, students, volunteers and contractors. Breaches of these Codes of Conduct by staff could result in disciplinary action including termination of a person's involvement with the Service.

(Refer to Attachment 1- FPCC Code of Conduct; Attachment 2: FPCC Child Safe Code of Conduct)

RECRUITING STAFF AND VOLUNTEERS

Fawkner Park Children's Centre puts child safety and wellbeing at the center of recruitment and screening processes for staff, contractors and volunteers as outlined in Attachment 7 - Guidelines for the recruitment of staff and volunteers. We only recruit staff and volunteers who are appropriate to engage with children.
The service has policies on staff and volunteer recruitment and management, covering:

- Recruitment processes, including skills and qualifications required
- Background-checking and screening processes for all employees, contractors and volunteers
- Working with Children Checks and Police Checks

Members of the Management Committee must hold a valid Working With Children Check and a national Police Check is required.

SUPPORTING STAFF AND VOLUNTEERS

Fawkner Park Children Centre is committed to ensuring that all employees, contractors and volunteers are informed about child safety and wellbeing, and receive training, where appropriate. The service has a clear staff development policy that includes areas of child development, child protection, risk management and safety, reporting procedure. Fawkner Park Children's Centre staff are required to complete annual child safety and mandatory reporting (online training)- certificates are provided and kept on each staff's file once course has been completed. During monthly staff meetings, Child Protection Officer reminds and updates staff about information such as:

- Children's rights
- Organization's child safety and wellbeing policies and procedures
- Recognizing signs of child abuse or harm
- Responding to disclosures
- Record keeping
- Risk assessment and management
- Creating culturally safe and inclusive environments, and responding to racism

All Staff, Committee members, students, volunteers and contractors of Fawkner Park Children's Centre are required to observe Child Safe principles and expectations for appropriate behaviour towards and in the company of children (as noted in the Code of Conduct). All staff revisit and resign the Child Safe Code of Conduct annually.
Staff and volunteers will receive supervision to support their engagement with children and for compliance with our Code of Conduct, and Child Safety and Wellbeing Policy. Issues or concerns about behaviour with children will be raised immediately and addressed in line with our Code of Conduct, and complaint handling policy.

During Staff induction, all newly appointed staff will be expected to participate in our child safety and wellbeing induction session which includes:

- The 11 policy
- FPCC Staff Code of Conduct; FPCC Child Safety Code of Conduct
- Child Safety Responding and Reporting Obligations (including Mandatory Reporting) Policy and Procedures
- The use of Information and Communication Technologies with/by the children policy

COMPLAINTS AND REPORTING

All reports of child abuse and child safety concerns will be treated seriously, whether they are made by an adult or a child and whether they are about the conduct of an adult or a child. All complaints and child safety concerns will be responded to promptly and thoroughly. Parents, families and communities are encouraged to raise any concerns they have with us, directly with the person/s concerned or consider pursuing the Centre's grievance procedure (Refer to policy FPCC6.02 Complaints and Grievances Management). There is a clear and accessible complaints procedure for use by children, parents/guardians and employees. There are also clear reporting procedures for staff when responding to incidents, disclosures and suspicions of child abuse and harm at Fawkner Park Children's Centre (Attachment 6 – Reporting responsibilities and guidelines. All staff and volunteers are required to prioritize children's safety in any response and to report all potentially criminal conduct to Victoria

Police.
If there is concern for the immediate safety of a child, immediately call 000.

During the complaints process, the following aspects need to be taken into consideration to help ensure child safety and wellbeing are embedded into the process (adapted from the Australian Government, National Office for Child Safety: Complaint Handling Guide: Upholding the rights of children and young people https://childsafety.pmc.gov.au/sites/default/files/2020-09/nocs-complaint-handling-guide.pdf)
- Respecting the child or young person's views, and understanding what would make them feel safe; not assuming that what makes one child or young person feel safe will be the same for another.
- Adopting a trauma-informed approach – Staff looking for signs of trauma is an important way to identify whether certain children and young people may have something they wish to open up about but have been afraid to do so.
- Ensuring staff and volunteers are confident in managing disclosures
- Responding appropriately to complaints involving children and young people with harmful sexual behaviours (in both physical and online environments)

RECORD KEEPING

Fawkner Park Children's Centre is committed to making and keeping full and accurate records about all child-related complaints or safety concerns. All child safety complaints, concerns, incidents and near misses will be recorded in the Fawkner Park Children's Centre: Child Abuse Incident Reporting Form (Attachment 9). Records which may assist with the investigation of a complaint or safety concern will be identified and kept as part of the record of an investigation. Records will be kept even if an investigation does not substantiate a complaint.
We will record and keep the outcome of any investigations, and the resolution of any complaints. This includes findings made, reasons for decisions and actions taken.
All personal information considered or recorded will respect the privacy of the individuals involved, whether they be staff, volunteers, families or children (refer to Parent Handbook: Privacy and Confidentiality Policy). Records will be stored securely and kept by Fawkner Park Children's Centre for three more years from the child's last date of enrolment.

INFORMATION SHARING

Fawkner Park Children's Centre may share relevant information to promote the safety and wellbeing of children, where it is appropriate and in their best interests. The organization will keep information about complaints confidential, except where it is necessary to share information to respond properly to a complaint or to prioritize child safety. We may also need to share information about incidents of complaints with external authorities to comply with the law or to prioritize safety. More information is available in our Parent Handbook: Privacy and Confidentiality Policy.

DIGITAL SAFETY

Fawkner Park Children's Centre recognises that children's wellbeing also depends on their safety in digital and online environments. In alignment with our Safe Use of Digital Technologies and Online Environments Policy, children only access approved, age-appropriate technology under active supervision. Educators will not use personal electronic devices (such as mobile phones, smart watches, or personal cameras) while working with children; instead, only Centre-issued devices are used in a child-safe and respectful way. Screen time is limited, purposeful, and always linked to learning and wellbeing outcomes. By embedding digital safety into our daily practice, we ensure that children experience a safe, positive, and empowering environment both offline and online.

CHILDREN'S PRIVACY

At Fawkner Park Children's Centre, we protect and respect each child's right to privacy in both physical and digital environments. In accordance with our Privacy and Confidentiality Policy and Safe Use of Digital Technologies and Online Environments Policy, children's personal information, images, and recordings are collected, stored, and shared only with

consent and for clearly defined educational purposes. All digital content is securely stored on Centre-issued systems, with access restricted to authorised staff. Families are informed about how children's information is managed and retain the right to withdraw consent at any time. By upholding these practices, we ensure children's wellbeing is supported through dignity, trust, and respect for their privacy.

Child Protection Officer

Fawkner Park Children's Centre has one Child Protection Officer with responsibility for responding to any child safety related complaints or concerns.

INAPROPRIATE CONDUCT

Fawkner Park Children's Centre maintains zero tolerance for inappropriate conduct toward children. All educators, staff members, volunteers, students and contractors are required to uphold the highest standards of professional behaviour in their interactions with children at all times. Interactions must be respectful, responsive, developmentally appropriate and aligned with the Child Safe Standards, Education and Care Services National Law and Regulations, and the Centre's Code of Conduct.

Appropriate supervision of children is mandatory at all times, including during indoor and outdoor programs, excursions, transitions, toileting routines, rest periods and transportation to and from the service. Educators must actively supervise children through intentional positioning, regular headcounts and awareness of environmental risks to ensure children's safety and wellbeing.

The use of online platforms and digital technology must reflect safe and ethical practice. Personal devices are not to be used to photograph or record children. All images, videos and documentation must be captured only on approved service devices and stored securely in accordance with the Centre's Privacy and Digital Safety policies. Photography of children is only permitted with current written parental consent and must never compromise a child's dignity, privacy or safety.

During toileting and intimate care routines, educators must maintain children's dignity, privacy and comfort while ensuring appropriate visibility and adherence to safe practice guidelines. Where possible, care routines are conducted in open, observable environments and in line with staffing procedures that minimise risk.

Behaviour guidance practices must be positive, respectful and supportive of children's emotional development. Physical punishment, shaming, humiliation, intimidation or any form of coercion is strictly prohibited. Educators are expected to implement preventative and co-regulation strategies consistent with the Centre's Behaviour Guidance Policy.

Excursions and transportation arrangements must comply with regulatory requirements, including documented risk assessments, supervision ratios, attendance checks and written authorisations. Children's safety remains the highest priority when off-site or in transit.

All concerns, allegations or complaints relating to child safety, staff conduct or supervision must be reported immediately in accordance with the Centre's Complaint Handling and Mandatory Reporting procedures. The service is committed to responding promptly, transparently and in the best interests of the child.

Failure to comply with these expectations constitutes a breach of policy and may result in disciplinary action.

EVALUATION

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

- regularly seek feedback from everyone affected by the policy regarding its effectiveness, particularly in relation to identifying and responding to child safety and wellbeing concerns

- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notify parents/guardians at least 14 days before making any changes to this policy or its procedures (Regulation 172(2)).

28.1.12 FPCC 5.12 - Inclusion and Anti-Bias

1. Authorisation

This policy was approved by the FPCC Committee of Management.

2. Review

This policy will be reviewed annually, or earlier if required due to legislative change, incident review, or feedback from children, families or staff. It was last reviewed in December 2025.

3. Policy Statement

Fawkner Park Children's Centre is committed to creating an inclusive, equitable and culturally safe environment where every child, family and staff member feels respected, valued and supported to fully participate in the life of the service.

We recognise and celebrate diversity in culture, language, identity, family structure, ability, religion, gender identity, sexual orientation, socio-economic background and lived experiences. We actively promote anti-bias practices and take a zero-tolerance approach to discrimination, racism, harassment or exclusion.

The service upholds the rights of all children, including Aboriginal and Torres Strait Islander children, children with disability, children experiencing vulnerability, and children from culturally and linguistically diverse backgrounds, to feel safe, connected and supported.

We are committed to embedding culturally safe practices that recognise Aboriginal and Torres Strait Islander peoples as the Traditional Owners of the land and honour their ongoing connection to Country, culture and community. Cultural safety is understood as an ongoing practice reflected in relationships, decision-making, curriculum, and organisational culture.

This policy supports the implementation of the Victorian Child Safe Standards and aligns with the National Quality Framework and the Victorian Early Years Learning and Development Framework.

4. Principles

All children have the right to belong, participate and thrive.

Diversity strengthens our community and enriches learning.

Children's voices and identities are respected and reflected in practice.

Families are partners in decision-making.

Equity requires proactive action to remove barriers to participation.

Cultural safety is embedded across governance, relationships and pedagogy.

Educators reflect critically on bias and privilege to promote fairness and inclusion.

5. Roles and Responsibilities

Approved Provider / Committee

Ensure policies support equity, inclusion and cultural safety.

Allocate resources for training and inclusive practices.

Monitor compliance with Child Safe Standards and legislation.

Nominated Supervisor / Leadership Team

Promote inclusive culture and safe environments.

Support educators to implement anti-bias practices.

Respond to incidents of discrimination or exclusion.

Engage with families and community partners.

Educational Leader

Guide reflective practice on inclusion and equity.

Support curriculum that reflects diverse identities.

Mentor educators in inclusive planning.

Educators, Staff, Volunteers and Students

Model respectful and inclusive behaviour.

Challenge bias and discrimination.

Support each child's identity, culture and wellbeing.

Engage in ongoing professional learning.

6. Procedures

Inclusive Practice - Fawkner Park Children's Centre will

Provide environments, resources and experiences that reflect diversity.

Support reasonable adjustments for children with additional needs.

Promote equitable participation in all aspects of the program.

Recognise and celebrate children's identities and family cultures.

Cultural Safety - Fawkner Park Children's Centre will

Acknowledge the Traditional Owners — Bunurong / Boon Wurrung peoples of the Kulin Nation.

Engage respectfully with Aboriginal perspectives and community.

Continue implementation of the Reconciliation Action Plan.

Provide ongoing staff learning on cultural safety.

Family Partnerships - Fawkner Park Children's Centre will

Work collaboratively with families to support children's needs.

Provide information in accessible formats where possible.

Respect family knowledge and cultural practices.

Responding to Discrimination or Bias - Fawkner Park Children's Centre will

Address incidents immediately and respectfully.

Document concerns according to service procedures.

Inform leadership and families as appropriate.

Reflect on practice and implement improvements.

Professional Learning - Fawkner Park Children's Centre will

Provide regular training on inclusion, equity and cultural safety.

Support reflective discussions in meetings and planning cycles.

7. Monitoring and Review

Fawkner Park children's centre will review practices through Reflective practice discussions, Feedback from children and families, Quality Improvement Plan processes, Incident reviews and Staff training evaluations.

8. References

Education and Care Services National Law and Regulations — *Education and Care Services National Law Act 2010 (Vic) and Education and Care Services National Regulations 2011 (as amended 2023)*

National Quality Standard — *Australian Children's Education and Care Quality Authority (ACECQA), National Quality Standard, 2018*

Victorian Early Years Learning and Development Framework (VEYLD Framework) — *Victorian Department of Education and Training, 2016 (updated practice guidance ongoing)*

Victorian Child Safe Standards — *Commission for Children and Young People Victoria, revised standards effective 1 July 2022*

United Nations Convention on the Rights of the Child — *United Nations, adopted 1989 (ratified by Australia 1990)*

Department of Education — Best Start, Best Life reforms — *Victorian Government, announced 2022 (implementation ongoing)*

Narragunnawali: Reconciliation in Education — *Reconciliation Australia, ongoing initiative (launched 2016)*

28.1.13 FPCC 5.13 - Supervision of Children Policy

Best Practice – Quality Area 2

1 Authorisation

This policy was adopted by the FPCC Committee of Management at the June 2013 Committee Meeting.

2 Review Date

This policy shall be reviewed annually at the October Committee Meeting. Any comprehensive amendments will be documented under authorisation. It has been modified and approved in October 2024.

3 Policy

Fawkner Park Childcare Centre is committed to:

- providing adequate supervision of all enrolled children in all aspects of the service's program
- ensuring all children are directly and actively supervised by educators employed or engaged by Fawkner Park Childcare Centre
- maintaining a duty of care (refer to *Definitions*) to all children at Fawkner Park Childcare Centre
- ensuring there is an understanding of the shared legal responsibility and accountability between, and a commitment by, all persons to implement the procedures and practices outlined in this policy.

Scope

This policy applies to the Approved Provider, Nominated Supervisor, Certified Supervisor, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Fawkner Park Childcare Centre, including during offsite excursions and activities.

Background and Legislation

Supervision is essential in ensuring that children's safety is protected in the service environment. Supervision is an integral part of the care and education of children and requires staff members to make ongoing assessments of the child and the activities in which they are engaged. Active supervision assists in the development of positive relationships between educators, children and their families, and informs ongoing assessment and future planning. Adequate supervision requires teamwork and good communication between educators.

Legislation and Standards

Relevant legislation and standards include but are not limited to:

- *Education and Care Services National Law Act 2010*: Sections 165, 167, 169, 174
- *Education and Care Services National Regulations 2011*: Regulations 101, 168, 176
- *National Quality Standard*, Quality Area 2: Children's Health and Safety
  - Standard 2.2: Each child is protected
    - Element 2.2.1: At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
- *Occupational Health and Safety Act 2004*

Sources and Related Policies

- Kidsafe: www.kidsafe.com.au
- The Royal Children's Hospital Melbourne Safety Centre: www.rch.org.au/safetycentre
- WorkSafe Victoria: www.worksafe.vic.gov.au
- *Guide to the National Quality Standard* (ACECQA)
- *Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011* (ACECQA)

Procedures

The approved provider is responsible for:

- complying with the legislated educator-to-child ratios at all times (*Education and Care Services National Law Act 2010*: Sections 169(1), *Education and Care Services National Regulations 2011*: Regulations 123, 355, 357, 360)
- counting only those educators who are working directly with children at the service in the educator-to-child ratios (Regulation 122)

- ensuring a minimum of two educators are rostered on duty at all times children are in attendance at the service
- ensuring that children being educated and cared for by the service are adequately supervised (refer to *Definitions*) at all times they are in the care of that service (*Education and Care Services National Law Act 2010*: Section 165(1))
- considering the design and arrangement of the service environment to support active supervision. This may be supported by a supervision plan (refer to Attachment 1 – Sample supervision risk management template)
- identifying high-risk activities, including excursions (refer to *Excursions and Service Events Policy*), through a risk management process, and implementing strategies to improve children's safety e.g. increasing adult-to-child ratios above regulatory requirements (Regulation 101)
- ensuring supervision standards are maintained during educator breaks, including during lunch breaks
- providing safe play spaces for children, which allow for adequate supervision, including safe fall zones, good traffic flow, maintenance of buildings and equipment, and minimising trip hazards
- providing staff rosters, and casual and relief staff lists
- developing procedures to inform casual and relief staff about the supervision strategies outlined in this policy
- notifying the Regulatory Authority (DET) within 24 hours of:
  - a serious incident (refer to *Definitions*) occurring at the service, including when a child appears to be missing or cannot be accounted for (*Education and Care Services National Law Act 2010*: Section 174(2)(a), *Education and Care Services National Regulations 2011*: Regulations 12, 176(2)(a))
  - a complaint alleging that the health, safety or wellbeing of a child has been compromised or that the law has been breached (*Education and Care Services National Law Act 2010*: Section 174(2)(b), *Education and Care Services National Regulations 2011*: Regulations 175(2)(c), 176(2)(b))
- notifying parents/guardians of a serious incident (refer to *Definitions*) involving their child as soon as possible, but not more than 24 hours after the occurrence
- reporting notifiable incidents (refer to *Definitions*) to WorkSafe Victoria
- evaluating supervision procedures regularly in consultation with the Nominated Supervisor, educators and management representatives.
- following appropriate reporting procedures set out in the Injury, Trauma and Illness Policy in the event that a child is ill, or is involved in a medical emergency or an incident that results in injury or trauma.

The nominated supervisor is responsible for:

- ensuring that the prescribed educator-to-child ratios are met at all times and that educators have required qualifications (*Education and Care Services National Law Act 2010*: Sections 169(3)&(4), *Education and Care Services National Regulations 2011*: Regulations 123, 355, 357, 360)
- counting only those educators who are working directly with children at the service in the educator-to-child ratios (Regulation 122)
- ensuring a minimum of two educators are rostered on duty at all times children are in attendance at the service
- ensuring that children being educated and cared for by the service are adequately supervised (refer to *Definitions*) at all times they are in the care of that service (*Education and Care Services National Law Act 2010*: Section 165(2))

- considering the design and arrangement of the service environment to support active supervision. This may be supported by a supervision plan (refer to Attachment 1 – Sample supervision risk management template)
- identifying high-risk activities, including excursions (refer to *Excursions and Service Events Policy*), through a risk management process, and implementing strategies to improve children's safety e.g. increasing adult-to-child ratios above regulatory requirements (Regulation 101(2))
- ensuring supervision standards are maintained during educator breaks, including during lunch breaks
- evaluating supervision practices regularly in consultation with other educators and the Approved Provider.

Certified supervisors and other educators are responsible for:

- providing adequate supervision (refer to *Definitions*) at all times
- being alert to, and aware of, risks and hazards and the potential for incidents and injury throughout the service and not just within their own immediate area, and using supervision skills to reduce or prevent incident or injury to children and adults.
- developing procedures to ensure that all children are accounted for, including by referring to attendance records (refer to *Definitions*) at various times throughout the day, both before and after outdoor activities
- adjusting supervision strategies to suit the service environment, educator skills, and age mix, dynamics and size of the group of children being supervised and the activities being undertaken
- maintaining a duty of care to children at all times (including when the child is on the premises but not signed into or out of the care of the service and the parent/guardian or person delivering or collecting the child is responsible for supervising that child)
- communicating with other educators regularly to ensure adequate supervision at all times
- informing parents/guardians and volunteers at the service about the *Supervision of Children Policy* and the ways that they can adhere to its procedures
- ensuring doors and gates are closed at all times to prevent children from leaving the service unaccompanied or from accessing unsupervised/unsafe areas of the service
- deciding when to interrupt and redirect children's play to ensure safety at all times
- identifying opportunities to support and extend children's learning while also recognising their need to play without adult intervention
- conducting daily safety checks of the environment to assess safety and to remove hazards
- arranging the environment (equipment, furniture and experiences) to ensure effective supervision while also allowing children to access quiet/private spaces
- providing direct and constant supervision when a child is near water (refer to *Water Safety Policy*)
- conducting a risk assessment prior to an excursion to identify risks to health, safety or wellbeing and specifying how these risks will be managed and minimised (refer to *Excursions and Service Events Policy*)
- notifying the Approved Provider in the event of a serious incident (refer to *Definitions*) occurring at the service or of a complaint being made alleging the health, safety or wellbeing of a child has been compromised
- assisting the Approved Provider and the Nominated Supervisor to evaluate supervision practices regularly
- supervising children's daily departure from the service and being aware of the person who has authority to collect the child (refer to *Delivery and Collection of Children Policy*).

Parents/Guardians are responsible for:

- ensuring educators are aware that their children have arrived or departed
- ensuring that doors and gates, including playground gates, are closed after entry or exit
- being aware of the movement of other children near gates and doors when entering or exiting the service
- enabling educators to supervise children at all times by making arrangements to speak with them outside program hours
- supervising their own children before signing them into the program and after they have signed them out of the program
- supervising other children in their care, including siblings, while attending or assisting at the service.

Attachment 1
Supervision risk management template

This template is designed as a tool to be developed and used by all educators involved in the supervision of children at the service, and should be reviewed regularly and made available to all staff working in the program. There may be additional areas that your service will want to include in the Supervision risk management template.

Area/equipment	Potential supervision risk	Action to reduce or eliminate risk
Fixed equipment e.g. swings, fixed climbing equipment, slides etc.		
Layout of the internal and/or external areas of the service including a description of areas that provide challenges to supervision e.g. children's bathrooms, L-shaped playgrounds or playrooms, behind structures or features in the playground etc.		
Staff supervision responsibilities including: quiet/active learning spaces; during indoor and outdoor programs; specific programmed experiences and also including the supervision of students and volunteers		
Potential hazards e.g. protruding tree roots, small pieces of equipment etc.		
Arrival and departure of children		

28.1.14 FPCC 5.14 – Excursions and Events Policy

Mandatory – Quality Area 2

1 Authorisation

This policy was adopted by the FPCC Committee of Management at the June 2013 Committee Meeting.

2 Review Date

This policy shall be reviewed annually at the October Committee Meeting. Any comprehensive amendments will be documented under authorisation. It has been modified and approved in June 2026.

3 Policy

Fawkner Park Childcare Centre is committed to:

- providing opportunities through the educational program for children to explore and experience the wider environment and broader society
- ensuring that all excursions and service events are accessible, affordable and contribute to children's learning and development
- ensuring the health, safety and wellbeing of children at all times, including during excursions and service events
- providing adequate supervision of all children during excursions and service events.

4 Scope

This policy applies to the Approved Provider, Nominated Supervisor, Certified Supervisors, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Fawkner Park Childcare Centre, including during offsite excursions and events.

Background and Legislation

Excursions and service events are planned to extend the educational program and further develop the current interests of children. "Participating in their communities strengthens children's sense of identity and wellbeing" (Outcome 2: Children are connected with and contribute to their world, *Victorian Early Years Learning and Development Framework* – refer to *Sources*). The purpose and educational value of each excursion or service event should be clearly communicated to parents/guardians.

When planning excursions and service events, it is important to ensure that they are inclusive of all members of the service community. Consideration must be given to any extra costs involved and the ability of families to pay these costs. Consideration must also be given to ensuring that all children can attend regardless of their abilities, additional needs or medical conditions (refer to *Inclusion and Equity Policy*, *Dealing with Medical Conditions Policy*, *Asthma Policy*, *Anaphylaxis Policy*, *Diabetes Policy* and *Epilepsy Policy*). Clear procedures must be developed and followed, and these should be communicated to parents/guardians.

A risk assessment must be carried out for each excursion to determine any risks to children's health, safety or wellbeing before permission is sought from parents/guardians (Regulations 100, 101). The risk assessment must identify each risk and specify how the risk will be managed and/or minimised (Regulation 101). Written authorisation for the child to attend the excursion must be obtained from a parent/guardian or person named in the child's enrolment record before the child can be taken outside the service premises. For details regarding information to be included in the written authorisation, refer to Attachment 1.

Legislation and standards

Relevant legislation and standards include but are not limited to:

- *Education and Care Services National Law Act 2010*
- *Education and Care Services National Regulations 2011*: Regulations 98, 99, 100, 101, 102, 123, 355, 357, 360
- *National Quality Standard*, Quality Area 1: Educational Program and Practice
  - Standard 1.1: The educational program enhances each child's learning and development.
    - Element 1.1.3: All aspects of the program, including routines, are organised in ways that maximise opportunities for each child's learning
    - Element 1.2.3: Child directed learning; each child's agency is promoted, enabling them to make choices and decisions that influence events and their world.
- *National Quality Standard*, Quality Area 2: Children's Health and Safety
  - Standard 2.2: Each child is protected
    - Element 2.2.1: Supervision; at all time, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
    - Element 2.2.2: Incident and emergency management; plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.

Sources and Related Policies

- *Belonging, Being & Becoming – The Early Years Learning Framework for Australia*: www.deewr.gov.au/EarlyChildhood/Policy_Agenda/Quality/Pages/EarlyYearsLearningFramework.aspx#keydocuments
- *Guide to the National Quality Standard*, ACECQA: www.acecqa.gov.au and http://acecqa.gov.au/links-and-resources/national-quality-framework-resources/
- *Victorian Early Years Learning and Development Framework*: www.education.vic.gov.au/earlylearning/eyldf/default.htm

Procedures

The Approved Provider is responsible for:

- developing an *Excursions and Service Events Policy* in consultation with the Nominated Supervisor, Certified Supervisor, educators, staff and parents/guardians at the service
- ensuring educators, staff, parents/guardians, volunteers, students and others at the service are provided with a copy of the *Excursions and Service Events Policy* and comply with its requirements
- ensuring that all parents/guardians have completed, signed and dated their child's enrolment form (refer to *Enrolment and Orientation Policy*) including details of persons able to authorise an educator to take their child outside the service premises (Regulation 160)
- ensuring that parents/guardians or persons named in the enrolment record have provided written authorisation within the past 12 months where the service is to take the child on regular outings (refer to *Definitions*), and that this authorisation is kept in the child's enrolment record (Regulation 161)
- ensuring that a child does not leave the service premises on an excursion unless prior written authorisation has been provided by the parent/guardian or person named in the child's enrolment record, and that the authorisation includes all details required under Regulation 102(4)
- ensuring that the number of children attending an excursion does not exceed the number for which service approval has been granted on that day
- ensuring that children are adequately supervised at all times
- ensuring that educator-to-child ratios are maintained at all times, including during excursions and service events (Regulations 123, 355, 357, 360)
- ensuring only educators who are working directly with children are included in educator-to-child ratios
- ensuring that parents/guardians, volunteers, students and all adults participating in an excursion are adequately supervised at all times and are not left with sole supervision of individual children or groups of children
- ensuring that a risk assessment is carried out for an excursion (in accordance with Regulation 101) before authorisation is sought from parents/guardians (Regulation 100)
- ensuring the risk assessment identifies and assesses the risks, specifies how these will be managed and/or minimised, and includes all details required by Regulation 101 (refer to ACECQA's sample Excursion Risk Management Plan at http://acecqa.gov.au/storage/Excursion%20risk%20management%20plan.pdf)
- ensuring that excursions and service events are based on the educational program and meet the needs and interests of children and families at the service
- ensuring that there is a clear purpose and educational value to each excursion or service event, and that this is communicated to parents/guardians
- considering the financial ability of families before deciding on an excursion/service event that would require an additional charge. Events that can be planned ahead of time should be included as an expenditure item in the service's budget and, as a result, will not incur additional charges

- ensuring that proposed excursions/service events are inclusive of all children regardless of their abilities, additional needs or medical conditions.
- ensuring strategies are in place to provide an accurate attendance record for children attending an excursion, and for children remaining at the service while an excursion is happening
- ensuring that there is an accurate list of all adults participating in an excursion, including parents/guardians, volunteers and students, with contact details for each individual
- ensuring that each child's personal medication and current medical management plan is taken on excursions and other offsite activities
- providing and maintaining a portable first aid kit that can be taken on excursions and other offsite activities
- providing portable first aid kits that contain the required medication for dealing with medical conditions
- providing a mobile phone to enable contact with parents/guardians and emergency services in the event of an incident, injury, trauma or illness (Regulation 98)
- ensuring emergency contact details for each child and the contact details of their medical practitioner are taken on excursions for notification in the event of an incident, injury, trauma or illness.
- following appropriate reporting procedures set out in the Injury, Trauma and Illness Policy in the event that a child is ill, or is involved in a medical emergency or an incident that results in injury or trauma.

The Nominated Supervisor is responsible for:

- developing an *Excursions and Service Events Policy* in consultation with the Approved Provider, Certified Supervisor, educators, staff and parents/guardians at the service
- ensuring educators, staff, parents/guardians, volunteers, students and others at the service are provided with a copy of the *Excursions and Service Events Policy* and comply with its requirements
- ensuring that a child does not leave the service premises on an excursion unless prior written authorisation has been provided by the parent/guardian or person named in the child's enrolment record, and that the authorisation includes all details required under Regulation 102(4)
- ensuring that children are adequately supervised at all times
- ensuring that educator-to-child ratios are maintained at all times, including during excursions and service events (Regulations 123, 355, 357, 360)
- ensuring only educators who are working directly with children are included in educator-to-child ratios
- ensuring that parents/guardians, volunteers, students and all adults participating in an excursion are adequately supervised at all times and are not left with sole supervision of individual children or groups of children
- ensuring that a risk assessment is carried out for an excursion (in accordance with Regulation 101) before authorisation is sought from parents/guardians (Regulation 100)
- ensuring the risk assessment (refer to *Definitions*) identifies and assesses the risks, specifies how these will be managed and/or minimised, and includes all details required by Regulation 101 (refer to ACECQA's sample Excursion Risk Management Plan at http://acecqa.gov.au/storage/Excursion%20risk%20management%20plan.pdf)
- ensuring that excursions and service events are based on an approved learning framework, the developmental needs, interests and experiences of each child, and take into account the individual differences of each child.
- ensuring the purpose and educational value of each excursion or service event is communicated to parents/guardians

- considering the financial ability of families before deciding on an excursion/service event that would require an additional charge. Events that can be planned ahead of time should be included as an expenditure item in the service's budget and, as a result, will not incur additional charges.
- ensuring that proposed excursions/service events are inclusive of all children regardless of their abilities, additional needs or medical conditions.
- ensuring an accurate attendance record is kept for children attending an excursion, and for children remaining at the service while an excursion is happening
- ensuring that there is an accurate list of all adults participating in an excursion, including parents/guardians, volunteers and students, with contact details for each individual
- ensuring that each child's personal medication and current medical management plan is taken on excursions and other offsite activities
- ensuring that a portable first aid kit (including required medication for dealing with medical conditions) is taken on excursions and other offsite activities
- ensuring a mobile phone, the emergency contact details for each child and the contact details of their medical practitioner are taken on excursions for notification in the event of an incident, injury, trauma or illness
- ensuring sunscreen (if required) is taken on excursions/service events
- displaying a notice at the service indicating that children are on an excursion, and including the location of the excursion and expected time of return to the service.

Certified Supervisors and other educators are responsible for:

- developing an *Excursions and Service Events Policy* in consultation with the Approved Provider, Nominated Supervisor and parents/guardians at the service
- reading and complying with the requirements of the *Excursions and Service Events Policy*
- providing parents/guardians or a person named in the child's enrolment record with an excursion/service event authorisation form
- checking that a parent/guardian or person named in the child's enrolment record has completed, signed and dated the excursion/service event authorisation form prior to the excursion
- allowing a child to participate in an excursion or service event only with the written authorisation of a parent/guardian or person named in the child's enrolment record
- maintaining the required educator-to-child ratios at all times, and adequately supervising children during excursions and service events
- adequately supervising parents/guardians, volunteers, students and all adults participating in an excursion, and ensuring that they are not left with sole supervision of individual children or groups of children
- undertaking a risk assessment for an excursion or service event prior to obtaining written authorisation from parents/guardians
- ensuring the risk assessment identifies and assesses the risks, specifies how they will be managed and/or minimised, and includes all details required by Regulation 101 (refer to ACECQA's sample Excursion Risk Management Plan at http://acecqa.gov.au/storage/Excursion%20risk%20management%20plan.pdf)
- developing excursions and service events based on an approved learning framework, the developmental needs, interests and experiences of each child, and the individual differences of each child.
- communicating the purpose and educational value of each excursion or service event to parents/guardians
- including all children in excursions and service events regardless of their abilities, additional needs or medical conditions

- taking each child's personal medication and current medical management plan on excursions and other offsite activities
- taking a portable first aid kit (including required medication for dealing with medical conditions) on excursions and other offsite activities
- keeping an accurate attendance record of children attending excursions, and for children remaining at the service while an excursion is happening
- keeping an accurate list of all adults participating in an excursion, including parents/guardians, volunteers and students, with contact details for each individual
- taking a mobile phone, a copy of the attendance record, emergency contact details for each child and the contact details of the child's medical practitioner on excursions for notification in the event of an incident, injury, trauma or illness
- taking sunscreen (if required) on excursions/service events
- discussing the aims and objectives of the excursion or service event, and items of special interest, with children prior to undertaking the activity
- informing parents/guardians of items required by children for the excursion or service event e.g. snack/lunch, sunscreen, coat etc.

Parents/guardians are responsible for:

- reading and complying with the requirements of this *Excursions and Service Events Policy*
- completing and signing the authorised nominee section of their child's enrolment form before their child commences at the service
- completing, signing and dating excursion/service event authorisation forms
- providing written authorisation for their child to leave the service premises on routine outings
- reading the details of the excursion or service event provided by the service and asking for additional information if required
- providing items required by their child for the excursion or service event e.g. snack/lunch, sunscreen, coat etc.
- understanding that, if they participate in an excursion or service event as a volunteer, they will be under the immediate supervision of an educator or the Approved Provider at all times
- if participating in an excursion or service event, informing an educator immediately if a child appears to be missing from the group
- supervising and caring for siblings and other children in their care who are not enrolled in the program
- complying with all service policies while participating in an excursion or service event.

Volunteers and students, while at the service, are responsible for following this policy and its procedures.

Attachments

Attachment 1 [Place on service letterhead]

Developing an excursion/service event authorisation form

The *Education and Care Services National Regulations 2011* (Regulation 102) specify that written authorisations for excursions, given by a parent/guardian or person authorised on the child's enrolment record, must include the following details:

- the child's name
- the reason the child is to be taken outside the service premises
- the date the child is to be taken on the excursion (unless the authorisation is for a regular outing)

- a description of the proposed location of the excursion
- the method of transport to be used
- proposed activities to be undertaken as part of the excursion
- the period of time that the child will be away from the service premises
- the anticipated number of children attending the excursion
- the anticipated ratio of educators to children attending the excursion
- the anticipated number of staff members, and any other adults who will accompany and supervise children on the excursion
- confirmation that a risk assessment has been prepared and is available at the service.

The authorisation form should require parents/guardians to include contact details for two people and for the child's medical practitioner in the event that the child experiences an incident, injury, trauma or illness while on the excursion.
The form must be signed and dated by the parent/guardian or a person authorised on the child's enrolment form.

Services should also include information about:

- additional costs involved, if any, and
- whether parents/guardians/siblings are able to participate in the excursion and, if so, details of the supervision requirements for additional family members.

28.1.15 FPCC 5.15 – Information and Communication Technology (ICT)

1 Authorisation

This policy was adopted by the FPCC Committee of Management at the June 2013 Committee Meeting.

2 Review Date

This policy shall be reviewed annually at the October Committee Meeting. Any comprehensive amendments will be documented under authorisation. It has been modified and approved in July 2024.

3 Policy

Fawkner Park Childcare Centre is committed to:

- professional, ethical and responsible use of ICT at the service
- providing a safe workplace for management, educators, staff and others using the service's ICT facilities
- safeguarding the privacy and confidentiality of information received, transmitted or stored electronically
- ensuring that the use of the service's ICT facilities complies with all service policies and relevant government legislation
- providing management, educators and staff with online information, resources and communication tools to support the effective operation of the service.

4 Scope

This policy applies to the Approved Provider, Nominated Supervisor, Certified Supervisor, educators, staff, students on placement and volunteers at Fawkner Park Childcare Centre. This policy does **not** apply to children. Where services are using ICT within their educational programs, they should develop a separate policy concerning the use of ICT by children.

This policy applies to all aspects of the use of ICT including:

- internet usage
- electronic mail (email)

- electronic bulletins/notice boards
- electronic discussion/news groups
- weblogs (blogs)
- social networking
- file transfer
- file storage (including the use of end point data storage devices – refer to *Definitions*)
- file sharing
- video conferencing
- streaming media
- instant messaging
- online discussion groups and chat facilities
- subscriptions to list servers, mailing lists or other like services
- copying, saving or distributing files
- viewing material electronically
- printing material
- portable communication devices including mobile and cordless phones.

Background

The Victorian Government has funded the provision of ICT infrastructure and support to kindergartens since 2003. This support has included:

- purchase and installation of ICT equipment
- installation and maintenance of internet connection
- provision of email addresses
- training in the use of software and the internet
- help desk support.

The purpose of this support is to:

- establish ICT infrastructure to assist teachers in the development and exchange of learning materials, and in recording children's learning
- contribute to the professional development of kindergarten teachers and assistants, and enhance their access to research in relation to child development
- establish ICT infrastructure that enhances the management of kindergartens and reduces the workload on management committees
- contribute to the sustainability of kindergartens by providing for the better management of records, including budget and finance records (IT for Kindergartens: www.kindergarten.vic.gov.au).

The ICT environment is continually changing. Early childhood services now have access to a wide variety of technologies via fixed, wireless and mobile devices. While ICT is a cost-effective, timely and efficient tool for research, communication and management of a service, there are also legal responsibilities in relation to information privacy, security and the protection of employees, families and children.

State and federal laws, including those governing information privacy, copyright, occupational health and safety, anti-discrimination and sexual harassment, apply to the use of ICT (refer to *Legislation and standards*). Illegal and inappropriate use of ICT resources includes pornography, fraud, defamation, breach of copyright, unlawful discrimination or vilification, harassment (including sexual harassment, stalking and privacy violations) and illegal activity, including illegal peer-to-peer file sharing.

Legislation and Standards

Relevant legislation and standards include but are not limited to:

- *Broadcasting Services Act 1992* (Vic), as amended 2007
- *Charter of Human Rights and Responsibilities Act 2006* (Vic), as amended 2011
- *Classification (Publications, Films and Computer Games) Act 1995*
- *Commonwealth Classification (Publication, Films and Computer Games) Act 1995*, as amended 2007
- *Competition and Consumer Act 2010* (Cth)
- *Copyright Act 1968* (Cth)
- *Copyright Amendment Act 2006* (Cth)
- *Education and Care Services National Law Act 2010*
- *Education and Care Services National Regulations 2011*
- *Equal Opportunity Act 2010* (Vic)
- *Freedom of Information Act 1982*
- *Health Records Act 2001* (Vic)
- *Privacy and Data Protection Act 2014 (Vic)*
- *National Quality Standard*, Quality Area 7: Leadership and Service Management
  - Standard 7.3: Administrative systems enable the effective management of a quality service
- *Occupational Health and Safety Act 2004*
- *Privacy Act 1988* (Cth)
- *Public Records Act 1973* (Vic)
- *Sex Discrimination Act 1984* (Cth)
- *Spam Act 2003*
- *Trade Marks Act 1995* (Cth)

Sources

- *Acceptance Use Policy*, DET Information, Communications and Technology (ICT) Resources: www.education.vic.gov.au/about/deptpolicies/acceptableuse.htm
- IT for Kindergartens: www.kindergarten.vic.gov.au
- Organisation for Economic Co-operation and Development (OECD) (2002) *Guidelines for the Security of Information Systems and Networks: Towards a Culture of Security*

Procedures

The Approved Provider is responsible for:

- ensuring that the use of the service's ICT complies with all relevant state and federal legislation (refer to *Legislation and standards*), and all service policies (including *Privacy and Confidentiality Policy* and *Code of Conduct Policy*)
- providing suitable ICT facilities to enable educators and staff to effectively manage and operate the service
- authorising the access of educators, staff, volunteers and students to the service's ICT facilities, as appropriate
- providing clear procedures and protocols that outline the parameters for use of the service's ICT facilities (refer to Attachment 1 – Procedures for use of ICT at the service)
- embedding a culture of awareness and understanding of security issues at the service (refer to Attachment 2 – Guiding principles for security of information systems)
- ensuring that effective financial procedures and security measures are implemented where transactions are made using the service's ICT facilities, e.g. handling fee and invoice payments, and using online banking

- ensuring that the service's computer software and hardware are purchased from an appropriate and reputable supplier
- identifying the need for additional password-protected email accounts for management, educators, staff and others at the service, and providing these as appropriate
- identifying the training needs of educators and staff in relation to ICT, and providing recommendations for the inclusion of training in ICT in professional development activities
- ensuring that procedures are in place for the regular backup of critical data and information at the service
- ensuring secure storage of all information at the service, including backup files (refer to *Privacy and Confidentiality Policy*)
- adhering to the requirements of the *Privacy and Confidentiality Policy* in relation to accessing information on the service's computer/s, including emails
- considering encryption (refer to *Definitions*) of data for extra security
- ensuring that reputable anti-virus and firewall software (refer to *Definitions*) are installed on service computers, and that software is kept up to date
- developing procedures to minimise unauthorised access, use and disclosure of information and data, which may include limiting access and passwords, and encryption (refer to *Definitions*)
- ensuring that the service's liability in the event of security breaches, or unauthorised access, use and disclosure of information and data is limited by developing and publishing appropriate disclaimers (refer to *Definitions*)
- developing procedures to ensure data and information (e.g. passwords) are kept secure, and only disclosed to individuals where necessary e.g. to new educators, staff or committee of management
- developing procedures to ensure that all educators, staff, volunteers and students are aware of the requirements of this policy
- ensuring the appropriate use of endpoint data storage devices (refer to *Definitions*) by all ICT users at the service
- ensuring that all material stored on endpoint data storage devices is also stored on a backup drive, and that both device and drive are kept in a secure location
- ensuring compliance with this policy by all users of the service's ICT facilities
- ensuring that written permission is provided by parents/guardians for authorised access to the service's computer systems and internet by persons under 18 years of age (e.g. a student on placement at the service) (refer to Attachment 3 – Parent/guardian authorisation for under-age access to the Fawkner Park Childcare Centre ICT facilities).

The Nominated Supervisor, Certified Supervisors, educators, staff and other authorised users of the service's ICT facilities are responsible for:

- complying with all relevant legislation and service policies, protocols and procedures, including those outlined in Attachments 1 and 2
- completing the authorised user agreement form (see Attachment 4)
- keeping allocated passwords secure, including not sharing passwords and logging off after using a computer
- maintaining the security of ICT facilities belonging to Fawkner Park Childcare Centre
- accessing accounts, data or files on the service's computers only where authorisation has been provided
- co-operating with other users of the service's ICT to ensure fair and equitable access to resources
- obtaining approval from the Approved Provider before purchasing licensed computer software and hardware
- ensuring confidential information is transmitted with password protection or encryption, as required

- ensuring no illegal material is transmitted at any time via any ICT medium
- using the service's email, messaging and social media facilities for service-related and lawful activities only
- using endpoint data storage devices (refer to *Definitions*) supplied by the service for service-related business only, and ensuring that this information is protected from unauthorised access and use
- ensuring that all material stored on an endpoint data storage device is also stored on a backup drive, and that both device and drive are kept in a secure location
- notifying the Approved Provider of any damage, faults or loss of endpoint data storage devices
- signing an acknowledgement form upon receipt of a USB or portable storage device (including a laptop) (refer to Attachment 4 – Authorised user agreement)
- restricting the use of personal mobile phones to rostered breaks
- responding only to emergency phone calls when responsible for supervising children to ensure adequate supervision of children at all times (refer to *Supervision of Children Policy*)
- ensuring electronic files containing information about children and families are kept secure at all times (refer to *Privacy and Confidentiality Policy*).

Parents/guardians are responsible for:

- reading and understanding this *Information and Communication Technology (ICT) Policy*
- complying with all state and federal laws, the requirements of the *Education and Care Services National Regulations 2011*, and all service policies and procedures
- maintaining the privacy of any personal or health information provided to them about other individuals e.g. contact details.

Volunteers and students, while at the service, are responsible for following this policy and its procedures.

Attachments

- Attachment 1: Procedures for use of ICT at the service
- Attachment 2: Guiding principles for security of information systems
- Attachment 3: Parent/guardian authorisation for under-age access to the Fawkner Park Childcare Centre ICT facilities
- Attachment 4: Authorised user agreement

ATTACHMENT 1
Procedures for use of ICT at the service

Email usage

- Content of emails and email addresses must always be checked before sending.
- When sending emails to multiple recipients, care should be taken to avoid the inappropriate disclosure of email addresses to a whole group of recipients; blind copying (BCC) should be used where appropriate.
- Always include a subject description in the subject line.
- Always include a disclaimer (refer to *Definitions*) which is common to all users, on emails to limit liability.
- Be cautious about opening files or launching programs that have been received as an attachment via email from the email itself. Instead, save an attachment to disk and scan with anti-virus software before opening, and keep an eye out for unusual filenames.
- Never open emails if unsure of the sender.
- Check email accounts on a regular basis and forward relevant emails to the Approved Provider or appropriate committee members/staff.
- Remove correspondence that is no longer required from the computer quarterly.

Respond to emails as soon as is practicable.

Unacceptable/inappropriate use of ICT facilities

Users of the ICT facilities (and in particular, the internet, email and social media) provided by Fawkner Park Childcare Centre must not:

- create or exchange messages that are offensive, harassing, obscene or threatening
- create, copy, transmit or retransmit chain emails (refer to *Definitions*), spam (refer to *Definitions*) or other unauthorised mass communication
- use the ICT facilities as a platform to gain unauthorised access to other systems
- carry out activities that are illegal, inappropriate or offensive to fellow employees or the public. Such activities include, but are not limited to, hate speech or material that ridicules/discriminates against others on the basis of race, nationality, creed, religion, ability/disability, gender or sexual orientation
- use the ICT facilities to access, download, create, store or distribute illegal, offensive, obscene or objectionable material (including pornography and sexually explicit material). It will not be a defence to claim that the recipient was a consenting adult
- use the ICT facilities to make any personal communication that could suggest that such communication was made in that person's official capacity as an employee or volunteer of Fawkner Park Childcare Centre
- conduct any outside business or engage in activities related to employment with another organisation
- play games
- assist any election campaign or lobby any government organisation
- exchange any confidential or sensitive information held by Fawkner Park Childcare Centre unless authorised as part of their duties
- publish the service's email address on a 'private' business card
- harass, slander, intimidate, embarrass, defame, vilify, seek to offend or make threats against another person or group of people
- breach copyright laws through making copies of, or transmitting, material or commercial software.

Information stored on computers

- Computer records containing personal, sensitive and/or health information, or photographs of children must be stored securely so that privacy and confidentiality is maintained. This

information must not be removed from the service without authorisation, as security of the information could be at risk (refer to *Privacy and Confidentiality Policy*).

- Computer records containing personal, sensitive and/or health information, or photographs of children may need to be removed from the service from time-to-time for various reasons, including for:
  - excursions and service events (refer to *Excursions and Service Events Policy*)
  - offsite storage, where there is not enough space at the service premises to store the records.

  In such circumstances, services must ensure that the information is transported, handled and stored securely so that privacy and confidentiality is maintained at all times.
- Computer users are not to view or interfere with other users' files or directories, knowingly obtain unauthorised access to information or damage, delete, insert or otherwise alter data without permission.

Ensure all material stored on an endpoint data storage device is also stored on a backup drive, and that both device and drive are kept in a secure location.

Breaches of this policy

- Individuals who use ICT at the service for unlawful purposes may be liable to criminal or civil legal action. This could result in serious consequences, such as a fine, damages and/or costs being awarded against the individual, or imprisonment. The Approved Provider will not defend or support any individual using the service's ICT facilities for an unlawful purpose.
- The service may block access to internet sites where inappropriate use is identified.
- Employees who fail to adhere to this policy may be liable to counselling, disciplinary action or dismissal.
- Management, educators, staff, volunteers and students who fail to adhere to this policy may have their access to the service's ICT facilities restricted/denied.

ATTACHMENT 2

Guiding principles for security of information systems

The Organisation for Economic Co-operation and Development's (OECD) guidelines encourage an awareness and understanding of security issues and the need for a culture of security.
The OECD describes nine guiding principles that encourage awareness, education, information sharing and training as effective strategies in maintaining security of information systems. The guiding principles are explained in the table below.

Awareness	Users should be aware of the need for security of information systems and networks and what they can do to enhance security.
Responsibility	All users are responsible for the security of information systems and networks.
Response	Users should act in a timely and cooperative manner to prevent, detect and respond to security issues.
Ethics	Users should respect the legitimate interest of others.
Democracy	The security of information systems and networks should be compatible with the essential values of a democratic society.
Risk assessment	Users should conduct risk assessments.

Security design and implementation	Users should incorporate security as an essential element of information systems and networks.
Security management	Users should adopt a comprehensive approach to security management.
Reassessment	Users should review and reassess the security of information systems and networks, and make appropriate modifications to security policies, measures and procedures.

Sourced from Organisation for Economic Co-operation and Development's (OECD) (2002) *Guidelines for the Security of Information Systems and Networks: Towards a Culture of Security*.

Attachment 3

Parent/guardian authorisation for under-age access to the Fawkner Park Childcare Centre ICT facilities

Student's name: _____

Date of placement:_____

I,_____ , am a parent/guardian of

_____

I have read the Fawkner Park Childcare Centre *Information and Communication Technology (ICT) Policy* and agree to the conditions of use of the service's ICT facilities for the above-named student.
I also understand that Fawkner Park Childcare Centre provides no censorship of access to ICT facilities.

_____ _____

Signature (student) Date

_____ _____

Signature (parent/guardian) Date

ATTACHMENT 4
Authorised user agreement

Portable storage device (PSD) (including laptops)

I, _____ ,

- acknowledge that I have received a PSD belonging to Fawkner Park Childcare Centre
- will ensure that the PSD:
  - is used for work-related purposes only
  - is password-protected at all times
  - will not be loaned to unauthorised persons
  - will be returned to Fawkner Park Childcare Centre on cessation of employment
  - If PSD is lost due to it being taken off the premises by me, I will re-imburse the cost of the device to the Centre
- will notify the [insert responsible position e.g. president] as soon as is practicable if the PSD is damaged, faulty or lost
- have read the Fawkner Park Childcare Centre *Information and Communication (ICT) Technology Policy* and agree to abide by the procedures outlined within.

_____ _____

Signature (authorised user) Position

_____

Date

_____ _____

Authorised by Position

_____

Date

28.1.16 FPCC 5.16 - The use of Information and Communication Technology with/by children (Cyber-safety)

1 Authorisation

This policy was adopted by the FPCC Committee of Management at the March 2022 Committee Meeting.

2 Review Date

This policy shall be reviewed annually at the October Committee Meeting. Any comprehensive amendments will be documented under authorisation. Reviewed 2025.

3 Policy

Daily technologies have become an integral part of many children's daily lives. Fawkner Park Children's Centre provides electronic devices such as iPads and Laptops for each room to be used by staff. Staff use these electronic devices to take photographs and videos to document children's learning and development and sharing them with their families, as well as using these electronic devices to plan learning experiences (Refer 15.1.15 FPCC 5.15- Information and Communication Technology (ICT); Attachment 1: Procedures for use of ICT at the service).

Since COVID-19 Pandemic, educators have used technology to deliver online home learning sessions, and organize video conferencing to maintain connections and build partnerships with the families who were isolating, participate in online incursions delivered by external Sources such as the Science Museum, and connecting with the wider community (Senior Citizen Centre).

For this reason, it is important that our Educators are aware of cyber safety, which is the safe and responsible use of information and communication technology. It is about keeping information safe and secure which protects the privacy of individuals, and being responsible with that information, being respectful of other people online, and using good internet etiquette. It is also important as staff work and care for young children who cannot make their own decisions about what gets published online. Therefore, it is important that our Educators are not only familiar with the use of digital technologies, but are also able to guide children's understanding of, and ability to use them. Digital technologies and media items will only be used for educational purposes, and as an extension to the daily program assisting in development of social, physical, emotional, cognitive, language and creative potential of each child.

(Refer to 14.1.26 FPCC 4.21 – Child Safe Environment Policy; 15.1.15 FPCC5.15 - Information and Communication Technology Policy; Privacy and Confidentiality 11.1 Confidentiality & Security of Children's Records)

4 Purpose

Fawkner Park Children's Centre is committed to creating and maintaining a cybersafe culture which works in accordance with our Service philosophy, privacy and legislative requirements to ensure the cyber safety of all children, educators and families. Our Staff will implement responsible behaviour and limit screen time when using technology, respecting the Service, children and the privacy of families. Educators will exercise appropriate judgement and behave in a professional and ethical manner when using technology with the children.

5 Scope

This policy applies to children, families, staff, management and staff of Fawkner Park Children's Centre

This policy applies to all aspects of the use of digital technologies including:

- internet usage
- electronic mail (email)
- video calls
- taking photographs/videos
- streaming media
- Using educational Learning Apps on iPads

6 Terminology

Important Terms:

"**Cyber-safety**" refers to the safe use of the internet and ICT equipment/devices, including mobile devices such as iPads, laptops and mobile phones.

"Storypark Service" (the Service/E-portfolios) enables a child's authorised viewers and Fawkner Park educators to upload, record, share and celebrate a child's learning through various media, such as images, videos and written stories. It also provides analysis and planning tools and facilitates communication between those interested in a child's early years learning.

"Early Childhood Centre/Provider" means, as context dictates:

a. Fawkner Park Children's Centre as a registered user of the Application (the App)
b. Centre Director or/and another individual authorised by Fawkner Park to use the Application, typically a teacher, educator and administrators

"Authorised Viewer" is typically a person who is authorised by a primary account holder to view and/or access a child profile, being but not exclusively limited to that child's parents/guardians and family members, specialists and the Early Childhood Centre/Provider.

"Child Profile" means the profile, page(s) and other dedicated area(s) appearing on the Application pertaining to a given child on the Application.

"Child Content" means content about, depicting or pertaining to a particular child.

"Cyber bullying" is bullying which uses e-technology as a means of victimising others. It is the use of an internet service or mobile technologies - such as e-mail, chat room discussion groups, instant messaging, webpages or SMS (text messaging) - with the intention of harming another person.

"Centre ICT" refers to the Fawkner Park computer network, Internet access facilities, computers and other ICT equipment/devices as outlined below.

"ICT equipment/devices" includes computers (such as desktops, laptops, PDAs), storage devices (such as USB and flash memory devices, CDs, DVDs, floppy disks, iPods, MP3 players), cameras (such as video and digital cameras and webcams), all types of mobile phones, gaming consoles, video and audio players/receivers (such as portable CD and DVD players) and any other, similar technologies.

"Inappropriate material" means material that deals with matters such as sex, cruelty or violence in a manner that is likely to be injurious to children or incompatible with a school or preschool environment.

"E-crime" occurs when computers or other electronic communication methods, equipment/devices (eg. internet, mobile phones, iPad, and smartwatch) are used to commit an offence, are targeted in an offence, or act as storage devices in an offence.

7 Procedure

Fawkner Park Children's Centre has demanding cyber safety practices and education programs in place, which are inclusive of appropriate use agreements for Educators and Families. Our Educational Software Program, Storypark, provides families with up-to-date information about their child's development in ways of individual and group learning stories, assessments, photos, videos, observations and communications (Refer to Parent Handbook 6 Care and Education; 6.4 Storypark; Appendix 5: Storypark e-Learning Parent Agreement) When using ICT with/by the children in the Service,

The Approved Provider/Nominated Supervisor is responsible for:

- Identifying technology training needs for Educators in professional development

- Ensure the Service privacy and confidentiality policy is adhered to at all times by Educators
- Ensure that there is no unauthorized access to the Service's technology facilities (programs, software program etc.)
- Ensure all technological devices have current virus protection software, passwords installed.
- Develop guidelines about how technology will be used within our Service.
- Responsible for and liable in respect of obtaining written consent from each child's parent before creating a Child Profile for any Child or uploading that child's content (images, videos, learning story) by child's educators to the Storypark service/App.
- Not permit a person who is not an authorised viewer to access a child's profile. This includes another child's parent and/or sibling or any other person. This is the decision of the primary account holder only.

Certified supervisors and other educators are responsible for:

- Complying with current legislation and Service policies
- Keeping passwords confidential
- Only accessing and downloading files and data which they have authorisation to access
- Not harass, slander, intimidate, embarrass, defame or seek to offend another person, group of people or organization via technological devices
- Not post any content or other information or material that is illegal, defamatory, abusive, demeaning, harmful, obscene, hurtful, offensive, objectionable or racist.
- Not use personal mobile devices to take photos or breach children and families' privacy
- Support children's natural curiosity for technology within the Service
- Build on children's learning and inspire the ongoing and enthusiastic acquisition of knowledge through technology
- Use technology to build on current projects and document children's learning
- Limit the amount of screentime for children (no screentime for children 2 years of age, and younger; maximum of 10 minutes for children age 3-5 years old each day).
- Discuss with children the role of screen time in their lives and support them in making healthy choices about their use of screen time for both education and recreation
- Encourage educators to model appropriate screen behaviours to the children
- Under no circumstances is the screen to be used as a reward or to manage challenging behaviours
- Not sharing any digital images of children and families or share any policies or procedures with anyone outside the Fawkner Park Children's Centre community. This is in breach of our Code of Conduct policy.
- If there is something I'm not sure about or have concerns about online issues, I will raise it with the Centre Director.
- Fostering opportunities for each child to participate in the digital environment, express their views and learn safely.
- Always acting in the best interests of each child, having zero tolerance for online abuse.
- Supporting families in creating a safe on-line environment both at home and at the service.

Parents/guardians are responsible for:

- Sometimes other children in the Service may feature in the same photos, videos and observations as your child/ren. In these cases, never duplicate or upload them to the internet and social networking sites or share them with anyone without those child/ren's parents' permission.
- If there is something I'm not sure about or have concerns about online issues, I will raise it with the Centre Director.

Guidelines for use of technology with/by the children within our Service:

- Screentime activities are being utilized solely for educational purposes for restricted periods of time, maximum of 10 minutes. Screen time is not provided for children two years and under.
- Visual tools (i.e., 10 minutes sand timers) are provided to assist children in managing time on screens and building self-regulation skills.
- Programs must be carefully selected and be suitable to the needs and development levels of each child using or watching various types of technology or media.
- Staff to be present and highly supervising children when engaging with the digital technologies (i.e., being in clear view of the child when he/she is using the iPad or engaging in an Educational App on the iPad)
- Staff to set up electronic devices with educational apps that have been authorized for educational purposes by the Centre, education department such as the Early Learning Language Australia (ELLA) App, that are recommended and age appropriate for children.
- Only quality developmentally appropriate interactive media will be used
- Technology is used to assist in expanding the content of the daily program and current affairs, and screen times are not constantly used as the main tool to share knowledge with the children.
- Programs depicting violence e.g., graphic news reports will not be shown.
- Programs or videos will only be shown that positive messages about relationships, family, and life.
- All programs are to be viewed by educators beforehand to ensure that they approve of the content
- All content will be socially and culturally considerate and appropriate
- Children will be taught healthy concepts of digital use and citizenship as children are 'growing up digital'.
    - Educating children to ask an educator prior to using an electronic device (i.e., to take photographs, videos or to engage in the language program on the ELLA App)
    - Educating children to seek immediate help from a trusted adult when encounter inappropriate materials online
    - Educating/role modelling to children to say kind things, take turns, and asking before taking a photo.
- Use the computers and other ICT equipment only to access and share in child's learning.

<u>Guidelines when Video Conferencing with children</u>

- Due to Covid-19 Pandemic, staff utilized video calls with Centre's digital technologies (iPads and laptop) such as Zoom Calls/Facetimes with families who are isolating; participate in online incursions delivered by external Sources such as the Science Museum, and connecting with the wider community (Senior Citizen Centre).
- Staff deliver online home learning program to children who are isolating via 'Online platform' (Zoom/Google Meets) Video Calls. Staff to communicate to parents:
    - Purpose of the meeting/outline of the home learning session
    - Date and time of session
- Staff ensure that written consent is given by parents for their child to participate in these video calls
- Staff does not engage in 1:1 interaction with child via live video.
- Staff use provided work emails to organize video conferencing sessions. Staff will not use personal email or social media accounts.
- Staff to master and manage functions such as
    - Lock/add a password to a meeting to prevent unauthorized access
    - Remove unauthorized or disruptive participants from the meeting
    - Disable certain functions e.g., record function
    - Have a practice to see what screen sharing reveals, to protect privacy
    - Know how to exit platforms properly, how to shut down inappropriate chat

        - Have a backup plan in the event of misuse
        - Make sure all participants (including yourself) are appropriately dressed and in a suitable location
- Staff communicate clear rules to parents/wider community:
        - Staff communicate to the child's wider community via Storypark that these video conferencing sessions are ONLY for the child and parent
        - Staff ensure that parents are present during these video calls with their child/ren
        - Parents are advised and agree to not record the sessions or take any photographs of other children present in the video calls (Refer to Privacy and Confidentiality Policy; FPCC 7.01 Policy)

8 Legislation and Standards:

Relevant legislation and standards include but are not limited to:

- *Broadcasting Services Act 1992* (Vic), as amended 2007
- *Charter of Human Rights and Responsibilities Act 2006* (Vic), as amended 2011
- *Classification (Publications, Films and Computer Games) Act 1995*
- *Commonwealth Classification (Publication, Films and Computer Games) Act 1995*, as amended 2007
- *Competition and Consumer Act 2010* (Cth)
- *Copyright Act 1968* (Cth)
- *Copyright Amendment Act 2006* (Cth)
- *Education and Care Services National Law Act 2010*
- *Education and Care Services National Regulations 2011*
- *Equal Opportunity Act 2010* (Vic)
- *Freedom of Information Act 1982*
- *Health Records Act 2001* (Vic)
- *Privacy and Data Protection Act 2014 (Vic)*
- *National Quality Standard*, Quality Area 2: Children's health and safety; Standard 2.2 Safety – Each child is protected
- *Occupational Health and Safety Act 2004*
- *Privacy Act 1988* (Cth)
- *Public Records Act 1973* (Vic)
- *Sex Discrimination Act 1984* (Cth)
- *Spam Act 2003*
- *Trade Marks Act 1995* (Cth)

9 Sources

- eSafety Commisioner: https://www.esafety.gov.au/
- Australian Children's Education and Care Quality Authority
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations
- ECA Code of Ethics
- Guide to the National Quality Standard
- Revised National Quality Standard
- Privacy Laws
- Parentline

10 Attachments:

- Attachment 1: Storypark E-Learning Staff Agreement
- Attachment 2: Cyber-safety use agreement for Fawkner Park children's Centre
- Attachment 3: Cyber-safety use agreement form

- Attachment 4: Cyber-safety, online learning and e-portfolios use agreement and declaration

Attachment 1: Storypark E-Learning Staff Agreement

The measures to ensure the cyber-safety of Fawkner Park Children's Centre are based on our core values. To assist us to enhance and share children's learning with you through the safe use of information and communication technologies (ICTs), we are now asking you to read this document and sign the attached 'Use Agreement Form.'

Rigorous cyber-safety practices are in place at Fawkner Park, which are outlined in detail in our comprehensive ICT policy and Storypark use agreement for staff and for parents.

The computer network, internet access facilities, computers and other ICT equipment/devices bring great benefits to the teaching and learning programs at Fawkner Park and to the effective operation of the Centre. The Victorian Early Years Learning and Development Framework states;

'From an early age, children use information and communication technologies to communicate, learn and play using multimedia resources such as DVDs and websites. As children gain independence in the world of information and technologies, they create and display their own information in a way that suits different audiences and purposes.' (p.29). This area of learning is specifically highlighted in Outcome Area 5 Communication 'Children use information and communication technologies to access information, investigate ideas and represent their thinking' (p.31).

The ICT equipment is for educational purposes appropriate to this environment, whether it is owned or leased either partially or wholly by Fawkner Park and used on or off the site. The overall goal of Fawkner Park Children's Centre is to create and maintain a cyber-safety culture that is in keeping with our values and with legislative and professional obligations. The Use Agreement includes information about your obligations, responsibilities, and the nature of possible consequences associated with cyber-safety and on-line documentation breaches that undermine the safety of the Fawkner Park Children's Centre environment.

All parents and educators will be issued with a 'Use Agreement' and once signed consent

has been returned to the Centre, staff and parents will be able to access Storypark's online learning documentation service. Material sent and received using the network may be monitored and filtering and/or monitoring software may be used to restrict access to certain sites and data, including e-mail.

Educators are expected to manage the use of the internet and email in a professional manner following the same code of conduct and professional obligations as would be expected in normal business. Educators are expected to be particularly vigilant while using the internet with children; taking all avenues to ensure content is safe and appropriate, including but not limited to prior viewing and inspection of any material intended to be shared with children and consultation with room leaders.

If the Fawkner Park Director, Administrator or an Authorised Representative forms the view that there has been inappropriate use of the internet, email on the Centre systems/equipment, or on social networking sites via any means, the Centre may request use of the internet and/or email access suspended pending an investigation and appropriate disciplinary action.

Attachment 2: Strategies to Help Keep Fawkner Park Community Cyber-Safe

Early Childhood Educators play a critical role in developing knowledge, understanding and ethics around children's safety and safe practices/behaviour. Being cyber-safe is no exception and we invite you to help us stay safe when using ICT at Fawkner Park and after formal Centre hours.

- I will use Fawkner Park's ICT equipment and Storypark's e-portfolio and on-line documentation for each child and her/his room **only** when I have signed my Use Agreement form and the completed form has been returned to Fawkner Park Children's Centre.
- I will be responsible for and liable in respect of obtaining **written consent from each child's parent before creating a Child Profile for any Child** or uploading that child's content to the Storypark service/App.
- I will not download, install, connect or utilise any new software or hardware onto any Fawkner Park equipment without the express approval of the Centre Director.
- I will use the computers and other ICT equipment only to access and share in child's learning.
- I will make sure that I obtain **written consent** from a child's parent before uploading images, videos or a learning story about their child onto the room/group page or use their information for my own Teacher Profile for the purpose of my own development as an early childhood educator.

- I will not permit a person who is not an **authorised viewer** to access a child's profile. This includes another child's parent and/or sibling or any other person. This is the decision of the primary account holder **only**.

- If there is something I'm not sure about or a concern about online issues, I will raise it with the Centre Director.

- I will only use Storypark, e-portfolio and my child content, for educational or developmental purposes associated with a child and not for any other purpose including any other commercial purpose or social media sharing. This includes but is not limited to sharing information from Storypark/e-portfolios on **any** other forum such as Facebook, Instagram etc.…

- I will keep my account details and password strictly private and confidential and not share my service password with any other person.

- I will not use the Storypark App or any content (including any child content) obtained form use of the App for any illegal, immoral, indecent or inappropriate purpose.

- I will not post any content or other information or material that is illegal, defamatory, abusive, demeaning, harmful, obscene, hurtful, offensive, objectionable or racist.

- I will not attempt to gain access or give access to any content accessible through Fawkner Park pertaining to a child for which I do not have permission from the corresponding primary account holder.

- I will promptly remove from any child profile any content relating to a child if asked to do so by the relevant parent who is the primary account holder.

- I will not do any act or omission to undermine the security or integrity of the Storypark App and as a representative of Fawkner Park will be deemed primarily responsible for and liable for any content that is posted that may contravene clause 1a) and any other acts or omissions that occur in connection with the corresponding account and child profiles. Each user releases Fawkner Park from any liability associated therewith.

- When using privately owned ICT equipment (including mobile phones, iPads, smartwatches etc..) there must not be any collection, storage, access or disclosure of information that contravenes the rights of any child or adult under the Privacy Act 1988.

- I will not access Storypark and/or any child's profile outside of the Centre on stationary or mobile devices, such as iPads, mobile phones, smart phones, smart watches etc. Storypark is to be used solely within the Centre on secure Centre devices.

- I will make every reasonable effort to keep personal and confidential information confidential and secure and will comply with Fawkner Park Children's Centre cyber safety, privacy, code of conduct and any other relevant policies.

- I understand the risks associated with being online for children, families and the Centre.

- When using digital technologies with the children in the Centre, I am aware and responsible for the following:
    - Screen time activities are being utilized solely for educational purposes for restricted periods of time, maximum of 10 minutes. Screen time is not provided for children two years and under.
    - Providing visual tools (i.e., sand timer) to assist children in managing time on screens and building self-regulation skills.
    - Being present with children when they are using digital technology (iPad or Laptop)

- Watching the content of the media prior to showing it to the children – considering the Age appropriate, language used, content…
- Ensuring that screen times are not constantly used as the main tool to share knowledge with the children.
- Setting up electronic devices with Educational apps that have been authorized for educational purposes by the Centre, education department such as the Early Learning Language Australia (ELLA) App that are recommended and age appropriate for children.

- I will be responsible for educating children to ask an educator prior to using an electronic device (i.e., to take a photograph, video or to engage in the learning Apps – ELLA App)

- Since COVID-19 Pandemic, video conferencing calls (i.e., Zoom Calls, Skype and Facetime) using Centre's digital technologies have been organized with families who are isolating. The purpose of these video calls are to deliver Online Home Learning Programs (especially for the Kinder children), continue building and maintaining relationships with the families, participate in online incursions delivered by external sources such as the Science Museum, as well as to connect with the wider community (Senior Citizen Centre). Therefore, I am responsible for:
    - communicating to parents the purpose of the meeting/outline of the home learning session (including date and time of session).
    - Written consent is given by parents for their child/ren to participate in these video call.
    - Not engaging in 1:1 interaction with a child via live video conferencing.
    - **Mastering and managing functions** such as:
        - Lock/add a password to a meeting to prevent unauthorized access.
        - Remove unauthorized or disruptive participants from the meeting
        - Disable certain functions e.g., record function
        - Have a practice to see what screen sharing reveals, to protect privacy
        - Know how to exit platforms properly, how to shut down inappropriate chat
        - Have a backup plan in the event of misuse
        - Make sure all participants (including yourself) are appropriately dressed and in a suitable location
    - **Communicate clear rules** to parents/wider community:
        - Communicate to the child's wider community via Storypark that these video conferencing sessions are ONLY for the child and parent
        - Ensuring that parents are present during these video calls with their child/ren
        - Parents are advised and agree to not recording the sessions or taking any photographs of other children present in the video calls (Refer to Privacy and Confidentiality Policy; FPCC 7.01 Policy)

Attachment 3: Cyber-Safety Use Agreement Form

Cyber-safety Use Agreement Form
To the Early Childhood Educator:

Please read this page carefully to check that you **understand your responsibilities under this agreement. Return the signed Use Agreement to the Centre**. **I understand that as a Representative of Fawkner Park Children's Centre I will:**

- Do my best to enhance my own learning and children's learning through the safe use of ICTs. This includes working to restrict access to inappropriate, illegal or harmful material on the internet or on ICT equipment/devices at the Centre or at Centre related activities.
- Not initiate access to, or have involvement with, inappropriate or illegal material or activities on the Centre's ICT equipment or the internet.
- Not link users by "liking" etc.
- Not save or distribute such material by copying, sharing link access, storing or printing.
- Not use social networking sites (such as Facebook, Instagram, Skype, Twitter etc.) to bring Fawkner Park into disrepute, compromise the organisation's professional function, pass my views as representing those of Fawkner Park without authority, comment, cause offence, affect the work performance of any individual.
- Work with children and their families to encourage and develop an understanding of the importance of cyber safety through education designed to complement and support the 'Use Agreement' initiative. This includes providing parents with strategies to stay safe in a connected online world.
- Respond to any breaches in an appropriate manner.
- Welcome enquiries at any time from parents/caregivers/legal guardians or children about Storypark and e-portfolio issues.
- Be able to retain copies of parts of child content for the purposes of documenting my own progress as a teacher, provided that;
  - written consent has been obtained from the child's primary caregiver

- such child content does not personally identify any child

- and that this action otherwise complies with the above requirements.

My responsibilities include:

- Following cyber safety, on-line documentation and e-portfolios procedures as outlined above.
- Taking all practical steps to protect children attending the Centre from exposure to or accidentally seeing any inappropriate material.
- Supporting the Centre's cyber-safety/Storypark e-portfolios program by emphasising the need to follow the cyber-safety practices.
- Contacting the Director or nominee to discuss any questions I may have about cyber-safety, the Storypark App and e-portfolios and/or this 'Use Agreement'.

Indemnity

I agree to indemnify and keep indemnified, Fawkner Park Children's Centre and its respective directors, Committee, employees, representatives, licensees against any and all liabilities, cost (including legal fees), claims, demands or damages incurred or suffered from the use of the Storypark App/e-portfolios, including (without limitation) as a result of any:

- Breach of this agreement;
- Content posted by you or on your behalf through this App/e-portfolio; or
- Violation of any rights of a third party, by you or any person using your account or username and password (whether with or without your permission).

Attachment 4: Cyber-safety, online learning and e-portfolios use agreement and declaration

CYBER-SAFETY, ON-LINE LEARNING AND E-PORTFOLIOS USE AGREEMENT AND DECLARATION

- I believe that I have sufficient knowledge to safely supervise the use of the computer, internet access facilities, mobile devices and other ICT equipment by children in my care.
- I understand that inappropriate use of email, the internet and social media as determined by Fawkner Park, may result in my contract being suspended and/or disciplinary action being taken against me, which may result up to and including dismissal, or referral to a law enforcement agency.
- I agree to Centre Director and/or Centre Authorised Representative as an Administrator on all active Storypark and E-portfolios activity.
- I have read and understood this Cyber-safety, on-line learning and e-portfolios 'Use Agreement' and I am aware of the Centre's initiatives, terms of use and my

responsibilities in maintaining a cyber safe teaching/learning environment.

Name of educator..... .....

Room.....

Signature of educator.....

Date.....

Please note: This agreement will remain in force as long as you work in the Centre. If it becomes necessary to add/amend any information or rule, you will be advised in writing.

PLEASE RETURN THIS SECTION TO THE CENTRE AND KEEP A COPY FOR YOUR OWN REFERENCE.

15.1.17 FPCC 5.17 – Superhero Play

1. Authorisation

This policy was adopted by the FPCC Committee of Management at the October 2017 Committee Meeting.

2. Review

This policy shall be reviewed annually at the October Committee Meeting. Any comprehensive amendments will be documented under authorisation.
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3. Purpose

To acknowledge superhero play as a form of dramatic/pretend play which can present rich learning opportunities when facilitated and guided positively and appropriately by educators**.**
We wish to develop a shared understanding of the role of superhero play, how it can lead to deep learning and how best it can be facilitated by educators. Based on the understanding that children have a real need to explore the themes upon which superhero narratives are based; dominance, violence, good and evil (Levin, 2003).

4. Definitions

Superhero play: A form of imaginative or dramatic play in which children use costumes, figurines, props and other accessories to imitate the actions of superheros.

5. Scope

This policy applies to families, children, students and employees at Fawkner Park Children's centre.

6. Policy

Superhero play is as important as any other interest expressed by children. At Fawkner Park children's centre we are continuously aware of keeping children safe and educating children

on acceptable behaviours in the interest of safety and social competence. We also acknowledge that children's interest in superhero play is meaningful and that children's consumption of popular culture has pronounced impacts on their play.
Children use play as a means to help them to understand their experiences, whether that is their home life or something they may have seen on television. Young children have a strong need to work out these experiences and process issues relating to 'right' and 'wrong' or 'acceptable' and 'unacceptable' behaviour and fairness. This play is important in helping children to gain insight into their own sense of self, how to regulate their emotions and manage their own needs as well as considering those of others. Even children as young as two can distinguish between what is real and what is make believe and not real.
It is our aim to empower children to be autonomous and make choices for themselves appropriate to their age and stage of development. To provide opportunities for children to lead others and take on responsibilities, being treated with respect and recognised as active contributors to their own learning.
Educators aim to facilitate children's explorations and discoveries through superhero play by allowing children to explore elements of this play within a clear set of guidelines and expectations in order to safeguard individual children and their peers and guide the play to be constructive in its nature. For example children are taught to use words to express themselves without hurting themselves or others, that anyone can leave a game when they choose and rotation of roles within games is encouraged.
As part of children's curious nature and inquisitive minds issues such as gun safety, death, wars, war heroes and superheros may arise. We aim to be confident and comfortable in exploring these issues with children in an age and stage appropriate manner factoring in familial beliefs.
We acknowledge that superhero play benefits children through

- Exercising their imagination
- Problem solving (Where do I hide? How do I make a tower to safely jump from?)
- Empowerment-being able to take initiative and make decisions to solve problems that come up during play
- Learning to provide protection and care about the wellbeing of others
- Understanding that rules of consent and safety are important for any game (for example you only pretend to shoot others who agree to be part of the game, you are respectful of others' space and use gentle hands)
- Belonging and being part of a group, sharing an interest can help to build friendships
- Developing confidence by providing playful opportunities to assume a more confident persona
- Developing play, acting or drama skills alongside children using their voices and developing language skills.
- Learning about their own limits
- Learning to cooperate

7. Procedure

Educators at Fawkner Park Children's Centre facilitate constructive and safe superhero dramatic play in the following ways;

- Encouraging children to focus on the positive actions of superheros such as helping people rather than the physical attributes and aggressive behaviours they can display.
- Checking the children's sense of reality by asking questions such as 'do you think people can really fly?"
- Talking about real life heroes and encouraging the children to think about ways that they too can be real life heroes and help others.
- Providing open ended materials that can be used to make costumes and accessories that do not have a designated superhero concept attached.
- Learning about the characters that children are interested in (eg., strong, clever, helping people) and using this knowledge to focus play on the positive aspects of the characters.

- Recognise that children can often play a strong interest in guns (creating them with KNEX, using a stick as a gun etc…). Responding with comments such as 'that's ok because that's just a pretend gun. I don't really like real guns as they can hurt people. Yes sometimes the police have guns but they have special training about how and why they might use them.'
- Getting involved in children's play as appropriate, suggesting ideas, information, materials and props to extend on the richness of the play.
- Facilitating children's understanding of violence and aggression and why violence is never acceptable but aggression for example in sport such as AFL can be, within the rules of the game.
- Keep the focus of the play on imagination not offering replica weapons which can be confusing for children blurring the line between real and imaginary in addition to being a closed ended prop.

Families can assist with implementing this policy by:

- Letting us know if your child or your family is uncomfortable with superhero play and props for any reason so that educators can be mindful of this and how the play is facilitated within the room
- Supporting children to make sense of Superhero play they may observe on the television or other mediums focusing attention on the positive aspects of the character and distinguishing between imagination and reality.

8. Responsibility

It is the responsibility of all educators, staff and students at Fawkner Park Children's Centre to actively implement these strategies, ensuring that children and families are provided with information supporting the implementation of this policy.

Legislative Provisions:

Education and Care Services National Regulations 2011

r. 84	Awareness of Child Protection Law
r. 155	Interaction with Children
r. 156	Relationships with Children

National Quality Standards for Early Childhood Education and Care and School Aged Care

Standard 1.1	An approved learning framework informs the development of a curriculum that enhances each child's learning and development
Element 2.3.1	Children are adequately supervised at all times
Element 2.3.4	Educators, coordinators and staff members are aware of their role and responsibility to respond to every child at risk of abuse or neglect
Element 3.2.2	Resources, materials and equipment are sufficient in number, organised in ways that ensure appropriate and effective implementation of the program and allow for multiple uses
Standard 4.1	Staffing arrangements enhance children's learning and development and ensure their safety and wellbeing
Standard 4.2	Educators, coordinators and staff members are respectful and ethical
Standard 5.1	Respectful and equitable relationships are developed and maintained with each child
Standard 5.2	Each child is supported to build and maintain sensitive and responsive relationships with other children and adults
Standard 6.2	Families are supported in their parenting role and their values and beliefs about child rearing are respected
Element 6.3.1	Links with relevant community and support agencies are established and maintained
Element 6.3.2	Continuity of learning and transitions for each child are supported by sharing relevant information and clarifying responsibilities
Element 6.3.3	Access to inclusion and support assistance is facilitated

Early Years Learning Framework Australia

Principles	Secure, respectful and reciprocal relationships; Partnership; Respect for Diversity
Practices	Holistic approaches; Responsiveness to children; Cultural competence; Continuity of learning and transitions
Outcomes	Identity, belonging, well-being, learning and communication

9. Sources

Barnes, H, (2008) *The Value of Superhero Play*, Extract from Putting Children First, the magazine of the National Child Care Accreditation Council (NCAC) Issue 27, September 2008, p. 18-21
My Early Childhood Education, (ECE) (2015) *Superhero play, gun and weapon play,* Article from The New Zealand Directory of Childcare/ECE services retrieved 23/04/2015 from http://www.myece.org.nz/activities-for-childhood-learning/254-superhero-play-weapon-gun

29 COMMUNICATION SYSTEMS

29.1.1 FPCC 6.01 - Customer Service

1 Authorisation

This policy was adopted by the FPCC Committee of Management at the October 2013 Committee Meeting.

2 Review Date

This policy shall be reviewed annually at the October Committee Meeting. Any comprehensive amendments will be documented under authorisation. Reviewed in 2024.

3 Policy

Our aim is to provide excellence in customer service. The key to our approach to service is to clearly identify that our primary customers are the children placed in care in the Centre. This is a fundamental difference when we compare ourselves with most businesses who would automatically choose the paying customer as their primary customer.

4 Rationale

Our paying customers are the parents of children attending the Centre and parents' needs and views are highly important to all facets of the Centre's operations. However, the children's needs will always be the first consideration when formulating policy and making day-to-day decisions.

Our dedication to providing excellence in customer service commences with the recruitment of staff and continues throughout our attitudes, internal communication and the training programs for staff.

5 Procedure

Open communication is encouraged between staff and parents and amongst staff, by creating a relaxed and friendly atmosphere.

Parents are invited to contribute ideas and suggestions at any time and are expected to participate in discussions at RGMs and AGMs.

A mutual obligation exists between parents and staff to provide/share relevant information about the child's health and wellbeing which may influence the child's time at the Centre or at home.

Policies and procedures provide important guidelines; however, staff have the authority to make decisions in a situation where a child's needs require a flexible approach.

The Centre also has a pocket system whereby all notices concerning your child and the Centre are placed in your child's pocket.

29.1.2 FPCC 6.02 - Complaints and Grievances Management

Mandatory – Quality Area 7

1 Authorisation

This policy was adopted by the FPCC Committee of Management at the October 2013 Committee Meeting.

2 Review Date

This policy shall be reviewed annually at the October Committee Meeting. Any comprehensive amendments will be documented under authorisation. It has been reviewed in July 2025.

3 Policy

Our aim is to provide excellence in customer service. Central to this aim is a clear, fair and accessible grievance and complaints procedure.

The Centre's Complaints and Grievances Management Policy values:

- procedural fairness and natural justice;
- a code of ethics and conduct;
- a service culture free from discrimination and harassment;
- transparent policies and procedures; and
- avenues for recourse and further investigation.

The Grievances and Complaints Management Policy ensures that all persons are presented with procedures that:

- value the opportunity to be heard;
- promote conflict resolution;
- encourage the development of harmonious partnerships;
- ensure that conflicts and grievances are mediated fairly; and
- are transparent and equitable.

The Centre has a duty of care to ensure that all persons are provided with a high level of equity and fairness in relation to grievances and complaints management and procedures.

4 Rationale

The Centre encourages open communication between staff and parents, by creating a relaxed and friendly atmosphere. Part of this open communication is access to a clear and fair grievance and complaints procedure for members of the Centre and wider community.

Procedural fairness and natural justice

The three core principles of natural justice or procedural fairness are:

- the 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.

To this end, the Centre will not tolerate any form of persecution, harassment or discrimination towards any party.

5 Procedure

A grievance is a statement by a family member or member of the wider community of a Centre-related problem, concern or complaint. Grievances can range from the very minor and easy to resolve, to the extremely serious which may involve formal responses.

Strategies to resolve grievances and complaints

As a first step, prior to the formal grievance process being initiated, the person making the complaint is encouraged to resolve the issue directly with the person/s concerned. This should be done as soon as possible after the incident giving rise to the grievance arises. However, if this is not possible, then the formal grievance procedure shall apply. It is understood that sometimes approaching the subject of the complaint directly can be difficult.

Grievances and complaints management procedure

1. If the grievance or complaint cannot be resolved directly with the person/s concerned, then the complainant should raise the issue with either the room leader, Centre Director or any member of the Committee of Management. Ideally this should be within 48 hours after failure to resolve the issue directly with the person/s involved, or 48 hours after the incident giving rise to the grievance occurred. The names of the Committee of Management can be found in the foyer of the Centre. A response will be provided to the complainant within 48 hours. The response must at least advise of progress if unresolved.

2. If the grievance or complaint still cannot be resolved, and the complainant wishes to pursue it, they should put the complaint in writing to either the Centre Director or any member of the Management Committee. This should be done within seven days of the incident giving rise to the grievance. A response will be provided within 48 hours of receipt of the written complaint.

3. The Centre will then use its best endeavours to mediate a resolution of the grievance. An independent mediator may be sourced to assist in the resolution, if deemed by the Centre as necessary and reasonable to do so.

Consider any legal requirements in relation to the complaint.

Upon receipt of the complaint, the Centre will consider any legal requirements in relation to the complaint, for example, if the complaint is related to a child protection issue.

Notify regulatory or licensing bodies if required.

Upon receipt of the complaint, the Centre will consider its obligations to report the complaint. For example, if the complaint is about a breach of the law, the Centre must notify the relevant Government Department (VECRA) within 48 hours.

Role models

Children learn through example and role modelling is an important strategy to encourage children to manage conflict appropriately.

Privacy and confidentiality

No person shall have access to information on the grievance, other than those directly involved or those handling the complaint. All complaints shall be handled promptly and with transparency.

Conflict of interest

Conflicts of interest may arise during the handling of grievances or complaints. In this instance steps will be taken to ensure the conflict is resolved, for example by appointing an alternative mediator.

Withdrawing the grievance

The person/s who lodged the grievance can at any time withdraw the grievance. However, there is always the possibility that the subject of the complaint may wish to, and have the right to, continue the process, if they believe they have not had the opportunity to respond appropriately.

Centre operations during grievance procedure

Without prejudice to the Centre or any staff member, work shall continue normally while the grievance or complaint is being dealt with.

Further recourse

If, after pursuing the Centre's grievance procedure, the complainant remains unsatisfied, they are encouraged to contact the Victorian Department of Education and Early Childhood Development or VECRA (details can be found via www.vic.gov.au).

29.1.4 FPCC 6.03 – Parent Code of Conduct

1 Authorisation

This policy was adopted by the FPCC Committee of Management at the September 2013 Committee Meeting. This policy was reviewed in June 2025.

2 Review Date

This policy shall be reviewed annually at the October Committee Meeting. Any comprehensive amendments will be documented under authorisation.

3 Policy

The Centre encourages open communication between staff and parents, by creating a relaxed and friendly atmosphere. Part of this open communication is about respecting the role that both staff and parents have in the development of the children and modelling respectful behaviour towards one another.
All children and staff at the Centre have a right to be treated with respect and attend the Centre free of bullying and oppressive behaviour. It is an expectation that all families enrolled at the Centre treat other families and Centre staff with respect and courtesy.
When enrolling their children at the Centre, parents and carers agree to this Parent Code of Conduct.

4 Rationale

The committee of Fawkner Park Childcare Centre has a duty of care to all children and staff. All children and staff at the Centre have a right to be treated with respect and attend the Centre free of bullying and oppressive behaviour.

To this end, the Centre will not tolerate any form of bullying, persecution, harassment or discrimination towards any party and in this case specifically children and staff at the Centre.

FPCC is committed to:
• The wellbeing of each child having fundamental importance
• The provision, as far as practicable, of a safe and secure environment
• Providing an open, welcoming environment in which everyone's contribution is valued and respected
• Encouraging parents/guardians, volunteers and community members to support and participate in the Centre's program.

5 Procedure

When enrolling their children at the Centre, parents and carers agree to be bound by this Parent Code of Conduct. All children and staff at the Centre have a right to be treated with respect and attend the Centre free of bullying and oppressive behaviour.

In attending the Centre families are required to:

- Use courteous, respectful and encouraging language when speaking to Centre staff.
- Model appropriate behaviour when communicating with Centre staff.
- Refrain from the use of profane, insulting, harassing, aggressive or otherwise offensive language, including a raised or intimidating tone of voice.
- Regard all children equally and with respect and dignity. It is unacceptable to make negative comments about children in the room to Centre staff.
- Respect the confidential nature of information gained, or behaviour observed, whilst in the Centre, in relation to all children and adults.
- Refrain from using mobile telephones while in the Centre.
- Accept that the management and care of children is the responsibility of Centre staff and therefore any matters or concerns relating to children's behaviour should be referred to Centre staff immediately.

NEVER APPROACH A CHILD, PARENTS/CARERS OR MEMBER OF STAFF DIRECTLY IN A CONFRONTATIONAL MANNER NOR FOLLOW THEM AROUND THE CENTRE IN AN INTIMIDATING MANNER.

- Attend the 3 compulsory RGM's for the centre each year.
- Maintain responsibility and remain with their child/ren until they are signed in.
- adhere to the *Safe Use of Digital Technologies and Online Environments Policy* and associated procedure
- not use personal electronic devices, such as mobile phones, smart watches or META sunglasses, to take photos, record audio, or capture video of children being educated and cared for at Fawkner Park Children's Centre.
- be aware that sometimes other children in Fawkner Park Children's Centre may feature in the same photos, videos, and/or observations as their children. In these cases, families are never to duplicate or upload them to the internet/social networking sites or share them with anyone other than family members.

In addition, families need to be mindful of the work demands placed on staff when looking after children in the room. If a parent / carer wishes to have an in depth discussion with Centre staff about a particular issue or concern, it may be appropriate for an appointment time to be

made with the member of staff, in order for that discussion to occur in private away from the children being cared for, and for an appropriate length of time. Families should be guided by the Centre staff as to whether this is the most appropriate way to discuss a particular issue.

Procedures for dealing with a breach of the Parent Code of Conduct
The Centre will deal with a perceived breach of the Parent Code of Conduct in the following way:

- Assess the seriousness and severity of the behaviour;
- Take appropriate action.

Appropriate action may include:

- Following the Grievance and Complaints Management procedure (see FPCC 6.02)
- Counseling those involved;
- Interviewing parents/carers;
- Developing a behaviour management plan;
- Withdrawing or suspending a child's enrolment at the Centre in the case of serious or persistent breach of the Parent Code of Conduct. This action will only be taken if no other alternatives are deemed appropriate by the Center Director and Committee of Management

In accordance with the Grievance and Complaints Management procedure, the Centre will ensure that all members of the Fawkner Park community are represented and included in an appropriate manner.

Emergency situations

In an emergency situation, where it is believed that Centre staff, children or families are at immediate risk (for example, violence has been threatened or perpetrated), the staff members and/or management involved need to be able to act quickly and decisively. The Centre staff and Committee of Management are encouraged to contact the local police to advise them of the situation and seek assistance where necessary.
For more information please refer to *FPCC [BULLYING POLICY, GREIVANCE POLICY, CHILD PROTECTION POLICY]*

16.1.5 FPCC 6.04 Governance and management of the service

GOVERNANCE AND MANAGEMENT OF THE SERVICE (COMMITTEE OF MANAGEMENT)

At Fawkner Park Children's Centre, the safety, wellbeing, rights and best interests of every child are the paramount consideration in all governance, leadership and operational decision-making. The Committee of Management, Approved Provider, Nominated Supervisor, Educational Leaders, Responsible Persons, educators, staff and volunteers are committed to ensuring that every decision made on behalf of the Centre places children's best interests first. Child safety, children's rights and wellbeing underpin all governance processes, policy development, strategic planning and daily practice, ensuring that all actions are consistent with the Child Safe Standards, the Education and Care Services National Law and National Regulations, and the United Nations Convention on the Rights of the Child.

1 AUTHORISATION
The policy was adopted by the FPCC committee of management at the October 2013 committee meeting. Reviewed in June 2026.

The policy shall be reviewed annually during the year as needed. any comprehensive amendments will be documented under authorisation.

Mandatory – Quality Area 7

The Committee of Management is made up of parents who have volunteered their time to work with the staff to operate the Centre. An up-to-date list of Committee members is posted in the foyer.

THE FUNCTION OF THE COMMITTEE

The main function of the Committee is to ensure that the Centre is running smoothly and effectively in all areas including staffing, fundraising, finances, health and safety, maintenance and equipment.
The Committee also ensures the correct accountability structures are in place for appropriate dealings with all levels of government, parent members and staff.

LINKING THE COMMITTEE TO THE GOVERNMENT

The Centre has some funding contributed to it by all levels of government. The Committee ensures that any relevant government department is informed of any changes to the Centre and that regulation standards are maintained.
The City of Melbourne is the Centre's sponsoring body. It not only provides the building that houses the Centre but also provides general maintenance and assistance when required.
The Registrar of Cooperatives is the service link to Corporate Affairs. This department must be informed of any changes to the Committee of Management line-up, and also of any required Cooperative Rule amendments.

THE STRUCTURE OF THE COMMITTEE

The Executive Committee comprises the Chairperson, the Deputy Chair (optional), the Treasurer and HR/Staff development Director who is voted by the committee of Management. For most day-to-day issues, in order to ensure that the Centre remains responsive, the Centre Director primarily liaises with the relevant Committee members and at least one member of the Executive committee in making decisions. For example, if the issue relates to a staff member, the Director would deal with the Staff Development Committee member and at least one of the Executive Committee. Where possible, these decisions are made by consensus. The members of the Committee are proactive in preparing submissions for grants and other requirements of government (or other) funding agencies. Should issues require a deeper analysis or should they have a potential impact on the future direction of the Centre, they should be considered by the Committee of Management, which meets monthly. Members of the Committee are expected to attend all monthly meetings unless exceptional circumstances exist.

ROLES AND RESPONSIBILITIES

The Chairperson, Treasurer and Secretary are formal and fixed office holding roles which are filled each year from amongst the Committee. Other roles are allocated according to the current needs of the Centre and the interests and capacities of the Committee's members.

Chairperson/Child protection adviser

- Is responsible for the direction of the Centre, playing a complementary role to the Director, who is responsible for day-to-day operational management;
- Is responsible for coordinating the Committee of Management.
- Chairs and conducts all General Meetings of members and Committee of Management meetings in accordance with the Cooperatives Act and the Centre's Rules.
- Acts as spokesperson for the Committee.

Treasurer

- Is Responsible for the financial accountability for the Centre; including ensuring that true and proper financial records are kept.
- Provides advice to the Committee, where relevant, on the financial impact of potential decisions.
- Prepares the annual budget in conjunction with other Committee of Management members, and presents this for approval to Cooperative members at the June Regular General Meeting.

Secretary

- Is responsible for accurately recording and circulating minutes of meetings and decision making processes of the Centre.
- Communications portfolio
- Makes ongoing recommendations on communications mechanisms and tools for the Centre.
- In collaboration with the Centre Director, writes and reviews the Centre's major external communication documents (brochures, web site).

Facilities and Expansion portfolio

- In collaboration with the Director determines the Centre's facility related needs and advocates on these to the City of Melbourne (as our facility's owner) and its contractors.

Fundraising and Social portfolio

- Works with a fundraising sub-committee and room representatives to plan and stage fund raising and social activities for the Centre that and foster opportunities for parents and staff to interact as part of the Centre community.

Communications portfolio

- Liaises with wider community when necessary and with media.
- Supports Committee communication with parent community and staff.

Grants, Governance portfolio

- Identifies and researches grants that the Centre can apply for as part of its funding and resource strategy.
- Drafts grant applications for Committee approval and submission.
- Responsible for ensuring that all General Meetings of Cooperative members and meetings of the Committee of Management are conducted in accordance with the requirements of the Cooperatives Act and the Centre's Rules.
- In collaboration with the Director and Policy Director recommends, researches and drafts Committee policies – i.e. those governing the conduct of Committee members and the relationships between them as office holders and the Director and Cooperative's members.

Occupational Health & Safety portfolio

- Ensures the Centre operates in a manner which promotes the health and safety of children, staff, Cooperative members and visitors to the Centre.
- Is responsible for developing and advocating, especially to the City of Melbourne and its contractors, for recommendations on the maintenance and improvement of the Centre's facilities.

Policy portfolio

- In collaboration with the Centre Director and Educational leader/2IC, maintains an overview of contemporary requirements and developments in children's services policy.
- Researches, drafts and manages consultation on new Centre policies as needed.

Staff Development Committee member (HR)

- Is responsible for ensuring the continuing development of the Centre's staff.
- Receives and presents staff grievances to the Committee once all internal avenues, as outlined in the Staff Handbook, have been pursued without successful resolution.

- In addition to the elected members, the Director and an appointed staff representative participate in the Committee of Management and its meetings as ex-officio members.

Director

- Is responsible for the day-to-day management of the Centre. Any matters that the Director is not confident in resolving or determines to be of a significant nature, are brought to the attention of the Committee for discussion as soon as possible.
- Reports to the Management Committee on the previous month's activities and identifies current and future needs or areas of concern for the service.
- Staff Representative.
- Acts as the link between the staff and the Committee of Management to bring to the Committee attention any matters of concern to the Centre's staff.

Educational leader / 2IC / 3IC

- Is responsible for guiding and supporting the team of educators; and mentoring all staff members with a focus on staff development.
- Is responsible for the delivery and consistency of all quality learning programs across the Centre.
- Is in charge of Storypark.
- Is in charge of managing the QIP and evidence folders with a focus on Exceeding themes
- Staff Representative.
- Acts as the link between the staff and the Director.
- Manages policy changes and updates required in all necessary folders/documents.
- Acts as a support person for the Director and works collaboratively with the admin team.

Junior Garden Educational leader

- Is responsible for guiding, mentoring and leading all team members of the small garden.
- Is in charge of organising social events with families and developing a yearly calendar with a strong focus on parent involvement and community celebration.
- Staff Representative.

- Works in collaboration with the 2IC / Educational leader in order to lead large staff meetings and support the growth and development of all FPCC members.

Child protection officer

- Is responsible for updating all staff members on current research and changes in regards to child safety.
- Is in charge of giving all members of the team regular updates (once every month) and keep everyone up to date with our child safety policy/folder/11 standards.
- Acts as a guide and mentor if an educator requires support with any child safety/well-being related issue.

Sustainability coordinators

- Are responsible for guiding all team members in delivery quality learning programs that offer a high focus on sustainable practices and the 7 R's.
- Are in charge of adding sustainable dates to our yearly calendar to guide all teachers when planning and programing.
- Acts as a guide and mentor if an educator requires support on how to best implement and explore sustainability in their program.

Wellbeing coordinator

- Are responsible for checking in on staff members and offering their help and support from a mental health perspective, following current research.
- Are in charge of organising staff events, birthday tables and other celebrations that promote team building.
- Are in charge of updating staff members on mental health awareness during staff meetings.

RAP coordinators

- Are responsible for our Reconciliation Action Plan.
- Are in charge of delegating actions to all team members and involving everyone in the process of making the RAP.
- Acts as a guide and mentor if an educator needs support and guidance to learn how to teach/implement First People's perspectives in their program and planning
- Lead RAP meetings.

Sources and Related Policies

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
- National Quality Standard
- Child Wellbeing and Safety Act 2005 (Vic)
- Victorian Child Safe Standards
- Occupational Health and Safety Act 2004 (Vic)
- Privacy Act 1988 (Cth)
- Fair Work Act 2009 (Cth)
- Co-operatives National Law (Victoria)
- Guide to the National Quality Framework (ACECQA)
- Guide to the Education and Care Services National Law and Regulations (ACECQA)
- Early Years Learning Framework for Australia V2.0

30 PRIVACY

30.1.1 FPCC 7.01 - Privacy

Mandatory – Quality Area 7

1 Authorisation

This policy was adopted by the FPCC Committee of Management at the October 2013 Committee Meeting.

2 Review Date

This policy shall be reviewed annually at the October Committee Meeting. Any comprehensive amendments will be documented under authorisation. This policy was reviewed and modified in August 2025.

3 Policy

The Centre is committed to privacy compliance. The environment in which we operate is becoming more and more sensitive to the need to protect information privacy and we aim to ensure that any information we collect will not be used inappropriately.

4 Rationale

Families are entitled to expect that information provided to the Centre will not be used other than for the purpose for which it was disclosed. As part of a community, we are committed to ensuring that each member – and each potential member – of the Centre is treated with respect and that their personal details are kept private.

5 Procedure

Protecting Your Privacy

The Centre is committed to providing you with the highest levels of customer service. This includes protecting your privacy.

From 21 December 2001, we are bound by sections of the Commonwealth Privacy Act 1988, which set out a number of principles concerning the protection of your personal information.

Your personal information

In order to provide you with a high level of customer service and to tailor products and services to meet your needs, we need to collect certain information about you that is personal in nature.

Personal information required and held by the Centre may include, (where applicable) the:

- name
- date of birth
- current and previous addresses
- telephone numbers (including mobile phone numbers)
- email address
- bank account or credit card details
- occupation
- driver's licence number

Of any parent or guardian of any child enrolled at the Centre, any child on the waiting list of the Centre, or of any authorised person for emergency contact or for dropping off or picking up any child from the Centre.

If you choose not to provide personal information, we may not be able to provide you with the services you require, or the level of service on which we pride ourselves.

How we collect personal information

The Centre collects personal information in a number of ways, including:

- directly from you, when you provide information by phone, email or in documents such as an application form;
- publicly available sources of information;
- from the organisations identified below under 'When we disclose your personal information'; or
- from our own records of how you use your Centre services.

How we use your personal information

Your personal information may be used by the Centre in order to:

- provide the services you require;
- administer and manage those services, including charging, billing and collecting debts;
- inform you of ways the services provided to you could be improved.

When we disclose your personal information

We may disclose your personal information to organisations outside the Centre for the purposes set out above.

The organisations to which we disclose information include:

- your representatives (e.g. your authorised representatives or legal advisers);
- our professional advisers, including our accountants, auditors and lawyers;
- government and regulatory authorities and other organisations, as required or authorised by law.

Help us to ensure we hold accurate information

The Centre takes all reasonable precautions to ensure that the personal information we collect, use and disclose is accurate, complete and up-to-date. However, the accuracy of that information we hold depends to a large extent on the information you provide. We recommend that you:

- let us know if there are any errors in your personal information; and
- keep us up to date with changes to personal information such as your name or address.

You can access your personal information

You have a right to access your personal information, subject to some exceptions allowed by law. If you would like to do so, please let us know. You may be required to put your request in writing for security reasons.

The Centre reserves the right to charge a fee for searching for and providing access to your information.

How to contact us

If you have any questions in relation to privacy, please contact us on (03) 9820 2758 between 9.00am and 5.00pm, Monday to Friday.

Source: http://www.nfplaw.org.au.privacy

30.1.2 FPCC 8.01 - Facilitating, Maintaining and Revising FPCC Policy

1 Authorisation

This policy was adopted by the FPCC Committee of Management at the October 2013 Committee Meeting. This policy was reviewed in June 2026.

Fawkner Park Children's Centre & Kindergarten (FPCC) is committed to maintaining a comprehensive, current and accessible suite of policies and procedures that support the safe, ethical and effective operation of the service. Policies are developed, implemented and reviewed to ensure compliance with all legislative, regulatory and quality assurance requirements, while promoting the safety, wellbeing, rights and inclusion of all children, families, educators and visitors.

2 Policy statement

The safety, wellbeing and best interests of children are paramount in all policy development, implementation and review processes. All staff, volunteers, students, contractors, Committee members and families are expected to act in accordance with FPCC's commitment to child safety, children's rights and the Child Safe Standards.

3 Review

This policy will be reviewed annually, or earlier if required due to:

- Changes to legislation, regulations or government requirements
- Amendments to the National Quality Framework (NQF)
- Recommendations arising from incidents, complaints, audits or investigations
- Changes in service operations or organisational structure
- Continuous improvement processes
- Feedback from children, families, educators, staff, Committee members or other stakeholders

4 Policy Development and Review

FPCC policies and procedures are developed and reviewed in accordance with:

- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011
- National Quality Standard (NQS)
- Child Safe Standards (Victoria)
- Children, Youth and Families Act 2005 (Vic)
- Child Wellbeing and Safety Act 2005 (Vic)
- Occupational Health and Safety Act 2004 (Vic)
- Privacy Act 1988 (Cth)
- Relevant Commonwealth and Victorian legislation, regulations and government guidance applicable to education and care services

FPCC also considers guidance and resources provided by:

- Victorian Department of Education
- Australian Children's Education and Care Quality Authority (ACECQA)
- Early Childhood Australia (ECA)
- Community Child Care Association (CCC)
- Relevant professional bodies and sector organisations

The service actively monitors legislative, regulatory and sector developments to ensure policies reflect current requirements and best practice.

5 Responsibilities

COMMITTEE OF MANAGEMENT

The Committee of Management is responsible for:

- Approving all new and revised policies
- Ensuring policies comply with legislative and regulatory requirements
- Supporting regular policy review and continuous improvement processes
- Ensuring policies are accessible to families, educators and stakeholders

CENTRE DIRECTOR

The Centre Director is responsible for:

- Coordinating policy development, implementation and review
- Ensuring policies reflect current legislation, regulations and best practice
- Consulting with educators, families and relevant stakeholders
- Maintaining records of policy reviews and amendments
- Communicating policy changes to staff, families and Committee members

EDUCATIONAL LEADER / 2IC / 3IC

The Leadership Team supports the Director by:

- Identifying areas requiring policy review or development
- Providing professional input and recommendations
- Supporting policy implementation and staff understanding
- Monitoring compliance within daily practice

EDUCATORS, STAFF, STUDENTS AND VOLUNTEERS

All educators, staff, students and volunteers are responsible for:

- Reading and adhering to Centre policies and procedures
- Participating in policy review and consultation processes where appropriate
- Raising concerns or recommendations for policy improvement
- Ensuring their practice aligns with approved policies and procedures

6 Consultation and Stakeholder participation

FPCC values the perspectives of children, families, educators and the wider community.

Consultation may occur through:

- Family surveys
- Staff meetings
- Committee meetings
- Policy review working groups
- Feedback forms
- Informal discussions and suggestions

Feedback received will be considered as part of the Centre's continuous improvement process and policy review cycle.

7 Accessibility of Policies

Current policies and procedures will be made available to families, educators, Committee members, students and volunteers through:

- The Parent Handbook
- Staff Handbook
- Centre management systems and digital platforms
- Policy folders located at the service
- Upon request from the Centre Director

All policies will include:

- Policy title
- Approval date

- Review date
- Version number
- Authorising body
- Legislative references

8 Continuous Improvement

Policy development and review form part of FPCC's ongoing Quality Improvement process. Policies will be regularly evaluated to ensure they:

- Promote the safety, wellbeing and participation of children
- Support inclusive and equitable practices
- Reflect current legislation and best practice
- Meet the needs of the Centre community
- Support continuous improvement under the National Quality Framework

Policy reviews and amendments will be documented and retained in accordance with the Centre's record management procedures.

17.1.2 FPCC 8.02 Privacy and confidentiality Policy

1 Authorisation
This policy was adopted by the FPCC Committee of Management at the August 2025 Committee meeting.

2 Review Date
This policy shall be reviewed annually at the October Committee Meeting. Any comprehensive amendments will be documented under authorization.

3 Policy
Fawkner Park is committed to:

- responsible and secure collection and handling of personal (including photos and videos), and health information
- protecting the privacy of each individual's personal information (including photos and videos),
- ensuring individuals are fully informed regarding the collection, storage, use, disclosure, and disposal of their personal (including photos and videos), and health information, and their access to that information
- proactively sharing information to promote the wellbeing and/or safety of a child or a group of children, consistent with their best interests

4 Purpose
This policy provides a clear set of guidelines:

- For the collection, storage, use, disclosure, and disposal of personal information, including photos, videos, and health information at
- To ensure compliance with privacy legislation
- On responding to requests for information to promote child wellbeing or safety and/or assess and manage risk of family violence (mandatory)
- On sharing and requesting information to promote child wellbeing or safety and/or manage risk of family violence.

5 Scope and Responsibilities
This policy applies to the approved provider, persons with management or control, nominated supervisor, persons in day-to-day charge, early childhood teachers, educators, staff, students, volunteers, parents/guardians, children, and others attending the programs and activities of, including during offsite excursions and activities.
Fawkner Park Children's Centre is responsible to follow the following legislation requirements.

Fawkner Park Children's Centre is responsible to follow the following legislation requirements.

RESPONSIBILITIES	Approved provider and persons with management or control	Nominated supervisor and persons in day-to-day charge	Early childhood teacher, educators and all other staff	Parents/guardians	Contractors, volunteers and students
R indicates legislation requirement, and should not be deleted					
1. Ensuring all records and documents (including images and videos) are maintained and stored in accordance with *Regulations 181 and 183* of the *Education and Care Services National Regulations 2011*	R	√	√		√
2. Ensuring the service complies with the requirements of the *Health Privacy Principles* as outlined in the *Health Records Act 2001*, the *Information Privacy Principles* as outlined in the *Privacy and Data Protection Act 2014 (Vic)* and, where applicable, the *Australia Privacy Principles* as outlined in the *Privacy Act 1988 (Cth)* and the *Privacy Amendment (Enhancing Privacy Protection) Act 2012 (Cth)*, by taking proactive steps to establish and maintain internal practices, procedures, and systems that ensure compliance with privacy legalisations including: • identifying the kind of personal, sensitive, and health information that will be collected from an individual or a family • communicating the reason why personal, sensitive, and health information is being collected, and how it will be stored, used, and disclosed, and managed and are provided with the service's privacy statement and all relevant forms • communicating how an individual or family can access and/or update their personal, sensitive, and health information at any time, to make corrections or update information • how children's personal information (including photos and images) is being shared online or through apps • communicating how an individual or family can complain about any breaches of the privacy legislation, and how the service will deal with these complaints	R	√			
3. Ensuring a copy of this policy, including the Privacy Statement, is provided to all stakeholders, is prominently displayed at the service and/or electronically accessible, is up to date and available on request	R	√			
4. Reading and acknowledging they have read the *Privacy and Confidentiality Policy,* including the Privacy Statement *(refer to Attachments 3)*	R	√	√	√	√

5. Maintaining the management of privacy risks at each stage of the information lifecycle, including collection, use, disclosure, storage, destruction or de-identification	R	√	√		
6. Protecting personal information from misuse, interference, loss and unauthorised access, modification or disclosure, as well as unauthorised access, modification or disclosure.	R	√	√		
7. Identifying and responding to privacy breaches, handling access and correction requests, and receiving and responding to complaints and inquiries	R	√			
8. Providing regular staff training and information on how the privacy legislation applies to them and the service	R	√			
9. Ensuring appropriate supervision of staff who regularly handle personal, sensitive, and health information	R	√			
10. Ensuring that personal, sensitive, and health information is only collected by lawful and fair means, and is accurate and complete	R	√	√		
11. Ensuring parents/guardians know why personal, sensitive and health information is being collected and how it will be used, disclosed and managed and are provided with the service's Privacy Statement and all relevant forms	R	√	√		
12. Ensuring that an individual or family can have access to their personal, sensitive and health information at any time, to make corrections or update information	R	√	√	√	√
13. Providing adequate and appropriate secure storage for personal (including photos and videos), sensitive, and health information collected by the service, including electronic storage *(refer to Attachment 2)*	R	√			
14. Ensuring that records and documents are kept in accordance with *Regulation 183*	R	√	√		
15. Notifying an individual or family if the service receives personal sensitive and health information about them from another source as soon as practicably possible	R	√			
16. Ensuring that if personal (including photos and videos), sensitive and health information needs to be transferred outside of Victoria, that the individual or family that it applies to has provided consent, or if the recipient of the personal information is subject to a law or binding scheme	R	√			
17. Ensuring the unique identifiers are not adopted, used or disclosed unless lawfully required to *(refer to Attachment 2)*	R	√			
18. Ensuring reasonable steps to destroy personal (including photos and videos), and health information and ensure it is de-identified if the information is no longer required for any purpose as described in *Regulations 177, 183, 184 (refer to Attachment 2)*	R				
19. Complying with the Notifiable Data Breaches Scheme *(refer to Definitions)* which imposes an obligation to notify individual whose personal information (including photos and videos), is in a data breach that is likely to result in serious harm.	R	√			
20. Developing a data breach *(refer to Sources)* response plan that sets out the roles and responsibilities involved in managing a data breach, the steps taken if a data breach	R				

occurs *(refer to Sources)* and notifying the *Office of the Australian Information Commission* as appropriate.					
21. Promoting awareness and compliance with the Child Safe Standards *(refer to Definitions)*, and disclosing information to promote the wellbeing and safety of a child or group of children by using the Child Information Sharing Scheme, and /or the Family Violence Information Sharing Scheme *(refer to Definitions)*	R	R	R		
22. Adopting the National Model Code to promote a child safe culture when it comes to taking, sharing and storing images or videos of children in early childhood education and care *(refer to eSafety for Children Policy and Information Communication and Technology Policy)*	√	√	√		√
23. Ensuring that parents/guardians are informed at the time of enrolment about how photos and videos of children will be used, and that appropriate permission is sought *(refer to Attachment 5 and 6)*	R	√	√		√
24. Asking children for permission before taking their photo or video and explain how it will be used. Respecting the child when they say no	√	√	√		√
25. Providing notice to children and parents/guardians when photos/video recordings are going to be taken at the service	√	√	√		√
26. Ensuring that images of children are treated with the same respect as personal information, and as such are protected by privacy laws in the same way	R	R	R	R	R
27. Ensuring the appropriate use of images of children, including being aware of cultural sensitivities and the need for some images to be treated with special care	√	√	√	√	√
28. Being sensitive and respectful to parents/guardians who do not want their child to be photographed or videoed	R	√	√	√	√
29. Being sensitive and respectful of the privacy of other children and parent/guardian in photographs/videos when using and disposing of these photographs/videos	R	√	√		
30. Establishing procedures to be implemented if parents/guardians request that their child's image is not to be taken, published, or recorded, or when a child requests that their photo not be taken	R	√	√		
31. Including a confidentiality clause relating to appropriate information handling in the agreement or contract between a photographer and the service.	R	√			√
Child Information and Family Violence Sharing Scheme					
32. Ensuring information sharing procedures abide by the *Child Information Sharing Scheme (CISS) Ministerial Guidelines and Family Violence Information Sharing (FVISS) Ministerial Guidelines (refer to Source)* and exercising professional judgment when determining whether the threshold for sharing is met, what information to share and with whom to share it	R	R	R		
33. Identifying which staff should be authorised point of contact in relation to the CISS and the FVISS *(refer to Definitions)*	R	√			

34. Ensuring the authorised point of contact undertakes appropriate training and is aware of their responsibilities under the CISS and FVISS *(refer to Definitions)*	R	√			
35. Being aware of who the point of contact at the service under the CISS and FVISS, and supporting them (if applicable) to complete the threshold test		R	R		
36. Communicating to staff about their obligations under the Information Sharing Schemes, and ensure they have read this policy	R	√			
37. Providing opportunities for identified ISE staff to undertake the appropriate Information Sharing and MARAM online Learning System training *(refer to Sources)*	R	√			
38. Engaging in training about Information Sharing and MARAM online Learning System training *(refer to Sources)*	√	√	√		
39. Ensuring information sharing procedures are respectful of and have regard to a child's social, individual, and cultural identity, the child's strengths and abilities, and any vulnerability relevant to the child's safety or wellbeing	√	√	√		
40. Ensuring any requests from ISE's are responded to in a timely manner and provide relevant information if the requirements for sharing under CISS or FVISS *(refer to Definitions)* are met	R	R	R		
41. Promoting a child's cultural safety and recognise the cultural rights and familial and community connections of children who are Aboriginal, Torres Strait Islander or both when sharing information under the CISS and FVISS *(refer to Definitions)*	R	R	R		
42. Giving precedence to the wellbeing and safety of a child or group of children over the right to privacy when sharing information under the CISS and the FVISS *(refer to Definitions)*	R	R	R		
43. Ensuring confidential information is only shared to the extent necessary to promote the wellbeing or safety of a child or group of children, consistent with the best interests of that child or those children	R	R	R		
44. Maintaining record keeping processes that are accurate and complete as set by *Child Wellbeing and Safety (Information Sharing) Regulations* concerning both written and verbal sharing of information and or complaints	R	R	R		
45. Ensuring actions are taken when an ISE becomes aware that information recorded or shared about any person is incorrect, and is corrected in a timely manner	R	R	R		
46. Working collaboratively with services that are authorised and skilled (including those located within The Orange Door) to determine appropriate actions and promote collaborative, respectful practice around parent/guardian and children	R	R	R		
47. Seeking and taking into account the views and wishes of the child and the child's relevant family members, if it is appropriate, safe and reasonable to do so when sharing information under the CISS and the FVISS *(refer to Definitions)*	R	R	R		

6 Procedures

SHARING INFORMATION AND RECORD KEEPING UNDER THE CHID INFORMATION AND FAMILY VIOLENCE SHARING SCHEME – refer to Attachment 1

Background and Legislation
Fawkner Park Children's Centre is obligated by law, service agreements, and licensing requirements to comply with the privacy and health records legislation when collecting personal and health information about individuals.
The Health Records Act 2001 (Part 1, 7.1) and the Privacy and Data Protection Act 2014 (Vic) (Part 1, 6 (1)) include a clause that overrides the requirements of these Acts if they conflict with other Acts or Regulations already in place. For example, if there is a requirement under the Education and Care Services National Law Act 2010 or the Education and Care Services National Regulations 2011 that is inconsistent with the requirements of the privacy legislation, services are required to abide by the Education and Care Services National Law Act 2010 and the Education and Care Services National Regulations 2011.
Adopting the National Model Code is crucial for Early Childhood Education and Care (ECEC) services to ensure the safety and privacy of children. The National Model Code has been designed for voluntary adoption by ECEC services. Under the Code, only service-issued electronic devices should be used for taking photos or recording videos, thereby minimising the risk of unauthorised distribution of images. The Code states that clear guidelines are developed on carrying personal devices for specific essential purposes ensuring that any exceptions are justified and controlled. Additionally, implementing strict controls for storing and retaining images or recordings of children is vital to protect their privacy and prevent misuse of sensitive information. Adhering to these guidelines not only safeguards children but also fosters trust and transparency between ECEC services and families.
In line with the Victorian Government's Roadmap for Reform, Education State reforms and broader child safety initiatives, Part 6A of the Child Wellbeing and Safety Act 2005 (the Act) was proclaimed in September 2018. The Act established the Child Information Sharing (CIS) Scheme, which enables sharing of confidential information between prescribed entities in a timely and effective manner in order to promote the wellbeing and safety of children. The Act also authorised the development of a web-based platform that will display factual information about children's participation in services known as the Child Link Register (to be rolled out in the early years sector from 2023/2024). The Child Link Register aims to improve child wellbeing and safety outcomes, monitor and support the participation in government-funded programs and services for children in Victoria.
Alongside the CIS Scheme, the Family Violence Protection Act 2008 includes the Family Violence Information Sharing (FVIS) Scheme and the Family Violence Multi-Agency Risk Assessment and Management (MARAM) Framework, which enables information to be shared between prescribed entities to assess and manage family violence risk to children and adults. The MARAM Framework can be used by all services including ECEC services that come into contact with individuals and parent/guardian experiencing family violence. The MARAM Framework aims to establish a system-wide shared understanding of family violence. It guides professionals across the continuum of service responses, across the range of presentations and spectrum of risk. It provides information and resources that professionals need to keep victim survivors safe, and to keep perpetrators in view and hold them accountable for their actions.
Legislation and Standards

- Relevant legislation and standards include but are not limited to:
- Associations Incorporation Reform Act 2012 (Vic)
- Child Wellbeing and Safety Act 2005
- Child Wellbeing and Safety (Information Sharing) Amendment Regulations 2020
- Education and Care Services National Law Act 2010
- Education and Care Services National Regulations 2011: Regulations 181, 183
- Family Violence Protection Amendment (Information Sharing) Act 2017
- Freedom of Information Act 1982 (Vic)
- Health Records Act 2001 (Vic)
- National Quality Standard, Quality Area 7: Leadership and Service Management

- Privacy Act 1988 (Cth)
- Privacy Amendment (Enhancing Privacy Protection) Act 2012 (Cth)
- Privacy and Data Protection Act 2014 (Vic)
- Privacy Regulations 2013 (Cth)
- Public Records Act 1973 (Vic)

7 Definitions

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

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

Confidential information: For the purposes of this policy, the CISS and FVISS, the health information and identifiers for the Health Records Act 2001 and the personal information for the Privacy and Data Protection Act 2014, including sensitive information (such as a criminal record), and unique identifiers.

Data breach: Unauthorised access or disclosure of personal information, or loss of personal information.

Discloser: In the context of the Schemes, this is defined as sharing confidential information for the purpose of promoting the wellbeing or safety of a child or group of children. In the context of family violence, this is defined as when someone tells another person about violence that they have experienced, perpetrated or witnessed.

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

Freedom of Information Act 1982: Legislation regarding access and correction of information requests.

Health information: Information or opinions about a person's physical or mental health, disability (past, present, or future), health preferences (including future health services), use of health services, bodily donations (e.g., blood or organs), or genetic information.

Health Records Act 2001: State legislation that regulates the management and privacy of health information handled by public and private sector bodies in Victoria.

Identifier/Unique identifier: A symbol or code (usually a number) assigned by an organisation to an individual to distinctively identify that individual while reducing privacy concerns by avoiding the use of the person's name.

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

Multi-Agency Risk Assessment and Management Framework (MARAM): Sets out the responsibilities of the organisation in identifying, assessing, and managing parent/guardian and guide information sharing under both CIS and FVIS schemes wherever family violence is present.

Notifiable Data Breaches scheme (NDB): a Commonwealth scheme that ensures any organisation or agency covered by the Privacy Act 1988 notifies affected individuals and the Office of the Australian Information Commissioner (OAIC) when a data breach is likely to result in serious harm to an individual whose personal information is involved.

Personal information: Information or an opinion about an identified individual or someone who is reasonably identifiable. It can be true or false, verbal, written, photographic, recorded, or unrecorded. Examples include a person's name, address, contact details, date of birth, gender, and IP address.

Privacy and Data Protection Act 2014: State legislation that provides for responsible collection and handling of personal information in the Victorian public sector, including some organisations, such as early childhood services contracted to provide services for

government. It provides remedies for interferences with the information privacy of an individual and establishes the Commissioner for Privacy and Data Protection.
Privacy Act 1988: Commonwealth legislation that operates alongside state or territory Acts and makes provision for the collection, holding, use, correction, disclosure, or transfer of personal information. The Privacy Amendment (Enhancing Privacy Protection) Act 2012 (Cth) introduced on 12 March 2014 has made extensive amendments to the Privacy Act 1988. Organisations with a turnover of $3 million per annum or more must comply with these regulations.
Privacy breach: An act or practice that interferes with the privacy of an individual by being contrary to, or inconsistent with, one or more of the Information Privacy Principles (refer to Attachment 2) or the new Australian Privacy Principles (refer to Attachment 1) or any relevant code of practice.
Public Records Act 1973 (Vic): Legislation regarding the management of public sector documents.
Risk Assessment Entity (RAE): Under FVISS, there is also a subset of specialist ISEs known as Risk Assessment Entities that are able to receive and request information for a family violence assessment purpose. RAEs have specialised skills and authorisation to conduct family violence risk assessment, examples can include but not limited to Victorian Police, child protection, family violence service and some Orange Door services.
Sensitive information: Information or an opinion about an individual's racial or ethnic origin, political opinions, membership of a political association, religious beliefs or affiliations, philosophical beliefs, membership of a professional or trade association, membership of a trade union, sexual preference or practices, or criminal record. This is also considered to be personal information.

8 Sources and Related Policies

- *Child Care Service Handbook, 2025: https://www.education.gov.au/early-childhood/resources/child-care-provider-handbook*
- *Child Information Sharing Scheme Ministerial Guidelines: www.vic.gov.au/child-information-sharing-scheme-ministerial-guidelines*
- *Ministerial Guidelines for the Family Violence Information Sharing Scheme: www.vic.gov.au/family-violence-information-sharing-scheme*
- *Guidelines to the Information Privacy Principles: www.oaic.gov.au/privacy/australian-privacy-principles-guidelines/*
- *Office of the Health Complaints Commissioner: www.hcc.vic.gov.au/*
- *Australia Not-for-profit Law Guide (2025), Privacy Guide: A guide to compliance with privacy laws in Australia: Privacy-Guide.pdf*
- Office of Australian Information Commissioner, Data breach preparation and response: *www.oaic.gov.au/privacy/guidance-and-advice/data-breach-preparation-and-response*
- *Office of the Victorian Information Commissioner: https://ovic.vic.gov.au*
- *Information sharing and Child Link: www.vic.gov.au/child-information-sharing-scheme-ministerial-guidelines*
- *Information sharing guides, templates and tools: www.education.vic.gov.au*
- *Information Sharing and Family Violence Reforms Toolkit: www.vic.gov.au/guides-templates-tools-for-information-sharing*
- *National Model Code - Taking images in early childhood education and care: https://www.acecqa.gov.au/national-model-code-taking-images-early-childhood-education-and-care*
- *Office of the Victorian Information Commissioner, Child information sharing scheme and privacy law in Victoria: www.ovic.vic.gov.au/wp-content/uploads/2019/01/20190109-Child-information-sharing-scheme-FAQs-1.pdf*
- *Family Violence Multi-Agency Risk Assessment and Management Framework: www.vic.gov.au/family-violence-multi-agency-risk-assessment-and-management*
- *Information Sharing and MARAM Online Learning System: ww.training.infosharing.vic.gov.au/login/index.php*

Attachments

Attachment 1: Record keeping and privacy laws
Attachment 2: Privacy Principles in action
Attachment 3: Letter of acknowledgment and understanding

Attachment 4: Permission form for photographs and videos
Attachment 5: External photographer permission form
Attachment 6: Sharing information under CISS and FVISS

ATTACHMENT 1. RECORD KEEPING AND PRIVACY LAWS

Early childhood services must ensure that their processes for the collection, storage, use, disclosure and disposal of personal, sensitive and health information meet the requirements of the appropriate privacy legislation and the *Health Records Act 2001*.

- The following are examples of records impacted by the privacy legislation:

- Enrolment records: ***Regulations 160, 161 and 162*** of the ***Education and Care Services National Regulations 2011*** detail the information that must be kept on a child's enrolment record, including personal details about the child and the child's family, parenting orders and medical conditions. This information is classified as personal, sensitive and health information ***(refer to Definitions)*** and must be stored securely and disposed of appropriately.
- Attendance records: ***Regulation 158*** of the ***Education and Care Services National Regulations 2011*** requires details of the date, child's full name, times of arrival and departure, and signature of the person delivering and collecting the child or the Nominated Supervisor/educator, to be recorded in an attendance record kept at the service. Contact details may be kept in a sealed envelope at the back of the attendance record or separate folder for evacuation/emergency purposes.
- Medication records and incident, injury, trauma and illness records: ***Regulations 87 and 92*** of the ***Education and Care Services National Regulations 2011*** require the Approved Provider of a service to maintain incident, injury, trauma and illness records, and medication records which contain personal and health information about the child.
- Handling and storage of information: Limited space can often be an issue in early childhood service environments, and both authorised employees and the Approved Provider need access to secure storage for personal and health information. Documents might be required to be stored off the service premises. Wherever confidential information is stored, it is important that it is not accessible to unauthorised staff or other persons. When confidential information is required to be taken off-site (e.g. on excursions, a list of children with medical conditions and contact numbers will be required), consideration must be given to how this is transported and stored securely.
- Electronic records: It is important that electronic records containing personal, sensitive or health information are stored in password protect folders or software platforms and can only be accessed by authorised personnel. Services need to incorporate risk management measures to ensure that passwords are recorded and stored in a secure folder at the service, and to limit access to the information only to other authorised persons. ***(refer to the Information Cyber safety Policy).***
- Forms: Enrolment forms and any other forms used to collect personal, sensitive or health information should have the service's Privacy Statement attached ***(refer to Attachment 4)***.
- Collecting information for which there is no immediate use: A service should only collect the information it needs and for which it has a specific purpose. Services should not collect information that has no immediate use, even though it may be useful in the future.

Record Keeping Timeframes

An approved provider must keep the documents set out in the table below at the service premises if they relate to:

- the operation of the service in the previous 12 months
- any staff member employed or engaged by the service in the previous 12 months

- any child educated and cared for at those premises in the previous 12 months.

The documents must be kept in a secure place and in a manner that is readily accessible by an authorised officer.

The following table describes what records and documents must be kept and for how long. Reasonable steps must be taken to make sure the documents are accurate.

Type of Record	Responsibility	Timeframe
Evidence of all current insurance policies, including public liability **Note:** Does not apply if the insurance is provided by a state or territory government	FPCC	Ongoing Available for inspection at service premises
Quality improvement plan	FPCC	Ongoing, to be revised annually
Child assessments or evaluations for delivery of the educational program	FPCC	Until the end of 3 years after the child's last attendance
Incident, injury, trauma and illness record	FPCC	Until the child is 25 years old
Records identified as relevant to child safety and wellbeing (including child sexual abuse)	FPCC	For at least 45 years from the date the record was created
Medication record	FPCC	Until the end of 3 years after the child's last attendance
Child attendance record	FPCC	Until the end of 3 years after the last date on which the child was educated and cared for by the service
Child enrolment record	FPCC	Until the end of 3 years after the child's last attendance
Death of a child while being educated and cared for by the service	FPCC	Until the end of 7 years after the death
Record of service's compliance history	FPCC	Until the end of 3 years after the approved provider operated the service
For centre-based services, regular transportation of children records	FPCC	Until the end of 3 years after the last date on which the child was educated and cared for by the service
Staff record	FPCC	Until the end of 3 years after the staff member works for the service
Record of replacement of educator	FPCC	Until the end of 3 years after the staff member works for the service
Record of replacement of early childhood teacher or suitably qualified person	FPCC	Until the end of 3 years after the staff member works for the service

Type of Record	Responsibility	Timeframe
Record of access to early childhood teachers or suitably qualified person	FPCC	Until the end of 3 years after the staff member works for the service
Record of educators working directly with children	FPCC	Until the end of 3 years after the staff member works for the service
Record of volunteers and students, full name, address and date of birth details, days and hours in attendance, and working with children / vulnerable people check or teacher registration details	FPCC	Until the end of 3 years after the volunteer or student attended the service
Record of responsible person in day- to-day charge including nominated supervisors placed in day-to-day charge	FPCC	Until the end of 3 years after the staff member works for the service

ATTACHMENT 2. PRIVACY PRINCIPLES IN ACTION

APP1 – Open and transparent management of personal information (Principle 5 Openness)
Fawkner Park Children's Centre has an up to date *Privacy and Confidentiality policy* that clearly sets out how we collect, use, disclose and store personal and health information. Stakeholders have access to this policy at any time, upon request.

APP2 – Anonymity and pseudonymity (Principle 8 Anonymity)
Wherever it is lawful and practicable, individuals and parent/guardian will have the option of not identifying themselves when entering into transactions with Fawkner Park Children's Centre. This may include surveys, suggestion boxes, QIP feedback etc….

APP3 – Collection of solicited personal information and APP4 – Dealing with unsolicited personal information (Principle 1 Collection , Principle 10 Sensitive Information)
Fawkner Park Children's Centre will only collect the personal, sensitive and health information needed, and for which there is a purpose that is legitimate and related to the service's functions, activities and/or obligations.

Personal, sensitive and health information about children and parents/guardians either in relation to themselves or a child enrolled at the service, will generally be collected via forms filled out by parents/guardians. This can include but not limited to Enrolment Records, Enrolment Application Forms, Medical Management Plans, Risk Minimisation Plans, Communication Plans, Attendance Records, Staff Records, Direct Debit Application Forms, Visitors Logbook, etc….

Other information may be collected from job applications, face-to-face interviews and telephone calls. Individuals from whom personal information is collected will be provided with a copy of the service's *parent handbook*.

When Fawkner Park Children's Centre receives personal information *(refer to Definitions)* from a source other than directly from the individual or the parents/guardians of the child concerned, the person receiving the information will notify the individual or the parents/guardians of the child to whom the information relates to. Fawkner Park Children's Centre will advise that individual of their right to share or not share this information with the source.

Sensitive information *(refer to Definitions)* will be collected only for the purpose of enabling the service to provide for the education and care of the child attending the service.

CISS & FVISS: Information sharing entities are not obliged to collect personal or health information about an individual directly from that person if they are collecting the information from another information sharing entity under the scheme.

If an information sharing entity collects personal or health information about a person from another information sharing entity under the scheme, it will not be obliged to take reasonable steps to notify that person that their information has been collected if doing so would be contrary to the promotion of the wellbeing or safety of a child.

Information sharing entities will not be obliged to obtain consent from any person before collecting information under the scheme, including 'sensitive information' if they are sharing in accordance with the scheme.

APP 5 – Notification of the collection of personal information and APP 6 – Use of disclosure of personal information (Principle 2 Use and Disclosure)
Upon enrolment, commencement of employment, or any other time personal, sensitive or health information is collected, Fawkner Park Children's Centre will take reasonable steps to ensure individuals or parent/guardian understand why this information is being collected, used, disclosed and stored. Individuals or parent/guardian will be informed of the following:

- Fawkner Park Children's Centre contact details
- the facts and circumstances of why personal, sensitive and health information is being collected
- what information is required by authorised law
- the purposes of collection
- the consequences if personal information is not collected
- Fawkner Park Children's Centre usual disclosures of personal information; if applicable
- information about the Fawkner Park Children's Centre Privacy and Confidentiality Policy

The following table identifies the personal, sensitive and health information that will be collected by Fawkner Park Children's Centre, the primary purpose for its collection and some examples of how this information will be used.

Personal, sensitive and health information collected in relation to:	Primary purpose of collection:	Examples of how the service will use personal and health, (including sensitive) information include:
Children and parents/guardians	• To enable the service to provide for the education and care of the child attending the service	• Day-to-day administration and delivery of service • Provision of a place for their child in the service • Duty rosters • Looking after children's educational, care and safety needs • For correspondence with parents/guardians relating to their child's attendance • To satisfy the service's legal obligations and to allow it to discharge its duty of care • Visual displays in the service • Newsletters
The Approved Provider if an individual, or members of the Committee of Management/Board if the Approved Provider is an organisation	• For the management of the service	• For communication with, and between, the Approved Provider, other Committee/Board members, employees and members of the association • To satisfy the service's legal obligations
Job applicants, employees, contractors, volunteers and students	• To assess and (if necessary) to engage the applicant, employees, contractor, volunteers or students, as the case may be • To administer the employment, contract or placement	• Administering the individual's employment, contract or placement, as the case may be • Ensuring the health and safety of the individual • Insurance

Fawkner Park Children's Centre may disclose some personal and/or health information held about an individual to:

- government departments or agencies, as part of its legal and funding obligations
- local government authorities, in relation to enrolment details for planning purposes
- organisations providing services related to staff entitlements and employment
- insurance providers, in relation to specific claims or for obtaining cover
- law enforcement agencies
- health organisations and/or parent/guardian in circumstances where the person requires urgent medical assistance and is incapable of giving permission
- anyone to whom the individual authorises the service to disclose information.

Sensitive information *(refer to Definitions)* will be used and disclosed only for the purpose for which it was collected, unless the individual agrees otherwise, or where the use or disclosure of this sensitive information is allowed by law.

APP 7 – Direct marketing

Fawkner Park Children's Centre must not use or disclose personal information it holds for the purpose of direct marketing. Direct marketing involves the use or disclosure of personal information to communicate directly with an individual to promote goods and services.

APP8 – Cross broader disclosure of personal information (Principle 9 Transborder data flows)

Fawkner Park Children's Centre will only transfer personal of health information outside Victoria in certain circumstances, for example, if the individual consents, or if the recipient of the personal information is subject to a law or binding scheme.

APP 9 – Adoption, use or disclosure of government related identifiers (Principle 7 Identifiers)

Fawkner Park Children's Centre will not adopt, use or disclose a government related identifier unless an exception applies.

The service will collect information on the following identifiers *(refer to Definitions)* including but not limited to:

- information required to access the *Kindergarten Fee Subsidy* for eligible parent/guardian *(refer to Fees Policy)*
- tax file number for all employees, to assist with the deduction and forwarding of tax to the Australian Tax Office – failure to provide this would result in maximum tax being deducted
- Medicare number: for medical emergencies

For childcare services only: Customer Reference Number (CRN) for children attending childcare services to enable the family to access the Commonwealth Government's Child Care Subsidy (CCS) – failure to provide this would result in parents/guardians not obtaining the benefit.

APP 10 – Quality of personal information (Principle 3 Data quality)

Fawkner Park Children's Centre will take reasonable steps to ensure that the personal and health information it collects is accurate, up-to-date and complete, as outlined in this Privacy and Confidentiality policy. Fawkner Park Children's Centre will ensure any updated or new personal and/or health information is promptly added to relevant existing records and will send timely reminders to individuals or parent/guardian to update their personal and/or health information to ensure records are up to date at all times. This can include but not limited to emergency contact details, authorised nominees, medical management plans, banking details, working with children checks, VIT registration etc…

APP 11 – Security of Personal information (Principle 4 Data Security and Data retention)

Fawkner Park Children's Centre takes active measures to ensure the security of personal, sensitive and health information it holds, and takes reasonable steps to protect the stored information from misuse, interference and loss, as well as unauthorised access, modification or disclosure *(refer to Privacy and Confidentiality policy)*. Fawkner Park Children's Centre will also take reasonable steps to destroy personal and health information and ensure it is de-identified if it no longer needs the information for any purpose as described in *Regulations 177, 183, 184.* In disposing of personal, sensitive and/or health information, those with authorised access to the information will ensure that it is either shredded or destroyed in such a way that the information is no longer accessible.

Fawkner Park Children's Centre will ensure that, in relation to personal, sensitive and health information:

- access will be limited to authorised staff, the Approved Provider or other individuals who require this information in order to fulfil their responsibilities and duties
- information will not be left in areas that allow unauthorised access to that information
- all materials will be physically stored in a secure cabinet or area
- computerised records containing personal or health information will be stored safely and secured with a password for access or specific online safety system

- there is security in transmission of the information via email, telephone, mobile phone/text messages, as detailed below:

  - emails will only be sent to a person authorised to receive the information
  - faxes will only be sent to a secure fax, which does not allow unauthorised access
  - telephone – limited and necessary personal information will be provided over the telephone to persons authorised to receive that information
  - transfer of information interstate and overseas will only occur with the permission of the person concerned or their parents/guardians.

APP 12 – Access to personal information and APP 13 – Correction of personal information (Principle 6 Access and Correction)

Individuals or parent/guardian have the right to seek access to their own personal information and to make corrections to it if necessary. Upon request Fawkner Park Children's Centre will give an individual or parent/guardian access to their personal or health information it holds are part of service operations in a timely manner. Fawkner Park Children's Centre must be satisfied through identification verification, that a request for personal or health information is granted.

Process for considering access requests

A person may seek access, to view or update their personal or health information:

- if it relates to their child, by contacting the Nominated Supervisor
- for all other requests, by contacting the Approved Provider/secretary.
- Personal information may be accessed in the following way:
- view and inspect the information
- take notes
- obtain a copy (scanned or photographed).

Individuals requiring access to, or updating of, personal information should nominate the type of access required and specify, if possible, what information is required. The Approved Provider will endeavour to respond to this request within 45 days of receiving the request.

The Approved Provider and employees will provide access in line with the privacy legislation. If the requested information cannot be provided, the reasons for denying access will be given in writing to the person requesting the information.

In accordance with the legislation, the service reserves the right to charge for information provided in order to cover the costs involved in providing that information.

The privacy legislation also provides an individual about whom information is held by the service, the right to request the correction of information that is held. The service will respond to the request within 45 days of receiving the request for correction. If the individual is able to establish to the service's satisfaction that the information held is incorrect, the service will endeavour to correct the information.

There are some exceptions set out in the *Privacy and Data Protection Act 2014,* where access may be denied in part or in total. Examples of some exemptions are where:

- the request is frivolous or vexatious
- providing access would have an unreasonable impact on the privacy of other individuals
- providing access would pose a serious threat to the life or health of any person
- the service is involved in the detection, investigation or remedying of serious improper conduct and providing access would prejudice that.
- the service is involved in the detection, investigation or remedying of serious improper conduct and providing access would prejudice that.

Attachment 3: Letter of acknowledgement and understanding for employees

Fawkner Park Children's Centre

Dear Educator,

Re: Privacy and Confidentiality Policy

Please find attached Fawkner Park Children's Centre's Privacy and Confidentiality Policy, which outlines how the Centre meets the requirements of:

- The Victorian Health Records Act 2001
- The Privacy and Data Protection Act 2014 (Vic) (or, where applicable, the Privacy Act 1988 (Cth))
- The Child Information Sharing Scheme under Part 6A of the Child Wellbeing and Safety Act 2005
- The Family Violence Information Sharing Scheme under Part 5A of the Family Violence Protection Act 2008

in relation to personal, sensitive, and health information.

Employees play an important role in ensuring Fawkner Park Children's Centre complies with these requirements by understanding and following the Centre's Privacy and Confidentiality Policy. You are responsible for the correct collection, storage, use, disclosure, and disposal of personal and health information, and for meeting the requirements set out in this policy.

All employees are required to read this policy carefully and complete the attached acknowledgement form. Please return the signed form to the office at your earliest convenience.

Yours sincerely,

Tatyana Skorkina
On behalf of Fawkner Park Children's Centre

Acknowledgement of Reading the Privacy and Confidentiality Policy

I, _____, have received and read Fawkner Park Children's Centre's Privacy and Confidentiality Policy. I understand my responsibilities in relation to the collection, storage, use, disclosure, and disposal of personal and health information, and the requirements for handling such information as set out in this policy.

Signature: _____
Date: _____

*This acknowledgement will be kept with your individual staff record.

Attachment 4: Permission form for photographs and videos

FAWKNER PARK CHILDREN'S CENTRE – PHOTOGRAPH PERMISSION FORM

Child's Name: _____
Room: _____
At Fawkner Park Children's Centre, photographs and videos may be taken as part of documenting children's learning and development. These provide valuable insights into children's interests, progress, and social interactions. All images and videos are taken and stored in line with the Safe Use of Digital Technologies and Online Environments Policy (14.1.28 FPCC 4.23) and our Privacy and Privacy and Confidentiality Policy (17.1.2 FPCC 8.02) ensuring that every child's privacy, dignity, and safety are protected at all times.

We are seeking your permission for:
-Your child to be photographed as part of the educational program.

-Images and videos of your child to be stored securely on Centre-issued devices, with access limited to authorized staff only.
-Photos of your child to be used on StoryPark as part of our assessment for learning.
-Group photographs, which may include your child's first name, to be shared with families of other children who appear in the same image, and displayed within the Centre (e.g., posters, learning displays).

CONSENT OPTIONS (PLEASE TICK ✔):

☐ Yes, I give permission for my child to be photographed and for images/videos to be stored securely by Fawkner Park Children's Centre, in accordance with Centre policy. I consent to group photographs being shared with other families of children pictured.
☐ No, I do not give permission for my child to be photographed or for images/videos to be stored.

ACKNOWLEDGEMENT

I understand that:
- Only Fawkner Park Children's Centre-issued devices will be used to take photographs and videos.
- Images and videos will be stored securely, with password protection, and only accessed by authorised staff.
- No images or videos will be used for external publications, promotional material, or social media without additional written consent.

Parent/Guardian Name: _____
Signature: _____ Date: ___ / ___ / ___

Attachment 5: External Photographer Permission Form

External Photographer Permission form

An external photographer will be visiting Fawkner Park Children's Centre in Term 4 to take individual and/or group photographs of the children. These photos will be available for families to view and purchase directly through the photographer's secure online portal.

Please note:
- All arrangements for purchasing photographs are to be made directly between families and the photographer. The Centre will not be involved in payments.
- The photographer will be made aware of our policies and procedures in relation to child safety, privacy, and photography. Families will have access to the photographer's individual digital safety information.
- Only children with signed parental/guardian consent will be photographed.
- The images will not be used by the Centre for promotional purposes. They are solely for families' personal purchase and use.

SAFETY & PRIVACY

- The photographer has been approved by the Centre and complies with child safe standards.
- Photographs will be stored and accessed only through the photographer's secure online system.
- No images will be shared with third parties without parental consent.

CONTINGENCY

If the photographer is unable to attend on the scheduled date (e.g., due to illness or unforeseen circumstances), families will be notified, and a rescheduled date will be arranged.

PERMISSION SECTION

Child's Name: _____

Room: _____
I, _____ (parent/guardian name), give permission for my child, _____ (child's name), to be photographed by the external photographer at Fawkner Park Children's Centre.
☐ Yes – I give permission for my child to be photographed for the purpose of families' private purchase.
☐ No – I do not give permission for my child to be photographed.

Parent/Guardian Signature: _____ Date: ____ / ____ / _____

Attachment 6: Sharing information under CISS and FVISS

This attachment has been developed based on the Information Sharing and Family Violence Reforms Contextualized Guidance: For Centre-based education and care services; government, Catholic and independent schools; system and statutory bodies; and education health, wellbeing and inclusion workforces, September 2020.

Applying the threshold test under CISS

Before sharing information with other Information Sharing Entities (ISE)'s the threshold test requirements must be meet.
The requirements for sharing are different depending on the purpose of the sharing, if sharing for both purposes (Child Wellbeing or Safety and/or Family Violence), you must meet the requirements of each of the schemes.

Although child wellbeing and safety takes precedence over an individual's privacy, privacy must still be protected through careful and selective information sharing.

Threshold requirements for the Child Information Sharing Scheme:

1	The information sharing entity is requesting or disclosing confidential information about any person for the purpose of promoting the wellbeing or safety of a child or group of children; and
2	The **disclosing** information sharing entity reasonably believes that sharing the confidential information may assist the receiving information sharing entity to carry out one or more of the following activities: • make a decision, an assessment or a plan relating to a child or group of children • initiate or conduct an investigation relating to a child or group of children • provide a service relating to a child or group of children • manage any risk to a child or group of children; and
3	The information being **disclosed** or **requested** is not known to be 'excluded information' under Part 6Aof the Child Wellbeing and Safety Act (and is not restricted from sharing by another law), information that could: • endanger a person's life or result in physical injury • prejudice a police investigation or interfere with the enforcement or administration of the law; prejudice a coronial inquest; prejudice a fair trial of a person • be legally privileged • reveal a confidential police source • contravene a court order

- be contrary to the public interest
- information sharing would contravene another law.

Before disclosing information under the Child Information Sharing Scheme and/or Family Violence Information Sharing Scheme, it is important that information sharing entities take reasonable care to verify the identity of the professional or service and ensure that they are an information sharing entity.

Making a request to another Information Sharing Entity

The ISE list is a searchable database that can be used to identity organisation and services prescribed under the CISS and FIVSS

Before making a request, check to see if the organisation is a prescribed entity via the Access the ISE list

Refer to Information Sharing Entity List Uses Guide on how to navigate the database.

ISE's should respond to requests for information in a timely manner, including when they are declining to provide information in response to the request.

If an ISE is declining a request from another ISE, they are required to provide written reasons for doing so.

Making a request or receiving a request under the Child Information Sharing Scheme

An ISE may request information when it meets the first and third parts of the threshold. That is, the information being requested is:

- to promote the wellbeing or safety of a child or group of children
- not excluded information under the Child Information Sharing Scheme to their knowledge.

ISE should use professional judgement to decide which organisation or service to request information from, taking into account the following:

- the activity the requesting information sharing entity is seeking to undertake and the type of information that may assist them
- the roles and responsibilities of other information sharing entities and the information they are likely to hold
- the currency and relevance of the information other information sharing entities are likely to hold.

The ISE requesting the information should provide sufficient detail to enable the responding ISE to make a decision about whether all three parts of the threshold have been met, in order to assist them to:

- identify relevant information to respond to the request
- form an opinion about whether the information may be disclosed under the CISS (whether the disclosure meets the threshold).

When making a request, an ISE may disclose any confidential information that may assist the responding ISE to:

- identify the information they hold that is relevant to the request
- form an opinion on whether the information may be disclosed under the scheme.

If the legal requirements (or threshold) of the scheme are met, an ISE:

- **may** make requests for information to another ISE
- **must** disclose relevant information to another ISE, if requested
- **may** disclose information voluntarily (proactively) to other ISE's

ISE's will use their expertise and exercise their professional judgement to identify:

- the range of needs and risks that impact on a child's life to inform a decision as to whether the threshold is met
- what and how much information to share

- who to share with to support improved service delivery and promote the wellbeing or safety of the child or children.

Making a request or receiving a request under the Family Violence Information Sharing Scheme

Under Part 5A of the *Family Violence Protection Act 2008* (FVPA), ISEs may request or share information with other ISEs about a person that is relevant to assessing or managing a family violence risk. The information may relate to a victim survivor (adult or child), alleged perpetrator/perpetrator or third party.

Only information that is **relevant** to assessing or managing a risk of family violence can be shared under the Scheme. In determining what information is relevant, practitioners should use their professional judgement and refer to the *Family Violence Support Policy*.

Where an ISE receives a request, it **must** share that information, either verbally or in writing, provided that the information meets the requirements of the Scheme. The onus is on the ISE sharing information to ensure that they are disclosing information about a person in accordance with the law. There is no restriction on an ISE making a request.

If there is no existing relationship with the ISE the information is being requested from, verification may need to take place (e.g. by sending an email with the entity's official account).

There are **two purposes** for which ISEs can share information with each other under the FVPA, Part 5A:

- to establish and assess risk (Family violence assessment purpose) Information can be shared for a family violence assessment purpose. The primary focus is on establishing whether a risk of family violence is present, assessing the level of risk the alleged perpetrator or perpetrator poses to the victim survivor, and correctly identifying the parties as the perpetrator or victim survivor.

OR

- to manage the risk, including through ongoing risk assessment (Family violence protection purpose) Information can be shared for a family violence protection purpose, which means managing the risk of the perpetrator committing family violence, or the risk of the victim survivor being subjected to family violence. Managing risk involves removing, reducing or preventing the escalation of risk. As risk is dynamic and can change over time, information can be shared for the purposes of ongoing risk assessment to monitor risk and escalation, as a key component of risk management.

All ISEs will be able to share information for a family violence protection purpose. ISEs that are also prescribed as risk assessment entities (RAEs) will also be able to shared for a family violence assessment purpose

Consent is not required from any person to share information that is relevant to assessing or managing family violence risk to a child, if there is a serious risk to any person or if sharing is permitted by another law. If none of the above apply, consent is required to share the information of an adult victim survivor, including a student over 18 years of age, or a third party. You should seek and take into account the views of the child and/or family member before sharing their information, whenever safe, reasonable and appropriate to do so. Consent is never required to share information about a perpetrator, alleged perpetrator or adolescent using or at risk of using family violence.

ISEs must not share excluded information. ISEs cannot share information that would contravene another law that has not been specifically overridden by FVISS. ISEs cannot share information if the applicable consent requirements have not been met.

- To learn more about how to share information under the *Family Violence Information Sharing Scheme*, visit www.vic.gov.au/family-violence-information-sharing-scheme

Table 1

Information Sharing Entities that are also Risk Assessment Entities	
▪ State-funded specialist family violence services (including refuges, Men's Behaviour Change Programs, family violence counselling and therapeutic programs) ▪ Risk Assessment and Management Panel (RAMP) members (including those services that would not otherwise be prescribed but only when participating in a RAMP) ▪ State-funded sexual assault services	▪ Child Protection ▪ Child FIRST services (excluding broader family services) ▪ Victims Support Agency (including Victim Assistance Programs and Victims of Crime Helpline) ▪ Victoria Police ▪ The Orange Door services.
Information Sharing Entities	
▪ Magistrates' Court of Victoria officials ▪ Children's Court of Victoria officials ▪ Corrections Victoria and Corrections-funded services ▪ Adult Parole Board ▪ Youth Justice (including the Secretariat to the Youth Parole Board) and Youth Justice funded services ▪ Multi-Agency Panels to Prevent Youth Offending ▪ Justice Health and funded services ▪ State-funded sexually abusive behaviour treatment services ▪ State-funded perpetrator intervention trials ▪ Registered community-based child and family services	▪ Maternal and Child Health ▪ Registered out of home care services ▪ Department of Parent/guardian, Fairness and Housing ▪ State-funded homelessness accommodation or homelessness support services providing access point, outreach or accommodation services ▪ Designated mental health services ▪ State-funded alcohol and other drug services ▪ Tenancy Advice and Advocacy Program ▪ State-funded financial counselling services ▪ Commission for Children and Young People ▪ Disability Services Commissioner.

Record keeping

ISEs have specific record keeping obligations under the FVISS and the CISS. ISEs can choose how they will meet their record keeping obligations, which might include written or online case notes, specific record keeping forms or IT solutions, and are in line with the *Privacy and Data Protection Act 2014 (Vic)* and, where applicable, the Australia Privacy Principles obligations.

When an ISE receives a request to share information they must record:
- the ISE that requested the information
- the date of the request
- the information that was requested
- if refusing a request, the request and the reason why it was refused.

When an ISE shares information (either proactively or on request) they should:
- know and record what scheme they are sharing under (FVISS, CISS or both)
- know and record whom information is being shared about
- record how the threshold for sharing was met.

- relevant risk assessments or safety plans that have been prepared for a person at risk of family violence.

Documentation is also required if sharing about:

- adult victim survivors of family violence or third parties under FVISS (where a child is at risk)
- a child's parent under CISS
- child victim survivors of family violence
- any child in order to promote their wellbeing or safety.
- whether their views were sought about sharing their information
- if their views were not sought, record the reason why
- if they were informed that their information was shared
- whether information was shared with consent and whether the consent was written, verbal or implied
- if the information was shared without consent, record the reason why
- if the information was shared without consent, record if the person was informed that their information was shared without consent

Examples of record keeping forms can be found at: www.vic.gov.au/guides-templates-tools-for-information-sharing

Handling information sharing and risk assessment complaints under the CISS and FVISS

Types of complaints
ISEs may receive complaints from:

1. Individuals in relation to privacy breaches, for example the ISE has:
- misidentified an adult victim survivor as a perpetrator and shared information about them without consent
- shared information that is not relevant to the purpose for which it was shared.
2. Individuals in relation to any other conduct under the Schemes, for example the ISE has:
- not sought the views of a child and/or relevant family member and the complainant believes it was reasonable, safe and appropriate to do so
- in the view of the complainant, failed to foster positive relationships between a child and significant people in the child's life, in the way they applied the Schemes.
3. Other ISEs in relation to how the ISE is sharing information under the Schemes. For example, an ISE may make a complaint about:
- another ISE refusing to share relevant information that should be shared
- the timeliness of responses.

Complaints record keeping

The following information must be recorded if a complaint is received under the Schemes:

- date the complaint was made and received
- nature of the complaint
- action taken to resolve the complaint
- action taken to lessen or prevent the issue from recurring
- time taken to resolve the complaint
- if the complaint was not resolved, further action that was taken

Note: accepted standard practice is that a response should be provided within 30 days of receiving the complaint. All complaints must be handling according to the *Privacy and Data Protection Act 2014 (Vic)* and, where applicable, the Australia Privacy Principles

31 COVID-19

Authorisation

- This policy was adopted by the FPCC Committee of Management at a special Committee meeting in April 2020 called to address issues arising out of the COVID-19 pandemic (the pandemic).
- This policy was first amended by the FPCC Committee of Management at a Committee meeting in May 2020. That amendment arose during the review of this policy at that meeting.
- This policy was amended a second time by the FPCC Committee of Management at a special Committee meeting in July 2020. This amendment arose during a special Committee meeting called to address issues arising from the second lock down and the Federal Government's decision to revoke the Free Childcare Package to reverse the funding model back to a combination of CCS and parent payments.
- This policy was amended for a third time in October 2020 after the State Government revoked a Stage 4 Regulation that required the closure of all child care centres.
- This policy was amended for a fourth time in August 2021 at a special Committee meeting on 22 August 2021 called to address issues arising from the sixth lock down and the decision of the State Government to once again restrict access to child care centres to the children of authorised workers.
- This policy was amended for a fifth time in September 2021. This amendment was necessitated as a result of the Federal Government – business continuity payments package to support the early childhood sector and various changes to State Government policy that saw the Centre initially eligible for that support package and then ineligible.
- This policy was amended for a sixth time in January 2022.

Review Date

This policy will be reviewed each month, or as otherwise required, until the Committee is satisfied that the pandemic has concluded. Upon being so satisfied this policy will be revoked and the Centre will return to operating on the pre-existing policies.

Synopsis

This is a temporary policy that is a response to the pandemic.
The purpose of the policy is to temporarily vary, suspend and augment the Centre's existing policies to enable the Centre to operate as safely and effectively as possible during the pandemic.

To that end:

- where this policy makes reference to a specific pre-existing policy, that pre-existing policy is either suspended, varied or augmented as is set out in this policy;
- where this policy is in conflict with a pre-existing policy, this policy supersedes the pre-existing policy to the extent of the conflict; and
- where it is possible to interpret a pre-existing policy in line with this policy, that pre-existing policy must be so interpreted.

Background

COVID-19 is a disease that is caused by a novel coronavirus that is thought to have originated in China in late 2019. The virus has caused a global pandemic and a health emergency in the state of Victoria.

At the time this policy was adopted and with all subsequent amendments, the Committee acted on the then current medical advice from both the Federal and State Governments. That medical advice included:

- COVID-19 is extremely contagious;
- There are a number of different vaccines available for use by most people. These vaccines are safe and effective. As at August of 2021 there were no vaccines available for children. Given that children are not currently able to be vaccinated the Committee of Management and the Centre and staff consider it is very important for all members of the Centre, parents and staff to get vaccinated against COVID-19 as soon as possible;
- COVID-19 can be contracted by an uninfected person coming into contact with contaminated droplets spread by an infected person coughing or sneezing, or by contact with contaminated hands, surfaces or objects;
- children under the age of 5 as a cohort are generally less infectious than older children and adults;
- the Delta variant of COVID-19 is more transmissible than previous variants and is infecting children at higher rates than was the case previously;
- community transmission is occurring in Victoria. It was occurring at an increased rate during July, August and early September 2020. The level of community transmission in Victoria in late September 2020 was back to a similar level to that occurring in June of 2020;
- community transmission is again occurring in Victoria in August 2021. The overwhelming majority of the infections occurring in Victoria are the result of the Delta variant of COVID-19;
- COVID-19 generally poses little risk to healthy children and young people. COVID-19 also poses a low risk to otherwise healthy middle aged adults. However, in recent times, particularly since the Delta variant of COVID-19 began infecting people, there have been a number of otherwise healthy middle aged adults who have required ICU treatment. As of August 2021 approximately 15% of those infected with COVID-19 and requiring treatment in an ICU were under the age of 40;
- COVID-19 poses a high risk to older people and people with compromised immune systems;
- the Federal Government and State Government both require that:
    - people at high risk of falling seriously ill to COVID-19 self-isolate; and
    - whoever can work from home must work from home;
- it is possible for a person to be infected with COVID-19 and to present with few or even no symptoms; and
- the most common symptoms of COVID-19 include; fever, cough, runny nose, shortness of breath, sore throat, nausea and vomiting. Other symptoms do occur, including in approximately 10% of cases loss of taste and smell, but they are less common.

31.1.4 Policy

Paramount Considerations
In adopting this policy and at every stage when the policy has been amended, the Committee considered the following three considerations to be paramount:

- providing as safe an environment as possible for children, their families and the staff at the Centre;
- remaining open for members unless and until directed by the State or Federal Government to close; and
- ensuring that staff are fairly remunerated for their work with the Committee's strong preference being that staff are paid at their full rate and offered the same hours as was the case prior to the pandemic.

31.1.5 Staffing – Work from home may be offered to vulnerable staff

Any member of staff who:

1. on medical advice is deemed to be a high risk of developing severe symptoms if infected with COVID-19; and
2. is able to be provided work to do from home,

may be offered the opportunity to work from home at the Centre's discretion.

Application

In order to be eligible for this working from home arrangement a staff member seeking to avail themselves of this policy must provide to the Centre's administration staff a medical report signed by a general or specialist medical practitioner that sets out that in the opinion of the practitioner the staff member is a high risk of developing severe symptoms if infected with COVID-19. That report must also set out the basis of the practitioner's conclusion and the underlying reasons for it.

The request along with the medical report will then be provided to Committee members Peter Gaunt (HR portfolio) or Hayden Rattray (chair of the Committee) who will then make a determination about whether the staff member meets the above criteria.

If the staff member meets the criteria the Centre may offer that staff member work to do from home. However, the hours offered (if any) to that staff member will depend on the availability of work that can be done by that staff member from home and may be less than the hours provided to the staff member when working at the Centre.

31.1.6 Temporary Vacancy Policy Amended (During the COVID-19 Pandemic)

Rule

For the duration of the pandemic FPCC 1.01: The temporary vacancy policy is amended to the effect that any member who is eligible to send their child or children to the Centre may:

1. send their child or children to the Centre on the days that they are enrolled to attend; and
2. subject to availability and pre-approval of the Centre's administration staff, send their child or children to the Centre on any additional day that the Centre is open.

Rationale

During the current restrictions it is likely that approximately 60% of the families enrolled at the Centre will be able to use the Centre. The Centre is waiving gap fees to the approximately 40% of families who are ineligible to attend the Centre. The Centre is heavily dependent on fee revenue, which accounts for approximately 70% of the Centre's revenue.

A reduction in fee revenue of approximately 40% will have a substantial effect on the Centre's bottom line.

As at Monday 20 September 2021 the Centre will no longer be eligible for any additional funding from either the State or Federal Government.

Bearing this is mind the Centre considers that it is in the interests of the Centre and all members and families that families who are eligible to use the Centre are given the opportunity to use the Centre on days that their children are not currently enrolled.

This will provided a benefit to families entitled to use the Centre and will help in reducing the impact of the reduction in fee revenue.

To be clear, there is no selling of days by eligible families. The days available for use by eligible families are those days not being used due to some families being ineligible to attend.

Application

Families using the Centre on additional days will be charged per day at the full daily rate for every day used. The fees will be otherwise payable in the same way.

There will be no need to match a buying family with a selling family as any family not using the Centre will not be charged for any day that they do not use.

Please note that:

- the Centre needs to approve the attendance of all children on additional days prior to the child attending;
- it is unclear whether families using additional days will be eligible for CCS for those days (and or if that CCS will be paid at the same or a different rate). Any family using additional days will need to pay for those days at the full daily rate. In the event that CCS is paid a credit will be provided to the family;
- as always there will be a zero tolerance policy for any rude or aggressive behaviour by members of families to staff about issues concerning this policy; and
- the only staff who will have anything to do with this policy are the Centre's administration staff. Families are asked not to raise issues with getting access to additional days other than in writing with administration staff by email.

31.1.7 OH&S policy

For the duration of the pandemic the following additional precautions will be in place at the Centre:

- All members and families are required to follow the Federal and State Government guidelines in relation to COVID-19 testing and self-isolation;
- For the avoidance of any doubt if a child or a parent has had a COVID-19 test and is awaiting the result of that test they must self-isolate and under no circumstances are they permitted to enter the Centre until the test result has

returned negative;

- All members and families are required to follow the directions issued by the Victorian Chief Health Officer;
- no parent, guardian or child is permitted to enter the Centre with any symptoms of illness at all;
- all parents or guardians are encouraged to wear a face mask while inside the Centre;
- all adults and children to sanitise hands on entry to the Centre;
- children to be handed over to and picked up from a staff member at the entrance to each room. Parents should avoid entering the room to minimise adult to adult contact;
- at pick up time, in the event that a child is outside in one of the gardens and there is no staff member in the room, the parent or guardian is required to check for staff in another room through the room window or the office so that a staff member can arrange for the child to be brought to the room door for pick up;
- parents must observe social distancing during drop off and pick up, and minimise the time they spend inside the Centre;
- any child who shows symptoms consistent with COVID-19 is to be kept home from the Centre and if these symptoms occur at the Centre the child's family will be called and it is expected that the child will be collected as soon as possible. If the listed parent(s)/guardian(s) do not answer or return the Centre's call within 30 minutes, the Centre will contact the listed emergency contacts to collect the child;
- the use of paper sign in sheets is suspended;
- the Centre requires all children to be collected from the Centre prior to 5:45pm each day. This will allow staff time to clean the Centre prior to 6:00pm;
- staff are to sign in all children on the room's iPad and on the daily attendance roll; and
- parents are still required to physically sign incident reports (if any) to satisfy statutory requirements.

31.1.8 COVID-19 Disclosure and Procedures in the Event of Confirmed Case at the Centre

Objective

There are many hundreds of cases of COVID-19 being detected by community testing every day.

There is a possibility that a member of our community might test positive to COVID-19.

This policy seeks to establish a procedure that will:

1. increase the probability of the Centre become aware of a positive test result as soon as possible;
2. protect the privacy of the person who has tested positive;
3. enable the Centre to provide as much information as possible to the Department of Families, Fairness and Housing, and our community about the

potential exposure of close contacts of the confirmed case; and

4. enable the DFFH, the Centre and families to make informed decisions thereafter.

Background

Staff members or families enrolled at the Centre to advise the Centre of a positive COVID-19 result.

The procedure regarding disclosure of a positive result appears to be:

1. Reporting your positive results to Department of Health, and isolate for 5 days or until symptom-free.
2. Informing the Centre if child, parent, staff has been onsite while infectious
3. Staff and 3-5 years old children are strongly recommended to use rapid antigen tests (RATs) twice a week.
4. The Centre will notify the community through email and a community post on Storypark with regards to a child, staff member or parent have returned a positive COVID-19 test result and has attended the service.

Policy

Every member of the Centre including staff members have an *obligation to inform* the Centre as soon as practical if the member becomes aware that any *relevant person* has tested positive to COVID-19.

The "*obligation to inform*" the Centre requires the member to call the Centre and speak to either Tatyana Skorkina or Sherene Ng.

A "*relevant person*" is:

- a staff member;
- a child enrolled at the Centre (who has attended the Centre 48 hours prior to the date of the test); or
- a parent or sibling who has attended the Centre in the 48 hours prior to the date of the test (had at least 15 minutes of face to face contact)

The identity of the member reporting the positive case and the identity of the person who has tested positive to COVID-19 will only be disclosed to the DFFH, Tatyana Skorkina, Hannah Murphy Bishop, and in the event that it is necessary the Chair of the Committee, Tom Brown.

The identity of the member reporting the positive case and the identity of the person who has tested positive to COVID-19 will otherwise be kept in the strictest of confidence.

Procedures in the event of a positive COVID-19 case at the Centre

<u>Communication to the families and staff</u>

As soon as the Centre is advised that a "*relevant person*" has tested positive to COVID 19, the Centre will communicate to families and staff through email and a community post on Storypark that a child, parent, contractor, or worker has attended the service during their infectious period and returned a positive COVID-19 test result. The notification includes:

- Date of attendance
- Affected room

There is no requirement for the Centre to close.

Communication to Department of Health

The Centre will notify the department through the NQAITS only if there is an outbreak of COVID-19 in the Centre (5 or more cases within a 7-day period) or if the Centre is to be closed.

Symptomatic persons (children, staff)
Symptomatic persons are required to undergo testing for COVID-19 by using an at-home RAT immediately.

If a positive result is received, staff, parents and guardians must notify the Centre and the person/child must isolate for 5 days or until symptom free before returning to the centre.

If a negative result is received, stay at home until symptoms resolve before returning to the Centre.

Negative test result and no symptoms (children, staff)

If the child or staff member tests negative and does not have any symptoms they can attend the Centre but should monitor for symptoms.

APPENDIX 1: ANAPHYLAXIS MODEL POLICY

Acknowledgements

The Victorian Government Department of Education and Early Childhood Development acknowledges the contribution of the Royal Children' s Hospital Department of Allergy, Kindergarten Parents Victoria Inc and Anaphylaxis Australia Inc for their contribution to the development of this model policy for children's services in Victoria.

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Anaphylaxis policy

1 Policy statement

Values:

This children's service believes that the safety and wellbeing of children who are at risk of anaphylaxis is a whole-of-community responsibility. The service is committed to:

- providing, as far as practicable, a safe and healthy environment in which children at risk of anaphylaxis can participate equally in all aspects of the children's program and experiences.
- raising awareness about allergies and anaphylaxis amongst the service community and children in attendance.

- actively involving the parents/guardians of each child at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for their child.
- ensuring each staff member and other relevant adults have adequate knowledge of allergies, anaphylaxis and emergency procedures.
- facilitating communication to ensure the safety and wellbeing of children at risk of anaphylaxis.

Purpose:

The aim of this policy is to:

- minimise the risk of an anaphylactic reaction occurring while the child is in the care of the children's service.
- ensure that staff members respond appropriately to an anaphylactic reaction by initiating appropriate treatment, including competently administering an EpiPen®.
- raise the service community's awareness of anaphylaxis and its management through education and policy implementation.

2 Scope

The *Children's Services Act 1996* require proprietors of licensed children's services to have an anaphylaxis management policy in place. This policy is required whether or not there is a child diagnosed at risk of anaphylaxis enrolled at the service. It applies to children enrolled at the service, their parents/guardians, staff and licensee as well as to other relevant members of the service community, such as volunteers and visiting specialists. The *Children's Services Regulations 2009* include the matters to be included in the policy, practices and procedures related to anaphylaxis management and staff training.

3 Background and legislation

Anaphylaxis is a severe, life-threatening allergic reaction. Up to two per cent of the general population and up to five per cent of children are at risk. The most common causes in young children are eggs, peanuts, tree nuts, cow milk, bee or other insect stings, and some medications.

Young children may not be able to express the symptoms of anaphylaxis.
A reaction can develop within minutes of exposure to the allergen, but with planning and training, a reaction can be treated effectively by using an adrenaline auto-injection device such as an EpiPen®.

The licensee recognises the importance of all staff responsible for the child/ren at risk of anaphylaxis undertaking training that includes preventative measures to minimise the risk of an anaphylactic reaction, recognition of the signs and symptoms of anaphylaxis and emergency treatment, including administration of an auto-injection device such as an EpiPen®.

Staff and parents/guardians need to be made aware that it is not possible to achieve a completely allergen-free environment in any service that is open to the general community. Staff should not have a false sense of security that an allergen has been eliminated from the environment. Instead the licensee recognises the need to adopt a range of procedures and risk minimisation strategies to reduce the risk of a child having an anaphylactic reaction, including strategies to minimise the presence of the allergen in the service.

Legislation
Children's Services Act 1996
Children's Services and Education Legislation Amendment (Anaphylaxis Management) Act 2008
Children's Services Regulations 2009
Children's Services Further Amendments Regulations 2008
Health Act 1958

4 Definitions

***Allergen**:* A substance that can cause an allergic reaction.
Allergy: An immune system response to something that the body has identified as an allergen. People genetically programmed to make an allergic response will make antibodies to particular allergens.

Allergic reaction: A reaction to an allergen. Common signs and symptoms include one or more of the following: hives, tingling feeling around the mouth, abdominal pain, vomiting and/or diarrhoea, facial swelling, cough or wheeze, difficulty swallowing or breathing, loss of consciousness or collapse (child pale or floppy), or cessation of breathing.

Ambulance contact card: A card that the service has completed, which contains all the information that the Ambulance Service will request when phoned on 000. An example of this is the card that can be obtained from the Metropolitan Ambulance Service and once completed by the service it should be kept by the telephone from which the 000 phone call will be made.

***Anaphylaxis**:* A severe, rapid and potentially fatal allergic reaction that involves the major body systems, particularly breathing or circulation systems.

Anaphylaxis medical management action plan: a medical management plan prepared and signed by a Registered Medical Practitioner providing the child's name and allergies, a photograph of the child and clear instructions on treating an anaphylactic episode. An example of this is the Australian Society of Clinical Immunology and Allergy (ASCIA) Action Plan.

Anaphylaxis management training: accredited anaphylaxis management training that has been recognised by the Secretary of the Department of Education and Training and includes strategies for anaphylaxis management, recognition of allergic reactions, risk minimisation strategies, emergency treatment and practise with a trainer adrenaline auto-injection device such as the EpiPen® trainer.

Adrenaline auto-injection device: A device containing a single dose of adrenaline, delivered via a spring-activated needle, which is concealed until administered. There are a range of commercial devices including the Epipen® .

***Adrenaline auto-injection device training**:* training in the administration of adrenaline via an auto-injection device such as an EpiPen® provided by allergy nurse educators or other qualified professionals such as doctors, first aid trainers, through accredited training or through the use of the self paced trainer CD ROM and trainer EpiPen®.

Children at risk of anaphylaxis: those children whose allergies have been medically diagnosed and who are at risk of anaphylaxis.

***EpiPen®**:* This is one form of an auto-injection device containing a single dose of adrenaline, delivered via a spring-activated needle, which is concealed until administered. Two strengths are available, an EpiPen® and an EpiPen Jr®, and are prescribed according to the child's weight. The EpiPen Jr® is recommended for a child weighing 10–20kg. An EpiPen® is recommended for use when a child is in excess of 20kg.

EpiPen® kit: An insulated container, for example an insulated lunch pack containing a current adrenaline auto-injection device, a copy of the child's anaphylaxis medical management action plan, and telephone contact details for the child's parents/guardians, the doctor/medical service and the person to be notified in the event of a reaction if the parent/guardian cannot be contacted. If prescribed an antihistamine may be included in the kit. Auto-injection devices (e.g. EpiPen®) are stored away from direct heat.

Intolerance: Often confused with allergy, intolerance is a reproducible reaction to a substance that is not due to the immune system.

No food sharing: The practice where the child at risk of anaphylaxis eats only that food that is supplied or permitted by the parent/guardian, and does not share food with, or accept other food from any other person.

Nominated staff member: A staff member nominated to be the liaison between parents/guardians of a child at risk of anaphylaxis and the licensee. This person also checks the adrenaline auto-injection device such as an EpiPen® is current, the auto-injection device (EpiPen®) kit is complete and leads staff practise sessions after all staff have undertaken anaphylaxis management training.

Communication plan: A plan that forms part of the policy outlining how the service will communicate with parents and staff in relation to the policy and how parents and staff will be informed about risk minimisation plans and emergency procedures when a child diagnosed at risk of anaphylaxis is enrolled in the service.

Risk minimisation: The implementation of a range of strategies to reduce the risk of an allergic reaction including removing, as far as is practicable, the major sources of the allergen from the service, educating parents and children about food allergies and washing hands after meals.

Risk minimisation plan: A plan specific to the service that specifies each child's allergies, the ways that each child at risk of anaphylaxis could be accidentally exposed to the allergen while in the care of the service, practical strategies to minimise those risks, and who is responsible for implementing the strategies. The risk minimisation plan should be developed by families of children at risk of anaphylaxis and staff at the service and should be reviewed at least annually, but always upon the enrolment or diagnosis of each child who is at risk of anaphylaxis. A sample risk minimisation plan is outlined in Schedule 3 of this document.

Service community*:* all adults who are connected to the children's service.

Treat box: A container provided by the parent/guardian that contains treats, for example, foods which are safe for the child at risk of anaphylaxis and used at parties when other children are having their treats. Non-food rewards, for example stickers, stamps and so on are to be encouraged for all children as one strategy to help reduce the risk of an allergic reaction.

5 Procedures

The Proprietor shall:

1. In all children's services:

- ensure there is an anaphylaxis management policy in place containing the matters prescribed in Schedule 3 of the *Children's Services Regulations 2009* (r. 34A).
- ensure that the policy is available for all parents and guardians at the service (r. 20(2)).
- ensure that all staff in all services whether or not they have a child diagnosed at risk of anaphylaxis attending the service undertake training in the administration of the adrenaline auto-injection device such as an EpiPen® every 12 months (r. 26(2)) and recorded this in the staff records (r. 19(e)). It is recommended that practice with the trainer EpiPen® is undertaken on a regular basis, preferably quarterly.

2. In services where a child diagnosed at risk of anaphylaxis is enrolled the proprietor shall also:

- conduct an assessment of the potential for accidental exposure to allergens while child/ren at risk of anaphylaxis are in the care of the service and develop a risk minimisation plan for the centre in consultation with staff and the families of the child/children (Schedule 3 of the Regulations).

- ensure that a notice is displayed prominently in the main entrance of the services stating that a child diagnosed at risk of anaphylaxis is being cared for or educated at the service (r. 20(1)(j)).
- ensure all staff members on duty have completed recognised anaphylaxis management training (r. 26(3) and that practice of the adrenaline auto-injection device such as the EpiPen® administration is undertaken on a regular basis, preferably quarterly, and recorded annually.
- ensure that all relievers have undertaken recognised anaphylaxis management training including the administration of an adrenaline auto-injection device, are aware of symptoms of an anaphylactic reaction, the child at risk of anaphylaxis, the child's allergies, the individual anaphylaxis medical management action plan and the location of the auto-injection device (EpiPen®) kit .
- ensure that no child who has been prescribed an adrenaline auto-injection device such as an EpiPen® is permitted to attend the service or its programs without that device. (Schedule 3 of the Regulations).
- ensure parents/guardians of the child diagnosed at risk of anaphylaxis are provided with a copy of the policy (r. 20(2A)).
- implement the communication strategy and encourage ongoing communication between parents/guardians and staff regarding the current status of the child's allergies, this policy and its implementation (Schedule 3 of the Regulations).
- display an ASCIA generic poster called Action plan for Anaphylaxis in a key location at the service, for example, in the children's room, the staff room or near the medication cabinet.
- display an ambulance contact card by telephones.
- comply with the procedures outlined in Schedule 1 of the model policy.
- ensure that a child's individual anaphylaxis medical management action plan signed by a registered medical practitioner is inserted in to the enrolment records for each child (r. 16(p)). This will outline the allergies and describe the prescribed medication for that child and the circumstances in which it should be used.
- ensure that all staff know the location of the anaphylaxis medical management plan and that a copy is kept with the auto-injection device (EpiPen®) kit (Schedule 3 of the Regulations).
- Ensure that the staff member accompanying children outside the service carries the anaphylaxis medication and a copy of the anaphylaxis medical management action plan in the auto-injection device (EpiPen®) kit (r. 31(2)(c)).

Staff responsible for the child at risk of anaphylaxis shall:

- ensure a copy of the child's anaphylaxis medical management action plan is visible to all staff.
- follow the child's anaphylaxis medical management action plan in the event of an allergic reaction, which may progress to anaphylaxis.
- in the situation where a child who has not been diagnosed as allergic, but who appears to be having an anaphylactic reaction:
- Call an ambulance immediately by dialling 000.
- Commence first aid measures.
- Contact the parent/guardian.
- Contact the person to be notified in the event of illness if the parent/guardian cannot be contacted.
- practice adrenaline auto-injection device (EpiPen®) administration procedures using an EpiPen® trainer and 'anaphylaxis scenarios' on a regular basis, preferably quarterly.

- ask all parents/guardians as part of the enrolment procedure, prior to their child's attendance at the service, whether the child has allergies and document this information on the child's enrolment record. If the child has severe allergies, ask the parents/guardians to provide a medical management action plan signed by a Registered Medical Practitioner.
- ensure that parents/guardians provide an anaphylaxis medical management action plan signed by the child's Registered Medical Practitioner and a complete auto-injection device (EpiPen®) kit (which must contain a copy the child's anaphylaxis medical management action plan) while the child is present at the service.
- ensure that the auto-injection device (EpiPen®) kit is stored in a location that is known to all staff, including relief staff; easily accessible to adults (not locked away); inaccessible to children; and away from direct sources of heat (r. 37(2)(b)).
- ensure that the auto-injection device (EpiPen®) kit containing a copy of the anaphylaxis medical management action plan for each child at risk of anaphylaxis is carried by a staff member accompanying the child when the child is removed from the service e.g. on excursions that this child attends (Schedule 3 of the Regulations).
- regularly check the adrenaline auto-injection device (EpiPen®) expiry date. (The manufacturer will only guarantee the effectiveness of the EpiPen® to the end of the nominated expiry month.)
- provide information to the service community about resources and support for managing allergies and anaphylaxis.
- comply with the procedures outlined in Schedule 1 of the model policy.

Parents/guardians of children shall:

- Comply with the procedures outlined in Schedule 1 of the model policy.

Parents/guardians of a child at risk of anaphylaxis shall:

- inform staff, either on enrolment or on diagnosis, of their child's allergies.
- develop an anaphylaxis risk minimisation plan with service staff.
- provide staff with an anaphylaxis medical management action plan signed by the registered medical practitioner giving written consent to use the EpiPen® in line with this action plan.
- provide staff with a complete EpiPen® kit.
- regularly check the adrenaline auto-injection device (EpiPen®) expiry date.
- assist staff by offering information and answering any questions regarding their child's allergies.
- notify the staff of any changes to their child's allergy status and provide a new anaphylaxis action plan in accordance with these changes.
- communicate all relevant information and concerns to staff, for example, any matter relating to the health of the child.
- comply with the service's policy that no child who has been prescribed an adrenaline auto-injection device such as an EpiPen® is permitted to attend the service or its programs without that device.
- comply with the procedures outlined in Schedule 1 of the model policy.

6 Related documents

Related documents at the service:

- Enrolment checklist for children at risk of anaphylaxis (Schedule 2 of the model policy).
- Sample Risk Minimisation Plan (Schedule 3 of the model policy).

- Brochure titled 'Anaphylaxis – a life threatening reaction', available through the Royal Children's Hospital, Department of Allergy.
- Relevant service policies such as:
- Enrolment
- Illness and Emergency Care
- Nutrition
- Hygiene and Food Safety
- Asthma
- Inclusion
- Communication

Contact details for resources and support

Australasian Society of Clinical Immunology and Allergy (ASCIA), at www.allergy.org.au, provides information on allergies. Their sample Anaphylaxis Action Plan can be downloaded from this site. Contact details for Allergists may also be provided. Telephone 0425 216 402.

Anaphylaxis Australia Inc, at www.allergyfacts.org.au, is a non-profit support organisation for families with food anaphylactic children. Items such as storybooks, tapes, EpiPen® trainers and so on are available for sale from the Product Catalogue on this site. Anaphylaxis Australia Inc provides a telephone support line for information and support to help manage anaphylaxis. Telephone 1300 728 000.

Royal Children's Hospital, Department of Allergy, at www.rch.org.au, provides information about allergies and the services provided by the hospital. Contact may be made with the Department of Allergy to evaluate a child's allergies and if necessary, provide an EpiPen® prescription, as well as to purchase EpiPen® trainers. Telephone (03) 9345 5701.

Department of Education and Early Childhood Development website at www.education.vic.gov.au/anaphylaxis provides information related to anaphylaxis, including frequently asked questions related to anaphylaxis training.

Training

Access the Department of Education and Training website for information about free training for staff members in services where there is a child diagnosed at risk of anaphylaxis enrolled at: www.education.vic.gov.au/anaphylaxis .
There are a range of providers offering anaphylaxis training, including Royal Children's Hospital Department of Allergy, first aid providers and Registered Training Organisations. Ensure that where there is a child diagnosed at risk of anaphylaxis enrolled in the service the anaphylaxis management training undertaken is accredited.

7 Authorisation

This policy was adopted by the [Fawkner Park Children's Centre] in [November 2008].

8 Review date

This policy shall be reviewed annually at the October Committee Meeting. Any comprehensive amendments will be documented under authorisation.

9 Evaluation

The licensee shall:

- discuss with staff their knowledge of issues following staff participation in anaphylaxis management training.

- selectively audit enrolment checklists (e.g. annually) to ensure that documentation is current and complete.
- discuss this policy and its implementation with parents/guardians of children at risk of anaphylaxis to gauge their satisfaction with both the policy and its implementation in relation to their child.
- respond to complaints.
- review the adequacy of the response of the service if a child has an anaphylactic reaction and consider the need for additional training and other corrective action.

The staff shall nominate a staff member to:

- conduct 'anaphylaxis scenarios' and supervise practise sessions in EpiPen® administration procedures to determine the levels of staff competence and confidence in locating and using the auto-injection device (EpiPen®) kit.
- (An anaphylaxis resource kit has been provided to all children's services. This kit contains an EpiPen® trainer and trainer CD rom to enable staff to practise the administration of the EpiPen® regularly at least quarterly. This trainer EpiPen® should be stored separately from all other EpiPens®, for example in a file with anaphylaxis resources, so that the EpiPen® trainer is not confused with an actual EpiPen®).
- routinely (e.g. monthly) review each auto-injection (EpiPen®) kit to ensure that it is complete and the auto-injection device (EpiPen®) is not expired.
- liaise with the licensee and parents of children at risk of anaphylaxis.

Parents/guardians shall:

- read and be familiar with the policy.
- identify and liaise with the nominated staff member.
- bring relevant issues to the attention of both staff and licensee.

Schedule 1: Risk minimisation plan

The following procedures should be developed in consultation with the parent or guardian and implemented to help protect the child diagnosed at risk of anaphylaxis from accidental exposure to food allergens.

In relation to the child at risk:

- This child should only eat food that has been specifically prepared for him/her.
- Where the service is preparing food for the child, ensure that it has been prepared according to the parent's instructions.
- Some parents will choose to provide all food for their child.
- All food for this child should be checked and approved by the child's parent/guardian and be in accordance with the risk minimisation plan.
- Bottles, other drinks and lunch boxes, including any treats, provided by the parents/guardians for this child should be clearly labelled with the child's name.
- There should be no trading or sharing of food, food utensils and containers with this child.
- In some circumstances it may be appropriate that a highly allergic child does not sit at the same table when others consume food or drink containing or potentially containing the allergen. However, children with allergies should not be separated from all children and should be socially included in all activities.
- Parents/guardians should provide a safe treat box for this child.
- Where this child is very young, provide his/her own high chair to minimise the risk of cross-contamination.
- When the child diagnosed at risk of anaphylaxis is allergic to milk, ensure non-allergic babies are held when they drink formula/milk.
- Increase supervision of this child on special occasions such as excursions, incursions or family days.

In relation to other practices at the centre:

- Ensure tables, high chairs and bench tops are washed down after eating.
- Ensure hand washing for all children before and after eating and, if the requirement is included in a particular child's anaphylaxis medical management action plan, on arrival at the children's service.
- Restrict use of food and food containers, boxes and packaging in crafts, cooking and science experiments, depending on the allergies of particular children. Staff should discuss the use of foods in such activities with parents/guardians of this child and these foods should be consistent with the risk minimisation plan.
- All children need to be closely supervised at meal and snack times and consume food in specified areas. To minimise risk children should not 'wander around' the centre with food.
- Staff should use non-food rewards, for example stickers, for all children.
- The risk minimisation plan will inform the children's service's food purchases and menu planning.
- Food preparation personnel (staff and volunteers) should be instructed about measures necessary to prevent cross contamination between foods during the handling, preparation and serving of food – such as careful cleaning of food preparation areas and utensils.
- Where food is brought from home to the centre, all parents/guardians will be asked not to send food containing specified allergens or ingredients as determined in the risk minimisation plan.

Schedule 2: Enrolment Checklist for Children at Risk of Anaphylaxis

- A risk minimisation plan is completed in consultation with parent/guardian, which includes strategies to address the particular needs of each child at risk of anaphylaxis, and this plan is implemented
- Parents/guardians of a child diagnosed at risk of anaphylaxis have been provided a copy of the service's Anaphylaxis management policy
- All parents/guardians are made aware of the Anaphylaxis management policy
- Anaphylaxis medical management action plan for the child is signed by the child's Registered Medical Practitioner and is visible to all staff. A copy of the anaphylaxis medical management action plan is included in the child's auto-injection device (EpiPen®) kit.
- Adrenaline auto-injection device such as an EpiPen® (within expiry date) is available for use at any time the child is in the care of the service
- Adrenaline auto-injection device is stored in an insulated container (e.g. EpiPen® Kit), in a location easily accessible to adults (not locked away), inaccessible to children and away from direct sources of heat
- All staff, including relief staff, are aware of each EpiPen® kit location and the location of the anaphylaxis medical management action plan
- Staff responsible for the child/ren diagnosed at risk of anaphylaxis undertake accredited anaphylaxis management training, which includes strategies for anaphylaxis management, risk minimisation, recognition of allergic reactions, emergency treatment and practise with an EpiPen® trainer, and is reinforced at quarterly intervals and recorded annually
- The service's emergency action plan for the management of anaphylaxis is in place and all staff understand the plan
- A treat box is available for special occasions (if relevant) and is clearly marked as belonging to the child at risk of anaphylaxis
- Parent/guardian's current contact details are available
- Information regarding any other medications or medical conditions (for example asthma) is available to staff
- If food is prepared at the service, measures are in place to prevent contamination of the food given to the child at risk of anaphylaxis

Schedule 3: Sample Risk Minimisation Plan for Anaphylaxis

The following suggestions may be considered when developing or reviewing a children's service risk minimisation plan.

How well has the children's service planned for meeting the needs of children with allergies who are at risk of anaphylaxis?

Who are the children?

- List names and room locations of each of the at risk children

What are they allergic to?

- List all of the known allergens for each of the at risk children
- List potential sources of exposure to each known allergen and strategies to minimise the risk of exposure. This will include requesting that certain foods/items not be brought to the service

Does everyone recognise the at-risk children?

- List the strategies for ensuring that all staff, including relief staff and cooks, recognise each of the at risk children
- Confirm where each child's Action Plan (including the child's photograph) will be displayed

Do families and staff know how the service manages the risk of anaphylaxis?

- Record when each family of an at risk child is provided a copy of the service's Anaphylaxis management policy
- Record when each family member provides a complete auto-injector (EpiPen®) kit
- Test that all staff, including relief staff, know where the auto-injector (EpiPen®) kit is kept for each at risk child
- Regular checks of the expiry date of each adrenaline auto-injection device are undertaken by a nominated staff member and the families of each at risk child
- Service writes to all families requesting that specific procedures be followed to minimise the risk of exposure to a known allergen. This may include requesting the following are not sent to the service:
- Food containing the major sources of allergens, or foods where transfer from one child to another is likely, for example peanut, nut products, whole egg, chocolate
- Food packaging of risk foods (see known allergens at point 2), for example cereal boxes, egg cartons and so on
- A new written request is sent to families if the food allergens change
- Ensure all families are aware of the policy that no child who has been prescribed an adrenaline auto-injection device such as an EpiPen® is permitted to attend the service without that device.
- The service displays the ASCIA generic poster, Action plan for anaphylaxis, in a key location and locates a completed ambulance card by the telephone/s
- The auto-injector (EpiPen®) kit including a copy of the anaphylaxis medical management action plan is carried by a staff, member when a child is removed from the service eg excursions

Do all staff know how the children's service aims to minimise the risk of a child being exposed to an allergen?

- Think about times when the child could potentially be exposed to allergens and develop appropriate strategies, including who is responsible for implementing them (See following section for possible exposure scenarios and strategies)
- Menus are planned in conjunction with parents/guardians of at risk children
- Food for the at-risk child is prepared according to their parents'/guardians' instructions to avoid the inclusion of food allergens
- As far as practical the food on the menu for all children should not contain ingredients such as milk, egg and peanut/nut products to which the child is at risk
- The at-risk child should not be given food if the label for the food states that the food may contain traces of a known allergen
- Hygiene procedures and practices are used to minimise the risk of contamination of surfaces, food utensils and containers by food allergens
- Consider the safest place for the at risk child to be served and consume food, while ensuring they are socially included in all activities, and ensure this location is used by the child

- Service develops procedures for ensuring that each at risk child only consumes food prepared specifically for him/her
- No food is introduced to a baby if the parent/guardian has not previously given this food to the baby
- Ensure each child enrolled at the service washes his/her hands before and after eating and on arrival if required as part of a particular child's medical management plan.
- Teaching strategies are used to raise awareness of all children about anaphylaxis and no food sharing with the at risk child/ren and the reasons for this
- Bottles, other drinks and lunch boxes provided by the family of the at risk child should be clearly labelled with the child's name
- A safe 'treat box' is provided by the family of each at risk child and used by the service to provide 'treats' to the at risk child, as appropriate

Do relevant people know what action to take if a child has an anaphylactic reaction?

- Know what each child's anaphylaxis medical management action plan says and implement it
- Know who will administer the adrenaline auto-injection device (EpiPen®)and stay with the child; who will telephone the ambulance and the parents; who will ensure the supervision of the other children; who will let the ambulance officers into the service and take them to the child
- All staff with responsibilities for at risk children have undertaken anaphylaxis management training and regular practise sessions for the administration of the adrenaline auto-injection device (EpiPen®).

How effective is the service's risk minimisation plan?

- Review the risk minimisation plan with families of at risk children at least annually, but always upon enrolment of each at risk child and after any incident or accidental exposure.

Possible exposure scenarios and strategies

Scenario	Strategy	Who
Food is provided by the children's service and a food allergen is unable to be removed from the service's menu (for example milk)	Menus are planned in conjunction with parents of at risk child/children and food is prepared according to parents instructions Alternatively the parent provides all of the food for the at risk child	Cook, Primary Nominee, Parent
	Ensure separate storage of foods containing allergen	Proprietor & Cook
	Cook and staff observe food handling, preparation and serving practices to minimise the risk of cross contamination. This includes hygiene of surfaces in kitchen and children's eating area, food utensils and containers	Cook & Staff
	There is a system in place to ensure the at risk child is served only the food prepared for him/her	Cook & Staff
	An 'at risk' child is served and consumes their food at a place considered to pose a low risk of contamination from allergens from another child's food. This place is not separate from all children and allows social inclusion at mealtimes	Staff
	Children are regularly reminded of the importance of no food sharing with the at-risk child	Staff

	Children are supervised during eating	Staff
Party or celebration	Give plenty of notice to families about the event	Proprietor/ Primary Nominee/ Qualified Staff
	Ensure a safe treat box is provided for the at-risk child	Parent/ Staff
	Ensure the at-risk child only has the food approved by his/her parent/guardian	Staff
	Specify a range of foods that families may send for the party and note particular foods and ingredients that should not be sent	Proprietor/ Primary Nominee
Protection from insect sting allergies	Specify play areas that are lowest risk to the at-risk child and encourage him/her and peers to play in the area	Staff
	Decrease the number of plants that attract bees	Proprietor
	Ensure the at-risk child wears shoes at all times outdoors	Staff
	Quickly manage any instance of insect infestation. It may be appropriate to request exclusion of the at-risk child during the period required to eradicate the insects	Proprietor
Latex allergies	Avoid the use of party balloons or contact with latex gloves	Staff
Cooking with children	Ensure parents/ guardians of the at-risk child are advised well in advance if ingredients need to be bought by the parents	Staff

APPENDIX 2: FPCC ANAPHYLAXIS COMMUNICATION POLICY

Fawkner Park Children's Centre (FPCC) Anaphylaxis Communication Plan

The Children's Services Regulations 1988 were amended in October 2009. As a result FPCC developed an anaphylaxis 'communication plan'. This should be read in conjunction with the FPCC Policy and Parents' Handbook documents.

This communication plan outlines practices and procedures to ensure:

- That all relevant people are aware if a child diagnosed at risk of anaphylaxis ('child at risk') is enrolled at FPCC;
- That all staff at FPCC can identify the child at risk;
- That all staff know the location of the EpiPen belonging to the child at risk;
- That all staff know the location of the medical management action plan for the child at risk; and
- That all staff are aware of the contents of the action plan for the child at risk.

1. Awareness about anaphylaxis managements at FPCC

FPCC will ensure that all:

- staff members – including relief staff and staff acting in an honorary or voluntary capacity; and
- all parents or guardians of children at FPCC
- are informed about anaphylaxis management at FPCC and the anaphylaxis management policy of FPCC.

Informing staff will occur as follows:

- When permanent staff are hired they shall, as part of their induction, be informed about anaphylaxis management at FPCC and receive a copy of FPCC policy document which includes the anaphylaxis management policy of FPCC, which they will be required to read as part of their employment duties at FPCC, prior to their commencement at FPCC ;
- When relief staff are engaged by FPCC, upon arrival at FPCC they shall be informed about anaphylaxis management at FPCC and be provided with a copy the anaphylaxis management policy of FPCC, which they will be required to read as part of their engagement by FPCC, prior to their commencement at FPCC;
- When honorary or voluntary staff are used by FPCC they shall be informed about anaphylaxis management at FPCC and be provided with a copy the anaphylaxis management policy of FPCC, which they will be required to read, prior to their contact with children as part of their honorary or voluntary caring role at FPCC.

Informing parents or guardians of children ('carers') at FPCC will occur as follows:

- As part of the enrolment process at FPPC, all carers will be informed verbally about the anaphylaxis management at FPCC, and will be provided with a copy of the FPCC policy documents which includes the anaphylaxis management policy of FPCC.
- From time to time carers will be sent a communication by FPCC reminding them about anaphylaxis management at FPCC and drawing their attention to the current anaphylaxis management policy of FPCC and its availability.

2. Communication with carers of a child at risk of anaphylaxis ('child at risk')

- Every child at risk has a risk minimisation plan and anaphylaxis medical management plan;
- If any changes to the risk minimisation plan and /or anaphylaxis medical management plan are required, it is the responsibility of the carers of the child at risk to inform FPCC of the necessary changes;
- Such communication by the carers to FPCC should be provided in writing to the Centre Director or the room leader for the room in which the child at risk attends.
- The Centre Director shall then implement the necessary changes to the risk minimisation plan and / or anaphylaxis medical management plan.
- Any changes to the anaphylaxis medical management plan needs to be signed by a registered medical practitioner (to be arranged by the carers), and inserted in to the enrolment records for the child at risk.

3. Awareness about at risk children

FPCC will ensure that all:

- staff members – including relief staff and staff acting in an honorary or voluntary capacity; and
- all parents or guardians of children at FPCC are informed about and familiar with the anaphylaxis medical management plan and risk minimisation plan of each child at risk enrolled at FPCC.

Informing staff will occur as follows:

- When permanent staff are hired they shall, as part of their induction, be informed about the anaphylaxis medical management plan and risk minimisation plan of each child at risk enrolled at FPCC. They will be required to read and become familiar with each plan as part of their employment duties at FPCC, prior to their commencement at FPCC;
- When relief staff are engaged by FPCC, upon arrival at FPCC they shall be informed about the anaphylaxis medical management plan and risk minimisation plan of each child at risk enrolled at FPCC. They will be required to read and become familiar with each plan as part of their engagement by FPCC, prior to their commencement at FPCC ;
- When honorary or voluntary staff are used by FPCC they shall be informed about the anaphylaxis medical management plan and risk minimisation plan of each child at risk enrolled at FPCC. They will be required to read and become familiar with each plan prior to their contact with children as part of their honorary or voluntary caring role at FPCC.

APPENDIX 3: DIABETES STRATEGIES

Attachment 1

Strategies for the management of diabetes in children at the service

Strategy	Action
Monitoring of blood glucose (BG) levels	• Checking of blood glucose (BG) levels is performed using a blood glucose meter (refer to *Definitions*) and a finger pricking device. The child's diabetes action and management plan should state the times that BG levels should be checked, the method of relaying information to parents/guardians about BG levels and any intervention required if the BG level is found to be below or above certain thresholds. A communication book can be used to provide information about the child's BG levels between parents/guardians and the service at the end of each session. • Checking of BG occurs at least four times every day to evaluate the insulin dose. Some of these checks may need to be done while a child is at the service – at least once, but often twice. Routine times for checking include before meals, before bed and regularly overnight. • Additional checking times will be specified in the child's diabetes action and management plan. These could include such times as when a 'hypo' is suspected. • Children are likely to need assistance with performing BG checks. • Parents/guardians should be asked to teach service staff about BG checking procedures. • Parents/guardians are responsible for supplying a blood glucose meter, in-date test strips and a finger pricking device for use by their child while at the service.
Managing hypoglycaemia (hypos)	• Hypos or suspected hypos should be recognised and treated promptly, according to the instructions provided in the child's diabetes action and management plan. • Parents/guardians are responsible for providing the service with oral hypoglycaemia treatment (hypo food) for their child in an appropriately labelled container. • This hypo container must be securely stored and readily accessible to all staff.
Administering insulin	• Administration of insulin during service hours may be required; this will be specified in the child's diabetes action and management plan. • As a guide, insulin for service-aged children is commonly administered:

	– twice a day: before breakfast and dinner at home – by a small insulin pump worn by the child – If insulin is required please seek specific advice from the child's diabetes treatment team.
Managing ketones	• Ketone checking may be required when their blood glucose level is >15.0 mmol/L. • Refer to the child's diabetes action and management plan.
Off-site excursions and activities	• With good planning, children should be able to participate fully in all service activities, including attending excursions. • The child's diabetes action and management plan should be reviewed prior to an excursion, with additional advice provided by the child's diabetes medical specialist team and/or parents/guardians, as required.
Infection control	• Infection control procedures must be developed and followed. Infection control measures include being informed about ways to prevent infection and cross-infection when checking BG levels, handwashing, having one device per child and not sharing devices between individuals, using disposable lancets and safely disposing of all medical waste.
Timing meals	• Most meal requirements will fit into regular service routines. • Children with diabetes require extra supervision at meal and snack times to ensure that they eat all their carbohydrates. If an activity is running overtime, children with diabetes cannot have delayed meal times. Missed or delayed carbohydrate is likely to induce hypoglycaemia (hypo).
Physical activity	• Exercise in excess of the normal day to day activities of play should be preceded by a serve of carbohydrates. • Exercise is not recommended for children whose BG levels are high, as it may cause BG levels to become more elevated. • Refer to the child's diabetes action and management plan for specific requirements in relation to physical activity.
Participation in special events	• Special events, such as class parties, can include children with type 1 diabetes in consultation with their parents/guardians. • Services should provide food and drink alternatives when catering for special events, such as low sugar or sugar-free drinks and/or sweets. This should be planned in consultation with parents/guardians.
Communicating with parents	• Services should communicate directly and regularly with parents/guardians to ensure that their child's individual diabetes action and management plan is current. • Services should establish a mutually agreeable home-to-service means of communication to relay health information and any health changes or concerns. • Setting up a communication book is recommended and, where appropriate, make use of emails and/or text messaging.

APPENDIX 4: CHILD SAFE ATTACHMENTS

- Attachment 1: Fawkner Park Children's Centre Code of Conduct
- Attachment 2: Fawkner Park Children's Centre Child Safe Code of Conduct
- Attachment 3: Child protection risk assessment
- Attachment 4: Child safety review checklist
- Attachment 5: Child safe organisations
- Attachment 6: Reporting responsibilities and guidelines
- Attachment 7: Guidelines for the recruitment of staff and volunteers
- Attachment 8: Reportable Conduct Scheme
- Attachment 9: Fawkner Park Children's Centre: Child Abuse Incident Reporting Form
- Attachment 10: Poster: Body signs when feeling unsafe; Child's Safety Network
- Attachment 11: FPCC6.2 Complaints and Grievances Management (From the parent handbook)

Attachment 1: Staff Code of Conduct

The Committee and staff of FPCC have a legal and moral responsibility to manage the organisation in the best interests of the community it serves. Committee members and staff will demonstrate professional ethical behaviour at all times – in their responsibilities to the organisation, in their professional relationships with each other, and in their professional service to the community – and will be required to adhere to this code of ethics:

Staff and volunteers shall:

- Publicly and privately support the organisation and each other, acknowledging the strengths and weaknesses of others and acting with courtesy and respect

- Act honestly and in good faith at all times in the interests of the organisation and objects, ensuring that all stakeholders, particularly those who are recipients of services, are treated fairly according to their rights

- Perform their duties as best they can, taking into account their skills, experience, qualifications and position. They shall act in a safe, responsible and effective manner

- Be punctual and reliable in their attendance and adhere to their prescribed and authorised hours of duty

- Comply with the prescribed terms and conditions of their employment/engagement

- Record their attendance for duty in the manner prescribed
- Notify the organisation of an inability to attend duty as early as possible so as not to inconvenience others or delay the work of the organisation
- Carry out their duties in a lawful manner and ensure the organisation carries out its business in accordance with the law, and recognise both legal and moral duties of their role
- Respect and safeguard the property of the organisation, the public and colleagues; and observe safe work practices so as not to endanger themselves or others
- Maintain confidentiality regarding any information gained through their work and not divulge personal information or the address or phone numbers of Staff, Board or service users
- Ensure that all transactions, agreements and records that flow from relationships with FPCC's stakeholders will be accurately and openly recorded in the organisation's books and records, and no entries will be made which obscure the true nature of a transaction
- Ensure that FPCC will market its services with integrity and accuracy
- Ensure that personal and financial interests do not conflict with the duty to the organisation
- Undertake no personal or business activities for personal gain while at the organisation or while conducting business of the organisation: procedures associated with such activities will not be carried out on the organisation's computers without open and express permission of a higher authority
- Work within the organisation's policies and principles
- Discuss issues where appropriate with other staff and Board members to determine whether or not a contemplated action is ethical
- Be aware of their roles and responsibilities regarding child safety, including the needs to identify and respond to every child at risk of abuse or neglect
- Remain compliant with the Child Safe Standards (CSS) and principles and Reportable Conduct Scheme

My signature below indicates that I have read, understand and agree with the statements made.

Signed: …… Staff Member

Date: ……..

Attachment 2: Child Safe Code of Conduct

Fawkner park children's Centre Child Safe code of conduct

A Code of conduct provides the minimum expected behaviour of all personnel at Fawkner Park Children's Centre

All staff, committee members, students, volunteers and contractors of Fawkner Park Children's Centre (FPCC) are required to observe child safe principles and expectations for appropriate behaviour towards and in the company of children, as noted below. All personnel of FPCC are responsible for supporting the safety, participation, wellbeing and empowerment of children by:

- adhering to FPCC's Child Safe policy at all times and upholding our commitment to ensuring the child's safety, health and wellbeing are safeguarded at all times
- treating everyone equitably with respect and dignity
- promoting the cultural safety, participation and empowerment of Aboriginal and Torres Strait Islander children (for example, by never questioning an Aboriginal child's self-identification)
- promoting the cultural safety, participation and empowerment of children with culturally and/or linguistically diverse backgrounds (for example, by having zero tolerance for discrimination)
- promoting the safety, participation and empowerment of children with a disability (for example, during personal care activities)
- remembering to be a positive role model to children in all of your conduct with them
- ensuring as far as practicable that adults are not left alone with a child (at least two staff members must always be present in the centre when children are in attendance)
- encouraging children to 'have a voice' and share their opinions and participate in all relevant organisational activities where possible, especially on issues that are important to or affect them

- listening and responding to the views and concerns of children, particularly if they are telling you that they or another child has been abused and/or are worried about their safety or the safety of another
- taking all reasonable steps to protect children from abuse or harm
- responding quickly, fairly and transparently to any serious complaints or disclosures of abuse made by a child or their parent/guardian
- ensuring as quickly as possible that the child(ren) are safe, if an allegation or disclosure of child abuse is made
- reporting any disclosures, allegations, or reasonable beliefs of child abuse to the centre Director, or in their absence the 2IC, ensuring all allegations/concerns are dealt with following the centre's reporting protocols (as detailed in our Child Safe Policy)
- reporting any concerns for the wellbeing of a child or unborn child to the centre Director, or in their absence the 2IC, promptly and accurately, with the understanding that a referral will need to be made to CHILD First
- reporting any reasonable beliefs that a child may be at risk of significant harm/abuse to the centre Director, or in their absence the 2IC, with the understanding that a referral will need to be made to DFFH Child Protection
- alerting the centre Director, or in their absence the 2IC, and contacting Victoria Police when there are concerns about a child that are either life threatening or when their immediate safety is at risk
- ensure that all relevant forms such as Park visit/Soccer/Bush Kinder/Martial art forms, photograph forms and optical surveillance forms have been signed by the child's family when storing information about children.
- Only use digital devices issued by Fawkner Park Children's Centre when taking, recording photos and videos of children
- Following our Safe use of digital technologies and online environment policy when taking, using, storing and destructing any images or videos of children being educated and cared for by the service

Staff and volunteers must not:

- develop any 'special' relationships with children that could be seen as favouritism (for example, the offering of gifts or special treatment for specific children)
- exhibit behaviours with children which may be construed as unnecessarily physical (for example rough physical play)

- put children at risk of abuse (for example by not sighting the ID of a new person collecting the child)
- do things of a personal nature that a child can do for themselves, such as toileting or changing clothes
- engage in open discussions of a mature or adult nature in the presence of children (for example, personal social activities)
- use inappropriate language in the presence of children
- express personal views on cultures, race or sexuality in the presence of children
- discriminate against any child, including because of culture, race, ethnicity or disability
- have inappropriate online contact with a child or their family outside of the terms of use of the Storypark policy
- ignore or disregard any suspected or disclosed child abuse
- Use any computer, mobile phone, iPad, or video, digital camera and or any other electronic devices to exploit or harass children or expose children to offensive or sexualized content
- Not use, or have access to, any personal electronic devices, including mobile phones, or smart watches or digital glasses (example: Meta) used to take images or video of children at the service

By observing these standards, you acknowledge your responsibility to immediately report any breach of this code to the centre Director or in her absence the 2IC.

Phone 000 if your concerns for a child are life threatening or you believe their safety is immediately at risk

I agree to adhere to this Code of Conduct:

Name: …….....

Signature: ……

Date: …….....

ATTACHMENT 3

Risk assessment and management templates

- To develop effective prevention and mitigation strategies, organisations need to identify risks of child abuse and harm within their operations. This involves looking at where and how the organisation engages with children (whether in a physical or online environment) and focusing on risks to children, rather than risks to the organisation.
- These templates use research commissioned for the Royal Commission[6] and are designed to help organisations in identifying, assessing, and managing the risk of child abuse and harm.
- An organisational risk assessment template, activity risk assessment template and risk management plan template are provided. The templates can be used to identify, analyse and plan to control risks and to regularly review and monitor risk. They can also be used to conduct a risk assessment of a new program, activity or event.

[6] Parkinson, P & Cashmore, J, Assessing the different dimensions and degrees of risk of child sexual abuse in institutions, Report to the Royal Commission into Institutional Responses to Child Sexual Abuse, 2017.

Risk factor	Analysis	Existing risk controls	Is this enough to keep children and young people safe?	New controls required
	Where does risk arise in your organisation?	*What is in place now that reduces the risk?*	*Considering the risk assessment what are the gaps in the existing controls?*	*What can be put in place to manage the gaps?*
Your organisation's activities (situational risk)	Some things to consider about the activities your organisation conducts: What are the different types of activities? Where are they held? How often do activities occur and how long do they run for (for example, a few hours, overnight)? Is there physical contact between children and adults? Could activities result in an emotional dependence by children on adults? What sort of supervision of adults and children is involved? Is there travel to a venue or activity and how does this happen? Does the activity take place at another organisation's facility (for example, a rented hall, public sports facility, camp site)?			
Your organisation's physical environment (situational risk)	Consider whether there are any aspects of your organisation's physical environment that may make it easier for child abuse or harm to occur or to go undetected. Does it have: isolated areas poorly supervised areas facilities that might increase the risk of abuse (for example, pools where children must get changed) shared spaces where children attend with adults that are not from the organisation?			
Your organisation's online environment (situational risk)	Consider whether there are any aspects of your organisation's online environment that may make it easier for child abuse or harm to occur or to go undetected. What platforms, software or other services do you use? How do people in your organisation engage with children and young people online? Have you set clear expectations for behaviour by adults and children online? Has your organisation shared information with children on how to stay safe online? What policies and procedures are in place to protect privacy? Do you have clear processes in place to report online abuse? Is activity by adults and children online supervised?			
The children involved in your organisation (vulnerability risks)	What are the characteristics of the children in your organisation? Are there children who may be at increased risk of abuse or harm, including:			

Risk factor	Analysis	Existing risk controls	Is this enough to keep children and young people safe?	New controls required
	from Aboriginal and Torres Strait Islander backgrounds with disability from culturally and language diverse backgrounds who identify as LGBTIQ or are questioning their sexuality or gender with a history of trauma, abuse or neglect unable to live at home including being homeless or living in foster, residential or kinship care with a history of drug or alcohol dependence with mental or physical health issues? Refer to Standard 5 in A guide for creating a Child Safe Organisation for more information. Are there other factors that may make some children involved in your organisation more vulnerable to abuse or harm?			
Your organisation's people (propensity risk)	Who are the staff, volunteers and/or members of your organisation? What sort of attitudes are held by people in your organisation about children? How do you manage inappropriate behaviour? Are there any people with a history of harmful behaviour towards children? How do you recruit staff and volunteers? Were all adults properly screened for appropriateness to engage with children before joining the organisation? Is there a typical profile of the people attracted to a position in your organisation? Are there any challenges to child safety with this profile that need to be managed? Do you engage third-party contractors? Have they been screened for appropriateness to engage with children?			
Your organisation's structures (institutional risk)	Consider how your organisation is set up and operates. Some organisational structures can increase the risk[7] of abuse and harm such as: having a strong hierarchical structure encouraging deference to authority or unquestioning trust of leaders having a close-knit community, where people have known each other for years or are family members			

[7] Commonwealth of Australia, Royal Commission into Institutional Responses to Child Sexual Abuse, Final Report: Volume 2, Nature and cause, 2017, p.16.

Risk factor	Analysis	Existing risk controls	Is this enough to keep children and young people safe?	New controls required
	services or facilities for children are not seen as a key part of the organisation's business containing people whose attitudes towards children are that they should be seen and not heard.			
Your organisation's culture (institutional risk)	Consider whether attitudes and culture in your organisation increase or decrease the risk that child abuse and harm will be prevented, detected and/or stopped. Does your organisation have a culture that makes sure child safety is a priority? Consider if people in your organisation:[8] understand child abuse and harm and are aware of the signs see the prevention of child abuse and harm as a everyone's responsibility prioritise the safety of children over the reputation of the organisation listen to and empower children educate children about what is appropriate behaviour by adults understand how discrimination can cause harm to children and take action if it occurs take short cuts without thinking about the risks.			
Your organisation's policies and procedures (institutional risk)	Effective policies and procedures can greatly reduce the risk of child abuse and harm occurring. However, for policies and procedures to be effective they must be properly implemented, up to date and communicated to everyone. Consider if your organisation has: appropriate recruitment policies (including Working with Children Checks and/or other screening) for staff and volunteers			

[8] Adapted from Royal Commission, Final Report: Volume 2, Nature and cause, p.159.

Risk factor	Analysis	Existing risk controls	Is this enough to keep children and young people safe?	New controls required
	a Code of Conduct that clearly establishes what is appropriate and inappropriate behaviour towards children with consequences for breaches an easily understood Child Safety and Wellbeing Policy and Complaints Handling Policy clear processes for reporting and responding to allegations of child abuse or harm and child safety concerns that are understood by staff, volunteers, children and families appropriate induction, training and communication with staff and volunteers so they are aware of policies and procedures, and understand their role and responsibility to protect children from abuse and harm third-party procurement policies and practices that prioritise child safety when using contractors.			

Organisational risk assessment template

- This template asks you to identify and assess the situational, vulnerability, propensity and institutional risks to children that may be present in your organisation (see Standard 9 in A guide for creating a Child Safe Organisation for an explanation of these types of risks). List all the different types of risks to children that you can think of, the strategies you already have in place to reduce these risks and then identify any gaps and what needs to be implemented to address these gaps. You should think about your organisation as a whole, including all the different activities, locations, children, staff, volunteers and settings that make up your organisation. Some example questions are provided to start you thinking.

- After filling out this template and gaining an understanding of the risks in your organisation, use the risk management plan template to record your plan to address gaps.

Date reviewed	[insert date]
Next review due	[insert review date, no longer than one year from date reviewed]

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Activity risk assessment template

- This template asks you to identify and assess the situational, vulnerability, propensity and institutional risks in an individual activity (see Standard 9 in A guide for creating a Child Safe Organisation for an explanation of these types of risks). You should list all of the different risks that you can think of, the strategies you already have in place to mitigate these risks and then identify any gaps and what needs to be implemented to address these gaps. We have provided examples for illustration purposes only. The risks for your organisation will be specific to your activities and setting.
- After filling out this template and gaining an understanding of the risks in your activity, use the risk management plan template to record your plan to address gaps.
-

Date reviewed	[insert date]
Next review due	[insert review date, no longer than one year from date reviewed]
Activity	[What activity are you applying this to?] *Example – Youth Drama Group: Thursday evening sessions between 6.00–7.30pm at the local community hall.*

-

Types of risk	**Types of harm**	**Existing risk controls**	**Is this enough to keep children and young people safe?**	**New controls required**
Identify the situational, propensity, vulnerability, and institutional risks of this activity.	*What type of harm may arise from the risk?*	*What is in place now that reduces the risk?*	*What are the gaps in the existing controls?*	*What can be put in place to manage the gaps?*
Situational risk: Physical				
Entrance to hall set back from the street with poor lighting. Short walk to public transport. Limited visibility of children and young people arriving at/leaving the venue. Toilet facilities have external door that opens to the carpark. Hall rented out to adult book club at 8.00pm.	Children and young people not feeling safe arriving and leaving the venue. Children and young people being harmed by outsiders after they are dropped off by their parents/carers or when they walk from public transport to the venue. General public may access the toilet facilities and harm children and young people.	None	No: Lack of supervision and oversight over children and young people	Request property owner install night lighting along the driveway. Lock external door to toilets as part of staff responsibilities setting up for Youth Drama Group Extend the rostered hours of two staff members to commence at 5.30pm and finish at 8.30pm so they can supervise children and young people arriving at and leaving the venue. Create a poster of the organisation's commitment to child safety, ways to make a complaint with contact number of child

Types of risk	Types of harm	Existing risk controls	Is this enough to keep children and young people safe?	New controls required
	Adults attending the book club can interact with the children and young people as they arrive. They may harm children and young people.			safety person. Request permission from property owner to display poster in the toilets, foyer and kitchen.
Situational risk: Online				
Children and young people attend with mobile phones. Staff send updates/class cancellation notices to children and young people directly as well as to parents/carers. Drama Group Facebook page.	Online bullying or anti-social behaviour. Opportunity for staff to have unsupervised contact with children and young people online/by phone. Creates an opportunity for grooming.	Code of Conduct Child Safety and Wellbeing Policy	Somewhat, but improvements identified	Code of Conduct and Child Safety and Wellbeing Policy to be revised to include specific content about behaviour online/by phone. Share with children, young people and parents/carers. Tell children, young people and parents/carers what sort of communication they can expect from staff online/by phone, so they know if contact from staff is not authorised. Hold a special staff meeting at the start of each year to discuss the Code of Conduct including appropriate behaviour online/by phone. Share resources with children and young people about online bullying from the eSafety Commissioner and tell them how they can raise concerns.
Vulnerability risk				
Mixed ages of children and young people attending (12–18).	Bullying Older young people may act inappropriately with/around younger children.	Child Safety and Wellbeing Policy	No: Organisation's Code of Conduct is for staff conduct only Complaint handling policy not written in	First Drama Group session each year will include workshop where children and young people create Code of Conduct about how to behave with each other Staff to hold information session/consultation with children, young people and parents/carers on the Child

Types of risk	Types of harm	Existing risk controls	Is this enough to keep children and young people safe?	New controls required
	Peer pressure could create barriers for some children and young people to stop them making a complaint or raise concerns. Organisation does not know much about the characteristics of the children that could make them more vulnerable to abuse/harm.		accessible language and not given to children, young people and parents/carers No information is collected on characteristics of children and young people that may make them more vulnerable to harm.	Safety and Wellbeing Policy and complaint handling policy. Discuss whether children and young people understand how to make a complaint and seek feedback on what else to include. Policies to be updated. Develop a child safety and complaints information sheet for children, young people and parents/carers with all the information they need. Provide information sheet as part of induction pack, display on the organisation's website and include in the next newsletter. Use accessible language so children can understand. Display the organisation's child safety poster at the venue. Enrolment form updated to give the option of sharing information about children and young people's characteristics. Conduct survey (participants remain anonymous) seeking feedback about the organisation and asking about characteristics of children and young people. Survey results to be shared at upcoming staff meeting with a discussion about factors that may increase vulnerability to abuse and what staff should do to reduce vulnerability.
Propensity risk				

Types of risk	Types of harm	Existing risk controls	Is this enough to keep children and young people safe?	New controls required
Staff are former students of the Drama Group.	Professional boundaries not maintained. Staff may be friends with some of the students and not act professionally with them. Staff may socialise with students outside of the Drama Group sessions.	Child Safety and Wellbeing Policy Code of Conduct Recruitment process	Yes: Policies already address this, requiring staff who are former students to always remain professional and prioritise child safety. Code of Conduct prohibits intimate relationships between staff and students In recruitment process, potential staff are asked what they would do if one of their students was a friend who was bullying another student. Staff training also covers friendships between staff and students	No further action needed.
Institutional risk				

Types of risk	Types of harm	Existing risk controls	Is this enough to keep children and young people safe?	New controls required
Close knit community where staff are former students. Most of the Drama Group students have been associated with the organisation for many years. Child Safety and Wellbeing Policy developed in 2018 and never reviewed.	Grooming behaviour or other harmful behaviour not identified or reported because of ongoing connection with the organisation.	Child Safety and Wellbeing Policy Code of Conduct	Somewhat, but improvements identified	All child safety and wellbeing policies to be reviewed and updated. Consultation with children, young people, parents/carers and staff to inform the review of the policies. Child safety and complaints information sheet and Code of Conduct to be provided to all children, young people and parents/carers on enrolment. Regular reminders to children, young people and parents/carers that the organisation encourages them to raise concerns or complaints. Organisation takes action and responds when complaints are raised. There are consequences for staff who breach the Code of Conduct. Child safety and complaints information sheet and Code of Conduct to be provided to all children, young people and parents/carers on enrolment.

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Risk management plan template

After assessing the risks, use this template to make a plan of action to manage any organisational or activity risks to child safety and wellbeing.

Example: Drama Academy that runs classes for children (aged 13–18), The Academy has paid human resources staff and teachers and is overseen by a Board of Management.

Date reviewed	[insert date]
Next review due	[insert review date, no longer than one year from date reviewed]

Risk	**Risk controls**	**Who is responsible?**	**By when?**
Risks identified in your organisation or in the activity	*Actions you will take to manage the identified risks*	*Who will take these actions and make sure they are effective?*	*When will the actions be taken and reviewed?*
For example: Children aren't sure how to let someone know if they have child safety concerns or want to make a complaint.	Develop, in consultation with children and young people, a process for making complaints or raising concerns. Put up posters with the complaints process around the venue. Put the complaints process on the website. Hold regular discussions with each class on the process for making complaints or raising concerns.	The HR Manager will create a children's reference group, consult with them and develop the organisation's complaint process for children. The HR Manager will develop a new Complaint Handling Guide that will incorporate the process. The complaint process and Complaint Handling Guide are to be approved by the Board. The Senior HR Adviser will create a poster and a brochure on how to make a complaint, update the website with information on making a complaint. The Youth Program Manager will include the complaints brochure in the enrolment pack for all students. The teachers will make sure each class has a discussion on how to make a complaint. The Board will check the effectiveness of the complaints process and Guide through a survey of students and parents/carers.	Develop process and Guide by end of February. Brochure and poster by end of March. Discussions held at the start of each term. Board survey in October. Review and make any changes to process and Guide by December.

Attachment 4
Child Safe Review Checklist[6]

Completed by:
Position:
Date:
This checklist will assist Fawkner Park to identify risks and issues in relation to the protection of children, and the requirements for appropriate amendments to be made to a service's policy and practices, or training and support for staff.

*Updated in March 2025 following the child safe standard tool - © State of Victoria, Australia, Department of Families, Fairness and Housing.

	Review & Assessment		Action plan	Action Plan Implementation	
Standard 1: **Child Safe Standard 1 – Relevant entities establish a culturally safe environment in which the diverse and unique identities and experiences of Aboriginal children and young people are respected and valued**	**Describe what your organization have in place to meet the Standard**	**Is the Standard met or is further work needed?**	**What action needs to be done to meet the standard?**	**Person responsible for any action required**	**Timeline and review date**
A child's ability to express their culture and enjoy their cultural rights is encouraged and actively supported.					
Strategies are embedded within the relevant entity which equip all members to acknowledge and appreciate the strengths of Aboriginal culture and understand its importance to the wellbeing and safety of Aboriginal children and young people.					
Measures are adopted by the relevant entity to ensure racism within the relevant entity is identified, confronted and not tolerated. Any instances of racism are addressed with appropriate consequences.					
The relevant entity actively supports and facilitates participation and inclusion within it by Aboriginal children, young people and their families.					
All of the relevant entity's policies, procedures, systems and processes together create a culturally safe and inclusive environment and meet the needs of Aboriginal children, young					

people and their families.					

	Review & Assessment		Action plan	Action Plan Implementation	
Standard 2: **Child Safe Standard 2 – Child Safety and wellbeing is embedded in organisational leadership, governance and culture**	**Describe what your organization have in place to meet the Standard**	**Is the Standard met or is further work needed?**	**What action needs to be done to meet the standard?**	**Person responsible for any action required**	**Timeline and review date**
The relevant entity makes a public commitment to child safety.					
A child safe culture is championed and modelled at all levels of the relevant entity from the top down and bottom up.					
Governance arrangements facilitate implementation of the child safety and wellbeing policy at all levels.					
A Code of Conduct provides guidelines for staff and volunteers on expected behavioural standards and responsibilities.					
Risk management strategies focus on preventing, identifying and mitigating risks to children and young people.					
Staff and volunteers understand their obligations on information sharing and recordkeeping.					

	Review & Assessment		Action plan	Action Plan Implementation	
Standard 3: **Child Safe Standard 3 – Children and young people are empowered about their rights,**	**Describe what your organization have in place to meet the Standard**	**Is the Standard met or is further work needed?**	**What action needs to be done to meet the standard?**	**Person responsible for any action required**	**Timeline and review date**

participate in decisions affecting them and are taken seriously					
Children and young people are informed about all of their rights, including to safety, information and participation.					
The importance of friendships is recognised and support from peers is encouraged, to help children and young people feel safe and be less isolated.					
Where relevant to the setting or context, children and young people are offered access to sexual abuse prevention programs and to relevant related information in an age - appropriate way.					
Staff and volunteers are attuned to signs of harm and facilitate child-friendly ways for children and young people to express their views, participate in decision-making and raise their concerns.					
Relevant entities have strategies in place to develop a culture that facilitates participation and is responsive to the input of children and young people.					
Relevant entities provide opportunities for children and young people to participate and are responsive to their contributions, thereby strengthening confidence and engagement.					

	Review & Assessment		Action plan	Action Plan Implementation	
Standard 4: **Child Safe Standards 4 - Families and communities are informed and involved in promoting child safety and wellbeing.**	**Describe what your organization have in place to meet the Standard**	**Is the Standard met or is further work needed?**	**What action needs to be done to meet the standard?**	**Person responsible for any action required**	**Timeline and review date**
Families participate in decisions affecting their child.					
The relevant entity engages and openly communicates with families and the community about its child safe approach and relevant information is accessible.					
Families and communities have a say in the development and review of the relevant entity's policies and practices. Families, carers and the community are informed about the relevant entity's operations and governance.					

	Review & Assessment		Action plan	Action Plan Implementation	
Standard 5: **Child Safe Standard 5 – Equity is upheld, and diverse needs respected in policy and practice**	**Describe what your organization have in place to meet the Standard**	**Is the Standard met or is further work needed?**	**What action needs to be done to meet the standard?**	**Person responsible for any action required**	**Timeline and review date**
The relevant entity, including staff and volunteers, understands children and young people's diverse circumstances, and					

provides support and responds to those who are vulnerable.					
Children and young people have access to information, support and complaints processes in ways that are culturally safe, accessible and easy to understand.					
The relevant entity pays particular attention to the needs of children and young people with disability, children and young people from culturally and linguistically diverse backgrounds, those who are unable to live at home, and lesbian, gay, bisexual, transgender and intersex children and young people.					
The relevant entity pays particular attention to the needs of Aboriginal children and young people and provides/promotes a culturally safe environment for them.					

	Review & Assessment		**Action plan**	**Action Plan Implementation**	
Standard 6: Child Safe Standard 6 – People working with children and young people are suitable and supported to reflect child safety and wellbeing values in practice	**Describe what your organization have in place to meet the Standard**	**Is the Standard met or is further work needed?**	**What action needs to be done to meet the standard?**	**Person responsible for any action required**	**Timeline and review date**
Recruitment, including advertising, referee checks and staff and volunteer pre-					

employment screening, emphasise child safety and wellbeing.					
Relevant staff and volunteers have current working with children checks or equivalent background checks.					
All staff and volunteers receive an appropriate induction and are aware of their responsibilities to children and young people, including record keeping, information sharing and reporting obligations.					
Ongoing supervision and people management is focused on child safety and wellbeing.					

	Review & Assessment		**Action plan**	**Action Plan Implementation**	
Standard 7: **Child Safe Standard 7 – Processes for complaints and concerns are child focused**	**Describe what your organization have in place to meet the Standard**	**Is the Standard met or is further work needed?**	**What action needs to be done to meet the standard?**	**Person responsible for any action required**	**Timeline and review date**
The relevant entity has an accessible, child- focused complaint-handling policy which clearly outlines the roles and responsibilities of leadership, staff and volunteers, approaches to dealing with different types of complaints, breaches of relevant policies or the Code of Conduct and obligations to act and report.					
Effective complaint handling processes are understood by children and young people,					

families, staff and volunteers, and are culturally safe.					
Complaints are taken seriously and responded to promptly and thoroughly.					
The relevant entity has policies and procedures in place that address reporting of complaints and concerns to relevant authorities, whether or not the law requires reporting, and co-operates with law enforcement.					
Reporting, privacy and employment law obligations are met.					

	Review & Assessment		**Action plan**	**Action Plan Implementation**	
Standard 8: **Child Safe Standard 8 – Staff and volunteers are equipped with the knowledge, skills and awareness to keep children and young people safe through ingoing education and training**	**Describe what your organization have in place to meet the Standard**	**Is the Standard met or is further work needed?**	**What action needs to be done to meet the standard?**	**Person responsible for any action required**	**Timeline and review date**
Staff and volunteers are trained and supported to effectively implement the relevant entity's child safety and wellbeing policy.					
Staff and volunteers receive training and information to recognise indicators of child harm including harm caused by other children and young people.					
Staff and volunteers receive training and information to respond effectively to issues of					

child safety and wellbeing and support colleagues who disclose harm.					
Staff and volunteers receive training and information on how to build culturally safe environments for children and young people.					

	Review & Assessment		Action plan	Action Plan Implementation	
Standard 9: **Child Safe Standard 9 – Physical and online environments promote safety and wellbeing while minimising the opportunity for children and young people to be harmed**	**Describe what your organization have in place to meet the Standard**	**Is the Standard met or is further work needed?**	**What action needs to be done to meet the standard?**	**Person responsible for any action required**	**Timeline and review date**
Staff and volunteers identify and mitigate risks in the online and physical environments without compromising a child's right to privacy, access to information, social connections and learning opportunities.					
The online environment is used in accordance with the relevant entity's Code of Conduct and child safety and wellbeing policy and practices.					
Risk management plans consider risks posed by organisational settings, activities, and the physical environment.					
Relevant entities that contract facilities and services from third parties have procurement					

policies that ensure the safety of children and young people.					

	Review & Assessment		Action plan	Action Plan Implementation	
Standard 10: Child Safe Standard 10 – Implementation of the Child Safe Standards is regularly reviewed and improved	**Describe what your organization have in place to meet the Standard**	**Is the Standard met or is further work needed?**	**What action needs to be done to meet the standard?**	**Person responsible for any action required**	**Timeline and review date**
The relevant entity regularly reviews, evaluates and improves child safe practices.					
Complaints, concerns and safety incidents are analysed to identify causes and systemic failures to inform continuous improvement.					
The relevant entity reports on the findings of relevant reviews to staff and volunteers, community and families and children and young people.					

	Review & Assessment		Action plan	Action Plan Implementation	
Standard 11: Child Safe Standard 11 – Policies and procedures document how the organisation is safe for children and young people	**Describe what your organization have in place to meet the Standard**	**Is the Standard met or is further work needed?**	**What action needs to be done to meet the standard?**	**Person responsible for any action required**	**Timeline and review date**
Policies and procedures address all Child Safe Standards.					
Policies and procedures are documented and easy to understand.					
Best practice models and stakeholder consultation informs					

the development of policies and procedures.					
Leader's champion and model compliance with policies and procedures.					
Staff and volunteers understand and implement policies and procedures.					

Attachment 5
Child Safe organizations
The table below provides examples of practices that Fawkner Park Children Centre are continuously striving to implement to support our Centre's Child Safe Principles, including the cultural safety or First Nation children; children from culturally and/or linguistically diverse backgrounds; safety of children with a disability

Child Safe Principle	Practices/ Strategies
The organization welcomes children, their parents/guardians and families	• Educators, staff, volunteers and students readily interact with children in an age-appropriate and respectful way • Children are treated as individuals: educators and volunteers strive to understand each child's particular interests and needs • Educators, staff, students and volunteers listen to children and encourage their participation
The organization respects and listens to the views of all children	• Consulting children what makes them feel safe or unsafe. • Educating children about their rights • Empowering children about their rights to speak up and participate in decisions that affects them • Educators build trusting relationships with the children • Supporting children in recognizing at least 5 trusted adults whom they can share their concerns/complaints/worries with (Safety Network). • Staff, educators, volunteers and students take children's complaints/concerns seriously and responding to them promptly, thoroughly and fairly.
The organization actively provides a culturally safe environment for Aboriginal and Torres Strait Islander children	• Educators and staff are developing and implementing a Reconciliation Action Plan (RAP). • The organization's physical environment, resources and learning experiences show respect for Aboriginal and Torres Strait Islander culture. • Displays of Acknowledgment of Country • Acknowledge that Bunurong/Boon Wurrung peoples of the South-East Kulin Nation as the traditional owner in which the organization is on • Celebrating events to highlight Aboriginal culture and history (i.e., National Sorry Day, Reconciliation Week, NAIDOC Week) • Create dedicated Aboriginal and Torres Strait Islander cultural spaces. • Provide educational learning experiences to engage and educate the children in

	(i.e., Dreamtime Stories, Aboriginal symbols, introduction of Aboriginal and Torres Strait Islander flags, provide Aboriginal and Torres Strait Islander dolls. • Educators, staff, volunteers, students are reminded to not assume that an Aboriginal and Torres Strait Islander person will necessarily want someone from their own community to handle their complaint – always ask what their preference is. • Invite local Elders and Ganga Giri from Didgeridoo Australia to provide educational experiences for all children to increase their opportunities to learn about, and participate in, Aboriginal and Torres Strait Islander culture.
The organization provides a safe environment for children from culturally and linguistically diverse (CALD) backgrounds	• All staff and educators demonstrate a zero tolerance of discrimination. • All children are supported to exercise their right to participate, and to feeling and being safe. • All staff and educators are respectful, inclusive and welcoming of families from a range of backgrounds • The organization celebrates diversity and significant cultural/religious festivals represented by the families in the Centre • The physical environment contains positive images of a range of cultures (i.e., décor, symbols, identity). • Staff and volunteers are recruited from different ethnic backgrounds. • Staff are respectful and flexible in their attitudes towards people from other cultures other than their own; having regular discussions with staff about how to recognize unconscious cultural biases. • Staff and educators ask children and families about their culture and cultural support needs. • Educators seeking out and talking to families about how they would like to be involved in their child's program. • Staff and educators recognize occasions which are important to different cultures, and dietary requirements. Dietary requirements are communicated to our Kitchen staff who amends the menu to suit the child's dietary requirements. • Staff and educators ensure the physical environment reflects a positive and

	welcoming approach to diverse cultures, through decoration and artwork.
The organization provides a safe environment for children with disability	• Child Safe policy (and related policies) recognize the types of issues children with disability may face. • Staff code of conduct gives clear guidance on issues such as boundaries for staff and volunteers when interacting with children with disability, including, providing personal care. • Staff, educators, volunteers and students are committed to supporting children with disability to exercise their rights to participate, and to feeling safe and being safe. • Provide staff and volunteers with training and clear guidance on effectively communicating with children with cognitive impairment or other communication support needs. • Staff and educators seek advice from child's parents/carers to provide best care and support for the child. • Educators empower children with a disability by assisting them to build their self-esteem and confidence. • Educators teach children about their bodies and staying safe. • Educators and staff enable and facilitate independence with dressing and toileting and personal care where possible. • Educators making sure children with a disability know who they can go to if they feel unsafe or have a concern or complaint (using the child's Safety Network – identifying 5 trusted adults)

ATTACHMENT 6

Reporting Responsibilities and Guidelines

This attachment is based on current Victorian child safety legislation, the Victorian Child Safe Standards, and guidance from the Victorian Government and relevant regulatory authorities.

All adults working with children and young people have a duty of care to support, protect and promote their safety, wellbeing and dignity. Where a person forms a reasonable belief that a child has experienced harm, is experiencing harm, or is at risk of harm, they must take action in accordance with this policy and relevant legislative obligations.

At Fawkner Park Children's Centre, all educators, staff members, students, volunteers, contractors and Committee members are expected to act immediately when concerns arise regarding the safety or wellbeing of a child.

Mandatory Reporting

Under section 182 of the Children, Youth and Families Act 2005 (Vic), certain professionals are legally identified as mandatory reporters. This includes registered teachers and Victorian Institute of Teaching (VIT) registered early childhood teachers.

Mandatory reporters must make a report to Child Protection Victoria as soon as practicable when, in the course of practising their profession, they form a reasonable belief that:

- a child has suffered, or is likely to suffer, significant harm due to physical injury or sexual abuse; and
- the child's parents have not protected, or are unlikely to protect, the child from harm.

Mandatory reporting obligations apply regardless of organisational hierarchy or internal processes.

Responsibilities of All Staff and Adults

While not all early childhood workers are classified as mandatory reporters under the legislation, all adults working within the service have:

- a duty of care to protect children from harm
- obligations under the Victorian Child Safe Standards
- responsibilities under organisational policies and procedures
- obligations relating to the criminal offence of failure to disclose child sexual abuse

Under section 183 of the Children, Youth and Families Act 2005 (Vic), any person who forms a reasonable belief that a child is in need of protection may make a report to Child Protection Victoria.

This includes:

- educators

- administration staff
- cooks and kitchen staff
- students and volunteers
- contractors
- Committee members

Acting on concerns about child abuse, neglect, grooming, inappropriate conduct, or significant safety risks may be the first critical step in protecting a child from further harm.

Child Protection and Regulatory Reporting

Child Protection Victoria has statutory responsibility for investigating concerns where children may be in need of protection.

In addition to Child Protection reporting obligations, the service may also have obligations to notify:

- the Victorian Early Childhood Regulatory Authority (VECRA)
- the Social Services Regulator (SSR) under the Reportable Conduct Scheme
- Victoria Police
- other relevant authorities depending on the nature of the incident or allegation

Internal reporting processes must never delay immediate action to protect a child or the making of a mandatory report.

Reasonable Belief

A reasonable belief is formed if a reasonable person, in the same position, would have formed the belief based on the same information.

A reasonable belief may arise from:

- direct disclosure by a child
- disclosure by another person
- observations of a child's behaviour, injuries or presentation
- professional observations
- indicators of abuse or neglect
- patterns of concerning behaviour
- breaches of professional boundaries or child safety expectations

Staff are not required to prove abuse has occurred. Investigating allegations is the responsibility of Child Protection Victoria and relevant authorities.

General guidelines

- The best interests of the child should always be the primary consideration, with due regard to confidentiality and fairness to the person against who the allegation is made.
- Children should feel able to approach any person in the service to express concerns about their treatment, and should be made to feel confident that they will be taken seriously.
- Employees and volunteers must be clear about who they are expected or permitted to approach when expressing concerns.
- Any investigation undertaken by the service must ensure procedural fairness and natural justice for a person suspected of abusing a child.
- Records must be kept about any child safety and wellbeing concern or complaint, and stored in accordance with the service's *Privacy and Confidentiality Policy*. These records must contain information about the action taken, including any internal investigation and any reports made to statutory authorities or professional bodies.
- Everyone at the service must be made aware of the need to report serious matters involving child protection to external authorities.
- Privacy must be maintained, and information must only be disclosed on a need-to-know basis.
- Instances of physical and sexual abuse of children are crimes and must be reported to the police. If a child discloses any such abuse, the service must listen, respond and report to both the police and child protection authorities.
- A report to the appropriate authorities can be made even if educators/staff and others working with children at the service do not have all the necessary information.
- Permission is not required from parents/guardians of a child where abuse is suspected, and parents/guardians do not need to be notified that a report has been made.

Forming a professional judgement

Forming an objective and professional judgement can be based on:

- warning signs (or indicators) of harm or potential harm, that have been observed or inferred
- knowledge of child development
- knowledge of cultural backgrounds
- knowledge of any difficulties experienced or support currently being received by a family
- consultation with colleagues and other professionals
- professional obligations and duty of care responsibilities
- established service protocols
- individual service procedures
- legal requirements, such as mandatory reporting.

FPCC Reporting Procedure

Responding to incidents, disclosures and suspicions of child abuse at Fawkner Park Children's Centre: (modified May 2026)

Concerns for the **wellbeing of a child/unborn child**	**Concern & reasonable belief of significant harm or abuse**	Concern that are either **life threatening or that a child is at immediate risk of harm**	Instances of **child abuse that involve a member of staff contractor or volunteer**

Consult all necessary colleagues (I.e. Room Leaders, report to Director or 2IC in their absence)	**Consult** all necessary colleagues (I.e., Room Leaders, report to Director or 2IC in their absence)	Ensure **child's safety** - separate alleged victim and others involved - administer first aid if needed - maintain integrity of potential crime scene & preserve evidence	**Consult** all necessary colleagues (Report to Director or 2IC in their absence]
Record evidence of observations, concerns (Date and sign entries) (Form available in Parent Room)	**Record** evidence of observations, concerns (Date and sign entries) (Form available in Parent Room)	**Consult** all necessary colleagues (report to Director or 2IC in their absence)	Report to **Victoria Police** (000 or local police station)
Develop action plans – consult FPCC Procedures	**Develop action plans** – consult FPCC Procedures	Report to **Victoria Police (000)** for urgent medical/police assistance	**Record** evidence of incident, as soon after the event as possible. Be thorough. (Date and sign entries) (Form available in Parent Room)
Talk to the child – respectfully; need for privacy and confidentiality			
Talk to parents (**ONLY** if it does not jeopardize the child's safety)		Identify **contact person –** for future liaisons with police	
Refer to The Orange Door Support and Safety Hub where family is open to receiving support (www.orangedoor.vic.gov.au) Closest Orange Door: Box Hill: 1800 354 322 Bentleigh: 1800 319 353	**Refer to VECRA and Department of Education.** Report within 24 hours of the incident or allegation, or of the approved provider becoming aware of the relevant information. If the allegation refers to incidents that are occurring outside the service, you need to notify other agencies including Child Protection.	**Record** evidence of observations, concerns (Date and sign entries) (Form available in Parent Room) + **Refer to VECRA and Department of Education.** Report within 24 hours of the incident or allegation, or of the approved provider becoming aware of the relevant information. If the allegation refers to incidents that are occurring outside the service, you need to notify other agencies including Child Protection.	Licensed or approved services must also **report to VECRA and Department of Education within 24hours**
****Instances of physical & sexual abuse of children are crimes. MUST BE resported to the police, after consulting the Director**	****Instances of physical & sexual abuse of children are crimes. MUST BE reported to the police, after consulting the Director**	****Failure to report physical & sexual child abuse may amount to a criminal offence.**	****Failure to report physical & sexual child abuse may amount to a criminal offence.**

KEY CONTACTS (VICTORIA)

Emergency: 000

Child Protection (DFFH):

- North East: 1300 360 462

- South: 1300 655 795
- After Hours: 13 12 78

The Orange Door:

- 1800 271 170

Police Assistance:

- 131 444

VECRA

- 1300 307 415

Source: Protecting Children – Mandatory Reporting and Other Obligations for Early Childhood Services

Signs or indicators of harm

- Physical signs of abuse or neglect may include, but are not limited to, bruises, burns, sprains, bites, cuts, fractures, frequent hunger, malnutrition, poor hygiene and inappropriate clothing.
- Behavioural signs of abuse (physical, sexual and emotional) or neglect may include, but are not limited to, wariness or distrust of adults, fear of parents/guardians and of going home, fear when other children cry/shout, excessive friendliness to strangers, being very passive and/or compliant, having/claiming to have headaches and/or stomach pains, displaying sexual behaviour that is unusual for the child's age, frequent rocking, sucking and biting, having difficulty sleeping, being withdrawn, aggressive and/or demanding, being highly anxious, having delayed speech, acting like a much younger child, and often being tired and falling asleep.
- Disclosures by the child concerned, or by other parties.

Possible Indicators of Developmental Trauma Due to Child Abuse

0-12 months	1-3 years	3-5 years
• Increased tension, irritability, reactivity, and inability to relax • Increased startle response • Lack of eye contact • Sleep and eating disruption • Loss of eating skills • Loss of acquired motor skills • Avoidance of eye contact • Arching back/inability to be soothed • Uncharacteristic aggression • Avoids, or is alarmed by, trauma related reminders e.g. sights,	• Behavioural changes, regression to behaviour of a younger child • Increased tension, irritability, reactivity, and inability to relax • Increased startle response • Sleep and eating disruption • Loss of eating skills • Loss of recently acquired motor skills • Avoidance of eye contact • Inability to be soothed • Uncharacteristic aggressions	• Behavioural change • Increased tension, irritability, reactivity and inability to relax • Regressed behaviour • Uncharacteristic aggression • Reduced eye contact • Loss of focus, lack of concentration and inattentiveness • Complains of bodily aches, pains or illness with no explanation • Loss of recently acquired skills (toileting, self care, eating) • Enuresis, encopresis • Sleep disturbances, nightmares, night terrors, sleepwalking

sounds, smells, textures, tastes and physical triggers • Uncharacteristic, inconsolable or rageful crying and neediness • Increased fussiness • Separation fears and clinginess • Withdrawal/lack of usual responsiveness • Limp, displays no interest • Unusually high anxiety when separated from primary caregivers • Heightened indiscriminate attachment behaviour • Reduced capacity to feel emotions – can appear 'numb' • 'frozen watchfulness' • Loss of acquired language skills	• Avoids, or is alarmed by, trauma related reminders e.g. sights, sounds, smells, textures, tastes and physical triggers • Fight, flight, freeze • Uncharacteristic, inconsolable or rageful crying and neediness • Fussiness, separation fears and clinginess • Withdrawal/lack of usual responsiveness • Loss of self-confidence • Unusually anxious when separated from primary caregivers • Heightened indiscriminate attachment behaviour • Reduced capacity to feel emotions – can appear 'numb', apathetic or limp • 'frozen watchfulness' • Loss of acquired language skills	• Fearfulness of going to sleep and being alone at night • Inability to seek comfort or be comforted • Mood and personality changes • Obvious anxiety and fearfulness • Withdrawal and quieting • Specific, trauma related fears; general fearfulness • Intense repetitive play often obvious • Involvement of playmates in trauma • Related play at school and day care • Separation anxiety with parents/others • Loss of self-esteem and self confidence • Reduced capacity to feel emotions – may appear 'numb', limp, apathetic • Repeated retelling of traumatic event • Loss of recently acquired language and vocabulary • Loss of interest in activities • Loss of energy and concentration at school

Reporting

- There are two types of notifications that can be made:
  - in relation to concerns about the general wellbeing of a child, but with no belief that they are subject to abuse; a referral to Child FIRST/The Orange Door (Family Services)
  - in relation to concerns of significant harm or abuse; a report to VECRA and Department of Education
- To report concerns that are life threatening, ring Victoria Police on 000.
- If there is an allegation of abuse by a proprietor, staff member or visitor at a licensed children's service, the matter must be immediately reported directly to Victoria Police for investigation by telephoning the emergency number 000.
- To report concerns about the immediate safety of a child within their family unit, call the nearest DFFH office in your region during business hours. To report concerns after hours or on weekends, call the Child Protection Crisis Line on 13 12 78 (24 hours, 7 days a week and toll free within Victoria). Note: this is an emergency service for weekends and after hours only, and cases reported to the Child Protection Crisis Line will be referred to the relevant DFFH office on the following working day.

- Provide the following information:
  - the child's name, age and address
  - the reason for believing that the injury or behaviour is the result of abuse or neglect
  - the reason why the call is being made at this point in time
  - an assessment of immediate danger to the child/ren (the person making the report may be questioned regarding knowledge of the current location of the alleged abuser/s)
  - a description of the injury or behaviour observed
  - the current location of the child
  - knowledge of other services that support or are involved with the family
  - any other information about the family
  - any specific details that will help the child, such as cultural background, need for an interpreter or disability support requirements.
- A notification should still be made, even if the notifier does not have all the necessary information.

What information should be provided in a report:

Child	**Family**
• Name/gender/age • Any disabilities, mental or physical health issues • Current location and safety status (e.g., is the child safe now or in immediate danger?) • Social and economic background • Previous history or indicators of abuse • Cultural status • Language(s) spoken • Religion • Any other significant factors • Positive relationships with family member or carer • Behaviour • Physical and social presentation • Development and achievement of age appropriate milestones • Ability to communicate	• Composition (e.g. parenting or care arrangements) • Parent/carer information • Presence of extended family • Siblings – names/ages • Disability or illness in family • Language(s) spoken at home • Other people living with the child • History of school involvement with family • Other agencies involved • Likely reaction to DFFHChild Protection • Family awareness of report • Known mental health issues • Known drug and alcohol use • Presentation
Alleged Abuse	**Notifier (person making report)**
• Times/dates • Nature of incident • Any patterns of behaviour or prior concerns leading up to the alleged abuse • History of violence • Previous incidents • Previous agency involvement	• Name • Occupation • Location • Contact details • Relationship to child • Grounds for belief • Present/prior concerns

Reporting to The Orange Door, Child Protection, VECRA and the Social Services Regulator

Making a Referral to The Orange Door

A referral to The Orange Door should be considered where, after taking into account all available information, a staff member forms the view that:

- the child or family would benefit from additional support services; and
- the immediate safety of the child is not at significant or immediate risk.

This may include circumstances where there are:

- significant parenting difficulties impacting a child's wellbeing or development
- family conflict or family breakdown
- families experiencing pressure due to physical illness, mental illness, substance misuse, disability, trauma or bereavement
- young, isolated or unsupported families
- social or economic disadvantage impacting the child's care, stability or development
- concerns regarding family violence, housing instability or emotional wellbeing
- emerging concerns that may escalate without early intervention and support.

The Orange Door provides an integrated intake, assessment and referral service for children, young people and families requiring support. The service aims to connect vulnerable children and families with appropriate community, family and wellbeing services at the earliest opportunity.

A referral to The Orange Door may be appropriate where concerns do not meet the threshold for a report to Child Protection Victoria, but where additional support and intervention are required to promote the child's safety, wellbeing and development.

Making a Report to Child Protection Victoria

A report to Child Protection Victoria should be made where, after considering all available information, a staff member forms a reasonable belief that a child is in need of protection because:

- the child has suffered, or is likely to suffer, significant harm
- the harm or risk of harm has a serious impact on the child's immediate safety, stability, wellbeing or development
- the harm or risk of harm is persistent, chronic or escalating
- the child's parents, guardians or caregivers are unwilling or unable to protect the child from harm.

Reports to Child Protection Victoria must be made as soon as practicable.

Child Protection Victoria has statutory responsibility for investigating concerns relating to child abuse, neglect and significant harm.

Upon receiving a report, Child Protection may:

- seek further information from professionals involved with the child or family
- assess the level of risk to the child
- determine whether further statutory intervention is required
- liaise with Victoria Police or other relevant agencies where necessary.

In many circumstances, Child Protection Victoria may provide feedback to the notifier regarding whether the report was investigated or referred for further action.

Important Considerations When Making a Report

When reporting concerns relating to child abuse, neglect or significant risk of harm, staff should remember that:

- mandatory reporters are legally required to make a report when mandatory reporting thresholds are met
- reports must be made as soon as practicable after forming a reasonable belief
- staff are not required to prove abuse has occurred
- only reasonable grounds or a reasonable belief are required
- permission from parents, guardians or caregivers is not required before making a report
- parents or caregivers do not need to be informed that a report has been made if doing so may place the child at further risk or compromise an investigation
- a person making a report in good faith is protected from legal liability
- the identity of the notifier remains confidential except where disclosure is authorised or legally required.

Staff involved in reporting may continue to have an ongoing role supporting the child and relevant authorities, including:

- supporting the child during the reporting and investigation process
- attending case meetings or case conferences
- participating in safety planning discussions
- monitoring the child's wellbeing and presentation
- documenting ongoing observations and concerns
- liaising with Child Protection Victoria and other professionals
- providing written reports where required.

Notification to the Victorian Early Childhood Regulatory Authority (VECRA)

The Approved Provider and/or Nominated Supervisor must notify the Victorian Early Childhood Regulatory Authority (VECRA) of any incident, allegation or circumstance arising at the service that poses a risk to the health, safety or wellbeing of a child or children attending the service.

This includes circumstances under:

- Section 174 of the Education and Care Services National Law
- Regulation 175 of the Education and Care Services National Regulations.

Notifications to VECRA may include:

- allegations or incidents involving physical, emotional or sexual abuse
- serious incidents involving children
- incidents involving inappropriate conduct by staff, volunteers or visitors
- concerning child behaviours, including harmful sexual behaviours or significant sexualised behaviours between children
- breaches of supervision resulting in risk to children
- incidents involving unsafe environments or practices
- complaints alleging that the safety, health or wellbeing of a child has been compromised.

Notifications to VECRA must occur within legislated timeframes.

Internal investigations or organisational processes must never delay mandatory reporting or required regulatory notifications.

Reportable Conduct Scheme (Social Services Regulator)

Certain allegations involving employees, volunteers, contractors or other adults connected to the service may also fall under the Victorian Reportable Conduct Scheme.

The Reportable Conduct Scheme is overseen by the Social Services Regulator (SSR).

The Head of Organisation must notify the SSR within the required timeframe where there is a reportable allegation or reportable conduct involving:

- sexual offences
- sexual misconduct
- physical violence
- behaviour causing significant emotional or psychological harm
- significant neglect

- grooming behaviours.

Reportable Conduct obligations are separate from:

- mandatory reporting obligations
- Child Protection reporting
- Victoria Police notifications
- VECRA notifications.

More than one reporting pathway may apply to the same incident or concern.

Reasonable Belief

A reasonable belief is formed where a reasonable person, in the same circumstances, would believe that a child is at risk of abuse, harm or neglect based on the available information.

Reasonable belief may arise from:

- direct disclosure by a child
- disclosure from another person
- observations of injuries, behaviours or developmental concerns
- professional observations
- indicators of abuse or neglect
- patterns of concerning behaviour
- breaches of professional boundaries or child safety expectations.

Staff do not need proof that abuse has occurred before taking action. Investigating concerns is the responsibility of Child Protection Victoria, Victoria Police and other relevant authorities.

ATTACHMENT 7
Guidelines for the recruitment of staff and volunteers

The processes for the recruitment and selection of employees, contractors and volunteers demonstrate our commitment to maximising the safety of children and deterring unsuitable and inappropriate persons from attempting to work at Fawkner Park Children's Centre. Fawkner Park Children's Centre is committed to the following processes.

Preparation for recruitment

- An explicit statement of our commitment to child safety and wellbeing is included in all advertising promotion for the organisation.
- Job advertisements clearly state our commitment to child safety and wellbeing.
- Job descriptions include a statement about our commitment to maintaining a child safe environment and clearly outline responsibilities and accountability.
- The selection process includes:
  - confirmation of a current Working with Children Check (and a criminal history record check, where appropriate)
  - confirmation of identity, which involves sighting an original birth certificate or extract, a driver's licence or a passport
  - verification of qualifications
  - thorough reference checks: at least two referees are contacted (including the current or most recent employer) in person or via telephone and all referees must have observed the applicant working with children first-hand.

Interview process

- At least three people are on the interview panel including, where possible, a gender mix and a person external to the service or someone with HR/interviewing experience.
- Questions are behavioural-based and ask the interviewee to provide examples of their past behaviour in specific situations relevant to the job being applied for.
- Questions regarding relationships with children, professional boundaries, resilience and motivation, teamwork, accountability and ethics are values-based.
- Questions are based on key selection criteria.
- Candidates are asked about their attitudes, aspirations and motivations.
- More detail is asked for when answers seem incomplete.

Ongoing management

- Information provided to the employee on commencing work at the service includes: the *Child Safety and Wellbeing policy, Child Safe Environment Policy*, *Fawkner Park Children's Centre Code of Conduct*, *Fawkner Park Children's Centre Child Safe Code of Conduct, The use of Information, Communication and Technology with/by the Children policy, Complaints and Grievances Policy,* and *Staffing Policy*.
- The letter of offer includes a statement about what is expected of the staff member in terms of commitment and responsibilities for child safety.
- Orientation and induction cover information about values, attitudes, expectations and workplace practices in relation to maintaining a child safe environment.
- Regular meetings are held between employees, volunteers and the Approved Provider.

- A mentoring or buddy system between employees is in place.
- Training and education with regard to child protection, and child safety and wellbeing is provided for all employees, contractors and volunteers.
- Resources and support are provided for all employees, contractors and volunteers to ensure a child safe environment.
- Employees, contractors, volunteers and visitors are treated with respect.

ATTACHMENT 8

Fawkner Park Children's Centre and Kindergarten REPORTABLE CONDUCT SCHEME PROCEDURE

1. Authorisation

This procedure was originally adopted by the Fawkner Park Children's Centre and Kindergarten Committee of Management at its October 2018 meeting.

This revised procedure was reviewed and approved by the Committee of Management in July 2026.

2. Review Date

This procedure will be reviewed annually, following any reportable conduct matter, and whenever there is a change to relevant legislation, regulatory requirements or government guidance.

The next scheduled review will take place in October 2027.

3. Purpose

Fawkner Park Children's Centre and Kindergarten (FPCC) is committed to promoting and protecting the safety, wellbeing, rights and dignity of every child.

In all decisions and actions relating to this policy, the safety and best interests of children will be the paramount consideration. FPCC recognises that children may be particularly vulnerable to abuse, neglect, exploitation and inappropriate conduct and that all workers, volunteers, students, leaders and members of the Committee of Management share responsibility for creating and maintaining a child-safe organisation.

The purpose of this policy is to:

- explain FPCC's responsibilities under the Victorian Reportable Conduct Scheme;
- ensure allegations involving workers and volunteers are identified and reported promptly;
- support an immediate and child-centred response to concerns;
- ensure allegations are investigated fairly, appropriately and without compromising any police or regulatory investigation;
- clarify the roles of the Head of Organisation, Committee of Management, Director, staff, volunteers and students; and
- ensure FPCC complies with all associated reporting, recordkeeping and information-sharing obligations.

4. Scope

This policy applies to:

- the FPCC Committee of Management;
- the approved provider;
- the Director and nominated supervisors;
- all employees, including permanent, temporary, casual and former employees;
- contractors and agency personnel;

- volunteers;
- students and trainees;
- any other person engaged by FPCC to provide services involving children; and
- any person appointed to act as the Head of Organisation or their authorised delegate.

An allegation may be reportable even when the alleged conduct:

- occurred outside FPCC;
- occurred outside the person's usual working hours;
- did not occur in the course of the person's duties;
- occurred before the person commenced their role at FPCC;
- involves a child who does not attend FPCC; or
- has not resulted in a criminal charge.

5. Legislative and Regulatory Framework

This policy should be read in conjunction with the following:

- Child Wellbeing and Safety Act 2005 (Vic);
- Child Wellbeing and Safety Regulations 2017 (Vic);
- Children, Youth and Families Act 2005 (Vic);
- Crimes Act 1958 (Vic);
- Education and Care Services National Law Act 2010;
- Education and Care Services National Regulations 2011;
- Worker Screening Act 2020 (Vic);
- Privacy and Data Protection Act 2014 (Vic);
- Victorian Child Safe Standards;
- National Quality Standard, particularly Quality Areas 2, 4 and 7;
- FPCC Child Safety and Wellbeing Policy;
- FPCC Code of Conduct;
- FPCC Complaints and Grievances Policy;
- FPCC Staffing Policy;
- FPCC Interaction with Children, Families and Staff Policy;
- FPCC Privacy and Confidentiality policies; and

- FPCC Incident, Injury, Trauma and Illness Policy.

6. What Is the Reportable Conduct Scheme?

The Victorian Reportable Conduct Scheme was established under the Child Wellbeing and Safety Act 2005.

The Scheme seeks to improve how organisations prevent, identify, report, investigate and respond to allegations of child abuse, neglect and child-related misconduct by their workers and volunteers.

From 23 February 2026, the Reportable Conduct Scheme is administered by the Social Services Regulator.

FPCC is an organisation covered by the Scheme and must:

- have systems to prevent reportable conduct;
- enable concerns and allegations to be reported;
- notify the Social Services Regulator of reportable allegations;
- investigate or otherwise respond to reportable allegations;
- provide required updates and investigation outcomes to the Social Services Regulator;
- manage risks to children during an investigation;
- provide procedural fairness to the person who is the subject of an allegation; and
- retain secure and accurate records.

7. Head of Organisation

For the purposes of the Reportable Conduct Scheme, FPCC's Head of Organisation is:

The Director.

The Committee of Management must formally document the appointment and ensure that the Social Services Regulator has current contact details for the Head of Organisation.

The Head of Organisation holds primary legal responsibility for FPCC's compliance with the Scheme.

The Head of Organisation may authorise another suitably senior person to undertake particular administrative or operational tasks. However, delegation does not remove the Head of Organisation's legal accountability.

When the Head of Organisation is absent, the approved acting arrangement will apply:

Acting Head of Organisation:

If an allegation concerns the Head of Organisation, it must be reported immediately to the Chair of the Committee of Management or another formally nominated independent person. That person must notify the Social Services Regulator and ensure the allegation is managed independently.

If the Head of Organisation is also the Chair, the allegation must be reported to another authorised Committee office bearer, such as the Deputy Chair or Secretary.

8. What Is Reportable Conduct?

Reportable conduct includes the following five categories:

8.1 Sexual offences

A sexual offence committed against, with or in the presence of a child, whether or not criminal proceedings have commenced.

8.2 Sexual misconduct

Conduct of a sexual nature involving a child that may not constitute a criminal offence but is inappropriate, concerning or contrary to accepted professional standards.

This may include inappropriate touching, grooming behaviour, sexualised communication, sharing sexual content, inappropriate online conduct or a serious breach of professional boundaries.

8.3 Physical violence

Physical violence committed against, with or in the presence of a child.

This may include intentionally or recklessly using physical force against a child or engaging in conduct that causes a child to fear that physical force will be used.

Reasonable physical contact undertaken to protect a child or another person from immediate harm may not constitute physical violence, but any such incident must still be documented and reviewed.

8.4 Behaviour causing significant emotional or psychological harm

Behaviour that causes significant emotional or psychological harm to a child.

The harm must be more than temporary distress and may be demonstrated through the child's presentation, behaviour, functioning or assessment by an appropriately qualified professional.

Examples may include sustained humiliation, coercive or degrading treatment, serious verbal abuse, threatening conduct, grooming, exposure to family violence or persistent rejection.

8.5 Significant neglect

A significant failure to meet a child's basic physical, medical, emotional, educational or supervisory needs, where that failure causes or is likely to cause significant harm.

This may include serious failures relating to supervision, medical care, nutrition, hygiene, protection from danger or responding to known risks.

9. What Is a Reportable Allegation?

A reportable allegation exists where a person makes an allegation, based on a reasonable belief, that a worker or volunteer has committed reportable conduct or misconduct that may involve reportable conduct.

An allegation does not have to be proven before it is reported.

The Head of Organisation is not required to decide whether the alleged conduct definitely occurred before notifying the Social Services Regulator. The initial question is whether the allegation may involve reportable conduct.

The threshold for making a notification is different from the threshold used to determine an investigation outcome.

When uncertain, the Head of Organisation should seek advice from the Social Services Regulator and should not delay protective action or mandatory notifications.

10. Responsibilities of All Workers, Volunteers and Students

Every worker, volunteer and student must:

- prioritise the immediate safety and wellbeing of children;
- report any allegation, disclosure, observation, suspicion or concern involving possible reportable conduct immediately;
- report concerns even when the information is incomplete, indirect or relates to conduct outside FPCC;
- avoid investigating or interviewing the child or alleged subject themselves;
- listen calmly and respectfully if a child makes a disclosure;
- use the child's own words when documenting a disclosure;
- not promise secrecy;
- preserve relevant evidence and records;
- maintain confidentiality and only share information with authorised persons;
- cooperate with lawful investigations and regulatory processes; and
- continue to comply with mandatory reporting, failure-to-disclose and failure-to-protect obligations.

A worker does not require the approval of a manager to contact Victoria Police, Child Protection, the Social Services Regulator or another authority when they have an individual legal obligation or a concern about a child's immediate safety.

No person will be disadvantaged for making a report in good faith.

11. Immediate Response to an Allegation or Disclosure

When an allegation, disclosure or concern is received, FPCC will:

1. ensure the child is safe and arrange urgent medical assistance when required;
2. call Victoria Police on 000 if there is an immediate danger or an urgent risk to any person;
3. listen to the child without expressing disbelief, blame or judgement;
4. avoid asking leading, repeated or investigative questions;
5. reassure the child that they did the right thing by speaking;
6. explain, in age-appropriate language, that the information must be shared with people who can help;
7. document the child's exact words and the circumstances in which the information was received;
8. preserve physical, electronic and documentary evidence;
9. notify the Head of Organisation immediately;
10. assess whether the alleged worker or volunteer should be removed from child-related duties or whether other interim risk controls are required;
11. make all required external notifications; and

12. provide appropriate support to the child, family, person making the allegation and affected workers.

The child must not be required to repeat their account unnecessarily.

12. Internal Reporting Procedure

A person who becomes aware of possible reportable conduct must immediately notify:

1. the Head of Organisation; or
2. the approved Acting Head of Organisation when the Head is unavailable.

Reports may be made verbally initially but must be documented as soon as possible.

The written record should include:

- the date and time the concern became known;
- the child's name and details;
- the name and role of the person who is the subject of the allegation;
- what was allegedly said, observed or disclosed;
- the child's exact words where possible;
- dates, locations and witnesses;
- immediate safety actions taken;
- people and authorities notified;
- documents, images, footage or other evidence that may exist; and
- the name and signature of the person completing the record.

If the allegation relates to the Head of Organisation, the report must be made to the Chair or other formally nominated Committee representative.

A person may also report an allegation directly to the Social Services Regulator.

13. Notifications to the Social Services Regulator

The Head of Organisation must notify the Social Services Regulator within **three business days** after becoming aware of a reportable allegation.

The initial notification does not require FPCC to have completed an investigation or reached a conclusion.

Within **30 calendar days** after becoming aware of the allegation, the Head of Organisation must provide the Social Services Regulator with the required detailed information, including:

- details of the allegation;
- whether Victoria Police or another authority has been notified;
- actions taken to protect children;
- the proposed investigation or response;

- the identity and role of the investigator, where applicable; and
- any other information required by the Regulator.

The Head of Organisation must continue to:

- provide updates requested by the Social Services Regulator;
- notify the Regulator of relevant material changes;
- provide the investigation findings and reasons;
- provide information about disciplinary, corrective or protective action;
- provide a copy of the investigation report or other requested documents; and
- comply with all directions and statutory timeframes.

Failure to comply with the three-business-day and 30-calendar-day requirements without a reasonable excuse may constitute a criminal offence.

14. Other Reporting Requirements

Reporting under the Reportable Conduct Scheme does not replace any other legal reporting obligation.

Depending on the circumstances, FPCC may also be required to notify the following.

14.1 Victoria Police

Victoria Police must be contacted immediately where:

- the allegation may involve a criminal offence;
- a child or another person is in immediate danger;
- evidence may be lost or destroyed; or
- urgent police assistance is required.

If suspected criminal conduct is involved, FPCC must consult Victoria Police before commencing an internal investigation or interviewing witnesses. FPCC must follow police instructions to avoid compromising a criminal investigation.

Emergency: **000**

Police Assistance Line for non-urgent matters: **131 444**

14.2 Child Protection

A mandatory report must be made when a mandatory reporter forms a reasonable belief that a child has suffered, or is likely to suffer, significant harm from physical injury or sexual abuse and the child's parents have not protected, or are unlikely to protect, the child.

Reports may also be made where there are concerns about significant harm arising from neglect, emotional harm, family violence or abandonment.

Mandatory reporters must make their own report and must not assume that another person has reported.

14.3 Victorian Early Childhood Regulation Authority

The approved provider must notify the Victorian Early Childhood Regulation Authority through the National Quality Agenda IT System within the applicable statutory timeframe.

From 1 January 2026, this includes notification within **24 hours** of:

- an incident where the approved provider reasonably believes physical or sexual abuse of a child has occurred or is occurring while the child is being educated and cared for by the service; and
- an allegation that physical or sexual abuse of a child has occurred or is occurring while the child is being educated and cared for by the service.

Other serious incidents, complaints and circumstances must also be notified within the timeframes prescribed by the National Law and National Regulations.

14.4 Working with Children Check and Worker Screening

The Head of Organisation or approved provider will consider whether information must be provided to the Working with Children Check Unit or another worker-screening body.

The Social Services Regulator may also share information with worker-screening authorities, Victoria Police, VECRA and other regulators where authorised.

14.5 Commission for Children and Young People

The CCYP no longer administers the Reportable Conduct Scheme. Reports under the Scheme must be directed to the Social Services Regulator.

The CCYP may continue to have functions relating to the broader wellbeing and rights of children and young people, but it is not FPCC's Reportable Conduct Scheme regulator.

15. Risk Assessment and Interim Action

As soon as an allegation is received, FPCC must conduct and document an immediate risk assessment.

The assessment must consider:

- the immediate and ongoing safety of the child involved;
- risks to other children;
- the nature and seriousness of the alleged conduct;
- the worker's access to children, records and digital systems;
- whether the worker holds duties at another organisation;
- the possibility of interference with witnesses or evidence;
- the child's views, needs, identity, culture, disability and communication requirements;
- family circumstances;
- confidentiality and privacy;
- employment and industrial obligations; and
- advice from Victoria Police, Child Protection, VECRA or the Social Services Regulator.

Interim action may include:

- increased supervision;
- changes to duties;
- preventing unsupervised contact with children;
- relocation away from child-related work;
- restricted access to records, devices or premises;
- temporary suspension in accordance with employment obligations;
- additional support or monitoring; or
- another proportionate protective measure.

Interim action is precautionary and does not imply that the allegation has been substantiated.

The risk assessment must be reviewed regularly and whenever circumstances change.

16. Investigation

FPCC is responsible for ensuring reportable allegations are appropriately investigated unless:

- Victoria Police directs FPCC not to investigate at that time;
- the Social Services Regulator directs or approves another course of action;
- another appropriate regulator or authority is conducting the investigation; or
- there is a lawful and documented reason why an investigation cannot proceed.

An investigation must:

- be undertaken by a suitably skilled and impartial person;
- be independent of the alleged conduct and any conflicts of interest;
- follow the principles of natural justice and procedural fairness;
- be child-centred and trauma-informed;
- minimise repeated questioning of children;
- consider the child's age, maturity, culture, language, disability and communication needs;
- protect confidentiality;
- identify and preserve relevant evidence;
- provide the subject of the allegation with sufficient information and a reasonable opportunity to respond;
- apply the civil standard of proof—the balance of probabilities;
- consider the seriousness of the allegation when assessing the strength of evidence required;
- document findings and reasons clearly; and

- comply with directions from Victoria Police and the Social Services Regulator.

FPCC should not appoint a person from within the organisation to investigate where their independence, expertise or objectivity may reasonably be questioned.

17. Investigation Findings

For each allegation, the investigator should reach one of the outcomes recognised by the Social Services Regulator, based on the available evidence and current regulatory guidance.

The investigation report should include:

- the allegation;
- relevant background;
- evidence gathered;
- witness accounts;
- the response of the person who is the subject of the allegation;
- credibility and reliability considerations;
- factual findings;
- the applicable standard of proof;
- the conclusion for each allegation;
- reasons for the conclusion;
- identified systemic or child-safety concerns; and
- recommended corrective or protective actions.

The Head of Organisation is responsible for reviewing and accepting, varying or rejecting the findings and must document the reasons for their decision.

18. Child and Family Participation

FPCC will support children to participate meaningfully and safely in decisions that affect them.

Subject to legal, safety, privacy and police requirements, the child and their parent or carer will be:

- informed about what will happen next;
- provided with developmentally appropriate information;
- invited to express their views and preferences;
- informed about available support;
- updated at appropriate stages; and
- advised when the matter has concluded and of any information that can lawfully be shared.

FPCC may limit or delay information to a parent or carer where:

- the parent or carer is alleged to have harmed the child;
- disclosure may place the child or another person at risk;
- Victoria Police, Child Protection or another authority directs FPCC not to disclose information; or
- disclosure would breach the law or compromise an investigation.

19. Support and Confidentiality

FPCC will consider appropriate support for:

- the child;
- the child's family;
- the person who made the report;
- witnesses;
- the worker or volunteer who is the subject of the allegation; and
- other affected children and staff.

Information will only be shared with people who need it to protect children, meet legal obligations, conduct the investigation or provide support.

Confidentiality must not be used to prevent a person from:

- making a mandatory report;
- contacting Victoria Police;
- notifying Child Protection;
- notifying the Social Services Regulator or VECRA;
- obtaining legal, union or professional advice; or
- seeking wellbeing support.

The identity of a child, reporter, witness or alleged subject must not be discussed with families, staff or community members who have no authorised role in the response.

20. Recordkeeping

FPCC will maintain complete, accurate and secure records relating to:

- allegations and disclosures;
- immediate safety responses;
- risk assessments;
- external notifications;
- advice received from authorities;
- investigation plans;

- evidence;
- interview records;
- correspondence;
- interim employment actions;
- investigation reports and findings;
- decisions and reasons;
- outcomes and corrective actions; and
- support provided.

Records must:

- be factual, objective and dated;
- clearly distinguish direct observations from opinions or second-hand information;
- record the child's exact words where possible;
- be stored securely with access restricted to authorised persons;
- not be stored on personal devices or unauthorised platforms;
- be retained in accordance with legal and regulatory recordkeeping requirements; and
- remain accessible if relevant staff or Committee members leave FPCC.

No record relating to an allegation may be destroyed, altered or removed without lawful authority.

21. Protection from Victimisation

FPCC prohibits retaliation, discrimination, intimidation or adverse treatment against a person because they:

- made a report in good faith;
- assisted a child to disclose;
- cooperated with an investigation;
- provided evidence; or
- contacted a regulator or statutory authority.

Any alleged victimisation will be treated seriously and may result in disciplinary or other action.

Knowingly making a deliberately false or malicious allegation may also be addressed under FPCC's conduct and disciplinary procedures. However, an allegation that is not substantiated is not, by itself, evidence that it was false or malicious.

22. Prevention and Organisational Learning

FPCC will maintain systems designed to prevent reportable conduct, including:

- child-safe recruitment and screening;

- Working with Children Check verification;
- reference checks and employment history checks;
- clear position descriptions;
- a Child Safety Code of Conduct;
- comprehensive induction;
- ongoing child-safety and mandatory-reporting training;
- active supervision;
- appropriate professional boundaries;
- safe physical and online environments;
- controls over photography, recording and digital technology;
- accessible complaints and disclosure processes;
- child and family participation;
- regular policy review;
- Committee oversight;
- auditing of compliance; and
- prompt action on identified risks.

After an allegation or investigation, FPCC will review whether changes are required to its:

- policies and procedures;
- governance arrangements;
- recruitment and induction;
- staffing or supervision;
- training;
- physical environment;
- digital systems;
- recordkeeping;
- complaints processes; or
- organisational culture.

23. Contacting the Social Services Regulator

Reportable Conduct Scheme allegations should be submitted through the Social Services Regulator's secure online webform.

Current contact details:

Social Services Regulator – Reportable Conduct Scheme
Telephone: **1300 310 778**
Email: **Reportable.Conduct@ssr.vic.gov.au** or **contact@ssr.vic.gov.au**

Current reporting forms and guidance are available through the Victorian Government's Reportable Conduct Scheme webpages.

Contact details must be checked at each annual policy review, as government contact information may change.

24. Related FPCC Documents

- Child Safety and Wellbeing Policy
- Child Safety Code of Conduct
- Complaints and Grievances Policy
- Mandatory Reporting and Responding to Child Abuse Policy
- Incident, Injury, Trauma and Illness Policy
- Staffing Policy
- Recruitment and Induction Procedures
- Interaction with Children, Families and Staff Policy
- Safe Use of Digital Technologies and Online Environments Policy
- Privacy and Confidentiality Policy
- Supervision Policy
- Occupational Health and Safety Policy
- Records Management Policy
- Whistleblower or Protected Disclosure procedures, where applicable

25. Key References

- Social Services Regulator, Reportable Conduct Scheme
- Victorian Early Childhood Regulation Authority
- Australian Children's Education and Care Quality Authority
- Child Wellbeing and Safety Act 2005 (Vic)
- Education and Care Services National Law
- Education and Care Services National Regulations
- Victorian Child Safe Standards
- Protecting Children: Mandatory Reporting and Other Obligations for the Early Childhood Sector

- Working with Children Check Victoria

ATTACHMENT 9
Fawkner Park Children's Centre: Child Abuse Incident Reporting Form

All incident reports must be stored securely, and password protected to maintain confidentiality. Please contact the Child Safety Officer when lodging this report to communicate any protections added to the document.

If you believe a child is at immediate risk of abuse phone 000.

Incident details

Date of incident:	
Time of incident:	
Location of incident:	
Date Identified (if different from date of incident)	

Name(s)/Detail of child/children involved:	

Name(s) of staff/student/ volunteer involved:	

Please categorise the incident

	Make Selection	Comments
Physical violence		
Sexual offence		
Sexual misconduct		
Serious emotional or psychological abuse		
Serious neglect		
Grooming		
Breach of Fawkner Park's Child Safe Code of Conduct		
Reportable Conduct		

Does the child identify as Aboriginal or Torres Strait Islander?
(Mark with an 'X' as applicable)

No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander ☐

Is the child from a culturally or linguistically diverse background?
(Mark with an 'X' as applicable)

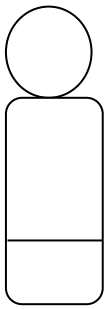
No ☐ Yes, please provide details:

Does the child have a disability?
A disability can be any physical, sensory, neurological disability, acquired brain injury, intellectual disability, or developmental delay that affects a child's ability to undertake everyday activities.
(Mark with an 'X' as applicable).

No ☐ Yes, please provide details:

Please describe the incident

Overview:	
When did it take place and what were the circumstances:	
Who was involved?	

What did you see / hear? 	
Other information:	

Proposed corrective action and mitigation plan:

Action	Responsible Person	Date (Completion)	Status

Details of person reporting the incident:

Name of person reporting the incident:	
Department of reporter (if/where applicable):	

Contact Details of reporter:	

Office use only:

Date incident report received:		
Staff member managing incident:		
Incident ref. number:		
Has the incident been reported?	**Date Notified**	**Comments**
Child protection		
Police		
Commission for Children and Young People		
Another third party (please specify):		

When I don't feel safe…

I listen to my body – my heart might beat really fast. My tummy may have a sick feeling. My legs may begin to wobble and I become shaky all over. I start to cry



My heart might beat really fast



My tummy may have a sick feeling – feels like there are butterflies



My legs become wobbly



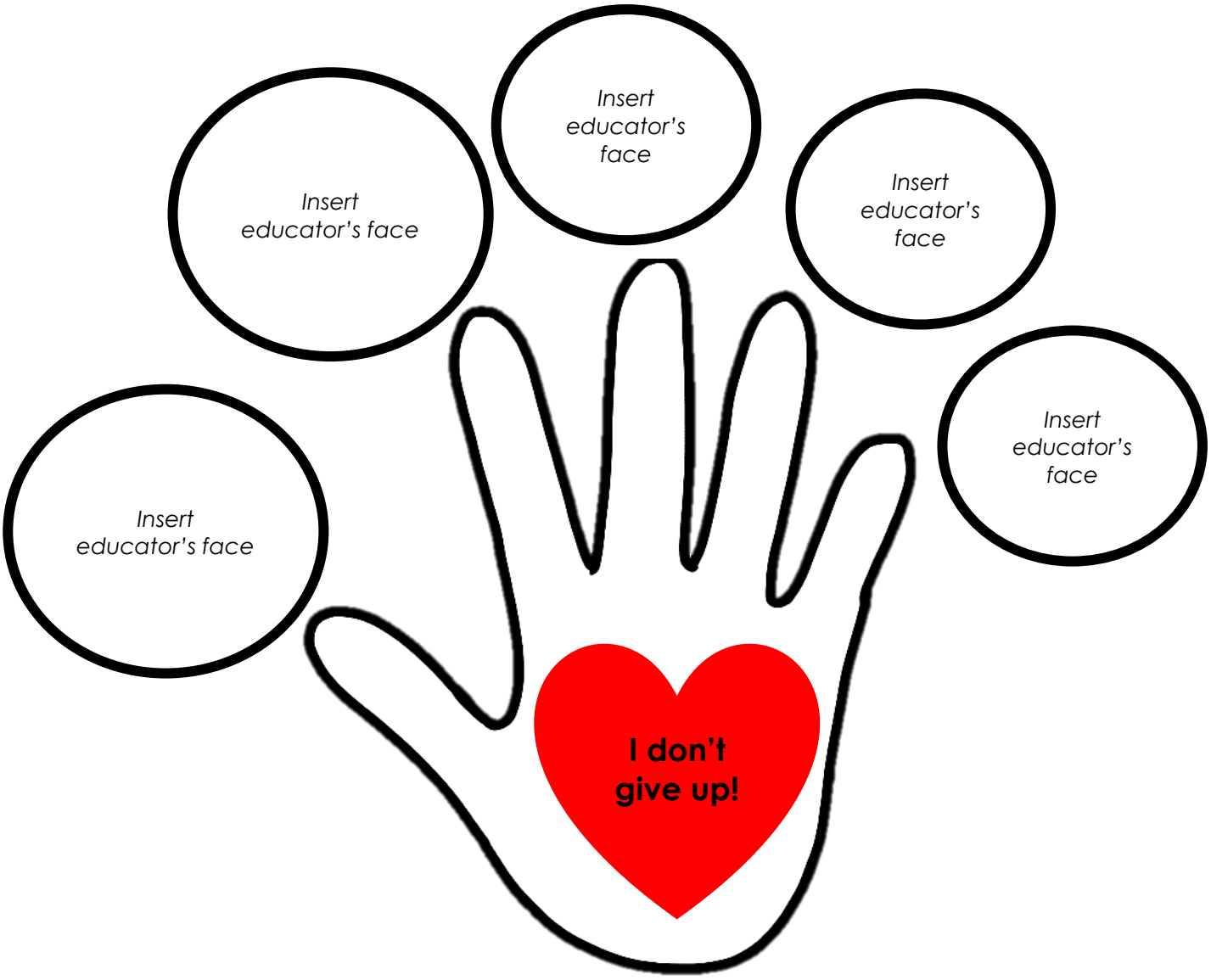
I start to cry

When I don't feel safe, I tell an adult I trust straightaway!

Poster: Child's Safety Network

I need help!

If I have a problem that I can't fix by myself, I can tell a trusted adult.
I won't give up until someone helps me with my problem.



Attachment 11: (From the Parent Handbook)
FPCC 6.02 - Complaints and Grievances Management

Mandatory – Quality Area 7

1 Authorisation

This policy was adopted by the FPCC Committee of Management at the October 2013 Committee Meeting.

2 Review Date

This policy shall be reviewed annually at the October Committee Meeting. Any comprehensive amendments will be documented under authorisation.

3 Policy

Our aim is to provide excellence in customer service. Central to this aim is a clear, fair and accessible grievance and complaints procedure.

The Centre's Complaints and Grievances Management Policy values:

- procedural fairness and natural justice;
- a code of ethics and conduct;
- a service culture free from discrimination and harassment;
- transparent policies and procedures; and
- avenues for recourse and further investigation.

The Grievances and Complaints Management Policy ensures that all persons are presented with procedures that:

- value the opportunity to be heard;
- promote conflict resolution;
- encourage the development of harmonious partnerships;
- ensure that conflicts and grievances are mediated fairly; and
- are transparent and equitable.

The Centre has a duty of care to ensure that all persons are provided with a high level of equity and fairness in relation to grievances and complaints management and procedures.

4 Rationale

The Centre encourages open communication between staff and parents, by creating a relaxed and friendly atmosphere. Part of this open communication is access to a clear and fair grievance and complaints procedure for members of the Centre and wider community.

Procedural fairness and natural justice

The three core principles of natural justice or procedural fairness are:

- the 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.

To this end, the Centre will not tolerate any form of persecution, harassment or discrimination towards any party.

5 Procedure

A grievance is a statement by a family member or member of the wider community of a Centre-related problem, concern or complaint. Grievances can range from the very minor and easy to resolve, to the extremely serious which may involve formal responses.

Strategies to resolve grievances and complaints

As a first step, prior to the formal grievance process being initiated, the person making the complaint is encouraged to resolve the issue directly with the person/s concerned. This should be done as soon as possible after the incident giving rise to the grievance arises. However, if this is not possible, then the formal grievance procedure shall apply. It is understood that sometimes approaching the subject of the complaint directly can be difficult.

Grievances and complaints management procedure

4. If the grievance or complaint cannot be resolved directly with the person/s concerned, then the complainant should raise the issue with either the room leader, Centre Director or any member of the Committee of Management. Ideally this should be within 48 hours after failure to resolve the issue directly with the person/s involved, or 48 hours after the incident giving rise to the grievance occurred. The names of the Committee of Management can be found in the foyer of the Centre. A response will be provided to the complainant within 48 hours. The response must at least advise of progress if unresolved.

5. If the grievance or complaint still cannot be resolved, and the complainant wishes to pursue it, they should put the complaint in writing to either the Centre Director or any member of the Management Committee. This should be done within seven days of the incident giving rise to the grievance. A response will be provided within 48 hours of receipt of the written complaint.

6. The Centre will then use its best endeavours to mediate a resolution of the grievance. An independent mediator may be sourced to assist in the resolution, if deemed by the Centre as necessary and reasonable to do so.

Consider any legal requirements in relation to the complaint.

Upon receipt of the complaint, the Centre will consider any legal requirements in relation to the complaint, for example, if the complaint is related to a child protection issue.

Notify regulatory or licensing bodies if required.

Upon receipt of the complaint, the Centre will consider its obligations to report the complaint. For example, if the complaint is about a breach of the law, the Centre must notify the relevant Government Department (Victorian Early Childhood Regular Authority) within 48 hours.

Role models

Children learn through example and role modelling is an important strategy to encourage children to manage conflict appropriately.

Privacy and confidentiality

No person shall have access to information on the grievance, other than those directly involved or those handling the complaint. All complaints shall be handled promptly and with transparency.

Conflict of interest

Conflicts of interest may arise during the handling of grievances or complaints. In this instance steps will be taken to ensure the conflict is resolved, for example by appointing an alternative mediator.

Withdrawing the grievance

The person/s who lodged the grievance can at any time withdraw the grievance. However, there is always the possibility that the subject of the complaint may wish to, and have the right to, continue the process, if they believe they have not had the opportunity to respond appropriately.

Centre operations during grievance procedure
Without prejudice to the Centre or any staff member, work shall continue normally while the grievance or complaint is being dealt with.

Further recourse
If, after pursuing the Centre's grievance procedure, the complainant remains unsatisfied, they are encouraged to contact the Victorian Department of Education and Early Childhood Development (details can be found via www.vic.gov.au).

APPENDIX 5: STORYPARK E-LEARNING PARENT AGREEMENT

NB) parents are asked to view the Storypark Terms of Use at www.storypark.com before signing the agreement

I have read and understood the Storypark Terms of Use (the Terms of Use). By signing this document I agree to be bound by the Terms of Use and understand that Fawkner Park Children's Centre is likewise bound by the Terms of Use.

I have paid particular regard to clauses 6 & 8 of the Terms of Use and agree in particular to be bound by those clauses.

By signing this document I give permission for:

a. My child to have their own E-portfolio on the Storypark Application; and
b. For my child to be included in group learning stories (including photos/videos etc.) on the Storypark Application and understand that the content of group stories will be accessible to other families (authorised viewers only) in my child's room.

Name of child.....

Room/Class .....

Name of parent/caregiver/legal

guardian.....

Signature of parent/caregiver/legal guardian

..... Date.....

Please note the following:

The rights and obligations of Fawkner Park Children's Centre are detailed at clause 9 of the Terms of Use;

This agreement will remain in force as long as your child is enrolled at the Centre;

Storypark amend their Terms of Use from time to time;

In the event that the Terms of Use are amended your consent to that amendment is implied unless you advise Fawkner Park Children's Centre that you no longer agree to the Terms of Use.

APPENDIX 6 ROAD SAFETY EDUCATION AND SAFE TRANSPORT POLICY

Attachment 1 Definitions and Source documents

Definitions

The term defined below relates specifically to this policy:

Wheeled toy: A child's pedal car, skateboard, scooter (other than a motorised scooter) or tricycle or a similar toy, but only when it is being used by a child who is under 12 years old.

The definitions of other terms used can be found in related policies as described in the table below:

Term	Source(s) of definition
Adequate supervision	*Supervision of Children Policy, Excursions and Service Events Policy*
Approved Provider	*Supervision of Children Policy*
Attendance record	*Supervision of Children Policy, Excursions and Service Events Policy*
Authorised nominee	*Acceptance and Refusal of Authorisations Policy*
Duty of care	*Supervision of Children Policy*
Nominated supervisor	*Supervision of Children Policy*
Risk assessment	*Excursions and Service Events Policy*

Related policies

- *Acceptance and Refusal of Authorisations Policy*
- *Child Safe Environment Policy*
- *Curriculum Development Policy*
- *Delivery and Collection of Children Policy*
- *Excursions and Service Events Policy*
- *Inclusion and Equity Policy*
- *Occupational Health and Safety Policy*
- *Supervision of Children Policy*

Useful resources

- *Child Road Safety: http://childroadsafety.org.au/*
- *Transportation of Children with Additional Needs: http://www.rch.org.au/tocan/*

ATTACHMENT 2
National Practices for Early Childhood Road Safety Education

The *National Practices for Early Childhood Road Safety Education* have been developed by early childhood education and road safety experts across Australia and New Zealand. The eight national practices are based on research and are aligned with the Early Years Learning Framework.

The national practices guide early childhood educators and policy makers to develop, implement and evaluate evidence-based road safety programs that support children's and families learning about road safety. Refer to:
http://roadsafetyeducation.vic.gov.au/resources/early-childhood.html

The eight national practices are as follows:

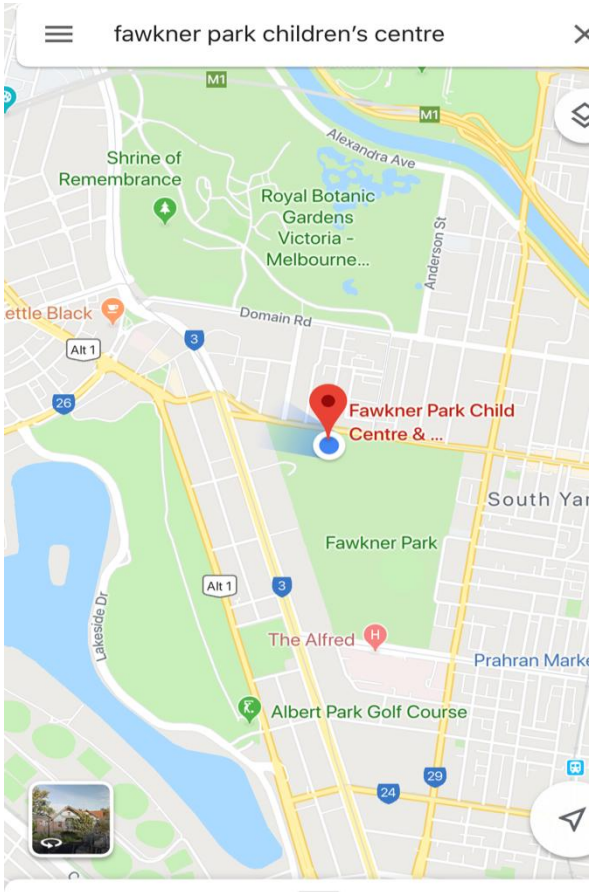
1.	Holistic approaches	Recognise that children's learning is integrated and interconnected when making curriculum decisions about road safety education.
2.	Responsiveness to children	Deliver road safety education which is responsive to individual children and extends children's strengths, knowledge and interests.
3.	Learning through play	Through play-based learning seek opportunities to address road safety in a way that expands children's thinking and encourages problem solving.
4.	Intentional teaching	Engage in intentional teaching which extends and expands children's learning about road safety.
5.	Learning environments	Provide opportunities in the learning environment, including the local community, for safe and meaningful interaction with children, parents and carers about road safety.
6.	Cultural competence	Implement road safety education that is culturally relevant for the diversity of children, their families and the community.
7.	Continuity of learning and transitions	Use the opportunity of transitions, in active partnership with children, families and the local community, for road safety education.
8.	Assessment for learning	Together with children and families, reflect on each child's learning and application of road safety to plan for future learning.

Attachment 3 Fawkner Park Children's Centre Road Safety Information









Fawkner Park Child Centre & Kindergarten



Fawkner Park's Children's Centre and Kindergarten is located on the edge of Fawkner Park at 65-67 Toorak Road, WEST (see map above).

The Centre is accessible from Toorak Road or through the park by foot/bike via St. Kilda Road, Punt Road or Commercial Road (see map above).

There is a drive way at the entrance to the centre via Toorak Road and parking is located at the front of the centre (see images above).

There is also a tram stop very close to the Toorak Road entrance to the centre and a pedestrian crossing with traffic signals.

The main **Road Safety** considerations at Fawkner Park's location are:

- Accessing the centre via Toorak Road by car/bike or foot with busy traffic and trams running along Toorak Road and a footpath crossing over the entrance to the centre from the road.
- The car park at the entrance to the centre; requires heightened vigilance when entering and exiting and an awareness of people getting into and out of cars. All families are encouraged to exit/enter their cars via the centre footpath. Drivers are also encouraged to

exercise extreme caution at slow speeds 10km/h when entering and exiting the carpark.

- All pedestrians' are advised to enter the centre via the designated footpaths and discouraged from walking through the car park area.
- The direct entrance to the centre has a safety gate and security door alongside a long entrance area to reduce the possibilities of children exiting the centre without full adult supervision.
- The highest supervision of children is encouraged when entering and exiting the centre, and walking when entering and exiting is promoted.
- Attention to cyclist and council vehicles when accessing the centre through the park.
- Vigilance and awareness of the nearby tram line ensuring to always use the pedestrian crossing on Toorak Road.
- Some children and families utilize bikes and scooters to access the centre with the use of helmets, bike lights and caution for both pedestrians and motor vehicles promoted.

ATTACHMENT 4

Procedure: When a child is observed to be at risk of harm while being transported to or from an early childhood premises

Fawkner Park has a duty of care to ensure the safety of children is paramount. Fawkner Park must also comply with our obligations under Victoria's child protection laws where a parent/guardian or authorised nominee (refer to *Definitions*) is observed not using a child restraint, using the wrong child restraint, using a child restraint inappropriately or engaging in other unsafe behaviours such as parking illegally or not using a bicycle helmet, the **educator should**:

1. talk with the parent/guardian/authorised nominee about the importance of safe transport procedures, including the correct use of child restraints and/or relevant road safety behaviours
2. provide/refer the parent/guardian/authorised nominee to relevant information regarding safe transport
3. inform the Director or 2IC (where relevant),
    a. If the parent/guardian or authorised nominee persists with unsafe road use behaviours, the early childhood educator must notify the **Director or 2IC, who should**:
        i) contact the parent/guardian/authorised nominee directly and discuss the importance of child restraint use and/or safe road user behaviour, including legal requirements and implications
        ii) provide the parent/guardian/authorised nominee with a copy of the *Road Safety and Safe Transport Policy*
        iii) offer/provide assistance to the parent/guardian/authorised nominee with the choice/purchase/installation/fitment of the correct restraint or bicycle helmet for their child
        iv) follow up with the parent/guardian/authorised nominee, where required, to ensure that they have the most appropriate restraint for their child and that it is being used correctly.

If a parent/guardian or authorised nominee appears to be impaired or intoxicated when arriving to collect their child, the **early childhood educator should:**

1. encourage the parent/guardian or authorised nominee to use an alternative form of transport or contact another authorised person to collect the child. If the parent/guardian or authorised nominee is not willing to use an alternative form of transport, the educator cannot prevent the parent/guardian or authorised nominee from taking the child
2. notify the police and/or child protection authorities immediately if the educator is of the opinion that the child may not be safe in the care of the parent/guardian or authorised nominee.

APPENDIX 7 FAWKNER PARK CHILDREN'S CENTRE LEARNING AND DEVELOPMENT PROGRAM

Fawkner Park Children's Centre Learning and Development program is based on the principles of play pedagogy. Educators observe children's play to extend their emerging interests as these are relevant to their lives and also provide opportunities to involve the community within our program.

Our emphasis on learning through play stems from the belief that children are intrinsically motivated to engage and extend in 'life experiences' they deem as meaningful. It is through play that they draw on and develop their past experiences and are prompted by their interaction with materials and other people to explore new knowledge, language and skills. Play offers children the chance to be in control, and to feel competent, within relevant, meaningful and open – ended experiences (Pound 2011). As St Augustine eloquently states *"A free curiosity is a greater encouragement to learning than a frightened compulsion" (Walker, 2012).* This resonates clearly that learning is not something that should be enforced with a pessimistic connotation, but should be nurtured and fostered through a child's organic and self-directed enquiry.

We facilitate play based learning through an emergent curriculum that recognises the importance of play in children's lifelong learning journey. Like Comenius, we believed that education begins at birth and should continue throughout life (Pound, 2011). It is with this in mind that we seek to build upon the pre-existing foundations of each child's development, the one in which their family has helped create. Building a strong reciprocal and responsive relationship with each family is paramount to our Fawkner Park community.

To define and influence our pedagogical practice we are guided by foundational and contemporary sociocultural theory. Foundational theory emphases the role of play in children's learning and contemporary theory identifies the role that children's social and cultural experiences play in informing their development (Edwards, 2011). A child's development must be understood, and not separated from its sociocultural context. We also call on the work of Vygotsky, Rogoff, Bronfenbrenner and Frobel for theoretical underpinnings. As well as other global research and project work such as Reggio Emila in Italy and Te Whariki in New Zealand for further inspiration and cultural scope.

Our curriculum is underpinned by both the Victorian and National early childhood frameworks. These documents state learning outcomes, practices and principles that guide our planning to extend, assess and reflect upon each child's learning. We employ specific teaching approaches to enhance learning, such as intentional teaching, scaffolding and co – construction in the context of play which ties in with the Frameworks.

The assessment of each child's learning is documented in the form of Learning Stories which are collated in individual online portfolios along with artwork, progress reports and other documentation. Learning stories are an effective tool to provide families with insight into their child's achievements. We have developed a colour coded key to use in conjunction with the Learning Stories to highlight what learning outcomes are being achieved.

Froebel encouraged teachers to "begin where the learner is". He, like many other developmental theorists, had firm views on play and its place in child development, believing that it fostered enjoyment, emotional wellbeing and was a fundamental source of benefit. This is reflected in his phrase "at every stage be that stage" – highlighting the idea that children should be allowed to be children, enjoying the things that children enjoy without having to be concerned about what comes next.

Developed, discussed and approved by the team on May 22,2012. Reviewed April 2019.

Key Theory Underpinning Fawkner Park's Philosophy

Developmental theorist:

Jean Piaget; learning as a process evolving as a result of children interacting with the environment and moving through certain stages of cognitive development. Developmentally appropriate practice.

Rudolf Steiner; Development through stages. Interdependence of physical, emotional, social and cognitive development. Strong emphasis on the natural world and natural environments. Emphasis on play, imitation and social and emotional development.

Howard Gardener; Theory of multiple intelligences. Different children learn and think in different ways.

Socio-cultural theorists:

Lev Vygotsky; Significant roles of culture and personal interaction. Explicit and profound connection between language and thinking. Zone of proximal development; supported learning, sustained shared thinking.

Jerome Bruner; Scaffolding; social interaction plays a fundamental role in children's learning and development in particular language development. Enactive, iconic and symbolic representation.

Urie Brofenbrenner; Ecological systems theory-large number of environmental and societal influences on a child's development. Significance of family and community involvement and connection.

Loris Malaguzzi; Reggio Emelia philosophy. View of the child as rich in potential rather than an empty vessel to be filled. Environment as a third teacher. Project work approach.

Barbara Rogoff; Theory of guided participation. Community of learners; emphasis on *learning through participation in shared activities and experiences-collaboration.*

Ivan Pavlov; Classical conditioning; nurture is more dominant than nature in children's learning. Reinforcement can change behaviour.

Frederic Skinner; Operant Conditioning-behaviour could be affected by small consequences. Active learning. Learning theory. Positive reinforcement more effective than punishment.

Albert Bandura; Social learning theory-reinforcement of learning occurs as we imitate or model ourselves on others we want to be like.

Critical theorists:

Jurgen Habermas; Role of reflective practice. Theory of Communicative Action; all participants have the same opportunities for interaction and contribution as shared understandings and ways of moving forward are discussed and agreed to be acted upon.

Paulo Freire; Pedagogy of transformation-a new conception of education prioritising the culture, knowledge and conditions of the disadvantaged, excluded and oppressed.

Emancipatory education; where the teacher and student have much to learn from each other. Children can enrich and expand our way of knowing.

Post structural theorists:

Michel Foucault; Relationship between power and knowledge. Language organises and governs our everyday experiences of the world. Limitations of the developmental perspective.

Pierre Bourdieu; Knowledge is a 'social fact' that should undergo social inquiry because knowledge bears a relationship to the social position of the 'knowers'. Power is culturally and symbolically created.

Gaile Cannella; Many possible views of children. Children offer different ways of knowing. Educators do not consider themselves as the 'expert' but will work with the child to better understand their world view. Programs should be discussed in collaboration with the children.

APPENDIX 8 DETERMINING RESPONSIBLE PERSON POLICY

AUTHORISATION

This policy was adopted by the FPCC Committee of Management at the September 2013 Committee Meeting. This policy was reviewed in August 2025.

REVIEW DATE

This policy shall be reviewed annually at the October Committee Meeting. Any comprehensive amendments will be documented under authorisation.

1.PURPOSE

This policy provides guidelines to assist in determining the Responsible Person at Fawkner Park Children's Centre, ensuring compliance with the Education and Care Services National Law and Regulations. This policy was reviewed by the committee in August 2025.

2.POLICY STATEMENT

Values

Fawkner Park Children's Centre is committed to:

- meeting our duty of care obligations under the law
- ensuring our staffing arrangements contribute to the health, safety, wellbeing, learning and development of all children
- ensuring a Responsible Person is present on our premises at all times

Scope

This policy applies to the Approved Provider, Person with Management or Control, Nominated Supervisor(s), Person(s) in Day-to-Day Charge, educators, staff, students on placement, volunteers and parents/guardians of Fawkner Park Children's Centre.

3.BACKGROUND AND LEGISLATION

At Fawkner Park Children's Centre, we acknowledge our obligation under the Education and Care Services National Law Act 2010 to ensure that a Responsible Person is present at all times while children are being educated and cared for. The Responsible Person at our service will be:

- the Director or 2IC or 3IC (or a person with management or control of the service)
- a Nominated Supervisor
- a Responsible person

Fawkner Park Children's Centre will always ensure that in the absence of the Nominated Supervisor, a Person in Day-to-Day Charge is appointed so that a Responsible Person is physically present.

4.DEFINITIONS

Approved Provider: Fawkner Park Children's Centre as the approved provider, or a person with management or control of the service, authorised by the Regulatory Authority to operate education and care services.
Nominated Supervisor: A person nominated by Fawkner Park Children's Centre, with their written consent, who has day-to-day responsibility for the service in accordance with the National Regulations.
Person in Day-to-Day Charge: An individual 18 years or older, appointed in writing by Fawkner Park Children's Centre as the Approved Provider or by the Nominated Supervisor, who has adequate knowledge of the provision of education and care to children and the ability to effectively supervise and manage the service.
Responsible Person: At Fawkner Park Children's Centre, this may be the Approved Provider (or person with management/control), a Nominated Supervisor, or a Person in Day-to-Day Charge.
Duty of Care: The responsibility of Fawkner Park Children's Centre to provide adequate protection against harm and foreseeable risk of injury.

5.PROCEDURES

Fawkner Park Children's Centre as Approved Provider will:

- ensure there is always a Responsible Person on our premises whenever the service is operating
- ensure all Nominated Supervisors and Persons in Day-to-Day Charge provide written consent and records are kept on file
- ensure suitability checks (Working With Children Check, compliance history, qualifications, and child protection training where required) are completed before appointment
- ensure the name of the current Responsible Person is clearly displayed at the service's main entrance

- notify the Regulatory Authority of the appointment or removal of a Nominated Supervisor within required timeframes

Nominated Supervisor(s) at Fawkner Park Children's Centre will:

- provide written consent to accept the role
- ensure that in their absence a Person in Day-to-Day Charge is appointed
- ensure that the name of the Responsible Person is displayed and visible at all times

Person in Day-to-Day Charge at Fawkner Park Children's Centre will:

- provide written consent to accept the role
- understand and accept the responsibilities of being a Responsible Person
- act as the point of contact for staff and families as the Responsible Person during their appointment

Educators, Students and Volunteers at Fawkner Park Children's Centre will:

- be aware of who the Responsible Person is each day
- follow this policy and related procedures

6.EVALUATION

To ensure this policy is effective, Fawkner Park Children's Centre will:

- seek feedback from staff, families and stakeholders about its effectiveness
- monitor compliance, incidents and complaints related to this policy
- review and update the policy annually, or earlier if required, to reflect changes in legislation or best practice
- notify families at least 14 days before making significant changes to this policy

7.AUTHORISATION AND REVIEW

This policy was reviewed by Fawkner Park Children's Centre on 08/09/2025 and will be reviewed annually, or earlier if required.

APPENDIX 9 FAWKNER PARK PARTICIPATION OF VOLUNTEERS & STUDENTS POLICY

AUTHORISATION

This policy was adopted by the FPCC Committee of Management at the September 2013 Committee Meeting. This policy was reviewed in August 2025.

REVIEW DATE

This policy shall be reviewed annually at the October Committee Meeting. Any comprehensive amendments will be documented under authorisation.

PURPOSE

This policy provides guidelines for the engagement and participation of volunteers and students at Fawkner Park Children's Centre (FPCC), while ensuring that the children's health, safety and wellbeing are protected at all times.

POLICY STATEMENT

VALUES

Fawkner Park Children's Centre is committed to:
• supporting connections with educational institutions to provide opportunities for students to undertake practicum placements
• building relationships with community members and engaging suitable volunteers to contribute to programs and activities
• ensuring the health, safety and wellbeing of each child through consistent compliance with this policy and related procedures.

SCOPE

This policy applies to the Approved Provider, Nominated Supervisor, Responsible Persons, educators, staff, students on placement, volunteers, parents/guardians, children, and others attending the programs and activities of FPCC.

BACKGROUND & LEGISLATION

Volunteers and students may participate in programs and activities at FPCC in order to observe and gain experience. Their participation is encouraged where appropriate and possible, provided clear guidelines are followed regarding interactions, supervision, and child safety.

All volunteers and students can expect:
• a safe and well-managed workplace
• meaningful work experience with appropriate direction, supervision and training
• recognition for their contribution.

Volunteers are engaged to complement, not replace, paid staff and must not be asked to perform tasks for which they are unqualified, that compromise safety, or present a conflict of interest. All volunteers and students must undergo an interview, reference checks, induction, and sign acknowledgement forms before participation.

Working with Children Checks (WWCC): All volunteers and students must hold a current WWCC before commencing at FPCC, with no exceptions. All parents or relative who wish to engage in the program or be in direct contact with the children

(for other reasons than drop off, pick up or attending social events) require a WWCC.

All volunteers, students and parents are required to follow Fawkner Park Children's Centre's safe use of digital technologies and online environments, remaining aware of their responsibilities at all times. Access to personal devices is strictly limited while in direct contact with children. While expectations and rules may differ for students compared to volunteers and parents, the same rule applies for all: under no circumstances are they permitted to take photographs or recordings of children.

Legislation and standards

- Education and Care Services National Law Act 2010: Section 169
- Education and Care Services National Regulations 2011: Regulations 123, 145, 149, 157, 168(2)(i), 355, 358, 360
- Equal Opportunity Act 2010 (Vic)
- Fair Work Act 2009 (Cth)
- National Quality Standard, Quality Area 4
- Occupational Health and Safety Act 2004 (Vic)
- Working with Children Act 2005 (Vic)
- Child Safe Standards (Vic) 2022

32 4. DEFINITIONS

Conflict of interest: A situation that may affect, or may reasonably appear to affect, the judgement or conduct of the volunteer.

Student: A person undertaking a practicum placement as part of a recognised early childhood qualification.

Volunteer: A person who undertakes defined activities to support FPCC programs in an unpaid capacity.

Working directly with children: Being physically present with children and directly engaged in their education and/or care.

Working with Children (WWC) Check: A legal requirement in Victoria for all persons undertaking child-related work, paid or voluntary, to help protect children from harm.

33 5. SOURCES

- ACECQA: www.acecqa.gov.au
- Early Years Learning Framework: education.gov.au/early-years-learning-framework
- Working with Children Check, Department of Justice Victoria: www.workingwithchildren.vic.gov.au
- Federal Register of Legislation: www.legislation.gov.au
- Victorian Legislation – Law Today: www.legislation.vic.gov.au

6. PROCEDURES

The Approved Provider is responsible for:

- developing guidelines in consultation with the Nominated Supervisor and educators for accepting applications from volunteers/students to work at the service
- accepting or rejecting a potential volunteer/student based on the circumstances of the service at the time, in consultation with the Nominated Supervisor
- ensuring that children being educated and cared for by the service are adequately supervised, and the legislated educator-to-child ratios are complied with at all times (Regulations 123, 355, 360)
- ensuring that, where required, the Working with Children (WWC) Check has been read/sighted prior to the volunteer's commencement at the service
- ensuring that the staff record contains information for all volunteers/students attending the service with details of name, address, date of birth, days and hours of participation and details of the Working with Children (WWC) Check (Regulations 145, 147, 149)
- ensuring that volunteers/students and parents/guardians are adequately supervised at all times, and that the health, safety and wellbeing of children at the service is protected
- ensuring that volunteers/students and parents/guardians are not left with sole supervision of individual children or groups of children
- ensuring that parents/guardians of a child attending the service can enter the service premises at any time that the child is being educated and cared for, except where this may pose a risk to the safety of children or staff, or conflict with any duty of the Approved Provider, Nominated Supervisor or educators under the law (Regulation 157)
- developing a range of strategies to enable and encourage the participation and involvement of parents/guardians at the service
- providing volunteers/students and parents/guardians with access to all service policies and procedures, and a copy of the Education and Care Services National Regulations 2011
- ensuring that volunteers/students and parents/guardians comply with the National Regulations and all service policies and procedures, including the ECA Code of Ethics, while attending the service
- developing an induction checklist for volunteers/students attending the service (refer to Attachment 1 –Sample induction checklist for volunteers/students) in consultation with the Nominated Supervisor and

The Nominated Supervisor is responsible for:

- assisting the Approved Provider to develop guidelines for applications from volunteers/students to work at the service
- assisting the Approved Provider with decisions in relation to accepting/rejecting a potential volunteer/student based on the circumstances of the service at the time
- ensuring that children being educated and cared for by the service are adequately supervised, and the legislated educator-to-child ratios are complied with at all times (Regulations 123, 355, 360) (refer to Supervision of Children Policy)
- ensuring that, where required, the Working with Children (WWC) Check has been read/sighted prior to the volunteer's commencement at the service, and that details are included on the staff record

- ensuring that volunteers/students and parents/guardians are adequately supervised at all times, and that the health, safety and wellbeing of children at the service is protected
- ensuring that volunteers/students and parents/guardians are not left with sole supervision of individual children or groups of children
- ensuring that parents/guardians of a child attending the service can enter the service premises at any time that the child is being educated and cared for, except where this may pose a risk to the safety of children or staff, or conflict with any duty of the Approved Provider, Nominated Supervisor or educators under the law (Regulation 157)
- ensuring strategies are in place to enable and encourage the participation and involvement of parents/guardians at the service
- providing volunteers/students and parents/guardians with access to all service policies and procedures, and a copy of the Education and Care Services National Regulations 2011
- ensuring that volunteers/students and parents/guardians comply with the National Regulations and all service policies and procedures, including the ECA Code of Ethics, while attending the service
- assisting the Approved Provider to develop an induction checklist for volunteers/students at the service (refer to Attachment 1 – Sample induction checklist for volunteers/students)
- ensuring that volunteers/students have completed the induction checklist (refer to Attachment 1) and have been provided with a copy of the staff handbook, if applicable.

Certified Supervisors are responsible for:

- ensuring that, where required, the Working with Children (WWC) Check has been read/sighted prior to the volunteer's commencement at the service.

Certified Supervisors and other educators are responsible for:

- assisting the Approved Provider and Nominated Supervisor to develop guidelines for applications from volunteers/students to work at the service
- ensuring that children being educated and cared for by the service are adequately supervised, and the legislated educator-to-child ratios are complied with at all times
- providing volunteers/students and parents/guardians with access to all service policies and procedures, and a copy of the Education and Care Services National Regulations 2011
- ensuring that volunteers/students and parents/guardians comply with the National Regulations and all service policies and procedures, including the ECA Code of Ethics, while attending the service
- complying with the requirement that volunteers/students and parents/guardians are adequately supervised at all times, and that the health, safety and wellbeing of children at the service is protected
- complying with the requirement that volunteers/students and parents/guardians are not left with sole supervision of individual children or groups of children
- enabling parents/guardians of children attending the service to access the service premises at any time the child is being educated and cared for except where this poses a risk to the safety of children and/or staff

- encouraging the participation and involvement of parents/guardians at the service
- assisting the Approved Provider and Nominated Supervisor to develop an induction checklist for volunteers/students at the service(refer to Attachment 1 – Sample induction checklist for volunteers/students)
- assisting volunteers/students to understand the requirements of this policy and the expectations of the service.

Volunteers and students, while at the service, are responsible for:

- ensuring they have provided all details required to complete the staff record
- undertaking a Working with Children (WWC) Check and presenting a current WWC Check card or other notification, as applicable. This is not required for parents/carers volunteering for Kinder Duty
- understanding and acknowledging the requirement for confidentiality of all information relating to educators and families within the service (refer to Privacy and Confidentiality Policy)
- complying with the requirements of the Education and Care Services National Regulations 2011 and with all service policies and procedures, including the ECA Code of Ethics, while at the service
- undertaking the induction process and completing the induction checklist (refer to Attachment 1) prior to commencement at the service
- following the directions of staff at the service at all times to ensure that the health, safety and wellbeing of children is protected.

Parents/guardians are responsible for:

- complying with the requirements of the Education and Care Services National Regulations 2011 and with all service policies and procedures, including the ECA Code of Ethics and Family Code of Conduct, while attending the service
- following the directions of staff at the service at all times to ensure that the health, safety and wellbeing of children is protected.

7 EVALUATION

In order to assess whether the values and purposes of the policy have been achieved, the Approved Provider of Fawkner Park Children's Centre will:

- check staff records on a regular basis to ensure details of students and volunteers are maintained in line with all legislative requirements as outlined in the policy
- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notify parents/guardians at least 14 days before making any changes to this policy or its procedures.

Attachment 1: INDUCTION CHECKLIST; RELIEVERS, STUDENTS, VOLUNTEERS

TASK/RESQUIREMENT	**YES**	**NO**
Introduce to staff		
SHOW		
Staff Room		
Staff Toilet		
Large Storeroom		
Rooms for Children		
CHECK/PHOTOCOPY		
Police Check		
Working with Children Card		
VIT Registration (if relevant)		
Qualifications-for qualified staff		
Entered details into Employees details form		
First Aid, Anaphylaxis, Asthma training		
EMERGENCY PROCEDURES		
Explain emergency procedures		
Show emergency exits		
Show emergency meeting point		
Introduce to Fire Warden/photo		
CHILDREN WITH ANAPHYLAXIS		
Show Children with Anaphylaxis plans		
Show location of Epi Pens		
FIRST AID		
Show location of first aid kits		
Explain manual handling		
Sign Child Safe Code of Conduct (separate sheet)		
Sign Centre Code of Conduct (separate sheet)		
Policies manual in office (read through) Anaphylaxis, OHS, Manual Handling		
Health and Wellbeing Policy		
Privacy and confidentiality		
Safe Use of Digital technologies and Online environments		

Date:

Signature of staff member/student: _____

Signature of staff inductor: _____

APPENDIX 10 RECORDING OF ACCIDENTS/INCIDENTS/ILLNESSES

1. Scope

This document specifically focuses on incident management processes for Department of Education and Training (the Department) funded Early Childhood Services (ECS).

Under the State Government guidelines for Funded Organisation ,Victorian quality and safeguards will apply. Accordingly, registered Early Childhood providers are required to follow the incident management guidance processes in this document.

2. Purpose

The purpose of this document is to:

- Support timely and effective responses to address immediate ECS client safety and wellbeing
- Provide processes for addressing incidents at funded ECS, including where services are delivered in the community settings
- Provide governance that clearly outlines responsibilities for all involved parties in incident management
- Facilitate learning from incidents and near-misses to mitigate future risks
- Ensure consistency in approaches to incident management across the Department regions
- Ensure that ECS Organisations are aware of their reporting obligations under the Service Agreement and are accountable for following incident management procedures
- Provide a pathway to inform the relevant Department of significant incidents affecting clients in a timely and accurate manner.

3. Why Report?

The reason for reporting incidents is to manage harm and risk, learn from any incidents and, if possible, prevent their recurrence. Reporting enables service providers to detect problems and situations that could have been avoided and make the changes to reduce the likelihood of the incident or a similar incident occurring in the future.

4. Incident Categories

Incident Category	
Category 1	**Category 2**
Client Death	Serious governance issues
Serious injury/trauma/illness	Service breaches compliance policies
Serious physical hazards at a service location	Severe financial mismanagement (e.g. fraud)
Allegations of sexual and/or physical assault	Loss of files, personal client data etc.
Child escaped/missing from service	Evacuation due to emergency
Child locked in/out of service	
Inappropriate staff qualifications	
Any incident where emergency services was sought (or should have been sought)	

Child taken/removed from services in an unauthorised manner	

For further details regarding categorisation of incidents please see section 10. Definitions.

5. Notification Timelines

Timeframe for Incident Report	
Category 1	**Category 2**
Category 1 incident reports must be sent to the Department designated divisional office through NQA ITS as soon as possible and at the latest within one working day of the incident(24 hours) or within one working day(24 hours) from first being told of the incident.	Category 2 incident reports must be sent to the Department designated divisional office through NQA ITS as soon as possible and at the latest within 72 hours of the incident or within 72 hours from first being told of the incident.

6. Incident reporting Roles and responsibilities

All early childhood services funded by the Department are required to report critical incidents involving or impacting on children that occur at the service or during service delivery. Incidents that relate to ECS organisations are to be reported to the Department using the major Incident Report form on the NQS IT portal

Organisations

- Have an incidents management policy and process
- Ensure staff members are aware and follow the policy and process
- Maintain a register of incidents and actions taken
- Escalate incidents that compromise the health, safety and wellbeing of children and families to the Department

Departmental Regions

- Provide a point of contact, advice and support to Funded Organisations who are managing incidents
- Complete a Situation report and progress report to management where required
- Liaise with relevant program areas across the Department as required
- Escalate Situation report to the appropriate Departmental areas and/or Minister's Office as required
- Review incident data including examination of the root cause of the incident
- Review and analyse regional incident aggregate information over time to identify lessons or practice implications
- Undertake compliance checks to assess ongoing implementation of incident management and reporting guidance

7. Incident management process

Funded Organisation role

Incidents should be attempted to be resolved at the service level.
If there is an immediate threat to children, employees and/or families, the incident must be treated urgently in order to mitigate harm and risk to others.

Once client and staff safety is achieved an incident management report must be completed. The report must include immediate actions that have been taken and planned follow-up actions.

The most senior witness to the incident or the staff member to whom the incident was reported should provide the initial information as to the nature of the incident in the Incident Report. The service manager or delegated representative should record the responses and actions taken, and sign the report.

All category 1 and 2 incidents must be reported to the Department via the NQA ITS system in accordance with the set timelines. (see 5. Notification Timelines).

The process for funded organisations to report incidents to the Department

The delegated management representative of the organisation should contact the Early Childhood Performance and Planning Advisor (EC PAPA) by phone in the first instance to advise of the incident. Where the EC PAPA is not able to be contacted directly by telephone, the organisation must upload support documents and completed Major Accident/Incident form to advise of the incident.

Where required the organisation should send the completed Incident Report to the EC PAPA via email using a password-protected document.

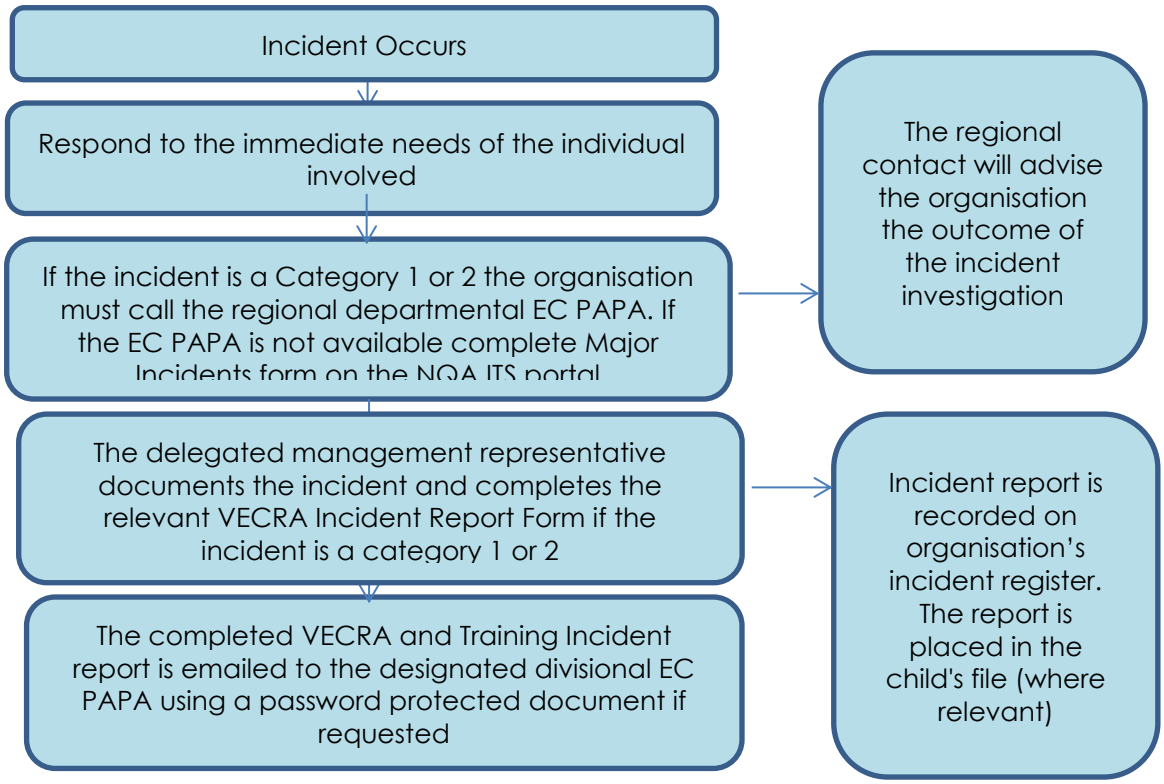
There are risks to sending confidential information by email and it is important that the Incident Report document is password protected and the password is sent via a separate email.

For DET Regional contacts:
http://www.education.vic.gov.au/about/contact/Pages/regions.aspx

8. Procedural flow chart

The procedure flow chart below outlines the steps involved in reporting an incident to the Department.

Reporting a client Incident



9. An Incidents Register

Funded organisations are required to keep a register of incidents that records all incidents that have occurred in relation to the funded organisation. The incident register details the nature of the incident, actions taken and outcomes.

10. Definitions

Category One Incident: a serious incident that must be reported to the Department Regional contact Early Childhood Program and Performance Advisor (EC PAPA) or completed Major

Incidents form and uploaded through NQA ITS as soon as possible, within one business day(24 hours). The following are category one incidents:

- The death of a child while receiving a - service
- The death of a child resulting from an incident while receiving a service
- Any incident involving serious injury or trauma to, or serious illness of, a child while receiving a service:
    - which a reasonable person would consider required urgent medical attention from a registered medical practitioner; or
    - for which the child attended, or ought reasonably to have attended, a hospital;
- Any incident where the attendance of emergency services at the service premises was sought, or ought reasonably to have been sought;
- Any circumstance where a child receiving a service:
    - appears to be missing or cannot be accounted for; or
    - appears to have been taken or removed from the service premises in a manner against the parent/carer wishes; or
    - is mistakenly locked in or locked out of the service premises or any part of the premises.

Category Two Incident: any incident that threatens the health, safety or wellbeing of service users or staff, but which is not a category one incident. Category two incidents must be reported to the regional contact as soon as possible, **within two business days**. The following are category two incidents:

- Serious organisational governance issues
- Service breaches compliance policies
- Severe financial mismanagement (e.g. fraud)
- Loss of child's files, release of personal client data etc.
- Evacuation due to emergency

11. Reflecting on a critical incident

Reflecting on an incident following its resolution, assists an organisation to understand why the incident happened, the way it was managed, the outcome for the clients and, where possible, prevent similar incidents occurring in the future. The following information can support organisations to reflect on their incident management.

http://www.education.vic.gov.au/Documents/childhood/professionals/support/reffram.pdf

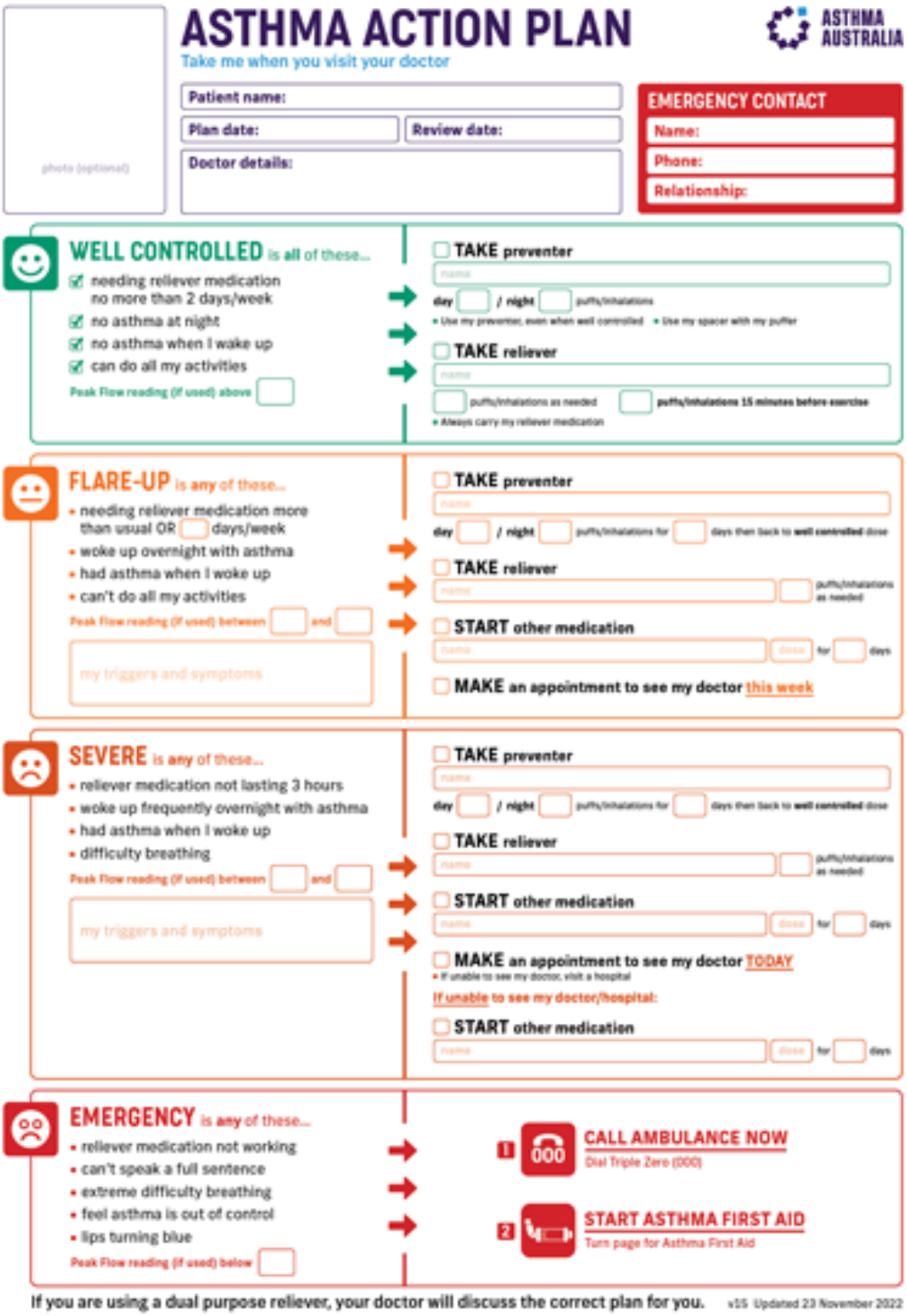
First Draft 14th October 2013.

Reviewed and Redrafted 5th March 2018. Next Review October 2019 Committee Meeting.

This policy shall be reviewed annually at the October Committee Meeting. Any comprehensive amendments will be documented under authorisation.

APPENDIX 11 ASTHMA

Attachment 1: Asthma Action Plan
https://asthma.org.au/treatment-diagnosis/asthma-action-plan/



Attachment 2: Asthma First Aid Poster
https://asthma.org.au/wp-content/uploads/2021/12/AAFA-First-Aid-2022-A4_CMYK_v7_MASTER.pdf

ASTHMA FIRST AID

Blue/Grey Reliever

Airomir, Asmol, Ventolin or Zempreon and Bricanyl

Blue/grey reliever medication is unlikely to harm, even if the person does not have asthma

DIAL TRIPLE ZERO (000) FOR AN AMBULANCE IMMEDIATELY IF THE PERSON:

- is not breathing
- suddenly becomes worse or is not improving
- is having an asthma attack and a reliever is not available
- is unsure if it is asthma
- **has a known allergy to food, insects or medication and has SUDDEN BREATHING DIFFICULTY, GIVE ADRENALINE AUTOINJECTOR FIRST (if available), even if there are no skin changes, then use a reliever**

1 SIT THE PERSON UPRIGHT

- Be calm and reassuring
- Do not leave them alone

2 GIVE 4 SEPARATE PUFFS OF RELIEVER PUFFER

- Shake puffer
- Put 1 puff into spacer
- Take 4 breaths from spacer
  - **Repeat** until 4 puffs have been taken

If using **Bricanyl**, give 2 separate inhalations (5 years or older)

If you don't have a spacer handy in an emergency, take **1 puff** as you take **1 slow, deep breath** and hold breath for as long as comfortable. **Repeat** until all puffs are given

3 WAIT 4 MINUTES

- If breathing does not return to normal, give 4 more separate puffs of reliever as above

Bricanyl: Give 1 more inhalation

IF BREATHING DOES NOT RETURN TO NORMAL

4 DIAL TRIPLE ZERO (000)

- Say "ambulance" and that someone is having an asthma attack
- Keep giving 4 separate puffs every 4 minutes until emergency assistance arrives

Bricanyl: Give 1 more inhalation every 4 minutes until emergency assistance arrives

ASTHMA AUSTRALIA

1800 ASTHMA (1800 278 462)

asthma.org.au

Supported by: WHITE MAGIC

Translating and Interpreting Service 131 450

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APPENDIX 12 – VIDEO SURVEILLANCE PERMISSION FORM

Fawkner Park Children's Centre - Video Surveillance Permission Form

Fawkner Park Children's Centre & Kindergarten
Nurturing Children • Supporting Families • Building Communities

Purpose of Video Surveillance

CCTV is used for crime prevention, security monitoring, and complaint/investigation support.
Live feed visibility panels are installed in bathroom areas to ensure clear lines of sight and child safety (the 'four eyes' principle). These panels do not record footage and are not connected to the internet. The focus of all bathroom camera is on the general movement in the room, and not on an individual.
Surveillance helps ensure that all children are supervised, safe, and protected at all times.

Privacy and Data Management
CCTV cameras are located at the:
- Entrance
- Car park
- Undercover outdoor/pram and bike area
- Foyer area

CCTV operates 24 hours a day. Recordings are securely stored for up to 7 days, then destroyed or de-identified when no longer required.
Only authorised personnel (Approved Provider, Nominated Supervisor, or law enforcement as required by law) may access CCTV footage.
Surveillance footage will never be shared with families or external parties without lawful authority.
The Centre complies with the Privacy Act 1988 and the Australian Privacy Principles.

Family Acknowledgement
By signing this form, I acknowledge that:
- I have been informed that CCTV and live feed optical devices are in use at Fawkner Park Children's Centre.
- I understand that CCTV recordings are for safety, security, and investigation purposes only, and are stored and accessed in line with privacy law.
- I understand that live feed panels are for supervision only, do not record images, and are not connected to the internet.
- I have read and understood the Centre's Safe Use of Digital Safety Policy (14.1.28 FPCC 4.23) and know I can request access to it at any time.

Child's Name: _____
Parent/Guardian Name: _____
Signature: _____
Date: _____

APPENDIX 13 – PARK VISITS FORM

PERMISSION FOR PARK VISITS

Fawkner Park Children's Centre & Kindergarten
Nurturing Children • Supporting Families • Building Communities

EXCURSION/REGULAR OUTING: Children will be taken to Fawkner Park by staff.

WHEN: At a time that is convenient for the room routine.

RATIONALE: Children may use one of three playgrounds in the park or the open grassed area near the Centre. This will depend on the age ranges of the children.

Main locations/activities: South Yarra Primary Playground, Christchurch Grammar Playground, Toddler/Silver Ball playground, Bush Kinder program, Wheels Day, Soccer, martial arts, Tennis.

METHOD: Children will walk to their destination with a minimum of two adults.

RATIO: The child/adult ratio is as follows: Blue/Green 1:3 ; Yellow 1:4 ; Orange and Kinder 1:5

ACTIVITIES: Children will be largely engaging in free play; however, some more structured activities may be organized for the older children. We anticipate that most visits will be organized for the older children. We anticipate that most visits will be for 30/40 minutes.

SUPERVISION: A minimum of two staff will be present with a group of children; these staff will have a mobile phone (as per child safety and personal electronic devices DET staff factsheet) the children's emergency contact details, and a first aid bag on them at all times. Children will only be taken out of the Centre if the authorization form has been signed and the park visit column on the sign-in sheet has been initialled.

I give my permission for (name)……

To participate in park visits during **2026**

Name…….

Signature……..

Relationship to Child ……

*For further information, please refer to our Regular outings Risk management plans located in the office.

65 Toorak Road West South Yarra 3141
Ph: 98202758 Fax: 98666504
Email: coordinator@fawknerpark.com.au

APPENDIX 14 – PERMISSION FORM for the Use of iPads and Child-Safe Digital Tools by children

Fawkner Park Children's Centre Permission Form – Use of iPads and Child-Safe Digital Tools by children

Purpose of iPad and Camera Use

Children may use child-safe cameras, child safe digital tools and iPads to take photos or record short videos, always in a child safe manner and in line with our Digital Safety Policy (14.1.28 FPCC 4.23).
Children may use iPads for child-friendly tasks, such as:
- Selecting and playing music.
- Accessing the ELAA language app to support language learning.
- Engaging in other educational activities.

Screen Time and Usage
Educators will ensure that children's iPad use is limited and highly occasional, respecting the recommended time allowance per child per day. iPads will only be used under educator guidance and for educational or creative purposes.

Approved Applications
Only child-safe and Department of Education–approved applications will be used, such as:
- Spotify Kids
- YouTube Kids
- ELAA language app
- Any other apps that have been approved as safe and age-appropriate.

Privacy and Safety
Photos and videos will be used strictly for learning and educational documentation.
All use will comply with the Centre's Privacy and Confidentiality Policy and Digital Safety Policy.

Parent/Guardian Consent
I, the undersigned, give permission for my child to:
- Use iPads and child-safe cameras for educational activities, including taking photos or videos.
- Access the ELAA language app under educator guidance.
- Use child-safe applications such as Spotify Kids, YouTube Kids, and other Department-approved apps.

I understand that:
- Educators will supervise and monitor all use.
- Screen time will be limited according to the Centre's guidelines.
- All use will comply with Fawkner Park Children's Centre's policies and procedures.

Child's Name: _____
Parent/Guardian Name: _____
Signature: _____ Date: _____