



136 Elder Street, Lambton NSW 2299

Ph: 02 4953 9300

Fax: 02 4953 9782

Email: [director@elderstreetechc.com](mailto:director@elderstreetechc.com)

CRN 407 148 262C

ABN: 724 760 80499

## **Centre Handbook**

**Building Partnerships with Community**

[www.elderstreetechc.com](http://www.elderstreetechc.com)

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# The Centre

## 1.1 INTRODUCTION

We welcome you and your child to Elder Street Early Childhood Centre (EECC). EECC is a 39 place Long Day Care Centre, catering for children between the ages of 6 weeks and 6 years. EECC is owned and operated by Melissa Duffy-Fagan who is the Approved Provider, Nominated Supervisor, Educational Leader and Director of the service.

The Awabakal and Worimi peoples are acknowledged by Elder St ECHC as the traditional custodians of the land and waters of Newcastle. Aboriginal people lived a very rich and vibrant existence in and around *Muloobinba* (Newcastle) and the *Coquon* (Hunter River). Food was abundant in marine life and bush tucker. Ceremonies and feasting were generally times for sharing of resources and trading of implements with inland clans. Shell middens at Meekarlba (Honeysuckle) and a tool-making site at *Pillapay Kullaitaran* (Glenrock Lagoon) are remnants of those communal gatherings. We are committed to ongoing recognition, acknowledgement and embedding of Aboriginal perspectives into our teaching community at Elder St ECHC.

This handbook is designed to provide families with as much information as possible in relation to the policies and operation of the centre. This hand book does not contain all the policies however they are available at the centre for your perusal upon request. Please read this information booklet thoroughly and keep it on hand as it is intended as a reference point for all your future questions.

Elder Street Early Childhood Centre was opened in August 2002 as Blinky Bill Child Care. Melissa and her husband Tony purchased the business in December 2004 and it was from then known as Elder Street Early Childhood Centre. The centre's building although not a purpose built centre has been fully renovated to meet the needs of all children, parents and staff. Some of the many features of the centre are 3 play rooms, 2 playground areas, an extensive selection of toys, books, age appropriate equipment and a fully ducted reverse cycle air conditioning system. All play room floors are practical vinyl or floor boards with mats for comfort and toilet/nappy change facilities are provided. We also have two lovely outdoor play areas with ample shade and space for the children to explore and engage in outdoor fun.

## 1.2 HOURS OF OPERATION

The centre is open from 7.00am until 5.50pm Monday to Friday, for 50 weeks of the year. We are closed on Public Holidays, and for the period between Christmas and the first week of the New Year. We request that parents arrive at the centre no later than 5.50pm to collect their children.

## 1.3 CENTRE ROOMS

All children enrolled at EECC receive the benefit of age specific grouping in small manageable numbers with consistency of educators being of optimum importance. The groups are as follows:

**NURSERY (POSSUMS)** – has a maximum of 8 children between the ages of 6 weeks and approximately \*24 months – the staff ratio is 1:4.

**TODDLERS (JOEYS)** – has a maximum of 10 children between the ages of approximately \*18 months and \*3 years the staff ratio is 1:5

**PRESCHOOL (WALLABIES)** – has a maximum of 21-22 children between the ages of \*3 years and school age the staff ratio is 1:10.

\*Please note that the centre's license allows for children to enter the Joeys and Preschool rooms at ages approximate to those mentioned above. The decisions to place children within the centre are dependant upon spaces available and will happen at the discretion of the Licensee/Director in consultation with parents and educators.

#### **1.4 PHILOSOPHY**

A Centre Philosophy is a living document that underpins the decisions, interactions, culture, planning and implementation of all that happens at a children's service. It is a document that belongs to the entire community of the children's service and therefore requires review by the community regularly. A Centre Philosophy can be thought of in the same light as a set of family values, guidelines or even "how things are viewed around here", philosophically speaking!

### **ELDER STREET COMMUNITY PHILOSOPHY**

The beliefs and values of the staff and families at Elder Street Early Childhood Centre have been consolidated to form our philosophy on the wellbeing and education of children from their experiences at home, time spent in the wider community and whilst attending the centre. As a small community, this philosophy is what we believe to be best practice in all these environments.

Our community welcomes all families, recognising the diversity of people's beliefs, cultures, values and abilities within our wider community. Our community believes in acknowledging the original custodians of this land the Awabakal people and their language and all Aboriginal and Torres Strait Islander people in our community. We believe in educating young children with an inclusive approach to our country's Aboriginal heritage.

We believe that children's development is influenced by the social and cultural context in which they live. We therefore strongly support the development of partnerships with parents based on mutual respect. We value and welcome their input and involvement in the centre.

Management are committed to addressing the needs of its families, staff and the wider community. We aim to consult with these parties involved in the community on issues of policy and procedure development.

Our professional, caring, informed and committed staff work collaboratively and affirm, challenge, support and learn from each other. We believe this aids the development of skills and strengthens relationships. Staff have access to resources and training within the broader community that enhance their abilities to provide for the children's needs. We aim to develop positive and nurturing relationships with each child and family within our community. Management of the service holds staff abilities, needs and levels of experience in high regard. They aim to ensure that staff are rewarded both intrinsically and extrinsically often within their work place.

We provide a home like, warm, secure, and interactive environment for children to explore whilst stimulating their senses and minds. We place great emphasis on the use of natural materials for learning and aim to nurture love and respect for our planet in the children. We do this by encouraging the children to develop respect for their environment, engaging in activities that foster ecologically sustainable practices, skills & ideas. (Hallett Cove PS, SA [www.hallettpre.sa.edu.au/project](http://www.hallettpre.sa.edu.au/project))

Our program pedagogy is based on understanding the whole child's world, relationships and the value of play. Play is the vehicle through which children learn about themselves and their surrounds. It also importantly encompasses the belief that children are people with potential, curiosity and interest in constructing their own learning as they play.

We implement this belief within our program by using the work of Reggio Emilia; the Emergent Curriculum and following the guidelines of the Early Years Learning Framework. We support the message in the framework that in early childhood, and throughout life, relationships are crucial to a sense of belonging. Further, that childhood is about being, to seek and make meaning of the world and recognising the here and now in a child's life. Finally, that these early years should also focus on becoming, which reflects the process of rapid and significant change during the early years as young children learn and grow (COAG: 2009)

Combining these principles and this type of curriculum explores what is "socially relevant, intellectually engaging and personally meaningful to children (Jones & Nemo, 1994, p3) Through the ever changing emergent curriculum our staff are engaged in a process of supporting, facilitating, observing, interpreting and evaluating the children's needs interests, ideas and activities, as they play.

We aim to assist in developing children who are happy through experiencing joy and wonder, respectful by understanding the needs of other and how they impact our society, confident from first hand experience of success, and capable, because they recognise themselves as successful learners who can change the world.

## **1.5 GOALS**

The care and education of children enrolled at Elder Street Early Childhood Centre is the focal point of the centre's operation. We do not regard ourselves as a child minding centre. Such an approach implies emphasis on the physical safety and well-being of the child above all other concerns. While this is extremely important, it is no more so than the intellectual and emotional well being of the child.

We believe that the young child needs interesting and stimulating contextual experiences that will provide a challenge to natural curiosity, excite creativity and instill a love for learning. Although we maintain a flexibility that allows us to take advantage of any spontaneous learning situations, much of the activity is planned in consultation with children and parents. Programming is not only based on children's needs but also in accordance with the children's own expressed interests, requests and self initiated efforts.

Thorough knowledge of early childhood education theory and research, child development and observational skills, facilitates the formulation and evaluation of appropriate goals and objectives designed to promote to its fullest potential each child's development, self esteem and consideration of others.

The high level of training of the centre's staff and the skills they have developed, allow learning to take place without pressure. The children's physical safety is balanced with the need to explore and experiment through play. Their intellectual needs are met through a combination of intentional teaching and self-discovery.

Parents are encouraged to participate in their child's individual programming and educators are available for discussion and consultation either informally or by making an appointment.

## **1.6 STAFFING ARRANGEMENTS**

All staffs employed at the centre are committed to the well being of the children, providing a stimulating program and possess the knowledge and skills essential for children in their care. We pride ourselves on the quality of the staff at the centre and the low turnover of staff which is vital in offering high quality care. The team at EECC includes early childhood teachers, two year and one year trained educators, a food

manager/cook, gardener, handyman and cleaners. We promote ongoing reflection practice and learning. Staff are listed on the notice board in the foyer, along with photographs. We take on 3-4 trainees each year that work whilst studying their Certificate III in Children's Services

## 2021 TEAM

<b>Melissa Duffy-Fagan</b>	Early Childhood Teacher/Educational Leader/Director Approved Provider/Nominated Supervisor PhD Candidate at the University of Queensland – researching leadership and professional identity Masters of Early Childhood Education Bachelor of Children's Services Graduate Certificate of Children's Service's Management Associate Diploma of Education (Child Care)
<b>Kim Pomfrett</b>	Early Childhood Teacher/Director/HR/WHS Certified Supervisor Bachelor of Teaching (Early Childhood Education) Diploma of Children's Services
<b>Kate Hewat</b>	Early Childhood Teacher Certified Supervisor Bachelor of Teaching (Early Childhood Education) Diploma of Children's Services
<b>Donna McRae</b>	Early Childhood Teacher Bachelor of Teaching (Early Childhood Education) Diploma of Children's Services
<b>Paula Rosenkranc</b>	Educator Diploma of Children's Services
<b>Lauren Berwick</b>	Educator Diploma of Children's Services
<b>Luan Devlin</b>	Educator Diploma of Early Childhood Education and Care
<b>Carley Chippington</b>	Educator (Maternity leave 2021) Certified Supervisor / Certificate III in Children's Services
<b>Jena Talbott</b>	Educator Certificate III in Early Childhood Education and Care
<b>Bree Creighton</b>	Educator Diploma of Early Childhood Education and Care
<b>Catherine Wilkinson</b>	Food Manager/Cook Certificate III in Residential Food and Family Services
<b>Ellie Austin</b>	Educator Certificate III of Early Childhood Education and Care Diploma of Early Childhood Education and Care
<b>Olivia Hancock</b>	Educator Certificate III in Early Childhood Education and Care

**Roxi Heywood**

Educator (long time casual)  
Diploma of Early Childhood Education and Care

## **1.7 COMPLIANCE & REGULATIONS**

Our service is licensed under the National Quality Standard, National Law and Education and Care Services National Regulations 2011.

## **1.8 ASSESSMENT AND RATING PROCESS - NATIONAL QUALITY STANDARD (NQS)**

The National Quality Standard is a schedule to the National Regulations. The NQS sets a new national benchmark for the quality of education and care services. It gives services and families a better understanding of a quality service. This enables families to make informed decisions about the service providing education and care to their child.

The new NQS brings together seven key quality areas that are important to outcomes for children.

Quality Area 1 – Educational Program and Practice

Quality Area 2 – Children's Health and Safety

Quality Area 3 – Physical Environment

Quality Area 4 – Staffing Arrangements

Quality Area 5 – Relationships with Children

Quality Area 6 – Collaborative Partnerships with Families and Communities

Quality Area 7 – Governance and Leadership

Our centre is currently rated (2019) as exceeding the National Quality Standard areas.

This process is designed to recognize the strengths of a service, to help centre's determine where improvements are needed and to guide continuous planning and implementing for these. We do this by the development of a Quality Improvement Plan (a summary of which is on the notice board in the centre foyer/sign in/out area)

There are 5 steps to this process which are as follows:

- Quality Improvement Plan submitted by the service,
- Observations of the service through a visit,
- Consideration of information held by the regulator regarding compliance history and discussion with the Director and the provider of the service.

*Following an assessment, a service will be advised of its rating in each of the seven quality areas and its overall rating.*

- Changes to the QIP may be recommended.

For more information about the NQS process please talk to Melissa or Kim or visit the [www.acecqa.gov.au](http://www.acecqa.gov.au) website.



# Attendance at the Centre

## 2.1 ENROLMENT PROCEDURES

We ask parents to come and visit the centre before enrolment so that they can see our centre and discuss their education and care requirements. We encourage them to visit a number of centres before making their final decision as to the centre which best suits their needs and the needs of their child. Enrolment into the centre is confirmed by the completion of an enrolment form and a bond being paid (see Fees Section). We also require a copy of birth certificate and immunisation records, as all children enrolled at the centre must be fully immunised for their age (see further information on immunisation in Policy Section).

## 2.2 WAITING LIST

A waiting list is available for parents interested in a place at the centre. Registering on the waiting list does not guarantee a place at the centre, but once registered on the waiting list, families will be contacted as soon as a position is available. We ask that parents update their interest in the waiting list every 6 months by emailing the centre. As at January 2015 we only accept waiting list applications through our website as we highly value sustainability and the reduction of paper use in protecting our environment.

## 2.3 ORIENTATION

Leaving your child in somebody else's care can be an anxious time for children and parents. Orientation is designed not only for children but also for mums and dads and carers. It is extremely important that parents/carers feel comfortable with the centre, staff, policies and established routines. This is why we encourage families to visit the centre before beginning formal care.

Once the enrolment documentation has been completed parents/carers are encouraged to bring their children to the centre for planned visits in order to become familiar with routines and staff.

During the orientation visits we ask that you stay with your child and bring along the completed paperwork from the enrolment pack. Staff then has the opportunity to ask about routines, how the child sleeps, dietary requirements and all the special things about your child that only you can tell us.

## 2.4 SEPARATION

Children's adjustments into child care may vary, some children take only a day or so to feel at home whilst others may take several weeks. Primary care staff at the centre will consult with you on the best way to support your child throughout the settling in period. Please remember this is a new experience for both of you and your little one which must be handled both consistently and in accordance with each family's circumstances. Throughout the settling in process feel free to stay with your child as long as you wish, however once you and staff decide it is the appropriate time to leave, please do so quickly and farewell your child in a positive manner. It is important to create a trusting relationship with your child so please do not assume that your departure will be less painful if you leave without saying goodbye while your child is busy with an activity.

Staff are always available to keep you informed on how your child is settling either at the completion of your child's day in care or if you prefer throughout the day by telephone or email.

Ongoing monitoring of your child's continued well being is imperative therefore please consult with staff of any variance of family circumstances, important events or changes in your family routine which may impact your child.

## **2.5 ARRIVAL AND DEPARTURE**

No child is to enter or leave the centre without an adult (over 18 years) unless discussed with the Approved Provider (Mel). Please always ensure a staff member is aware of your child's arrival and departure. It is a government requirement that the authorised person sign the child in and out of the attendance records which are located in the main foyer.

If it is intended that a person unfamiliar to the staff is to collect your child, then this information needs to be clearly stated to a staff member verbally or by a note. All unfamiliar people are required to produce proof of identification and must be nominated by the parents in the appropriate section of the enrolment form. Any person who is not nominated is not able to collect the child without communication with the Director/responsible person. These procedures are rigidly adhered to, in order to protect each child during the transfer of legal responsibility. Parental/carer cooperation and support in these matters are essential.

## **2.6 CUSTODY**

Enrolment of any child at this centre should be established by the custodial parent or the parent/carer who has interim custody pending a hearing of the Family Law Court of Australia. Documented evidence of custody and access orders must be presented for the centre's records on enrolment and the collection of the child from the centre must be in accordance with these arrangements. It should be understood that unless copies of such orders are held by the centre we are obliged, if requested by the non-custodial parent to release your child in to their care at any time, provided he/she is able to prove his relationship to your child by means of photo identification, such as a Driver's License.

This centre recognises the entitlement of non-custodial parents/carers to have access to information booklets, newsletters etc. and to arrange discussions with staff regarding their child's progress. However, this centre is not to be used as a means of access or visitation arrangements.

## **2.7 PARKING**

The management of Elder Street Early Childhood Centre supports the neighbours of the centre and acknowledges that these residents may sometimes experience difficulties due to their proximity to the centre. Management will not condone any imposition of the immediate community by family's utilising this service.

The centre is located in a primary residential area and all families should respect the residents of Elder Street by ensuring that parking is conducted in a safe and responsible manner. There is a 15 minute parking limit, pick-up and drop-off area at the front of the centre. Parents may assume that they can remove children from the car, take them into the centre, sign in, place their children's belongings, communicate with staff and return to their cars in a brief period of time. Realistically this process takes a minimum of five minute which is too great a time to encroach on any resident's entry or departure from their property. It is simply not acceptable to park in, across, or even too close to any designated driveway area near the centre at any time.

**Please note:**

**\*Families of Elder Street Early Childhood Centre must enter and leave the building from the Elder Street entrance only, as the car park area in DeVitre Street is strictly for staff parking or special needs access only.**

## **2.8 ALLOWABLE ABSENCES**

If you receive Child Care Subsidy (CCS) through the Family Assistance Office (FAO), it is very important that you sign your child in and out consistently as our attendance records are directly linked to your child care benefit eligibility. They are legal records that the FAO can audit at any time. In one financial year families receiving CCS are allowed 42 days of "allowable absences". This means that if your child is away from the centre for 42 days in a financial year, then on the 43rd day away from the centre you will not be entitled to receive CCS for that day and will be responsible for paying full fees. To reduce the number of allowable absences, if your child is away due to sickness you can supply a medical certificate and that particular day will not be counted. There are other allowed absence criteria, if you wish to know more please see the Director.

## **2.9 COMMUNICATION BETWEEN PARENTS AND STAFF**

Communication is the key to a successful partnership with parents/carers. The centre aims to achieve high levels of communication through a variety of methods as follows:

**Room information:** All rooms have areas of information for families. We display our weekly menu, the children's meal and rest records, our daily slideshow on the laptop in each room (the contents of which are emailed to families twice a week so information can be read and shared at home). The Meal and Rest Records details what the children had for morning tea, lunch and afternoon tea and also how much was consumed. It also gives an indication of how long your child slept. You will also see "pedagogical documentation" displayed around the centre from time to time. These are for families to read and learn about the children's ongoing interests and learning projects. They may be up for short periods of time or for many months. They are added to as the children's interest in the project grows.

**Email:** This mode of communication is used very often at Elder Street ECHC. To move away from using paper we have digitalised most of our documentation and communication with families. What used to be posted in a family communication pocket as a hard document is now sent via email. This includes fee receipts, account statements, surveys, information flyers etc. We ask families to make sure they provide an up to date email address for us to access and request that they check it regularly for communication.

**Weekly Communication Check-in:** Between Thursday and Friday an update from the centre is emailed to all families and staff. It is important that families read through this each week to know about any changes, surveys, excursions etc that may be taking place in coming weeks.

**Newsletters:** An informative read, The Elder Street Pedagogical Post will be provided three times a year. Please take the time to read the newsletter as educators share the children's learning that has taken place throughout the previous months. Educators share the children's discoveries and unpack the knowledge they have gained along the way.

**Suggestion/Fee Box:** In the foyer of the centre located in the sign in desk is our fee/suggestion box – it is a gold mail box slot. Parents can use this to deposit any

written communication for the centre. Fee payments of cash or cheque, suggestions, completed forms etc can all be posted in this slot. We have found that less and less people are choosing to use this form of communication. Email and online payments are much more likely to be used.

**Parent involvement:** Parents/carers can be involved in the centre in many different ways. You are welcome at the centre at all times to observe and/or join in with activities for as long or little as you like. Our educators encourage parents/carers to consult, collaborate and become involved in the design of their child's educational goals and the overall curriculum within the centre. We have many opportunities if parents are available to join in with contributing skills, knowledge, culture and ideas to our children's learning projects. This enriches the learning so much more. We also request learning focus information from families 3 times per year (see Programming section) Parents/carers are always welcome to attend our excursions and this is greatly appreciated. If parents/carers have any special talents or information on offer to our program, staff would be more than happy to include these in the program. Some examples that the children would benefit from are: another language and other cultural information, artefacts etc, performance of a musical instrument, poetry, story telling or puppetry, dance/exercise sessions, bringing in a pet for a visit, bathing a new born baby, art/craft activities with the children or simply a different lap to sit on for a story. We also have a family day each year that is a time to get together somewhere in beautiful Newcastle. Depending on what is going on around the centre we also have events for families to be involved in on weekends. These might include building or maintaining a part of the playgrounds etc.

**Parent/Carer and Educator meetings:** Parents/carers and/or educators may at times feel the need to make an appointment to discuss at length issues about a child i.e., learning interests, behaviour support, allied health developments etc. To be able to communicate freely and effectively it is best for the involved parties to make a time convenient to both. Parents/carers need only phone or speak to staff directly in order to arrange for this type of communication. We are always more than happy to discuss any issues or concerns and just ask that enough notice is given to allow us to collect any information that may be of use during the discussion.

**Policy Manual:** A digital Centre Policy Manual is available upon request for parents/carers to read. The centre's policies have been developed in consultation with parents/carers and staff. All policies are regularly reviewed in light of our stated goals and philosophy and to ensure that they are in line with current educational theory, and are still meeting the needs of both children and families using the service.

**Concerns and Complaints:** Please feel free to discuss with the Director any problems or concerns you may have. Children's service classrooms are not always suitable for these discussions and we would prefer to talk with you in a more appropriate environment. Ideally a parent/carer should make an appointment with the Director so that we can give you our undivided attention. Please refer to the Parent/Carer Grievance & Disputes policy for more information.

## Children's Daily Requirements

### 3.1 MEALS

Food is freshly prepared on the premises by our resident food manager. Breakfast, if requested (for children who arrive between 7.00am – 7.45am) morning tea, lunch (including dessert), afternoon tea and a late afternoon tea (for children at the centre after 5.15pm) are prepared observing any special dietary requirements for your child. We respect different cultures and religions therefore we ask that these be noted on enrolment to ensure that no dietary needs are overlooked. On a daily basis we record

children's food intake. A list of children's preferences and allergies are kept (and updated as necessary) in each child care room and in the kitchen. Liquids supplied daily are milk and water. Our weekly menu is displayed on each room information board.

### **3.2 NAPPIES**

Elder Street Early Childhood Centre provides good quality disposable nappies for all children that are not yet toilet trained. Families are welcome to provide other forms of nappies if they would prefer.

### **3.3 FORMULA**

If your child is on formula based milk please supply bottles and formula each day. Both of these need to be clearly labelled and bottles should be placed in the fridge located in the kitchen downstairs. All bottles are rinsed (not sterilised) and put back in your child's bag each day.

### **3.4 BOTTLES AND PACIFIERS**

It is necessary for you to supply bottles and dummies which should be clearly labelled. If your child drinks cows milk (or milks other than formula), please place their bottle as mentioned above in the fridge. If your child uses a dummy please place them either in your child's cot or if sleeping on a mat, leave in your child's sleep bag. These will be returned to your child's bag each day. For babies still drinking sterilised water (usually under 12 months) water is boiled and cooled for drinking.

### **3.5 CLOTHING AND SUN PROTECTION**

As you are aware children are dressing and undressing throughout the day both at home and in care. We like to focus on dressing in our program and we believe that if some special attention is given, dressing can become a valuable learning experience.

The following simple guidelines will make dressing and undressing easier for your child and staff:

- Supply at least one labelled extra full set of clothing each day;
- Ensure your child's bag and all clothing is labelled to alleviate the problem of lost or misplaced belongings;
- We ask that children wear t-shirts that cover the shoulders and mid-drift (no singlet tops) and that shoes be either sandals or runners (no thongs);
- Clothing supplied should not interfere with children's enjoyment of activities. Please supply every day clothing that children can "move and do" activities in and keep good clothing for special occasions. The centre provides smocks for messy play;
- Clothing with elastic waists are easier for children than zips and buttons;
- For the cost of \$15.00 the centre provides each child with an Elder Street legionnaire style, UPF50+ sun hat. The hat is yours to keep when leaving the centre. The hat remains at the centre during enrolment and it will be laundered and stored by the centre.
- We ask that you apply sunscreen to your child each morning on arrival. Sunscreen is available in rooms and in the playground. Staff will apply the sunscreen to all children again at other intervals during the day when needed. Our centre uses SPF30+sunscreen. If your child is sensitive to certain sunscreen, please advise the centre as it will be necessary for you to supply your own.

### **3.6 SECURITY TOYS AND COMFORTERS**

Elder Street Early Childhood Centre provides numerous assorted educational and age/stage appropriate toys for all age groups. We understand that making connections with home and child care is very important for the children but we do ask that families minimise toys from home to only those that are a security toy or comforter. When not in use, we ask that these items be kept in your child's bag and brought out when necessary (usually sleep/rest time). Please try to limit comforters to soft toys and not a different one for each day. We also advise that Elder Street cannot be responsible for lost or damaged toys.

### **3.7 TOILETRIES**

The centre provides liquid hand soap and paper towel in all bathrooms and play rooms. We supply flannels and wipes so children can wash their hands and faces after meal times, a separate flannel/wipe is used for each child.

Please do not supply toothbrushes as these may transmit bacteria. We encourage children to have a drink of water after meals to rinse away any left over food.

### **3.8 BEDDING**

The cots used in the nursery are Australian Standards approved with well fitting mattresses. We supply a mattress protector, fitted sheet and top sheet/blanket for each child using a cot. Part time children have their linen changed and the cot is wiped over between children. All cots and linen are washed on a rotating basis.

Children in other rooms sleep on mats and we ask that you supply a bed bag containing single unfitted bottom sheet and lightweight blanket or sleeping bag. A good idea for a sleep bag is a simple pillow case. The mats are washed down on a weekly basis. Please feel free to supply a pillow although we do not recommend these for children under the age of 18 months. If your child attends the centre on consecutive days, the sleep bag can remain at the centre until the final day of attendance for the week. We ask that the sleep bag go home for the linen to be washed and returned back for the next day's attendance. If your child does not attend consecutive days we ask that you take the sleep bag home at the end of each day to relieve congestion in the room. Children in the preschool room who do not have a day sleep do not need to bring any sleep bedding.

### **3.9 CHILDREN WITH SPECIAL NEEDS**

We are able to cater for children with special needs. Staff, along with specialists and support groups, encourages the integration of children with any sort of delayed development and/or physical development.

## **Daily Routine**

### **4.1 CONFIDENTIALITY AND PRIVACY POLICY**

Staff at this centre acknowledges the absolute necessity for the maintenance of confidentiality in all aspects of care and record keeping. All enrolment information, personal and family details, medical and health records, incident forms, protective

care records, children's individual programming and progress records while being readily available to respective families will be kept in a secure locality in order to ensure families confidentiality. It is our policy that all staff and students will maintain confidentiality with respect to family issues and the individual development of any child enrolled at the centre.

This centre abides by the National Privacy Act 1988. Any information collected is used purely for the purpose of administration, communication, planning, programming and evaluation. Information may be disclosed to NSW Department of Community Services, Family Assistance Office, the Commonwealth Department of Family and Community Services and if requested by families other professional agencies.

All information obtained will be handled sensitively and securely in accordance with the National Privacy Principles. When no longer required, information will be appropriately filed or disposed of.

## **4.2 CURRICULUM PLANNING – EDUCATIONAL PROGRAM**

To properly understand the program and planning that takes place at Elder Street Early Childhood Centre, we must first explain the educational theory behind the practice. To do this we will introduce you to the Reggio Emilia education approach.

In April 2015, our educational leader Melissa travelled with the Australian REAIE group of teacher delegates to take part in an educational study tour with 400 other delegates from around the world. Melissa wanted to understand more and see for herself how this wonderful approach looked in practice in its original Italian context (please see our Resources tab in our website to read her report of this learning experience). Our own education and care service is influenced and inspired by the educational approach that takes place in Reggio Emilia. However, it is important to note that as our context is very different to that of an Italian town, we draw from their philosophy and theory to build our own educational program within our own context.

Reggio Emilia is a city in Northern Italy. It's infant or toddler centres and preschools are regarded as some of the best in the world. After World War II, the people of Reggio Emilia, inspired by a local philosopher – Loris Malaguzzi, decided that they wanted to provide high quality programs for children. The financial support from the government and dedication from the community led to the development of centres that are an inspiration to early childhood professionals around the world.

The Reggio Emilia approach to education is committed to the creation of conditions for learning that will enhance and facilitate children's construction of "his or her own powers of thinking through the synthesis of all the expressive, communicative and cognitive languages" (Edwards and Forman, 1993). The Reggio Emilia approach can be viewed as a resource and inspiration to help educators, parents, and children as they work together to further develop their own educational programs. The Reggio Emilia approach is based on the following principles:

**Emergent Curriculum:** An emergent curriculum is one that builds upon the interests of children. Topics for study are captured from the talk of children, through community or family events, as well as the known interests of children (puddles, shadow, dinosaurs etc.) Team planning is an essential component of the emergent curriculum. Educators work together to formulate, hypotheses about the possible directions of a project, the materials needed, and possible parent and/or community support and involvement.

**Units of Learning/Project work:** Projects, also emergent, are in depth studies of concepts, ideas, and interests, which arise within the group. Considered as an adventure, projects may last one week or could continue throughout the school

year. Throughout a project, teachers help children make decisions about the direction of study, the ways in which the group will research the topic, the representational medium that will demonstrate and showcase the topic and the selection of materials needed to represent the work. Long-term projects enhance lifelong learning.

**Collaboration:** Collaborative work, both large and small is considered valuable and necessary to advance cognitive development. Collaboration between staff, children and families – everyone, including the child, is involved in planning the environment and experiences.

**Teachers as researchers:** The teacher's role within the Reggio Emilia approach is complex. Working as co-teachers, the role of the teacher is first and foremost to be that of a learner alongside the children. The teacher is a teacher-researcher, a resource and guide as she/he lends expertise to children (Edwards, 1993). Within such a teacher-researcher role, educators carefully listen, observe, and document children's work and the growth of community in their classroom and are to provoke, co-construct and stimulate thinking and children's collaboration with peers. Teachers are committed to reflection about their own teaching and learning.

**Documentation:** Similar to the portfolio approach, documentation of children's work in progress is viewed as an important tool in the learning process for children, teachers and parents. Pictures of children engaged in experiences, their words as they discuss what they are doing, feeling and thinking and the children's interpretation of experience through the visual media are displayed as a graphic presentation of the dynamics of learning. Documentation is used as an assessment and advocacy.

**Environment:** Within the Reggio Emilia schools, great attention is given to the look and feel of the classroom. Environment is considered the "third teacher". Teachers carefully organise space for small and large group projects and small intimate spaces for one, two or three children. We promote the use of natural play materials as much as possible and you will notice the presence of wooden toys and equipment and elements such as sticks, stones, shells etc. for the children to play and explore with. We have been working hard for many years to create a natural outdoor play environment that has a balance of the old style backyard feel mixed with the need for safety and supervision.

Each service delivers their theoretical understandings and epistemological beliefs and curriculum in their own way. What is necessary for comprehensive delivery is a systematic approach to ensuring all information can be gathered, analysed and shared effectively. The following information outlines our system.

### 4.3 PRESCHOOL

At Elder Street we have a full time preschool program. Being a long day care centre means that we can offer preschool activities throughout the day when children are ready to learn rather than having set preschool hours. This way, it is not necessary for all children to be taught at the one time. Small groups are encouraged rather than large ones. We also have a Transition to School Program specifically for the children who are going to school the following year. This program runs throughout the whole year but is focused on specifically in the last 10 weeks of the year before school. Families with children eligible to attend school the following year will receive further information on the Transition to School Program around August.



#### 4.4 SLEEP, REST & RELAXATION

Children are encouraged to sleep or rest and relax after lunch. Children's sleep times will vary according to the children's age and needs. If a sleep is not necessary for your child, then resting and relaxing is the alternative. Our preschool room set up stations of quiet activities for the children to engage in. For children/parents that request a sleep, mats and sleeping equipment will be put out for them.

#### 4.5 TOILET TRAINING – learning to use the toilet

Educators will consult with families regarding toilet training. If both parties agree that a child is ready, training can commence both at home and at the centre. A child will not be forced to toilet train. Educators will encourage confidence, routine and hygiene. Staff will use whatever training method children feel comfortable with. Your child may wish to start off with a potty or train straight onto our child size toilets. Both methods make toilet training an easier transition. Educator's access peers as role models to encourage children to use the potty or toilet. Educators may also encourage children, whilst still in nappies, to have a try on the potty or toilet during nappy changes. Consistent encouragement and reminders will be given for children to go to the toilet. Children's progress will be shared with families so there is consistency and continued success with training at home.

##### Toileting Training Procedure

- ❖ Wash hands as per hand washing procedure
- ❖ Encourage the child to use the toilet and to flush toilet
- ❖ Allow child to attempt with self dressing, provide assistance when needed
- ❖ Demonstrate and support the child with hand washing
- ❖ Assist the child in returning to an activity
- ❖ Use disposable gloves and disinfect toilet and cistern if necessary
- ❖ Discard gloves
- ❖ Wash hands as per hand washing procedures

**NB: When deemed necessary use disposable gloves with the entire procedure.**

#### 4.6 BEHAVIOUR SUPPORT AND INTERVENTION

Our Behaviour Support and Intervention Policy state our aim is to use a positive, developmentally appropriate approach to functions of behaviour management. We work in partnership with children and families to set clear and consistent guidelines for behaviour, to promote children's self-esteem, resilience and self-regulation. We challenge the conception of children "misbehaving" because this is what they want to do.

##### CHILDREN DO WELL IF THEY CAN....

Children do not always behave how we want them to because:

- They don't know what they should be doing
- They can't do what they should be doing
- They lack self-control in this situation
- They are seeking a connection

##### Supportive environments

- Consider the senses – sounds, smells, textures and colours and light that makes us calm

- Comfort items – surround children with comforting materials and toys from home to assist them to self-soothe
- Space and time – children need plenty of personal space and room to move, our spaces should be arranged with this in mind
- Movement – free flow of air, ease of pathways through experiences

#### **The educator's role**

- First and foremost to support the child and family
- Work with colleagues and all other stakeholders to gather information on and plan to extend the child's development
- Make referrals and work with outside agencies in partnership
- Empathy

#### **The Whole centre approach**

- All members of the centre team will interact with the child and family at some stage
- It is important that there is a common understanding and approach with each of the different roles they have in supporting the family
- It is equally important that educators are supported in their role in working with children and families
- Children should be seen as a member of a whole centre community - not just the classroom they attend

#### **What information might be gathered?**

- Observations of children: when they show developing social skills and when they have problems – what is different in the circumstances? Which other people seem to scaffold developing skills and which people make it more difficult; what times of the day, areas of the environment, group sizes and composition are at play
- Other people's observations: the many and varying perspectives of other people are important. What have other educators, parents, coaches, therapists, grandparents, siblings etc. observed about the child's behaviour?
- Reflections on our own contribution to the situation. Is the child reacting to something we are saying or doing or any other intentional or unintentional teaching?
- If we document all of our observations, we can then begin to look for patterns that will give us information upon which to base an assessment of the situation

#### **Teaching pro-social skills** (Considerate behaviour)

##### **Strategies to nurture emotional intelligence**

- Acknowledge the children's perspective and empathise
- Allow expression
- Listen to children's feelings
- Teach problem-solving
- Dramatic play

#### **4.7 BIRTHDAYS**

We are happy to celebrate your child's birthday. Parents can bring in a cake for the group to share. Please remember that children love any type of celebration, so don't think that the cake needs to be some kind of masterpiece, the simplest of cakes, as long as they have candles on it will do the job! We should advise that the cake will be covered with cling wrap for when the candles are blown out. This is to prevent the spread of germs as you are probably aware that when we blow out candles it can get quite messy! Another alternative is to provide individual cup cakes etc for each child to eat. Please be aware that for us to be able to share the cake etc with all the children we may at times need to know the ingredients of the cake in case of nut products or even traces of nuts.

## **4.8 EXCURSIONS**

Excursions are a great way to interact and learn about the community and our environment. Elder Street Early Childhood Centre organises excursions throughout the year for our children. For all excursions involving the use of transport or crossing of major roads, a permission form must be signed by parents, and the minimum adult/child ratio for these excursions is 1:4. Family members are encouraged and welcome to attend these excursions.

## **4.9 RECYCLING AND SUSTAINABILITY**

We have many ways of teaching and advocating sustainability within the service. We have chickens that enjoy our food scraps and give us eggs and we like to reuse everyday items as much as possible. We welcome some of your reusable materials from home that you may normally recycle. We would appreciate any items such as paper, boxes, cardboard tubes, and corks, wooden off cuts – anything interesting! These can be dropped off at the centre by handing them over to a staff member. Thank you, and remember your trash is our treasure! We have a regular section of our newsletter called "Things we need!" where we request specific items for our program also.

## **4.10 LOCKERS**

Each child has his or her own locker for storage of their bag. Children's items must be labeled. Please see that you or your child place their belongings in their locker on each visit and collect them on leaving. If your child attends full time, you are welcome to leave their bag each day, but please ensure that any wet or dirty clothes in plastic bags are taken home and spare clothes are replaced for future use. If your child attends the centre for part of the week, they may share a locker with another child who attends on different days. In this instance, belongings are to be taken home on each visit, so as to not inconvenience the other person's items.

# **Fees and Assistance**

## **5.1 PAYMENT OF FEES**

On enrolment when a place is offered, parents along with completing all the necessary documentation, need to pay a bond. The bond secures your child's place at the centre. The bond payment is \$100.00 per day of attendance. So for example, if your child is enrolled for 2 days, the bond due is \$200.00. The bond at the time of enrolment is non-refundable if you change your mind about your choice of child care, so parents need to be sure of their decision at the time of paying the bond. However, on leaving the centre after giving 2 weeks' notice and full payment of any fees due, the bond is totally refundable.

(\*Please note 2 weeks' notice is not applicable after 31st October. After this date parents are required to pay for their child's placement until the last day of operation of that year). Parents need also be aware that if you increase your child's attendance at the centre, the bond will also need to be increased.

## **5.2 CONDITIONS OF PAYMENT OF FEES**

Daily fees can be subsidised through Child Care Subsidy administered by the Family Assistance Office with income assessments carried out by Centrelink.

Fees are charged for each enrolled day, except for Public Holidays. Since the fee

level calculation is based on averages, fees must be paid even if the child is away sick, on holidays, or a child is excluded due to non-immunisation. Only the centre's annual closure period is exempt from fee payment.

Elder Street Early Childhood Centre has a discretionary 'Buy and Sell' policy (see below for further instructions) which is offered but not guaranteed to families already enrolled at the centre, for family holiday periods and pre advised rostered days for parents. NB. Due to the high incidents of families taking their vacation time during school holidays, it is highly unlikely that these times can be sold. Due to the fact that the buy and sell policy benefits families and creates intricate administrative responsibilities for the centre, both the buying and selling families will be charged \$3.80 per day's transaction.

Please see the enclosed note on Current Fees included in this enrolment package for our current fees.

Fees may be paid by direct deposit into the centre's working account, (details of which are included in this enrolment package) or if absolutely necessary by cheque or cash. Please note the centre will not be held responsible for any cash payments which do not appear for processing under any circumstances. Fees are payable weekly or fortnightly. Fees are due on the first day of the child's attendance each week or by 10.00 am Thursday morning at the very latest. Receipts for all fee payments will be emailed to the parent's on record email address.

If there are any problems with payments, please discuss this matter with the Director. Special Childcare Benefit may be granted to families experiencing hardship. Whilst we try and help whenever possible, we cannot carry debts, if fees become more than two weeks in arrears without prior arrangement, then enrolment may be terminated.

An annual non refundable Equipment Levy will be charged for each child who attends the centre. This levy will be calculated at the rate of \$25.00 per day G.S.T. inclusive, according to the number of days a child attends during the week. For example, if your child attends 2 days a week, the Annual Equipment Levy will be \$50.00 GST inclusive.

Please remember that this centre's day care hours cease at 6.00pm precisely. If your child remains at the centre after this time a fee of \$10.00 for the first 5 minutes and \$1.00 per minute thereafter will be charged. Should you wish to discuss your child's day with staff, please ensure that you arrive at least 10 minutes prior to the end of your child's care. Parents/carers need to arrive at the centre by 5.50pm as mentioned earlier in this handbook. Parents must phone the Centre if you are going to be late, for whatever reason.

### **5.3 TERMINATION OF PLACEMENT**

Elder Street Early Childhood Centre can cancel a child's placement at any time once 2 weeks' notice has been given to the parent. This could happen due to the following instances:

- a) Falling behind in fees
- b) Repeatedly failing to comply with our policies and requirements stated in this handbook, including repeatedly arriving late for pick up of children
- c) Giving us false information.

## 5.4 ASSISTANCE WITH CHILD CARE COSTS

The Australian Government is committed to ensuring that Australian families are able to access affordable, flexible and high quality child care. The Government provides a number of subsidies and programs to help with the cost of child care, with the Child Care Subsidy being the main type of assistance that most families will use.

The level of subsidy a family receives will depend on three factors:

- Income – a family's (both partners) combined income
- Activity test – what activities the individual and their partner undertake or exemptions that might apply and
- Service type – the type of approved child care service used, for example Centre Based Day Care.

### Combined Family Income

The table below outlines combined family income and relevant rate of Child Care Subsidy to which families will be entitled.

Combined family income Subsidy per cent of the actual fee charged (up to relevant percentage of the hourly rate cap)

Combined family income	Subsidy per cent of the actual fee charged (up to relevant percentage of the hourly rate cap)
Up to \$66,958 <sup>^</sup>	85 per cent
More than \$66,958 <sup>^</sup> to below \$171,958 <sup>^</sup>	Decreasing to 50 per cent*
\$171,958 <sup>^</sup> to below \$251,248 <sup>^</sup>	50 per cent
\$251,248 <sup>^</sup> to below \$341,248	Decreasing to 20 per cent*
\$341,248 <sup>^</sup> to below \$351,248 <sup>^</sup>	20 per cent
\$351,248 <sup>^</sup> or more	0 per cent

Families can use the Department of Human Services Payment and Service Finder ([humanservices.gov.au/payment-finder](http://humanservices.gov.au/payment-finder)) to estimate how much Child Care Subsidy they may be entitled to by entering their details.

### Activity test

The number of hours of subsidised child care to which a family will be entitled will depend on how much time parents spend undertaking recognised activities, for example work, training, volunteering or study.

The Child Care Subsidy activity test takes into account both parents' (if applicable) activities, however, the maximum hours a family will receive will

be based on the person with the lowest level of activity. A broad range of activities will meet the activity test requirements.

For people with irregular work hours, such as casual employment, an estimate can be used based on the highest number of hours they expect to work in any one fortnight over a three-month period.

Step	Hours of activity (per fortnight)	Maximum number of hours of subsidy (per fortnight)
1	8 hours to 16 hours	36 hours
2	More than 16 hours to 48 hours	72 hours
3	More than 48 hours	100 hours

### **Service type**

There is an hourly rate cap for each hour of child care provided which differs depending on the type of approved child care service used.

Where a child care provider charges less than the hourly rate cap, a family's subsidy will be their Child Care Subsidy percentage of the actual fee charged.

If a child care provider charges more than the hourly rate cap, a family's subsidy will be their Child Care Subsidy percentage of the relevant hourly rate cap.

### **How will the Child Care Subsidy be paid?**

Child Care Subsidy will be paid directly to child care providers to pass on to families as a fee reduction so that their fees are reduced at the time they use child care. Families will pay their provider the difference between their subsidy and the fees charged. Families will not be able to elect to receive their subsidy as a lump sum at the end of the financial year. Families will need to make a claim for Child Care Subsidy when (or before) each child starts attending care.

Any Child Care Subsidy owed to families following the end of year reconciliation process will be paid directly to families as a lump sum. If a family has been overpaid Child Care Subsidy during the year the family may have to repay some Child Care Subsidy (a debt).

### **What is the Child Care Subsidy withholding?**

Child Care Subsidy withholding is designed to help families avoid or minimise debts at reconciliation, which could occur due to changes in circumstances throughout the year (for example, changes to family incomes or activities).

Parents can request their percentage of withholding be adjusted up or down through Centrelink. However, withholding is important as it helps protect families from possible debts. After reconciliation any outstanding subsidy is returned to the family.

Five per cent of all families' Child Care Subsidy will be withheld by the Government, however, withholding will not apply to Additional Child Care Subsidy payments.

### **What is the Additional Child Care Subsidy?**

The Additional Child Care Subsidy is a top up payment in addition to the Child Care Subsidy which will provide targeted additional fee assistance to families and children who need extra support.

The Additional Child Care Subsidy has four elements:

- Child wellbeing
- Grandparents
- Temporary financial hardship
- Transition to work.

### **Where can I get further information on the child care package?**

<https://www.servicesaustralia.gov.au/individuals/services/centrelink/child-care-subsidy>

### **Buy & Sell**

Elder Street does have a system that has been designed to offer parents a little more flexibility with the use of their child care. If parents have planned holidays away from the centre, there is an option to complete a Buy & Sell Request Form (available from the sign in desk in the foyer). The form asks for the name of the children attending the centre and the dates which they will be away from the centre. Parents need to sign the form and place it in our Fee & Message box. The Director/s will do their best to marry up any requests to sell these days. The system works in reverse if parents wish to pick up extra days for any reason.

We are happy to offer this system to assist parents, but unfortunately there are no guarantees days will be available to buy or that they will be sold. There are also some conditions that parents need to be aware of:

1. The only way days can be sold or bought is through this system. Parents are not permitted to swap days amongst them as we need to be aware of children's enrolled days and numbers in rooms for licensing reasons.
2. Parents will not be permitted to buy any additional days if their account is in arrears.
3. If you have requested a day be sold but then changed your mind, parents will need to complete another form to action this. This alleviates the problem of more than one child attending the centre for one enrolled position – again effecting licensing conditions.
4. There is an administration fee of \$3.80 per day's transaction for each parent when they utilise both the selling and buying of days.
5. We will not advertise days available for sale. The system will only operate by the use of our Buy and Sell Request Forms. In the instance that parents are wishing to sell more than 30 days worth of attendance days, we can post a note on our Community Notice Board in the foyer. This is done as being away from the service for more than 30 days will affect family's Child Care Benefit. Selling these days can assist with this issue.
6. We do not sell incidental days. For example we do not sell days of children who are absent due to illness.
7. We can assure families that all efforts are made to process the buying and selling of days and contact in person or by phone will be made if we need to confirm dates and check on any changes. Note we do not contact families selling days but a reduction of fees charged will appear on their account.
8. The Buying and selling of days system is only available for families who are currently enrolled at the centre.

## **5.5 HOLIDAYS, OCCASIONAL ABSENCES, SICK DAYS & REDUCING DAYS**

When children are absent from the centre for any reason, families are still required to pay fees. Some of the reasons for children being absent include illness, holidays and exclusion from the centre due to an infectious disease. If your child will be away from the centre due to illness, please advise us of this by that morning at the latest and also

the nature of the illness affecting the child.

Please also notify the centre by 9.00 am on any day your child takes an occasional absence. If not attending the centre due to taking holidays please advise us before you go on holidays. In cases where your child has been absent due to an infectious disease, a medical certificate is required stating that your child is healthy and able to return to childcare. This is a government requirement.

If a family chooses to reduce the amount of days their child is attending the centre (e.g., reduce to from 3 days to 2 days), we ask that you advise us in writing (email or note), noting that you wish to permanently reduce chosen day/s, giving the centre 2 weeks notice. It is our policy that children attend a minimum of 2 days, so there is not the opportunity to drop down to a 1 day attendance. (Please note: 2 weeks' notice does not apply after 31 October each year, as enrolments must after this date run the course of the year. On recommencing operation in the New Year, 2 weeks' notice can then be reapplied.)

## Health and Hygiene

### 6.1 HEALTH AND HYGIENE ISSUES

The centre's health and hygiene policies aim to provide a healthy and safe working and playing environment for children and staff. They also aim to protect the general health and well being of children and staff by minimising the risk of infection and the spread of infection within the centre.

When children spend time in child care centre or other facilities, where they are exposed to a large number of children for long periods, the risk of illness is higher and infections spread easily. It is only by removing sick or unwell children from the centre that we can reduce the risk of infecting other children. Children should not be brought to the centre unless they are able to adequately cope with the normal daily routines and activities. If the Director or Senior Staff member feels that one child is exposing other children to illness, or is too unwell to cope with the centre's program, they will notify a parent and ask for the child to be taken home. The Director's decision is final. Parents are requested to collect their child as soon as possible after being notified of possible illness, or make alternative arrangements. If parents cannot be reached, the emergency contact numbers on the enrolment form will be used.

### 6.2 NUTRITION

The N.S.W. Health Department guidelines state that childcare centres must provide children with at least 50% of their daily recommended dietary intake of nutrients in the form of safe and appetising foods. The Cook at this centre ensures these nutritional requirements are met. The emphasis is on whole foods, plenty of raw and cooked fresh fruit and vegetables. We encourage and promote a low salt and sugar reduced diet. The menu also incorporates foods from a variety of cultures. We follow the guidelines set down by the Hunter New England Health 'Good For Kids Good For Life' program. Please ask Melissa, Kim or Catherine, our cook for any further information.

Breakfast for early starters (only by request), morning tea, lunch, afternoon tea and late afternoon tea for late leavers, are all provided. Milk and water are offered at morning and afternoon tea, with water being available with lunch. Water is also readily available to all children at any time throughout the day. The current week's menu and the following week's menu are displayed for your perusal.

Provision is made for alternative meals or snacks to be served to any child who is unable to partake of the routine menu due to:



- 1 Cultural or religious reasons.
2. Medical reasons (Medical Certificate to be issued by Medical Practitioner)
3. A genuine dislike for a food is established by the child, parents and educators.

**Special Diets:** Any request by parents to provide or delete specific foods for children on special diets must be submitted to the Director on a form provided by the centre. Our Food Manager/Cook then keeps the form on file. Under no circumstances will any item of food or drink be given to any child in contradiction of written instructions or requirements made by that parent.

**Formulas:** All formulas must be provided by the parents, made up in individual bottles and labeled with the child's name. The parents are asked to put them in the nursery refrigerator on arrival.

**Breast Milk:** Whether bought in bottles or frozen cubes must be clearly labeled with child's name, date expressed, and or date frozen. Staff will then mark milk with expiry dates for discarding.

### 6.3 FOOD SAFETY PLAN

This centre is committed to the employment of kitchen staff that has appropriate qualifications and or a Statement of Attainment in Food Safety and Handling. All staff will adhere to standard 3.22 in the Food Safety Practices and General Requirement of the Australian New Zealand Food Standards Code. To ensure that all staff possess the skills and knowledge required in Food Safety Practices and General Requirements, components of the following will occur:

- ❖ In-service training within the centre for all staff in the skills and knowledge of Food Safety Practices and General Requirements commensurate with their work activities will be conducted by appropriately trained centre staff that has completed a recognized course.
- ❖ Attainment of Food Career Advancement course in Safe Food Handling and /or other recognised health authority
- ❖ Attendance at courses conducted by Newcastle City Council Food Surveillance Unit
- ❖ Food Safety and Food Hygiene information will be readily available and discussed at staff meetings
- ❖ All staff will adhere to specified policy and procedures which will be monitored for compliance through use of a checklist

### 6.4 PERSONAL HEALTH AND HYGIENE

#### Practices and Procedures

All staff will take all practicable measures to minimise the risk of food becoming contaminated by following strict compliance with food safety procedures and practices.

- ❖ Wash hands in accordance with hand washing requirements / procedure and under any circumstances whenever hands are likely to be a source of contamination of food
- ❖ Disposable gloves to be used when handling food and for one task only, change gloves if you touch your hair, face or if coughing / sneezing is deflected by hand

- ❖ If direct contact is necessary hands to be thoroughly washed and dried as per hand washing procedure
- ❖ Use tongs, spoons, forks or other utensils as a barrier between the food whenever necessary
- ❖ Fingernails short and with no nail polish
- ❖ Hair to be tied back and wearing of a protective cap
- ❖ Limit amount of jewellery to be worn.
- ❖ Clean protective clothing is to be worn over regular clean clothes and washed daily
- ❖ Protective clothing should only be worn in food handling areas, remove for toilet and other breaks
- ❖ Apron to be change throughout the day when soiled
- ❖ Personal items to be stored away from the food handling area.
- ❖ Any wound, infection or cracks on the hand or arm is to be completely covered with a waterproof bandaid. Where the wound is on the hand disposable gloves are to be worn at all times, changing after each task
- ❖ If a cut occurs discard food that may have been contaminated by blood, follow blood spill procedure
- ❖ If an employee involved in handling food is unwell and or suffering from a condition report to the Director
- ❖ Do not eat, sneeze or cough over unprotected food or surfaces that are likely to come into contact with food.

## **6.5 FOOD HANDLING, PROCESSING, PREPERATION AND STORAGE**

To ensure efficient and effective safe food handling practices when working with potentially hazardous (high risk) foods the following procedures are to be strictly maintained:

### **PURCHASING OF FOOD**

- ❖ Purchases will be from reputable suppliers
- ❖ Check that packaging is clean, suitable for the product and provides protection from contamination and physical damage
- ❖ The standard and cleanliness of delivery vehicle is appropriate

### **RECEIVING FOOD – When receiving food it is important to inspect:**

- ❖ Foods at point of delivery
- ❖ The quality and quantity ordered is correct
- ❖ Signs of contamination, damaged packaging, bruising, mould, swelling or damaged cans, odours, pest and dirt
- ❖ Use best before or use by dates for expiry
- ❖ Temperature at or below 5C for chilled food, - 18C for frozen food
- ❖ Meat delivered is covered and vacuum – packed meat is sealed

### **After the food has been received and checked**

- ❖ Refrigerate foods promptly
- ❖ Rotate stock
- ❖ Store food away carefully in the most appropriate place: dry store, refrigerator, freezer or vegetable storage area
- ❖ Dispose of delivery boxes, bags promptly
- ❖ Receiving area to be clean at the time of delivery and cleaned after receiving
- ❖ Observe personal hygiene rules

## **FOOD STORAGE**

### **Dry Storage**

- ❖ Transfer open packaged foods to clean, dry storage containers with tight lids (food grade), place on shelves / cupboards
- ❖ Label and date foods removed from their original packaging
- ❖ Dispose of any packaging that is not required

### **Refrigerator**

- ❖ Keep cooked foods separate and not touching raw food
- ❖ Cooked foods must be covered and stored above raw foods
- ❖ Store raw meats covered and beneath other foods
- ❖ Milk is not to be stored in the door of the fridge
- ❖ Do not overload refrigerator at any one time
- ❖ Breast milk to be stored for no longer than 48 hours in refrigerator
- ❖ The operating temperatures of the refrigerator, freezer and the thermometer are monitored and recorded daily

### **Freezer**

- ❖ Wrap food, label with product name, child's name if applicable, date packed and use by date
- ❖ Check daily freezer temperature is at minus 18C
- ❖ Clean and defrost each fortnight
- ❖ Don't overload
- ❖ Breast milk to be frozen only to 3 months

## **FOOD PROCESSING**

### **Thawing food**

- ❖ Thaw food overnight in the bottom part of refrigerator or defrost in microwave, cook immediately after thawing
- ❖ Only thaw required amount
- ❖ Never refreeze food
- ❖ Frozen foods, vegetables, individual fish portions to be cooked from frozen state
- ❖ In the case where food is cooked from a frozen state, ensure food is cooked thoroughly

### **Preparing foods**

Food is to be prepared quickly and as close to serving time as possible. Any food prepared in advance must be refrigerated until cooked or served. If food is cooked in advance then it is to be held hot until service, or chilled to refrigeration temperature as quickly as possible, then held at 5C or less until it is reheated.

### **Important notes:**

- ❖ Clean, sanitised colour coded chopping boards will be used for:  
raw fruit and vegetable, (green), raw meat (red), cooked meat, (brown) poultry (yellow) and dairy (white).
- ❖ Knives must be thoroughly washed and sanitised after being used in the preparation of each the above mentioned food types.
- ❖ Fruit and vegetables are to be washed thoroughly before being used even if the skin is to be removed.
- ❖ Clean and sanitise work surfaces before and after use.
- ❖ Clean up spills as you go.
- ❖ Formula, breast milk and other milk for bottles is heated on one occasion only, any milk not used is discarded.

### **Cooking foods**

- ❖ Keep cooking utensils and equipment clean and wash as you go.
- ❖ Using a meat thermometer check that the temperature of the meat is more than 75C when taken from the oven and thoroughly cooked.
- ❖ Poultry is cooked thoroughly (there are no pink juices).
- ❖ Do not use utensils which have been in contact with raw foods.
- ❖ Temperature controlled hot and cold food is kept at appropriate temperatures: cold food below 5C, hot food above 60C.

### **Cooling cooked food**

- ❖ Cool food quickly before it is placed directly into the refrigerator. Hot food should not be cooled on the bench for longer than 20-30 minutes before refrigerating.
- ❖ Place food into shallow containers to cool quickly.
- ❖ Divide food into smaller lots.
- ❖ Use cold water to cool larger amounts eg. casseroles, stocks and soups.
- ❖ Transfer from one container to another to assist with reducing the temperature quickly.

### **Reheating cooked food**

Reheated food is at a high risk of being a source of food poisoning, ensure the following:

- ❖ Reheat quickly so it is in the danger zone for as little time as possible
- ❖ Reheat to at least 70C on the inside for at least 2minutes to destroy regular bacteria
- ❖ Bring reheated food eg. casseroles, soups to the boil and keep there for 10 minutes and serve immediately
- ❖ Follow manufacturer's instructions on cooked packaged food
- ❖ Discard any reheated food which is not used

### **Serving food**

- ❖ Food timing to occur so that food can be immediately served after preparation for all centre meals
- ❖ Salads and sandwiches covered and stored in refrigerator until required
- ❖ High risk foods not to be out of the refrigerator for more than 2 hours in total (this includes preparation, serving and eating time)
- ❖ Food is covered with a lid, plastic wrap or foil prior to serving
- ❖ Staff to wear gloves and use utensils to serve foods

### **Food disposal – keeping leftovers**

- ❖ Accurate menu planning and preparation so left overs are not occurring
- ❖ Use the 24 hour rule for any left overs kept, refrigerate and discard if not used within 24 hours
- ❖ Food remaining that has been placed into serving dishes from the kitchen to each room is not to be classed as leftovers and must be discarded
- ❖ Left overs from the kitchen serving is to be covered, clearly labelled with product name, date prepared and use by time
- ❖ If extra portions of a dish have been prepared for the freezer, cover, clearly label with product name, child's name if applicable, date prepared and use by date which is within 1 week preparation. Freeze only in small portions.
- ❖ Any food remaining in a can after it has been opened is transferred to a food grade container and used within 24 hours.
- ❖ Food is before being stored marked with – type of food, date prepared, expiry date and name of child (if applicable). No food is stored longer than the manufacturer's instructions, recommendations – the US Food Code and or use by date.

### **Relevant Information**

- ❖ Unused cups are stored covered and disposable cups are used only once
- ❖ Drinking and eating utensils must be cleaned, sanitised and protected from contamination between being used
- ❖ As far as is reasonably practical, only those persons involved in food preparation and serving are allowed in the kitchen
- ❖ Equipment failures are reported promptly.
- ❖ Do not use chipped, broken or cracked eating or drinking utensils.
- ❖ The food preparation area is used only for that purpose

Through program discussions and daily monitoring staff reiterate with children appropriate food safety issues such as:

- ❖ Hands will be washed thoroughly before sitting down to meals.
- ❖ Not sharing your own food with other children
- ❖ Ensure the child drinks from cup, plate and utensils not previously used or handled by another child.
- ❖ No utensil or food that has been dropped on the floor will be used or eaten by children.
- ❖ Children to turn away from food and drink, cover their mouth when they cough or sneeze and wash their hands

## **6.6 IMMUNISATION**

Elder Street Early Childhood Centre's Health Policy has been developed from NSW Health Department Guidelines and these policies will be strictly adhered at all times.

Even though immunisation is not compulsory, it is recommended that children are immunised against the nine preventable diseases. The Australian Standard Vaccination Schedule now requires Parents/Guardians to provide documented evidence of immunisation status of all children enrolling in childcare centres. Appropriate documentation includes a copy of your child's Immunisation History Statement.

The recommended immunisation schedule may be accessed at [www.immunise.health.gov.au](http://www.immunise.health.gov.au) or by calling the immunisation info line on 1800 671 811.

Please note: Children's immunisation must be kept up to date by parents according to the national immunisation register in order to be or remain eligible for the payment of Child Care Benefit.

It is the responsibility of parents to provide the centre with documented evidence of updated immunisation in order to maintain accurate records of immunisation status for each child.

The centre will not be held responsible in the event of a non-immunised child being infected with a vaccine preventable infectious illness whilst at the centre. In the event of an outbreak of a vaccine-preventable disease, the Director will notify the local Public Health Unit. Upon the direction of the Medical Officer of Health, non-immunised children or those children whose proof of immunisation has not been issued to the centre by parents must be excluded for the incubation period of the disease (see table for exclusion periods)

## 6.7 MEDICATION

### IMPORTANT NOTES

- ❖ Under no circumstances is medication to be left in a child's locker or bag.
- ❖ No medication will be administered unless it is supplied in the container it was dispensed by a pharmacist or medical practitioner showing clearly the child's name, name of medication, administration instructions, expiry date of product and the name of prescribing Doctor or Medical practitioner.
- ❖ Long-term medication must have a letter from a Medical practitioner stating reasons for the medication. An updated letter is required every six months if centre staff are to continue giving the medication.
- ❖ On enrolment parents will be asked to indicate their consent or otherwise to the administration of liquid Paracetamol or equivalent to their child in accordance with labeled directions, should it be considered necessary by the Director and staff member on medical duty, on any given day.
- ❖ On enrolment, parents will be asked to indicate if their child suffers from any allergies or reactions and to give instructions for treatment should a problem occur.
- ❖ Proprietary "over the counter" medication will be administered strictly in accordance with manufacturers directions unless specific written instructions are received from a medical practitioner. The Director reserves the right to ask parents to obtain advice from a medical practitioner about the use of non-prescribed medication if, in her professional judgment, doubt exists about the necessity for and/or suitability of the medication.

## 6.8 PROCEDURE FOR RECEIVING MEDICATION

All medication must be personally handed to a staff member who will then ensure that parents have fully and accurately completed and signed the Medication form.

Before a staff member signs the completed medication form verify the following:

- ❖ Child's full name, medication name, date medication was prescribed, medication expiry date, name of prescribing physician, reason for medication, time and date of last dose given at home, dosage, method of administration, times and days of the week medication to be administered.
- ❖ Parent has signed the form
- ❖ Staff member, after checking all of the above is correct will sign the completed medication form.
- ❖ Staff member will place medication in the appropriate (refrigerated or unrefrigerated) locked container, used for the sole purpose of storing medication.
- ❖ Medication form will be placed into the Medication Folder

- ❖ Staff will write the child's name, medication requirement and time medication is required on the whiteboard in the child's room.
- ❖ Staff member responsible for verifying the medication form will communicate medication requirements to all other staff in the child's room.

## **6.9 PROCEDURE FOR PREPARATION, ADMINISTERING AND RECORDING OF MEDICATION**

To ensure safe administration of medications at the centre a strict procedure must be followed. For ALL medications that are administered, a Medication form must be completed correctly.

- ❖ The designated member of staff to administer the days medication will thoroughly wash hands prior to administering each dosage of medication.
- ❖ The designated administrator of medication (D.A.M.) will take the bottle of medication and the medication form filled in by the parent/guardian to the witness who will check that the label on child's medication corresponds with that on medication form. Note: Only one child's medication is to be removed from the locked medication box at one time.
- ❖ Both D.A.M. and witness will identify the child and check that it corresponds with the name on the medication form and the measured dosage corresponds to the medication form.
- ❖ The D.A.M. will administer the medication as per the method of administration as documented on medication form
- ❖ D.A.M. and witness will ensure that full prescribed dosage of medicine is taken by the child.

If applicable the child will be offered a drink of water afterwards.

- ❖ The D.A.M. witness and child will wash their hands.
- ❖ The child will return to normal routine.
- ❖ All unsuccessful attempts to be recorded and reported to parent/guardian and if necessary reported to Director.
- ❖ Any mistakes to be reported to Director immediately
- ❖ D.A.M. and witness to sign medication form only after administration of medicine
- ❖ Medication measures used are to be rinsed and dishwasher as per room procedures

## **6.10 INDIVIDUAL HEALTH MANAGEMENT PLANS**

This service acknowledges the great diversity in childhood medical conditions. In the event of a child with such a condition being enrolled at this centre we undertake to:

- ❖ Research the condition through reading Staying Healthy in Childcare - 5th edition (latest edition at time of policy review)

- ❖ Request family, in consultation with their medical practitioner to formulate a health management plan
- ❖ Provide families with a Medical conditions Policy
- ❖ Require families to fill out a Risk Minimisation and Communication Plan.
- ❖ Arrange a conference between families, medical practitioner if agreeable and all relevant staff to discuss and ensure a better understanding of the condition and medical plan.
- ❖ Inform all staff of the child's triggers, symptoms and Action Plan

### **Wellbeing Health Management**

Parents requesting staff to administer long-term medication such as asthma puffers must have a letter from a Medical practitioner stating reasons for the medication. Individual Asthma plans will be kept in the Medication folder and strictly adhered to by the D.A.M when administering asthma medication. An updated letter from a Medical practitioner is required every six months unless otherwise stated by a Medical practitioner in order for the ongoing use of asthma medication.

#### **6.11 ASTHMA**

All staff at Elder Street Early Childhood Centre have an essential role, duty of care in ensuring children with asthma lead a healthy, happy life. Staff at Elder Street will:

- Train in asthma education and keep abreast of any relevant information updates.
- Maintain asthma record cards which will be kept for each child that has been diagnosed with asthma. This card will be completed by the parent in consultation with their family doctor and submitted on enrolment.
- Collate information, listing names of children diagnosed with Asthma, their triggers, allergies and side effects from asthma medication
- Display 4 step - action plan in a prominent position for referral in the event of an emergency.
- A member of staff will attend a district asthma workshop after any new relevant information is obtained and present a report for the following of all staff at the next staff meeting
- Administer medication, provided such medication is in accordance with the child's individual asthma action plan.
- Maintain Asthma First Aid Kit kept at centre.
- It is the parents responsibility to notify staff immediately if any changes occur to the child's individual asthma plan

#### **6.12 INJURIES AND ACCIDENTS**

Our staff is committed to providing the best care possible, but it is important to remember that whilst all necessary precautions are taken, accidents and incidents will



sometimes occur. Children develop at different rates and explore constantly, this invariably means bumps and scratches. If your child has an accident it will be documented on an accident/incident report. This report details how the accident occurred and any treatment that was undertaken. Families will be requested to sign the report when they collect their child to confirm that they have been informed of the accident. In an accident which a child receives a bump to the head, the staff will inform families via a phone call. The call will detail the nature of the accident and the child's current state of well being. If a child is seriously injured or ill, you will be notified immediately. The child will be separated from the other children and taken care of in a quiet area. We will apply first aid where possible. Any medical costs incurred in caring for your child whilst at the centre (i.e., ambulance or hospital costs) will be at the expense of families.

### **6.13 DENTAL CARE**

In order to encourage oral / dental hygiene amongst children and families this centre will plan and implement an educational program on dental care by:

- ❖ Actively discourage babies being put to bed with bottles of milk, fruit juice or sweetened liquids.
- ❖ Providing small and spontaneous group activities which reinforce the importance of good dental care procedures.
- ❖ Invite health professionals to speak to children and families about maintaining a healthy diet, brushing and flossing your teeth daily and having regular dental checkups.
- ❖ To make available up to date dental information to families through the parent library, newsletters, pamphlets, information books and posters displayed throughout the centre.
- ❖ Menu planning will incorporate and encourage healthy eating through the use of a variety of raw and cooked fruits and vegetables.

### **6.14 INFECTION CONTROL**

Elder Street Early Childhood Centre is committed to establishing and maintaining the highest possible standard of hygiene and infection control through:

- ❖ The implementation of procedures to ensure personal hygiene for staff and children
- ❖ Cleaning regimes for staff and after hours contract cleaners
- ❖ Implementation of thorough Medical and Isolation procedures which minimise the risk of cross infection.

### **6.15 HAND WASHING**

Hand washing should take 10-15 seconds using liquid soap and warm running water. All surfaces of the hands should be cleaned, lathering vigorously the front, back and sides of the hands, wrists, between fingers and under nails. Rinse hands with fingers pointing down for another ten seconds. Count to ten as you wash and rinse.

Dry hands with a single use paper towel. If hand washing is not possible "wet wipes" containing antiseptic may be used.. Children will be taught to wash their hands in this way as part of the daily program. Activity sessions should include songs and stories with hand washing as a topic. Teach children that washing their hands will prevent the spreads of germs and illness. Supervise children to ensure they develop good hand washing habits.

#### **Staff will strictly adhere to procedures and wash their hands:**

- ❖ On arrival at the centre, before commencing work and at the end of each day.

- ❖ Before and after administration of medication and first aid
- ❖ After visiting the toilet
- ❖ Before and after each nappy change and changing children's soiled clothes.
- ❖ After toileting children
- ❖ After using a handkerchief or tissue
- ❖ After touching eyes, ears, nose, hair or mouth
- ❖ After handling body fluids
- ❖ Before handling raw food
- ❖ After garbage disposal
- ❖ Before serving and preparing food
- ❖ Before eating
- ❖ After every break
- ❖ After removing gloves
- ❖ After handling animals
- ❖ After any other unhygienic practice
- ❖ Any staff members with cuts or abrasions will ensure that they are covered with an occlusive dressing.

**Children will wash their hands:**

- ❖ Before setting tables and serving food
- ❖ Before eating
- ❖ After going to the toilet
- ❖ After touching nose secretions and using a tissue or handkerchief
- ❖ Before participating in cooking activities
- ❖ After nappy changing
- ❖ After handling animals
- ❖ Any other unhygienic practices

Babies' hands will be washed after each nappy change and frequently throughout the day.

**6.16 NAPPY CHANGING**

Nappy changing is a critical link in the hygiene management of Elder Street Early Childhood Centre.

- ❖ Ensure all items needed for change are within easy reach
- ❖ Use washable change mats
- ❖ Wash your hands
- ❖ If a child's nappy is soiled, place paper on the change table mat
- ❖ Put on disposable gloves on both hands
- ❖ Lay child on change surface keeping a restraining hand on child to prevent falling.
- ❖ Remove the child's nappy and put it in a "hands free" lidded bin
- ❖ Place any soiled clothes in a plastic bag
- ❖ Clean child's bottom with disposable wipes
- ❖ Remove the paper and put it in a hands free lidded bin.
- ❖ Remove your gloves and put them in the bin
- ❖ Place a clean nappy on the child
- ❖ Dress the child
- ❖ Take the child away from the change table
- ❖ Wash your hands and the child's hands
- ❖ Clean the change mat with detergent and water after each nappy change
- ❖ Wash your hands

**6.17 CLEANING POLICY**

Elder Street Early Childhood Centre prides itself on the degree of cleanliness of the centre, equipment and grounds, while staff and children's personal hygiene is of paramount importance.

Cleaning procedures and schedules are strictly adhered to for:

- ❖ Staff and children's hand washing
- ❖ Staff duty maintenance cleaning for each room
- ❖ Cooks duty maintenance cleaning
- ❖ Contract cleaners
- ❖ Ground maintenance

#### **Cleaning the nappy change area**

- ❖ After nappy change wash the mat with neutral detergent and water
- ❖ Use a paper towel. If cleaning cloth is used place in covered container for laundering separately
- ❖ If faeces spills onto the change mat clean wash with warm soapy water, wipe and leave to dry
- ❖ Wash hands

#### **Cleaning and Disposing of Blood and other Body Fluids**

- ❖ Wear disposable gloves before attending to a child who is bleeding.
- ❖ If there is a spill of blood or body fluids onto a child or adult, wash the affected area with soap and warm water
- ❖ If blood or body fluid is splashed in the eyes rinse with running water for several minutes
- ❖ If blood or body fluid contacts an open wound or broken skin, wash the area thoroughly with soap and water

#### **Cleaning after a spill**

- ❖ Wear disposable gloves
- ❖ Soak any implements used from the first aid box in a fresh solution of 1 to 10 bleach solution for one hour.
- ❖ Clean up any spill blood, faeces, vomit or urine by first removing the bulk of the spill with paper towels.
- ❖ Dispose of the towels and gloves – into a plastic bag into garbage
- ❖ Clean the surface with warm soapy water
- ❖ Wash hand thoroughly with soap and warm water

### **6.18 EMERGENCY EVACUATION PROCEDURES**

Elder Street Early Childhood Centre has a very detailed fire and emergency evacuation procedure with details located in every room. On a minimum of a 3 monthly basis we conduct evacuation drills (fire and bomb threat) with staff and children. They are carried out 3 times over the week to ensure that all staff and children have the opportunity to practice the evacuation. Staff has strict instructions regarding emergency evacuations and receives training in the use of fire extinguishers and the fire blanket. The children enjoy this activity which is conducted in a safe and

happy manner. If the centre has been evacuated and the children are going to be outside for prolonged time, parents will be notified and asked to come and collect their child. You will be advised of the evacuation location at the time of notification.

## **Policies and Procedures**

### **7.1 PARENT LIBRARY**

Parents are able to borrow from our library, which is located in the foyer. If you wish to borrow a book or item, please take it to a staff member who will record your name and the date it was borrowed and ask you to sign the book/item out on our chart. Please return all books/items to a staff member so the return process can be completed. Books can be loaned for 3 weeks but we will gladly grant extensions upon request.

### **7.2 CENTRE POLICY MANUAL**

Our Centre Policy Manual contains information regarding our policies, procedures and goals. Policies are listed on our website but we do encourage families to ask for updated policies as needed. We can email policies and also have a Parent Policy Review Committee that we encourage families to join so they can become part of the review of policies.

We thank you for taking the time to read our Centre Handbook and suggest you keep it at home so you will be familiar with the way our centre operates.

We welcome you and your child/ren to Elder Street Early Childhood Centre

We take pride in providing a professional early childhood education and care service for you and your child. Your child's welfare is of the utmost importance to us. Feel free to approach us at any time or contact us by:

Phone: (02) 49539300

Email: [director@elderstreetechc.com](mailto:director@elderstreetechc.com)

Team Elder Street ECHC

Condition	Exclusion of case	Exclusion of contacts <sup>a</sup>
Campylobacter infection	Exclude until there has not been a loose bowel motion for 24 hours <sup>b</sup>	Not excluded
Candidiasis (thrush)	Not excluded	Not excluded
Cytomegalovirus (CMV) infection	Not excluded	Not excluded
Conjunctivitis	Exclude until discharge from the eyes has stopped, unless a doctor has diagnosed non-infectious conjunctivitis	Not excluded
Cryptosporidium	Exclude until there has not been a loose bowel motion for 24 hours <sup>b</sup>	Not excluded
Diarrhoea (No organism identified)	Exclude until there has not been a loose bowel motion for 24 hours <sup>b</sup>	Not excluded
Fungal infections of the skin or nails (e.g. ringworm, tinea)	Exclude until the day after starting appropriate antifungal treatment	Not excluded
Giardiasis	Exclude until there has not been a loose bowel motion for 24 hours <sup>b</sup>	Not excluded
Glandular fever (mononucleosis, Epstein Barr virus [EBV] infection)	Not excluded	Not excluded
Hand, foot and mouth disease	Exclude until all blisters have dried	Not excluded
Haemophilus influenzae type b (Hib)	Exclude until the person has received appropriate antibiotic treatment for at least 4 days	Not excluded. Contact a public health unit for specialist advice
Head lice (pediculosis)	Not excluded if effective treatment begins before the next day at the education and care service. The child does not need to be sent home immediately if head lice are detected	Not excluded
Hepatitis A	Exclude until a medical certificate of recovery is received and until at least 7 days after the onset of jaundice	Not excluded. Contact a public health unit for specialist advice about vaccinating or treating children in the same room or group
Hepatitis B	Not excluded	Not excluded
Hepatitis C	Not excluded	Not excluded
Herpes simplex (cold sores, fever blisters)	Not excluded if the person can maintain hygiene practices to minimise the risk of transmission. If the person cannot comply with these practices (e.g. because they are too young), they should be excluded until the sores are dry. Sores should be covered with a dressing, where possible	Not excluded
Human immunodeficiency virus (HIV)	Not excluded. If the person is severely immune compromised, they will be vulnerable to other people's illnesses	Not excluded
Human parvovirus B19 (fifth disease, erythema infectiosum, slapped cheek syndrome)	Not excluded	Not excluded

Hydatid disease	Not excluded	Not excluded
Impetigo	Exclude until appropriate antibiotic treatment has started. Any sores on exposed skin should be covered with a watertight dressing	Not excluded
Influenza and influenza-like illnesses	Exclude until person is well	Not excluded
Listeriosis	Not excluded	Not excluded
Measles	Exclude for 4 days after the onset of the rash	Immunised and immune contacts are not excluded For non-immunised contacts, contact a public health unit for specialist advice. All immunocompromised children should be excluded until 14 days after the appearance of the rash in the last case
Meningitis (viral)	Exclude until person is well	Not excluded
Meningococcal infection	Exclude until appropriate antibiotic treatment has been completed	Not excluded. Contact a public health unit for specialist advice about antibiotics and/or vaccination for people who were in the same room as the case
Molluscum contagiosum	Not excluded	Not excluded
Mumps	Exclude for 9 days or until swelling goes down (whichever is sooner)	Not excluded
Norovirus	Exclude until there has not been a loose bowel motion or vomiting for 48 hours	Not excluded
Pertussis (whooping cough)	Exclude until 5 days after starting appropriate antibiotic treatment, or for 21 days from the onset of coughing	Contact a public health unit for specialist advice about excluding non-vaccinated and incompletely vaccinated contacts, or antibiotics
Pneumococcal disease	Exclude until person is well	Not excluded
Roseola	Not excluded	Not excluded
Ross River virus	Not excluded	Not excluded
Rotavirus infection	Exclude until there has not been a loose bowel motion or vomiting for 24 hours <sup>b</sup>	Not excluded
Rubella (German measles)	Exclude until fully recovered or for at least 4 days after the onset of the rash	Not excluded
Salmonellosis	Exclude until there has not been a loose bowel motion for 24 hours <sup>b</sup>	Not excluded
Scabies	Exclude until the day after starting appropriate treatment	Not excluded
Shigellosis	Exclude until there has not been a loose bowel motion for 24 hours <sup>b</sup>	Not excluded
Streptococcal sore throat (including scarlet fever)	Exclude until the person has received antibiotic treatment for at least 24 hours and feels well	Not excluded
Toxoplasmosis	Not excluded	Not excluded
Tuberculosis (TB)	Exclude until medical certificate is produced from the appropriate health authority	Not excluded. Contact a public health unit for specialist advice about screening, antibiotics or specialist TB clinics
Varicella (chickenpox)	Exclude until all blisters have dried—this is usually at least 5 days after the rash first appeared in non-immunised children, and less in immunised children	Any child with an immune deficiency (for example, leukaemia) or receiving chemotherapy should be excluded for their own protection. Otherwise, not excluded
Viral gastroenteritis (viral diarrhoea)	Exclude until there has not been a loose bowel motion for 24 hours <sup>b</sup>	Not excluded
Worms	Exclude if loose bowel motions are occurring. Exclusion is not necessary if treatment has occurred	Not excluded

## Exclusion guidelines for Infectious conditions

Table 1.1 Recommended minimum exclusion periods

<b>Condition</b>	<b>Exclusion of case</b>	<b>Exclusion of contacts</b>
<i>Campylobacter</i> infection	Exclude until there has not been a loose bowel motion for 24 hours	Not excluded
Candidiasis (thrush)	Not excluded	Not excluded
Cytomegalovirus (CMV) infection	Not excluded	Not excluded
Conjunctivitis	Exclude until discharge from the eyes has stopped, unless a doctor has diagnosed non-infectious conjunctivitis	Not excluded
<i>Cryptosporidium</i>	Exclude until there has not been a loose bowel motion for 24 hours	Not excluded
Diarrhoea	Exclude until there has not been a loose bowel motion for 24 hours	Not excluded
Fungal infections of the skin or nails (e.g. ringworm, tinea)	Exclude until the day after starting appropriate antifungal treatment	Not excluded
Giardiasis	Exclude until there has not been a loose Bowel motion for 24 hours	Not excluded
Glandular fever (mononucleosis, Epstein–Barr virus [EBV] infection)	Not excluded	Not excluded
Hand, foot and mouth disease	Exclude until all blisters have dried	Not excluded

<i>Haemophilus influenzae</i> type b (Hib)	Exclude until the person has received appropriate antibiotic treatment for at least 4 days	Not excluded  Contact a public health unit for specialist advice
Head lice (pediculosis)	Not excluded if effective treatment begins before the next day at the education and care service The child does not need to be sent home immediately if head lice are detected	Not excluded
Hepatitis A	Exclude until a medical certificate of recovery is received and until at least 7 days after the onset of jaundice	Not excluded  Contact a public health unit for specialist advice about vaccinating or treating children in the same room or group
Hepatitis B	Not excluded	Not excluded
Hepatitis C	Not excluded	Not excluded
Herpes simplex (cold sores, Fever blisters)	Not excluded if the person can maintain hygiene practices to minimise the risk of transmission if the person cannot comply with these practices (e.g. because they are too young), they should be excluded until the sores are dry. Sores should be covered with a dressing, where possible	Not excluded

<b>Condition</b>	<b>Exclusion of case</b>	<b>Exclusion of contacts</b>
Human immunodeficiency virus (HIV)	Not excluded If the person is severely immune compromised, they will be vulnerable to other people's illnesses	Not excluded
Human parvovirus B19 (fifth disease, erythema infectiosum, slapped cheek syndrome)	Not excluded	Not excluded
Hydatid disease	Not excluded	Not excluded
Impetigo	Exclude until appropriate antibiotic treatment has started. Any sores on exposed skin should be covered with a watertight dressing	Not excluded
Influenza and influenza-like illnesses	Exclude until person is well	Not excluded
Listeriosis	Not excluded	Not excluded
Measles	Exclude for 4 days after the onset of the rash	

Exclusion of contacts: Immunised and immune contacts are not excluded.  
For non immunised contacts, contact a public health unit for specialist advice  
All immunocompromised children should be excluded until 14 days after the appearance of the rash in the last case.

Meningitis (viral)	Exclude until person is well	Not excluded
Meningococcal infection	Exclude until appropriate antibiotic treatment has been completed	Not excluded Contact a public health unit for specialist advice about antibiotics and/or vaccination for people who were in the same room as the case
Molluscum contagiosum	Not excluded	Not excluded
Mumps	Exclude for 9 days or until swelling goes down (whichever is sooner)	Not excluded
Norovirus	Exclude until there has not been a loose bowel motion or vomiting for 48 hours	Not excluded
Pertussis (whooping cough)	Exclude until 5 days after starting appropriate antibiotic treatment, or for 21 days from the onset of coughing	Not excluded Contact a public health unit for specialist advice about excluding non-vaccinated contacts, or antibiotics
Pneumococcal disease	Exclude until person is well	Not excluded
Roseola	Not excluded	Not excluded
Ross River virus	Not excluded	Not excluded
Rotavirus infection	Exclude until there has not been a loose bowel motion or vomiting for 24 hours	Not excluded
Rubella (German measles)	Exclude until the person has fully recovered or for at least 4 days after the onset of the rash	Not excluded
Salmonellosis	Exclude until there has not been a loose bowel motion for 24 hours	Not excluded
<b>Condition</b>	<b>Exclusion of case</b>	<b>Exclusion of contacts</b>
Scabies	Exclude until the day after starting appropriate Treatment	Not excluded
Shigellosis	Exclude until there has not been a loose bowel motion for 24 hours	Not excluded
Streptococcal sore throat (including scarlet fever)	Exclude until the person has received antibiotic treatment for at least 24 hours and feels well	Not excluded
Toxoplasmosis	Not excluded	Not excluded
Tuberculosis (TB)	Exclude until medical certificate is produced from the appropriate health authority	Not excluded Contact a public health unit for specialist advice about screening, antibiotics or specialist TB clinics
Varicella (chickenpox)	Exclude until all blisters have dried—this is Usually at least 5 days after the rash first appeared in nonimmunised children, and less in immunised children	



Exclusion of contacts: Any child with an immune deficiency (for example, leukaemia) or receiving chemotherapy should be excluded for their own protection as they are at high risk of developing severe disease. Otherwise, not excluded

Viral gastroenteritis (viral diarrhoea)	Exclude until there has not been a loose bowel motion for 24 hours	Not excluded
Worms	Exclude if loose bowel motions are occurring Exclusion is not necessary if treatment has occurred	Not excluded

a The definition of 'contacts' will vary according to the disease—refer to the specific fact sheet for more information.

b If the cause is unknown, possible exclusion for 48 hours until the cause is identified. However, educators and other staff who have a food handling role should always be excluded until there has not been a loose bowel

motion for 48 hours. Adapted from SA Health Communicable Disease Control Branch

[http://www.dh.sa.gov.](http://www.dh.sa.gov.au/pehs/ygw/index.htm)

[au/pehs/ygw/index.htm](http://www.dh.sa.gov.au/pehs/ygw/index.htm) .Note that exclusion advice is consistent with the Communicable Diseases

Some diseases – such as pertussis, typhoid, tuberculosis, meningococcal disease and hepatitis A – can cause concern among parents and sometimes interest from the media. Education and Care Services should consult their local public health unit, which can provide support and education in the event of a concerning disease.

Source: Staying Healthy in Child care – National Health Medical Research Council  
Australian Standard Vaccination Schedule 2000-2002  
National Immunisation Program Schedule valid November 2005.  
Australian Immunisation Handbook 8<sup>th</sup> Edition.  
Staying Health in Child Care – National Health Medical Research Council 5<sup>th</sup> edition 2012

## Appendix B: Useful Contacts

### Telephone Contacts

#### Department of Human Services – Community Services

**Ph: 49 851400**

**[www.community.nsw.gov.au](http://www.community.nsw.gov.au)**

#### Autism Association of NSW

**Ph: 49556266**

#### Early Intervention Information and Service Co-ordination Agency

Kaleidoscope, Hunter Children's Health Network

**Ph: 49 24 6180**

#### Ethnic Communities Council of Newcastle and the Hunter Region Inc

Supporting early childhood services to provide services with have children with disabilities, non English speaking background and Aboriginal and Torres Strait Islander or South Seas Islander

**Ph: 49 29 5880**

#### Salvation Army Literacy Support Classes

[Newcastleworship.centre@ae.salvationarmy.org](mailto:Newcastleworship.centre@ae.salvationarmy.org)

3/24 Hudson Street Hamilton

Special Education Centre, University of Newcastle

Assisting services with children who present with developmental concerns such as behaviour, feeding, speech/language, communication, learning, motor skills, social, sensory.

**Ph: 49 21 6265**

Child and Family Health Team

Kaleidoscope – services provided to families with children 0-12 years of age who are experiencing difficulties in several areas of their lives, including behaviour, physical health, school performance, peer and family relationships, emotional well being.

**Ph: 49 24 6400**

Child Psychiatry Service

Kaleidoscope – services are provided to children and their families where a child is exhibiting, is suspected of having, or is at risk of developing emotional behavioural problems. Examples of the type of problems are: Adjustment disorders; Tourette's Disorder, Obsessive Compulsive Disorder, Post Traumatic Stress Disorder, Separation Anxiety, Conduct Problems, Anorexia or Bulimia Nervosa, Personality problems, Autistic Spectrum Disorders, Depression, Phobias, School refusal, sleep problems, bereavement etc.

**Ph: 49 24 6200**

Child and Family Health Nursing

Kaleidoscope – services offered to families and children 0-18 years.

**Ph: 49 24 6300**

First Steps Parenting Program

Kaleidoscope – a parenting service for parents with children aged 0-5 years.

**Ph: 49 855150**

Paediatric Speech Pathology Department – John Hunter

Kaleidoscope – services provided for children aged 0-18 years that are experiencing any type of communication delays or difficulties.

**Ph: 49 21 3727**

Speech Pathology Clinic – University of Newcastle

Services provided to children and adults in the Hunter region who have communication and/or swallowing difficulties **Ph: 49 21 7386**

Home Start Program Services provided to families with children under 5 years who may be isolated financially, geographically or socially e.g., sole parents, mothers new to the area, teenage mothers, and multiple births. **Ph: 49 21 6842**

Useful Websites

<http://www.mja.com.au/public/nutrition/contents.html>

Articles on topics including healthy levels of exercise for children, the importance of healthy snacking, child obesity, bone development, and healthy eating styles.

Poisons Information – Women's and Children's Hospital – Adelaide

<http://www.wch.sa.gov.au/aid/poisons.html>

Information on safe storage of poisons, the prevention of poisoning, and safe treatment of poisoning by inhalation, swallowing, or via the skin or eye.

Kid safe fact sheets

<http://www.kidsafe.comn.au/factsheets.html>

A wide range of fact sheets, including safety practices according to age, safe selection, installation and maintenance of toys and nursery equipment, water safety, hot cars and poisoning.

NSW Health: How safe are children's playgrounds?

<http://www.mhcs.health.nsw.gov.au/health-public-affairs/mhcs/publications/3065.html>

Guidelines for assessing the safety of play equipment. Also has links to translations of this article in twelve other languages.

US Consumer Product Safety Commission home playground safety checklist

<http://www.cpsc.gov/cpscpub/pubs/pg1.pdf>.

10 steps to keep your back yard play equipment safe for your children.

Victorian Government Better Health Channel – Dental Health

[http://www.betterhealth.vic.gov.au/hbcv2/bhcarticles.nsf/pages/hc\\_mouthteeth\\_dental?OpenDocument](http://www.betterhealth.vic.gov.au/hbcv2/bhcarticles.nsf/pages/hc_mouthteeth_dental?OpenDocument)

19 articles, with topics including babies' teeth, preventing caries, common oral conditions to age five, and what to do if your child's teeth are knocked out.

The Dental Zone Parents' Centre

<http://www.saveyoursmile.com/parents/>

Articles on topics including the importance of baby teeth, when to worry about thumb sucking and "pacifiers" (this is an American site) preventing baby bottle tooth decay, and encouraging your child to brush.

Children's Hospital at Westmead Fact sheet – Language Development in the Early Years

<http://www.chw.edu.au/parents/factsheets/language/htm>

Miles to age three, and ideas as to what you can do to help your child learn to listen and talk.

SA Govt. Child and Youth Health – How Children Learn

[http://www.cyh.com/cyh/parenttopics/usr\\_index0.stm?topic\\_id=330](http://www.cyh.com/cyh/parenttopics/usr_index0.stm?topic_id=330)

An overview of learning from birth to age five, and tips for encouraging your children's learning and development.

Parenting to Make a Difference – Language Development

<http://www.parentingme.com/language.htm>

Receptive and expressive language milestones, and activities on children and bilingualism and age-appropriate activities for encouraging language development.

The Stepfamily Association of South Australia

<http://www.stepfamily.asn.au/cgi-bin/index.cgi>

This site can be accessed without becoming a member. Includes masses of articles (many from members sharing their experiences) forums and links to useful websites sorted by topics.

# Privacy Statement

In order to provide you with the highest standard of service, Elder Street Early Childhood Centre is required to collect personal information from you about your child/ren and your family before and during the course of your child's enrolment at our Centre. We are committed to protecting your privacy and we abide by the National Privacy Principles contained within the Privacy Act. Privacy of your personal information is important to us and we conduct our business with respect and integrity.

## INFORMATION COLLECTED

Basic details are usually collected directly from parents, such as your names, address/es, phone contacts, your child's name, date of birth, medical details, health, routines, likes and dislikes, etc. In addition, we are required to hold information regarding your child's Child Care Benefit entitlements.

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

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

## PRIVACY COMMITMENTS

We assure you that:

- this information will only be used by our child care professionals in order to deliver your child's care to the highest standards;
- it will not be disclosed to those not associated with the care of your child without your express consent'
- you may ask to seek access to the information held about you and your child and we will provide access without undue delay;
- this access might comprise inspection of your child's records or the provision of copies of information by the Centre;
- we will take reasonable steps to ensure at all times that the details we keep about your family are accurate, complete and up to date;
- we will take reasonable steps to protect this information from misuse or less and from unauthorized access or disclosure; and,
- our staff are committed to respect these principles at all times.