



SOPHIA  
MUNDI

Steiner Education and IB World School

# Aftercare Policies and Procedures

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## 1 WELCOME

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Welcome to the Sophia Mundi Steiner School (SMSS) Aftercare Policy. The information in this manual is to assist you and your child/ren in settling in and enjoying your experience with our service.

If you require further information after reading this document, please do not hesitate to contact the Aftercare Educational Leader or the Principal.

The Sophia Mundi Aftercare Policy is also available on the SMSS website under 'Aftercare'.

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## 2 PHILOSOPHY AND GOALS OF THE AFTERCARE PROGRAMME

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Sophia Mundi Aftercare is committed to providing a high quality after school care service in line with the National Quality Framework. Our program provides access for primary school aged children who attend Sophia Mundi, after school and on some curriculum days, to assist parents and/or guardians who are working full-time or part-time, studying, or actively seeking employment.

Our programme offers a range of activities and creative opportunities in a safe and caring environment. It is based on the principles of Steiner education philosophy. We strive to offer a program that:

- is based on the principles of Steiner education philosophy and 'My Time, Our Place: Framework for School Aged Care in Australia;
- provide constant, affordable and reliable quality care;
- allows opportunities for children to play, explore and develop new skills;
- is appropriate to the developmental and leisure needs of all children in accordance with Steiner Education Australia (SEA) whose curriculum is approved by ACARA;
- reflects the cultural diversity of today's society and is gender inclusive;
- is inclusive of children with additional needs; and
- actively involves children and parents in the planning, implementation and evaluation of the program.

The Aftercare programme is currently accredited by the Victorian Regulatory Authority for The Australian Children's Education and Care Quality Authority (ACECQA). This is a Commonwealth Government initiative that is linked to the Child Care Subsidy provided through the Family Assistance Office.

ACECQA is a statutory authority, which guides and monitors the implementation and administration of the National Quality Framework (NQF) to promote consistency across states and territories.

The National Quality Framework sets a national benchmark for the quality of education and care services and includes seven quality areas that are important to outcomes for children.

The Aftercare program develops and implements a Quality Improvement Plan (QIP) in accordance with the NQF.

For more information, please consult the Educational Leader. The Aftercare programme encourages involvement and participation by parents in the QIP process.

Sophia Mundi is a child safe school. We strive to support a consciously created community in which children, parents, teachers and support staff all benefit in their personal journeys as a result of engaging with our unique school.

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## **3 LOCATION AND ACTIVITIES**

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### **3.1 Location**

The Aftercare program is based in its own facility within the St Mary's Campus. We aim to create a homely environment where the children can come after school to play, relax, be social, participate in both structured and unstructured activities, and also to wind down. We do not use television or computer games.

The program will also operate in additional areas as determined by the school. These may include the Eurythmy Hall, school vegetable garden, the courts and Library.

### **3.2 Activities**

Indoor activities include drawing, craft, sculpture, science, drama, painting, cooking, reading and games. Outdoor activities include sand play, gardening, ball games, circus skills and other sport and group activities. There is provision for the children to rest, complete school work or practice their music together or individually.

Homework, music practice and quiet reading time for children in classes 3-6 will be encouraged from 5:30pm until 6.00pm. During this time younger children will be assisted to quietly play and wind down.

A weekly programme will be displayed on the Aftercare notice board for children, parents and staff to view, including activity plans and program routines, food menus and staff rosters.

### **3.3 Afternoon Tea**

Children are provided with a small healthy afternoon snack around a formal table setting to encourage the group to come together to tell stories and relate to their day or outside in a picnic setting. In line with the Steiner Philosophy, where possible the food provided will be organic or biodynamic. The program aims to meet the nutritional, social and educational needs of the children with the food that is provided. Children participate in preparing, cooking, serving and growing food for their afternoon tea. All food must be prepared in accordance with Victorian Food Handling Standards. Please talk with the Educational Leader regarding these requirements.

Parents must notify the Educational Leader in writing of any food allergies or special dietary requirements that their child has. The programme will endeavour to cater for all special dietary requirements.

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## 4 ENROLMENTS, FEES AND BOOKING POLICY

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All children attending the Aftercare program must be enrolled and parents must update Aftercare Programme Enrolment information for their family each year.

To enrol in Aftercare, and to make session bookings, please contact Reception on 9419 9229 and speak with Reception. Please do not assume a booking is confirmed until you have spoken directly to Reception.

Please ensure you alert Reception if you wish to cancel a session or if your child is absent.

### 4.1 Places

Our program is approved for 15 places. Generally, places will be allocated on a first come first served basis. However, SMSS has discretion to take into consideration a family's or child's particular needs or vulnerabilities when allocating places. There is also a waiting list available.

### 4.2 Hours of Operation

The Aftercare programme commences at 3.00pm and closes at 6pm Monday – Friday during school terms. Aftercare does not run on pupil free days or during school holidays.

### 4.3 Fee Policy

The session fee is \$30 per session, per child.

Families may be entitled to the Child Care Subsidy. To apply for the Child Subsidy, call Centrelink on 13 61 50 and quote service ID 407 088 749C or apply through your mygov portal. Please ask the Educational Leader for more information and you will need to supply both parent and child CRN numbers and DOB for our Kidsoft program.

Accounts are issued by the finance team on a quarterly basis with the school fees. Payments of fees are to be made to the school office through BPay facilities or via a cheque made payable to Sophia Mundi Ltd.

If parents are having difficulty paying the fees they should discuss this with the Business Manager as soon as possible so that a suitable arrangement can be worked out. If accounts are in arrears at the start of the following term and no plan has been agreed with the school to rectify the situation, the child/ren may be excluded from attending the programme.

### 4.4 Late pick up

If children have not been collected by 6pm, staff are expected to work until children are collected. A fine of \$1.00 per minute applies after 6pm. If a parent has not contacted the program by 6:15pm, the staff member will attempt to contact the parent or emergency contacts provided. If parents or emergency contacts are unable to be contacted, staff will remain with the child until 7.30pm. If the child has not been collected and no communication has been received from the parents by 7:30pm, the police will be contacted.

### 4.5 Absences

If an enrolled child does not arrive for Aftercare by 3:45pm, staff must contact the office and a search the grounds and buildings for them will be conducted. If they still cannot be located, or their absence is unexplained, school office staff and parents must be informed immediately.

### 4.6 Cancellations of bookings

Parents must inform the office by 9am on the day booked to cancel a session, otherwise full fees will be charged.

Casual or last-minute bookings can be made provided that there is a space available. Places cannot be guaranteed, and it is essential that parents call Reception to establish availability.

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## 5 SIGNING IN AND OUT AND COLLECTION OF CHILDREN

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Staff must sign children in electronically as the children arrive or on a paper roll if the internet is not working.

Parents must sign children out before they leave. Children must not sign themselves out. Only parents/guardians or contacts nominated on the enrolment form or in writing may collect and sign children out.

Where a non-authorised person arrives to collect children, the parent/guardians or emergency contact will be contacted for approval. Children will not be released into the care of a non-authorised person without approval.

If there are custody orders relating to your child/ren, please fill in the appropriate area on the Enrolment Form. We also need copies of any court orders relating to that child/ren.

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## 6 AFTERCARE RULES FOR CHILDREN

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Parents are asked to discuss the following rules with their child/ren and make sure they have a clear understanding of what is expected. If you have any questions, please consult the Educational Leader.

### *Always*

- Children should make their way to Aftercare by 3.30pm or notify the Educational Leader if they are attending music lessons or ensemble rehearsals.
- Bags are to be hung on hooks and shoes placed neatly below.
- No bullying or inappropriate behaviour. Always treat others how you would like to be treated.
- Children should listen to and respond to instructions from staff at all times.
- Older children must be mindful of the impact of their behaviour on younger children, particularly if that behaviour appears to distress a younger child or appears to encourage inappropriate behaviour.
- All general school rules also apply.

### *Indoors*

- Children cannot leave the Aftercare room unless given permission by an Aftercare staff member.
- An older child or a staff member will accompany younger children to the toilet.
- Every child will wash and dry their hands thoroughly before eating and after going to the bathroom.
- At snack times, all children will sit down at the table together.
- Use 'inside voices' when indoors.
- No running inside.
- No throwing objects inside, including cushions, balls and beanbags.
- The kitchen and pantry cupboard are out of bounds, unless permission is given by staff to enter these areas.
- All children are expected to help pack up games after using them and cleanup activities.

## *Outdoors*

- Children must go to the toilet in pairs when the group is outside.
- Shoes should be worn at all times when outdoors, with the exception of sandpit play and gym mats.
- Children cannot leave the school boundaries or enter the school buildings unless given permission by an Aftercare staff member.
- Children must make sure they are in sight of an Aftercare staff member at all times.
- No climbing trees or fences in any area of the school grounds.
- The courts and vegetable garden are out of bounds unless staff are supervising.
- When the group is in the courts, children must ask permission to leave.
- No bikes or scooters.
- Children must ask permission to take sports and sand pit equipment outside and return what they take out.
- Hats with broad brims must be worn outside in Terms 1 and 4, regardless of weather.

As a registered teacher, the Educational Leader has mandatory reporting obligations in relation to certain types of abuse and neglect. The Educational Leader will comply with the School's Child Protection Policy in relation to mandatory reporting.

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## 7 PARENT FEEDBACK AND CONCERNS PROCEDURE

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### 7.1 General feedback

Sophia Mundi values the views of families within the service. Regular surveys are conducted with the children, parents and caregivers to gain important feedback. The information on these surveys is used to improve the program.

As well as completing these important forms parents and children are always welcome to add suggestions and feedback verbally.

A suggestions box will be located next to the display book on the sideboard in the Cottage.

### 7.2 Concerns

In the first instance, parents are encouraged to discuss concerns directly with the Educational Leader.

All matters will be dealt with in a confidential manner and the Educational Leader will take the necessary steps to ensure the matter is dealt with expediently.

If the complainant is not satisfied with the Educational Leader's response, the concern is about the Educational Leader, or the concern is particularly serious or sensitive, the concern should be directed to the Principal. Concerns will be handled in accordance with School policies.

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## 8 STAFFING ARRANGEMENTS POLICY

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The Aftercare program is overseen by the Principal.

The school governance structure can be found on the website  
<https://www.sophiamundi.vic.edu.au/community/>

Our Educational Leader is responsible for the day to day operation of the programme.

All Aftercare staff must comply with the School's policies and procedures, including the school's Child Safety Code of Conduct.

### CHILD SAFETY CODE OF CONDUCT

Sophia Mundi requires all staff, volunteers (including Board members), parents, guardians and carers to observe our expectation that children will be safe, and will feel safe, at school and at all other times when they are in the care of Sophia Mundi.

#### Staff and volunteers must support the safety of children by:

- doing all things possible to ensure that children are safe;
- respecting children for who they are, in all their diversity;
- adhering to Sophia Mundi's Child Safety Policy and Child Protection Policy;
- taking all reasonable steps to protect children from child abuse, and reporting any form of child abuse
- reporting any other child safety concern;
- making sure that, if there is any child safety concern, including any allegation or concern about child abuse, all relevant children are safe;
- listening carefully to children at all times, particularly if what they are telling you relates to the safety of a child;
- not tolerating any form of discrimination.

#### Staff and volunteers must not:

- do anything that creates a risk of child abuse;
- tolerate any form of child abuse;
- fail to take reasonable steps to protect children from abuse;
- fail to report suspected child abuse;
- engage in any form of discrimination in relation to a child, or in a child's presence.

#### Allegations, Concerns and Complaints

Our Child Safety Policy and Child Safety Code of Conduct is available on the Sophia Mundi Steiner School website. Likewise, the Child Protection Policy is available on the School's website and contains detailed reporting requirements, especially for staff.

However, if you are aware of any child safety concern, and are unsure of the appropriate reporting mechanism, please contact the Principal by phone (03 9419 9229) or by email ([principal@sophiamundi.vic.edu.au](mailto:principal@sophiamundi.vic.edu.au)).

I, \_\_\_\_\_ confirm that I have been provided with a copy of the Child Safety Code of Conduct and acknowledge my understanding that I am required to comply with its terms.

\_\_\_\_\_  
[Signature]

Dated: \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Our Aftercare Service aims to provide Educators and Nominated Supervisors who have the qualifications and experience to develop warm, nurturing, and respectful relationships with children. We are committed to ensuring that children's health, safety, and wellbeing are protected at all times through providing appropriate and effective supervision according to legislated ratios and best practice. Our Lead Educator designs and implements programs that support children's participation and engagement, interests, learning, and development.

## *National Quality Standards (NQS)*

QUALITY AREA 4: STAFFING ARRANGEMENTS		
4.1	<b>Staffing arrangements</b>	Staffing arrangements enhance children's learning and development.
4.1.1	<b>Organisation of Educators</b>	The organisation of Educators across the Service supports children's learning and development.
4.1.2	<b>Continuity of staff</b>	Every effort is made for children to experience continuity of Educators at the Service.
4.2	<b>Professionalism</b>	Management, Educators and staff are collaborative, respectful and ethical.
4.2.1	<b>Professional collaboration</b>	Management, Educators and staff work with mutual respect and collaboratively, and challenge and learn from each other, recognising each other's strengths and skills.
4.2.2	<b>Professional Standards</b>	Professional standards guide practice, interactions and relationships.

## *Children (Education & Care Services) National Law*

Education and Care Services National Regulations	
<b>115</b>	Premises designed to facilitate supervision
<b>122</b>	Educators must be working directly with children to be included in ratios
<b>136</b>	First Aid qualifications
<b>145</b>	Staff Record
<b>146</b>	Nominated Supervisor
<b>147</b>	Staff Members
<b>148</b>	Educational Leader
<b>149</b>	Volunteers and Students
<b>150</b>	Responsible Person
<b>151</b>	Record of Educators working directly with children
<b>173</b>	Prescribed information to be displayed

## *Implementation*

Our Service will comply with the required number of educators to children, taking into consideration qualification requirements and experience, in order to meet National Regulations and Standards.

## 8.1 Qualifications for Centre based Services with children over preschool age

Our Service will comply with the National Quality Framework and ensure Educators meet the relevant Certificate III qualification requirement or be actively working towards an approved Certificate III level education and care qualification.

Working towards: An Educator who is enrolled in a course for an approved Early Childhood qualification.

- The Educator is required to provide documentary evidence of their course, training plan and progress towards completion of the course.
- Individuals actively working towards an approved qualification may be counted towards qualification requirements.
- Our Service will communicate with the Educator's RTO to ensure the Educator successfully completes their qualification.
- We will support the Educator in completing their qualification through mentoring and assistance.

### 8.1.1 Educational Leader

The Educational Leader has an influential role in inspiring, motivating, affirming, and challenging or extending the practice and pedagogy of Educators. It is a joint endeavour involving inquiry and reflection, which can significantly impact on the important work Educators do with children and families.

- The Approved Provider will nominate a qualified and experienced Educator to take on the Educational Leader role and responsibilities.
- The Educational Leader will guide Educators to provide a compliant and rich programme.

### 8.1.2 Nominated Supervisor

The Nominated Supervisor is a suitable person appointed by the Approved Provider who is placed in day-to-day charge of an approved Service. Nominated Supervisors have a range of responsibilities under the National Law and Regulations including programming, supervision and safety of children, entry to and exit from the premises, food and beverage, administration of medication, excursions, staffing, sleep, and rest.

- The Nominated Supervisor is responsible for the day-to-day management of the Service, ensuring compliance with the National Law, Regulations and National Standards.
- The Nominated Supervisor will accept the role in writing, to ensure they have a clear understanding about their role and responsibilities.
- The Nominated Supervisor will ensure the Service program is reflective of the approved learning framework, incorporate the children's developmental needs, interests, and experiences, and consider the individual differences and needs of each child.
- The Nominated Supervisor will adhere to Service policies ensuring a safe and healthy environment is provided.

### 8.1.3 Responsible Person

A Responsible Person is required to be physically present at the Service at all times, that children are being educated and cared for. The Responsible Person will be the Approved Provider, or a person with management or control placed in day-to-day charge of the Service. As we are a single Educator model the responsible person is also the Nominated Supervisor and Educational Leader and will be present at all times.

## 8.2 Approved First Aid Qualifications

- Educators and Management are required to have an approved first aid qualification, anaphylaxis management, and emergency asthma management training. Approved qualifications are published on the ACECQA website.
- It is the Staff and Educators responsibilities to ensure they maintain current First Aid, Asthma, and Anaphylaxis Training certificates, providing the Service with a copy of the certificate. Staff and educators must ensure they participate in training prior to the expiration date on their certificates.

## 8.3 Working With Children Check

A Working With Children Check (WWCC) is a requirement for people who work or volunteer in child-related work. It involves a national criminal history check and a review of findings of workplace misconduct. The result of a Working With Children Check is either a clearance to work with children for five years Victoria or a bar against working with children. Cleared applicants are subject to ongoing monitoring and relevant new records may lead to the clearance being revoked.

- To comply with National Regulations for those undertaking paid or voluntary child-related work all employees of the Service will acquire a Working with Children Check.
- Management will verify all Working With Children Checks to ensure the children are protected.
- Management will keep a record of the expiry date of the Working With Children Check for all staff.

## 8.4 Staff Records

- Approved Services must keep information about the Nominated Supervisor, Educational Leader, Staff, Volunteers, Students, and the Responsible Person at the Service.
- Details must include evidence of staff working directly with children, qualifications, training and Working with Children Check.
- All Staff, Educators, Students, Volunteers, and Visitors are required to sign in and out at the school office each day.

## 8.5 Supervision

Educators, who are supervising children, should ensure they are positioned where they can see as much of the environment as possible. Where there are water activities or high-risk experiences, close supervision is required.

- Children will be supervised whilst sleeping or resting after school.
- Educators are required to adhere to the Service's Supervision Policy and floor plan to maintain effective supervision.
- Educators will interact with children where pedagogically appropriate whilst supervising.
- Supervising Educators will give their complete attention to the children and not perform other duties or tasks.

### *Adequate supervision*

Our Service will comply with educator to child ratios outlined in National Legislation and National Quality Standard.

- Educators will always be able to observe each child, respond to individual needs and attend to children as necessary.

- Educators will adjust their level of supervision depending on the area of the Service and the skills, age, dynamics, and size of the group of children being supervised.
- Educators will communicate with other Staff and Educators about their supervision points, offer advice and support to ensure children's safety is of the highest priority at all times.
- When supervising outdoors Educators will position themselves so as to be able to see as much of the play area as possible.
- Unless briefly discussing child or Service concerns, educators will not congregate together either inside or outside.

#### **8.5.1 Working directly with Children**

National Regulations state that an Educator cannot be included in calculating the Educator to child ratio of a Centre based Service unless the Educator is working directly with children. A record must be kept of Educators working directly with children which includes the name of each Educator and hours each Educator works directly with children being educated and cared for by the Service.

- To ensure compliance with regulations, we will only include Educators in the educator to child ratio who are working directly with the children and ensure a current roster is available to verify this.
- Our Service will ensure the roster and routine provides adequate supervision of children at all times.
- Where possible, casual staff will be chosen from a pool of regular Educators with whom the children are familiar.

#### **8.5.2 Volunteers**

- At no time will volunteers be left alone with a child or group of children or be included in the educator to child ratio.
- All Volunteers will be inducted into the Service to ensure they adhere to the Service policies and procedures.

#### **8.5.3 Privacy**

- Educators will adhere to the Service's privacy and confidentiality policy and Privacy Law in relation to children and their families, or matters relating to the Service and will at no time take part in inappropriate or unlawful conversations or discussions.
- The Nominated Supervisor will ensure that students and volunteers are made aware of the Services privacy and confidentiality policy and Privacy Law during their initial induction.

#### **8.5.4 Volunteer Policy**

Our Aftercare service values the participation of our School's German Youth volunteers. The service welcomes volunteers, however, the children's care and safety are our priority.

To ensure a professional and pleasurable learning experience, volunteers will be encouraged to participate in the service's daily routine and assist in accordance with working with children under the National Quality Framework.

### ***Implementation***

As we are a single Educator model the Nominated Supervisor who is also the Lead Educator

#### **8.5.5 Management / Nominated Supervisor / Responsible Person / Lead Educator will:**

- Conduct an orientation for the student or volunteer including taking the volunteer on a tour of the Aftercare Service, showing emergency exits, staff room and bathroom facilities.
- Confirm with the volunteer the times/hours to be worked in collaboration with the School.
- Advise students or volunteer to bring in a poster with a photo outlining the reason for their placement.
- Inform families, children, and Educators when volunteers are present at the Service, including their role and hours they will be spending at the Service.
- Ensure Volunteers are never left on their own with children or included in the ratio of adult to children.
- Show the volunteer where they can access the Aftercare Service's policies.
- Ensure the volunteer has signed a confidentiality agreement prior to commencing their placement.
- Discuss any relevant important information about specific children to the volunteer (i.e. court orders, additional needs, dietary needs) so that the student or volunteer is aware of potential issues.
- Ensure volunteer's paperwork are current.
- Work as a team sharing appropriate skills and knowledge with each volunteer.
- Be aware of volunteer expectations.
- Have the time and proficiencies to support each volunteer in their placement.
- Be a positive role model, showing appropriate behaviour and conduct themselves in a professional manner.
- Make the volunteer feel welcome and a valued member of the team.

#### **8.5.6 Volunteers Will:**

- Learn about the children through interaction and practical experience.
- Develop the skills and knowledge needed to care for and educate children.
- Learn about the importance of working as part of a team in the Childcare Profession.
- Learn strategies for working in a team environment.
- Learn and accommodate the expectations of qualified educators in the Aftercare Service.
- Bring in a poster introducing themselves that will include:
  - Name
  - Photo
  - Interests/reason for volunteering
- Discuss any problems the volunteer may be experiencing with the Nominated Supervisor.
- Adhere to all policies and procedures.
- Never remove a child from direct staff supervision.

#### **8.5.7 Probity Checks - Conducted by school prior to attending Aftercare**

All volunteers will:

- supply identity details to the Nominated Supervisor
- complete a Working with Children Check (Volunteer)
- complete a Food Handling Certificate
- have a meeting with the Nominated Supervisor so that they will receive information regarding the following Aftercare Service policies:

- Child protection (Mandatory Reporting Online Training)
- Record Keeping and Confidentiality
- Complaints

## 9 HEALTH AND SAFETY POLICY

### 9.1 Incident, Illness, Accident & Trauma Policy

In Aftercare Services, illness and disease can spread easily from one child to another, even when implementing the recommended hygiene and infection control practices. When groups of children play together and are in new surroundings accidents and illnesses may occur. Our Service is committed to reducing illness and the likelihood of accidents through its risk management and effective hygiene practices.

#### *National Quality Standards (NQS)*

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented.
2.2	Safety	Each child is protected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.
2.2.3	Child Protection	Management, educators and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect.

#### *EDUCATION AND CARE SERVICES NATIONAL REGULATIONS*

12	Meaning of serious incident
85	Incident, injury, trauma and illness policies and procedures
86	Notification to parents of incident, injury, trauma and illness
87	Incident, injury, trauma and illness record
88	Infectious diseases
89	First aid kits
97	Emergency and evacuation procedures
161	Authorisations to be kept in enrolment record
162	Health information to be kept in enrolment record

168	Education and care service must have policies and procedures
174	Prescribed information to be notified to Regulatory Authority
176	Time to notify certain information to Regulatory Authority

### 9.1.1 Purpose

Educators have a duty of care to respond to and manage illnesses, accidents, incidents, and trauma that may occur at the Service to ensure the safety and wellbeing of children, educators and visitors. This policy will guide educators to manage illness and prevent injury and the spread of infectious diseases and what to do in case of serious injury or trauma

### 9.1.2 Scope

This policy applies to children, families, staff, management and visitors of the Aftercare Service.

### 9.1.3 Identifying Signs & Symptoms of Illness

Childhood Educators and Management are not Doctors and are unable to diagnose an illness or infectious disease. To ensure the symptoms are not infectious and to minimise the spread of an infection, medical advice is required to ensure a safe and healthy environment.

Symptoms indicating illness may include:

- Behaviour that is unusual for the individual child
- High temperature or fevers
- Loose bowels
- Faeces that are grey, pale or contains blood
- Vomiting
- Discharge from the eye or ear
- Skin that display rashes, blisters, spots, crusty or weeping sores
- Loss of appetite
- Dark urine
- Headaches
- Stiff muscles or joint pain
- Continuous scratching of scalp or skin
- Difficulty in swallowing or complaining of a sore throat
- Persistent, prolonged or severe coughing
- Difficulty breathing

### 9.1.4 High Temperatures or Fevers

Children get fevers or temperatures for all kinds of reasons. Most fevers and the illnesses that cause them last only a few days. However sometimes a fever will last much longer and might be the sign of an underlying chronic or long-term illness or disease.

Recognised authorities suggest a child's normal temperature will range between 36.0°C and 37.0°C, but this will often depend on the age of the child and the time of day.

Any child with a high fever or temperature reaching 38°C or higher will not be permitted to attend the Aftercare Service until 24 hours after the temperature/fever has subsided.

#### 9.1.4.1 When a child has a high temperature or fever:

- Educators will notify parents when a child registers a temperature of 38°C or higher.

- The child will need to be collected from the Aftercare Service and will not be permitted back for a further 24 hours after the child's last temperature
- Educators will complete an illness, Accident & Trauma record and note down any other symptoms that may have developed along with the temperature (for example, a rash, vomiting, etc.).

#### **9.1.4.2 Methods to reduce a child's temperature or fever**

- Encourage the child to drink plenty of water (small sips), unless there are reasons why the child is only allowed limited fluids.
- Remove excessive clothing (shoes, socks, jumpers, pants etc.) Educators will be mindful of cultural beliefs.
- Sponge lukewarm water on the child's forehead, back of neck and exposed areas of skin.

#### **9.1.5 Dealing with colds / flu (running nose)**

Management have the right to send children home if they appear unwell due to a cold or general illness. Children can become distressed and lethargic when unwell. Discharge coming from a child's nose and coughing can lead to germs spreading to other children, educators, toys, and equipment. Management will assess each individual case prior to sending the child home.

#### **9.1.6 Diarrhoea and vomiting (Gastroenteritis)**

If a child has diarrhoea and/or vomiting whilst at the Aftercare Service, Management will notify parents or an emergency contact to collect the child immediately. If the Service has a total of three cases of gastroenteritis, the Public Health Unit must be notified.

Children that have had diarrhoea and/or vomiting will be asked to stay away from the Aftercare Service for 48 hours after symptoms have ceased to reduce infection transmission as symptoms can reappear after 24 hours in many instances.

Children with diarrhoea who also vomit or refuse extra fluids should see a doctor. In severe cases, hospitalisation may be needed. The parent and doctor will need to know the details of the child's illness while the child was at the education and care Service.

Children, educators and staff with diarrhoea and/or vomiting will be excluded until the diarrhoea and/or vomiting has stopped for at least 48 hours.

Please note: If there is a gastroenteritis outbreak at the Aftercare Service, children displaying the symptoms will be excluded from the Service until the diarrhoea and/or vomiting has stopped and the family are able to get a medical clearance from their doctor.

#### **9.1.7 Serious Injury, Incident or Trauma**

The Principal should be notified ASAP of any serious incident. Regulations require the Approved Provider or Nominated Supervisor to notify Regulatory Authorities within 24 hours of any serious incident at the Aftercare Service.

#### ***DEFINITION OF SERIOUS INCIDENT:***

a) The death of a child:

- (i) While being educated and cared for by an Education and Care Service or
- (ii) Following an incident while being educated and cared for by an Education and Care Service.

(b) Any incident involving serious injury or trauma to, or illness of, a child while being educated and cared for by an Education and Care Service, which:

- (i) A reasonable person would consider required urgent medical attention from a registered medical practitioner or

- (ii) For which the child attended, or ought reasonably to have attended, a hospital. For example: whooping cough, broken limb and anaphylaxis reaction
- (c) Any incident where the attendance of emergency services at the Education and Care Service premises was sought, or ought reasonably to have been sought
- (d) Any circumstance where a child being educated and cared for by an Education and Care Service
  - (i) Appears to be missing or cannot be accounted for or
  - (ii) Appears to have been taken or removed from the Education and Care Service premises in a manner that contravenes these regulations or
  - (iii) Is mistakenly locked in or locked out of the Education and Care Service premises or any part of the premises.

A serious incident should be documented as an incident, injury, trauma and illness record as soon as possible and within 24 hours of the incident, with any evidence attached.

Trauma is defined as the impact of an event or a series of events during which a child feels helpless and pushed beyond their ability to cope. There are a range of different events that might be traumatic to a child, including accidents, injuries, serious illness, natural disasters, war, terrorist attacks, assault, and threats of violence, domestic violence, neglect or abuse. Parental or cultural trauma can also have a traumatising effect on children. This definition firmly places trauma into a developmental context:

“Trauma changes the way children understand their world, the people in it and where they belong”  
(Australian Childhood Foundation, 2010).

Trauma can disrupt the relationships a child has with their parents, educators and staff who care for them. It can transform children’s language skills, physical and social development and the ability to manage their emotions and behaviour.

Children who have experienced traumatic events often need help to adjust to the way they are feeling. When parents, educators and staff take the time to listen, talk, and play they may find children begin to say or show how they are feeling. Providing children with time and space lets them know you are available and care about them.

It is important for educators to be patient when dealing with a child who has experienced a traumatic event. It may take time to understand how to respond to a child’s needs and new behaviours before parents, educators and staff are able to work out the best ways to support a child. It is imperative to realise that a child’s behaviour may be a response to the traumatic event rather than just ‘naughty’ or ‘difficult’ behaviour.

**9.1.7.1 *Educators can assist children dealing with trauma by:***

- Observing the behaviours and expressed feelings of a child and documenting responses that were most helpful in these situations.
- Creating a ‘relaxation’ space with familiar and comforting toys and objects children can use when they are having a difficult time.
- Having quiet time such as reading a story about feelings together.
- Trying different types of play that focus on expressing feelings (e.g. drawing, playing with clay, dress-ups and physical games and gardening).
- Helping children understand their feelings by using reflecting statements (e.g. ‘you look sad/angry right now, I wonder if you need some help?’).

**9.1.7.2 *Strategies to assist Families, Educators and Staff to cope with children’s stress or trauma may include:***

- Taking time to calm yourself when you have a strong emotional response. This may mean walking away from a situation for a few minutes or handing over to another educator or staff member if possible.
- Planning ahead with a range of possibilities in case difficult situations occur.
- Remembering to find ways to look after yourself, even if it is hard to find time or you feel other things are more important. Taking time out helps adults be more available to children when they need support.
- Using supports available to you within your relationships (e.g., family, friends, colleagues).
- Identifying a supportive person to talk to about your experiences. This might be your family doctor or another health professional.

Living or working with traumatised children can be demanding so it is important to be aware of your own responses and seek support from management when required.

**9.1.7.3 Management, Nominated Supervisors, Responsible Persons and Educators will ensure:**

- Aftercare Service policies and procedures are adhered to at all times.
- Parents or guardians are notified as soon as practicable and no later than 24 hours of the illness, accident, or trauma occurring.
- Parents are advised to keep the child home until they are feeling well, and they have not had any symptoms for at least 24-48 hours.
- An Illness, accident or trauma record is completed accurately and in a timely manner as soon after the event as possible.
- First aid qualified educators are present at all times on the roster and in the Aftercare Service.
- First aid kits are suitably equipped and checked on a monthly basis (see First Aid Kit Record).
- First aid kits are easily accessible when children are present at the Aftercare Service and during outside time.
- First aid, anaphylaxis management training, and asthma management training is current and updated as required.
- Adults or children who are ill are excluded for the appropriate period.
- Educators or staff who have diarrhea or an infectious disease do not prepare food for others.
- Cold food is kept cold (below 5 °C) and hot food, hot (above 60°C) to discourage the growth of bacteria.
- If the incident, situation or event presents imminent or severe risk to the health, safety and wellbeing of any person present at the Aftercare Service, or if an ambulance was called in response to the emergency (not as a precaution) the regulatory authority will be notified within 24 hours of the incident.
- Parents are notified of any infectious diseases circulating the Aftercare Service within 24 hours of detection.
- Children are excluded from the service if staff feel the child is too unwell to attend or is a risk to other children.
- Staff and children always practice appropriate hand hygiene.
- Appropriate cleaning practices are followed.
- All illnesses are documented in the service in the daybook.

#### **9.1.7.4 Families Will:**

- Provide up to date medical and contact information in case of an emergency.
- Provide the Aftercare Service with all relevant medical information.
- Provide a copy of medical management plans.

## **9.2 Hygiene & Infectious Diseases**

We aim to maintain the health of all children, staff and their families, ensuring a healthy environment and minimising cross contamination and the spread of infectious illnesses.

Children come into contact with many other children and adults within the Service causing them to contract infectious illnesses. The National Quality Standard requires The Aftercare Service to implement specific strategies to minimise the spread of infectious illness.

### ***National Quality Standards (NQS)***

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1	Health	Each child's health and physical activity is supported and promoted
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's need for sleep, rest and relaxation
2.1.2	Health practices and procedures	Effective illness and injury management and hygiene practices are promoted and implemented

### ***Education & Care Services National Regulation***

CHILDREN (EDUCATION AND CARE SERVICES) NATIONAL LAW NSW	
77	Health, hygiene and safe food practices
88	Infectious diseases
90	Medical conditions policy
92	Medication record
93	Administration of medication
96	Self-administration of medication

### ***Scope***

This policy applies to children, families, staff, management and visitors of the Service

## *Implementation*

We understand that it can be difficult for families to know when their child is sick. Families may experience problems taking time off work or study to care for their child at home. Obtaining leave from work or study can enhance negative attitudes in the workplace, which can cause stress on families.

Families may also experience guilt when they send their child to The Aftercare Service who is not well. However, it is imperative that families preserve a focus not only on the wellbeing of their own child but also upon the wellbeing of other children and the Educators of Aftercare Service.

The need for exclusion and the length of time a person is excluded depends on how easily the infection can spread, how long the person is likely to be infectious and how severe the disease can be. To protect the health of children and Educators within the Aftercare Service, it is important that children and Educators who are ill are kept away from the Service for the recommended period.

Our Educators are not medical practitioners and are not able to diagnose whether or not a child has an infectious illness. However, if an infectious illness is suspected, our Service may ask the family to collect their child from care as soon as possible. Management and Educators may request families seek medical advice and provide a medical certificate stating that the child is no longer infectious prior to returning to care.

### **9.2.1 MANAGEMENT WILL NOT ACCEPT A CHILD INTO CARE IF THEY:**

- Are unwell and unable to participate in normal activities or require additional attention
- Have had a temperature, vomiting and/or diarrhea in the last 24 hours
- Have started anti-biotics in the last 24 hours
- Have a contagious illness or disease

### **9.2.2 CHILDREN WHO BECOME ILL AT THE SERVICE**

Children may become unwell while at the Service, in which Management and Educators will respond to children's individual symptoms of illness.

- Educators will monitor and document the child's symptoms
- Responsible person will contact the parents/guardian if their child has passed runny stools or vomited whilst at the Service to be picked up and may only return once a Doctor's Certificate has been produced.
- Educators will take the child's temperature. If the child's temperature is 38°C or higher, management will contact the child's parents/guardian/emergency contacts as soon as possible to have the child picked up.
- Educators will attempt to lower the child's temperature by
  - Taking off their shoes and socks
  - Applying a cool washer behind their neck and on their forehead
  - Removing extra clothing layers (jumpers etc.)
- Place the child in a quiet area where they can rest, whilst being supervised
- Continue to document any progressing symptoms
- Complete Illness Record, ensuring the form has been completed correctly and signed by the parent/guardian/emergency contact

### **9.2.3 REPORTING OUTBREAKS TO The Department of Health and Human Services**

Outbreaks of communicable diseases represent a threat to public health. To prevent outbreaks it is important to monitor the number of people who contract certain infectious diseases and their characteristics, and to work with patients and their doctors to help prevent spread to other people.

The Victorian Public Health and Wellbeing Regulations 2009 lawfully requires and authorises school principals and Childcare Service Directors to confidentially notify Department of Health and Human Services on specified notification forms.

All information is held confidentially in order to protect the patient's privacy.

Management is required to notify Communicable Disease Epidemiology and Surveillance on 1300 651 160 as soon as possible after they are made aware that a child enrolled at the Service is suffering from one of the following vaccine preventable diseases:

- Diphtheria
- Mumps
- Poliomyelitis
- Haemophilus influenzae Type b (Hib)
- Meningococcal disease
- Rubella ("German measles")
- Measles
- Pertussis ("whooping cough")
- Tetanus
- Hepatitis A
- An outbreak (2 or more people) gastrointestinal or respiratory illness

### **9.2.4 COMMON COLDS AND FLU**

The common cold (Viral upper respiratory tract infections) are very common in children occurring 6-10 times a year on average with the highest number usually being during the first 2 years in child care, kindergarten or school. Symptoms may include coughing, runny nose and a slight temperature.

In circumstances where a child appears to have a cold or flu symptoms, management will determine if the child is well enough to continue at the Service or if the child requires parental care.

Our Service aims to support the family's need for child care, however families should understand that a child who is unwell will need one-on-one attention which places additional pressure on staff ratios and the needs of other children.

### **9.2.5 EXCLUDING CHILDREN FROM THE SERVICE**

- When an infectious disease has been diagnosed, the Aftercare Service will display appropriate documentation and alerts for families including information on the illness/disease, symptoms, infectious period and the exclusion period.
- When a child has been diagnosed with an illness of infectious disease the Service will refer to the Victorian Department of Health and Human Services to find the recommended exclusion period

and may request a medical clearance from the GP stating that the child is cleared to return to the Aftercare Service.

- Children that have had diarrhoea and vomiting will be asked to stay away from the Service for 48 hours after symptoms have ceased to reduce infection transmission as symptoms can develop again after 24 hours in many instances.

#### **9.2.6 NOTIFYING FAMILIES AND EMERGENCY CONTACT**

- It is a requirement of the Service that all emergency contacts are able to pick up an ill child within a 45-minute timeframe.
- In the incident that the ill child is not collected in a timely manner or should parents refuse to collect the child a warning letter will be sent to the families outlining Service policies and requirements. The letter of warning will specify that if there is a future breach of this nature, the child's position may be terminated.

#### **9.2.7 MANAGEMENT AND EDUCATORS WILL ENSURE:**

- Effective hygiene policies and procedures are adhered to at all times.
- Effective environmental cleaning policies and procedures are adhered to all times.
- All families are given a copy of relevant policies upon enrolment, which will be explained by management.
- Any child who registers a temperature of 38°C or above will need to be collected from the Service and will be excluded for 24 hours since the last elevated temperature or until the Service receives a doctor's clearance letter stating that the child is cleared of any infection and able to return to the Aftercare Service.
- Families are notified to pick up their child if they have vomited or had diarrhoea whilst at the service.
- If a situation or event presents imminent or severe risk to the health, safety and wellbeing of the child or if an ambulance was called in response to the emergency (not as a precaution) the regulatory authority will be notified within 24 hours of the incident.
- That parents are notified as soon as practicable but within 24 hours. Also, details of the condition/situation will be recorded on the Incident, Injury, Trauma and Illness Record.

**Note:** Given that the children are enrolled in formal schooling they will be governed by their school's vaccination requirement policy and procedures.

#### **9.2.8 FAMILY RESPONSIBILITY**

In order to prevent the spread of disease, families are required to monitor their child's health, in particular:

- Runny, green nose

- High temperature
- Diarrhoea
- Red, swollen or discharging eyes
- Vomiting
- Rashes
- Irritability, unusually tired or lethargic
- Breathing difficulty
- A stiff neck or sensitivity to light
- Poor urine output
- Pain

Families should provide copies of their child/children's updated immunisation information to the Service.

#### **9.2.9 RETURNING TO CARE AFTER SURGERY**

- Children who have undergone any type of surgery will need to take advice from their doctor/surgeon as to when it is appropriate to return to care.
- Children will require a medical clearance stating the child is fit and able to return to the Service and participate in daily activities.

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## 10 MEDICAL CONDITIONS POLICY

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To support children's wellbeing and manage precise health requirements, our Service will work in accordance with the Education and Care Services National Regulations to ensure health related policies and procedures are developed and implemented.

### ***NATIONAL QUALITY STANDARD (NQS)***

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.1	Health	Each child's health and physical activity is supported and promoted
2.1.1	Wellbeing and comfort	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation
2.2	Safety	Each child is protected
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard

### ***EDUCATION AND CARE SERVICES NATIONAL REGULATIONS***

CHILDREN (EDUCATION AND CARE SERVICES) NATIONAL LAW	
90	Medical Conditions Policy
90(1)(iv)	Medical Conditions Communication Plan
91	Medical conditions policy to be provided to parents
92	Medication record
93	Administration of medication
94	Exception to authorisation requirement—anaphylaxis or asthma emergency
95	Procedure for administration of medication
96	Self-administration of medication

#### *PURPOSE*

We aim to efficiently respond to and manage medical conditions at the Service ensuring the safety and wellbeing of children, staff, families and visitors.

#### *SCOPE*

This policy applies to children, families, staff, management and visitors of the Service.

Our Aftercare Service is committed to adhering to privacy and confidential procedures when dealing with individual health requirements. There are several concerns that must be considered when a child with a diagnosed health care need, allergy or medical condition is enrolled at the service. Key requirements must be in place prior to the child commencing at the Service to ensure their individual health and safety.

### 10.1 The Approved Provider/Management will ensure:

- Educators and Staff have a clear understanding about children's individual medical conditions.
- Communication between families and Educators is ongoing and effective.
- Educators receive appropriate training in managing specific medical conditions.
- There is an Educator in attendance at all times with a current accredited first aid and CPR training for specific medical conditions.
- Educators have a clear understanding about their role and responsibilities when caring for children with a medical condition.
- Families provide required information on their child's medical condition, including
  - Medication
  - Allergies
  - Medical Practitioner contact details
  - Medical Management Plan
- A Medical Management Plan/Risk Minimisation Plan has been developed in consultation with families and the child's medical practitioner.
- Educators have emergency contact information for the child.
- Casual Staff are informed of children and staff who have specific medical conditions or food allergies, the type of condition or allergies they have, and the Service's procedures for dealing with emergencies involving allergies and anaphylaxis.
- To gain permission to display children's individual medical management plans
- A copy of the child's medical management plan is visibly displayed and known to staff in the Service.
- A child is not enrolled at the Service without a Medical Management Plan and prescribed medication by their medical practitioner. Medication that is life threatening such as asthma inhalers, adrenaline auto injection devices and Insulin.
- If a child suffers from reaction, incident, situation or event related to a medical condition the Service and staff will:
  - Follow the child's Emergency Medical/Action Plan.
  - Call an ambulance immediately by dialling 000
  - Commence first aid measures/monitoring
  - Contact the parent/guardian when practicable (within 24 hours)
  - Contact the emergency contact if the parents or guardian can't be contacted when practicable (within 24 hours)
  - Notify the regulatory authority (within 24 hours)

### 10.2 Families will ensure

- They provide management with information about their child's health needs, allergies, medical conditions and medication on the enrolment form and through verbal communication/meetings.

- The Service enrolment form is completed in its entirety providing specific details about the child's medical condition.
- They notify the Service if any changes are to occur to the Medical Management Plan.
- They provide the required medication and complete the long-term medication record.
- They provide an updated copy of the child's Medical Management Plan every 6 months.

### 10.3 Medical Management Plan

- Any Medical Management Plan provided by a child's parents and/or registered medical practitioner. This Plan should:
  - have supporting documentation if appropriate
  - include a photo of the child
  - if relevant, state what triggers the allergy or medical condition
  - include first aid needed
  - Include contact details of the doctor who signed the plan
  - state when the plan should be reviewed
- A copy of the Medical Management Plan will be displayed for Educators and Staff to see to ensure the safety and wellbeing of the child.
- The Service must ensure the medical management plan remains current and up to date all times.

### 10.4 Risk Minimisation Plan

All children with a diagnosed medical condition must have a risk minimisation plan in place.

A meeting will be arranged with the parents/guardian as soon as the Service has been advised of the medical condition. During this meeting a risk minimisation plan will be developed in consultation with the parent/guardian to ensure:

1. That the risks relating to the child's specific health care need, allergy or relevant medical condition are assessed and minimised
2. That practices and procedures in relation to the safe handling, preparation and consumption and service of food are developed and implemented
3. That the parents/families are notified of any known allergens that pose a risk to a child and strategies for minimising the risk are developed and implemented
4. Staff members and volunteers can identify the child, the child's medical management plan and the location of the child's medication are developed and implemented
5. That the child does not attend the Service without medication prescribed by the child's medical practitioner in relation to the child's specific health need, allergy or relevant medical condition
6. Plan(s) in conjunction with parents/guardians will be reviewed at least annually and/or will be revised with each change in the Medical Management Plan
7. All relevant information pertaining to the child's health and medical condition is communicated to parents at the end of each day

8. Any special activities taking place such as celebrations, sporting events and excursions have a plan to maintain safe inclusion of children.
9. Appropriate hygiene practices are followed when managing medical conditions in line with the Control of Infectious Diseases Policy
10. Risk minimisation plans will be reviewed in collaboration with families every 6 months

### 10.5 **Communication Plan**

A communication plan will be created after the meeting with the parents/guardian to ensure:

1. All relevant staff members and volunteers are informed about the medical conditions policy and the Individual Health Management Plan and Risk Minimisation Plan for the child; and
2. An individual child communication sheet is attached to the Risk Minimisation Plan so that a parent can communicate any changes to the Individual Health Management Plan and Risk Management Plan for the child.

At all times, families who have a child attending the Service who have a diagnosed medical condition will be provided with a copy of this policy which includes a communication plan and any other *relevant policies*.

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## 11 BEHAVIOUR GUIDANCE POLICY

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All aspects of the development of a young child are interrelated. Optimal development of the child depends on positive, supportive and individual relationships with adults and the quality of peer interactions.

Sophia Mundi Aftercare aims to provide an **environment** where all children, parents and staff feel safe, cared for and relaxed, which encourages co-operation and positive interactions between all persons. Rules are clearly established based on safety, respect and care for others, order and cleanliness. Positive behaviour will be encouraged and self-discipline skills developed through positive example and direction.

### NATIONAL QUALITY STANDARD (NQS)

QUALITY AREA 5: RELATIONSHIPS WITH CHILDREN		
5.1	Relationships between educators and children	Respectful and equitable relationships are maintained with each child
5.1.1	Positive educator to child interactions	Responsive and meaningful interactions build trusting relationships which engage and support each child to feel secure, confident and included.
5.1.2	Dignity and rights of the child	The dignity and rights of every child are maintained
5.2	Relationships between children	Each child is supported to build and maintain sensitive and responsive relationships
5.2.1	Collaborative learning	Children are supported to collaborate, learn from and help each other
5.2.2	Self-Regulation	Each child is supported to regulate their own behaviour, respond appropriately to the behaviour of others and communicate effectively to resolve conflicts

Excessive inappropriate behaviour (as per stage 2 of Strategy) by children will be dealt with in accordance with the School's Positive Learning Strategy and Policy, as far as practicable, which are available on the School website:

[www.sophiamundi.vic.edu.au/wp-content/uploads/2019/02/Positive-learning-strategy-SMSS-management-procedures-6.0.pdf](http://www.sophiamundi.vic.edu.au/wp-content/uploads/2019/02/Positive-learning-strategy-SMSS-management-procedures-6.0.pdf)

[www.sophiamundi.vic.edu.au/wp-content/uploads/2019/02/SMSS-Positive-Learning-Policy.pdf](http://www.sophiamundi.vic.edu.au/wp-content/uploads/2019/02/SMSS-Positive-Learning-Policy.pdf)

In Stage 2 of Strategy, Students in Aftercare cannot be removed to another classroom during Aftercare hours but may be required to spend supervised time at the office and parents called to pick their child up as soon as possible.

As with Stage 1.2 of the school's strategy, a form will be sent home in order for children and their carers/parents to develop strategies to change identified inappropriate behaviour. The Educational leader in collaboration with the classroom teacher identify a third suggested strategy. This form will be reviewed two weeks later.

If excessive behaviour continues, Aftercare personnel will implement Stage 3 of Strategy.

## *IMPLEMENTATION*

There are three aspects to promoting positive behaviour:

1. A learning environment that is positive and supportive
2. Strategies for building skills and strengthening positive behaviour
3. Strategies for decreasing undesired behaviours

### **11.1 MANAGEMENT/NOMINATED SUPERVISOR/RESPONSIBLE PERSON WILL ENSURE:**

- Information is gathered from families about their children's social skills and relationship preferences. Our educators will use this information to engage children in experiences that support children to develop and practice their social and shared decision-making skills.
- A partnership is developed with the school and classroom teachers or support agencies that work with children who have diagnosed behavioural or social difficulties to develop plans for the inclusion of these specific children. This information will be kept confidential and in the individual child's file.
- Children are given the opportunity to make choices and experience the consequences of these choices when there is no risk of physical or emotional harm to the child or anyone else.
- Children are being acknowledged when they make positive choices in managing their behaviour.
- Positive strategies are being implemented to enable educators to encourage positive behaviour in children in order to minimise adverse behaviour. In addition, we will implement strategies educating children about developing behaviour limits and the consequences of inappropriate behaviour.
- Excessive behaviour is managed according to the School's Positive Learning Strategy and Policy and communicated with families.
- Support educators enhance their skills and knowledge in guiding children's behaviour

Aftercare Strategic Plan (SIP) is developed with the support of a local agency and is reviewed on a regular basis reflecting changes that have been applied through the implementation of the Plan.

### **11.2 FAMILIES WILL:**

- Be informed of behaviour concerns we may have with their child, this includes: the positive and challenging aspects of the day.
- Collaborate with Educators and professional agencies when required in order to develop a broader understanding of the child's developmental level, the child's family, the parent's approach, and any recent events, which may be influencing the child's behaviour.

### **11.3 CHILDREN WILL:**

- Learn to respect the rights and needs of others by anticipating the result and consequences of their behaviour.

- Be given positive guidance towards acceptable behaviour so they learn what acceptable and unacceptable behaviour is.
- Need to learn to be responsiveness of their actions and how their behaviour impacts on others.
- Be encouraged to use their words rather than actions to resolve conflicts
- Build on strengthening their communication and sense of responsibility through intentional teaching moments which will include:
  - Greeting others when they arrive and depart from the service
  - Sharing resources
  - Assisting when it is time to pack away the indoor and outdoor environment and engaging in helping jobs designated by staff in collaboration with the children
  - Using manners such as please and thank-you
- Learn to wait for their turn for an appropriate period of time. This will vary on age and development.
- Learn about the feelings of others throughout the program in order to assist children to understand the consequences of their actions.
- Be encouraged to engage in cooperative and pro-social behaviour and express their feelings and responses to others' behaviour confidently and constructively, including challenging the behaviour of other children when it is disrespectful or unfair.

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## 12 EMERGENCY MANAGEMENT

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### 12.1 EVACUATION POLICY

It is vital that if an emergency situation arises, it is handled effectively and efficiently. Ensuring that Educators and children know what to do in an emergency situation requires vigilant planning and practice.

Regularly practicing the drills for emergency situations also provides an opportunity to help support and build on children's coping mechanisms and resilience.

#### ***NATIONAL QUALITY STANDARD (NQS)***

Quality Area 2: Children's Health and Safety		
2.2	Safety	Each child is protected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
97	Policies and procedures in relation to emergency and evacuation
98	Emergency and evacuation procedures
168	Telephone or other communication equipment

Our Service has a duty of care to maintain the safety and wellbeing of each child, educator, and all using or visiting the Service during an emergency or evacuation situation.

To ensure compliance with National Regulations, our Service will ensure that:

- Emergency evacuation plans are displayed in prominent positions near each exit and in the children's classrooms.
- The plan includes a floor plan for ease of reference.
- Emergency evacuation rehearsals (drills) will be practiced every school term by the responsible person: all staff members, volunteers and children present on that day.
- Each drill will be documented.
- The Approved Provider will conduct a risk assessment to identify potential emergencies that are relevant to the service.
- Our emergency telephone list (located next to the telephone) includes the numbers for:
  - Local fire station
  - State Emergency Services
  - Convent site manager
  - Principal

Circumstances under which an emergency evacuation will occur may include:

- Fire within the building or playground.
- Fire in the surrounding area where the Service may be in danger (call State Emergency Service).
- Terrorist threat.
- Other circumstances may include: gas explosion, accident, or any event which could render the building unsafe.

### ***Procedures***

- Our Service will maintain an up-to-date register of emergency telephone numbers. Emergency telephone numbers will be displayed prominently throughout the Service and staff will have number in fast dial on all phones in use.
- National Regulations state that evacuation rehearsals are to be practiced every 3 months: However, to ensure best practice our Service will conduct emergency evacuation drills on a different day once a term so that all children experience an evacuation on a regular basis. And in different places for example evacuation from the courts.
- Each time an emergency evacuation drill is performed it is to be documented and reviewed in the *Emergency Evacuation Drill Record*.

- After reflection, Educators will discuss and implement strategies to make continuous improvement to procedures which will be documented in the Service's Quality Improvement Plan.
- In the event of a fire within the service resulting in damaged phone lines, a staff member will seek assistance from neighbouring businesses, Convent site Manager and / or use the mobile phones.
- All fire extinguishers, fire blankets, fire hoses, and other emergency equipment located throughout the service will be inspected and tested at six monthly intervals by an authorised company as per the Australian Safety Standard AS 1851: *Maintenance of Fire Protection Systems and Equipment*.
- Extinguishers will be emptied, pressure tested, and refilled every five years.
- All tests performed on emergency equipment and the date on which it was tested will be recorded on a label or metal tag attached to the unit. Certificates to verify testing will be filed.
- The Nominated Supervisor is responsible for ensuring all educators, including casual/relief educators and staff members, are familiar with our Emergency Evacuation Policy and procedure.

**Important: The notification of a serious incident to a regulatory authority (within 24 hours) is required when emergency services have attended an education and care service in response to an emergency, rather than as a precaution or for any other reason.**

Victoria Police: [www.police.vic.gov.au](http://www.police.vic.gov.au)

Victoria State Emergency Service: [www.ses.vic.gov.au](http://www.ses.vic.gov.au)

## 12.2 LOCKDOWN POLICY

Our Aftercare Service is committed to the ongoing safety and wellbeing of children, staff, families and visitors. To achieve this, we will implement a clear plan to manage all emergency situations, including a plan for emergencies that may require our Service to go into lockdown.

### *NATIONAL QUALITY STANDARD (NQS)*

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.2	Safety	Each child is protected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
85	Incident, injury, trauma and illness policies and procedures
97	Emergency and evacuation procedure
106	Laundry and hygiene facilities

### *PURPOSE*

We aim to minimise the risk of harm, ensuring the safety of children, Educators, families and visitors of the Aftercare Service in the event of a threatening situation.

### *SCOPE*

This policy applies to children, families, staff, management and visitors of the Aftercare Service.

## IMPLEMENTATION

Our Aftercare Service has set procedures to follow in the event of any emergency requiring evacuation or lockdown. These procedures comply with regulatory requirements and are consistent with recommendations by recognised authorities. They are designed to ensure an efficient, safe, and calm procedure for all children, staff, families, and visitors.

Within childcare services there are three types of lockdown that may be required:

**‘External threat’** - indicating that there is a potential threat outside that you wish to prevent from entering the building. For example:

Unidentified dangerous animal or insects.

**‘Shelter-in-place’** - generally will be required when there is a real or perceived threat to health or safety. For example:

Severe storms

Extreme smoke from a local or distant bushfire

Chemical or hazardous substance spill

Gas leak / atmospheric hazardous substance

Flood

**‘Full lockdown’** - for situations that involve serious threats such as:

Potentially dangerous unwanted or uninvited intruder

Potentially dangerous person due to intoxication or substance abuse

Receiving an emergency services warning about a reported incident or civil disturbance

Lockdown means that all windows and external doors are locked, and where possible internal doors are locked and curtains closed.

For a ‘shelter-in-place’ or ‘external threat’ lockdown, children are able to participate in the usual experiences and activities. However, for a ‘full lockdown’ children and adults must be moved to a room/position that does not allow them to be viewed.

Where possible, access should be maintained to a bathroom and enough space should be available for children to be comfortably involved in quiet activities. It is therefore vital that appropriate spaces have been identified and displayed on an **Emergency Lockdown Procedure**. This information can be displayed on the back of the Evacuation Plan, which can then be quickly taken from the wall when required. This act will ensure that in a situation involving unwanted visitors, *or* previous visitors that have now returned with malicious intent, that the plan is not visible or available.

### 12.2.1 MANAGEMENT/NOMINATED SUPERVISOR WILL:

Nominate the person/people with authority to manage the lockdown.

Determine communication channels.

Determine how the different type of lockdown alert signal will be given.

Design a movement and wellbeing plan to follow if not in the Aftercare room.

Develop an effective strategy for checking the roll and communicating with children, educators, families, and visitors of the Service.

Document roles and responsibilities of staff and Educators.

Plan to maintain children's safety.

Ensure all children, staff, families, and visitors of the Service remain inside.

Ensure lockdown drills are practiced every day for one week during each term.

Ensure lockdown drills are reviewed and reflected upon each time they occur and are adequately documented.

#### **12.2.2 EDUCATORS WILL:**

Immediately lock doors and windows.

Close all blinds/curtains.

Ensure all children are accounted for.

Ensure all children remain inside the Aftercare room (or are accompanied by an educator/staff member if going to the bathroom).

Ensure children remain in a confined area, (or out of sight for a 'full lockdown' – see below) during the lockdown period.

Ensure children to remain calm: Except for 'full lockdown' arrange activities to engage them.

Remain in lockdown until the all-clear signal is given.

Review and reflect on each lockdown drill to ensure strategies are effective.

Adequately document each lockdown drill.

**ADDITIONALLY, DURING A SHELTER-IN-PLACE LOCKDOWN, THE EDUCATORS WILL:**

Use any available linen to block gaps around doors or window to minimise the entry of smoke/hazardous chemicals.

**ADDITIONALLY, DURING A FULL LOCKDOWN, THE EDUCATORS WILL:**

Turn off all lights.

Clear any room/hallway that cannot be secured.

Silence mobile devices such as phones.

Ensure all children remain low away from doors and windows.

Encourage all children to remain quiet: Have books ready for children to look at to assist with engaging them during the lockdown.

Ensure all children and persons in the room remain out of sight of external windows and glass doors, and internal viewing windows.

## 13 CHILD SAFE ENVIRONMENT POLICY

Our Aftercare Service is committed to the safety, wellbeing and support of all children and young people. Management, staff and volunteers will treat all children with the utmost respect and understanding. Child abuse can occur within all communities. Staff members who work with children are responsible for providing a safe environment for the children in their care. At our Service staff members are in a position to monitor behavioural and emotional changes, physical injuries, and the general wellbeing of a child. The supportive environment of a child care setting and the relationships that staff develop with children may lead to a child making a disclosure about child abuse.

Our Service believes that:

- Children are capable of the same range of emotions as adults.
- Children's emotions are real and need to be accepted by adults.
- An adult's reaction to a child in the early stages of emotional development can be positive or detrimental depending on the adult's behaviour.

### ***NATIONAL QUALITY STANDARD (NQS)***

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.2	Safety	Each child is respected.
2.2.1	Supervision	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.
2.2.2	Incident and emergency management	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.
2.2.3	Child Protection	Management, educators and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect.

EDUCATION AND CARE SERVICES NATIONAL REGULATIONS	
84	Awareness of child protection law
273	Course in child protection

### ***OTHER RELEVANT LAWS***

Children, Youth and Families Act 2005 (as amended 2014) (Vic)
The Commission for Children and Young People Act 2012
Failure to Disclose 2014
Failure to Protect 2015
The Charter of Human Rights and Responsibilities Act 2006 (Vic)
Working with Children Act 2005 (Vic)
Child Wellbeing and Safety Act 2005 (Vic)
Family Law Act 1975

## **PURPOSE**

All educators, staff and volunteers are committed to identifying possible risk and significant risk of harm to children and young people at the Aftercare Service. We understand our duty of care to protect children from all types of abuse and adhere to our legislative obligations at all times.

We aim to implement effective strategies to assist in ensuring the safety and wellbeing of all children. Our Service will act in the best interest of the child, assisting them to develop to their full potential in a secure and caring environment by:

- Promoting the safety of children.
- Preventing child abuse.
- Ensuring effective processes are in place to respond to and report allegations of child abuse.
- Creating and maintaining a child safe environment under the National Quality Standard.

## **SCOPE**

This policy applies to children, families, staff, management and visitors of the Service.

## **IMPLEMENTATION**

### **WHAT IS ABUSE?**

Child abuse is any action towards a child or young person that harms or puts at risk their physical, psychological or emotional health or development. Child abuse can be a single incident or can be a number of different incidents that take place over time.

In Victoria abuse is classified into seven types:

1. Physical abuse
2. Sexual abuse
3. Grooming
4. Emotional or psychological harm
5. Neglect
6. Family violence
7. Children exhibiting inappropriate sexual behaviour.

## **13.1 DEFINITIONS**

**Maltreatment** refers to non-accidental behaviour towards another person, which is outside the norms of conduct and entails a substantial risk of causing physical or emotional harm. Behaviours may be intentional or unintentional and include acts of omission and commission. Specifically *abuse* refers to acts of commission while *neglect* refers to acts of omission. Note that in practice the terms child abuse and child neglect are used more frequently than the term child maltreatment.

**Significant Harm** refers to circumstances causing concern for the safety, welfare and wellbeing a child or young person present to a significant extent. This means it is sufficiently serious to warrant a response by a statutory authority irrespective of the family's consent.

What is significant is not minor or trivial and may reasonably be expected to produce a substantial and demonstrably adverse impact on the child's or young person's safety, welfare, or wellbeing.

In the case of an unborn child, what is significant is not minor or trivial and may reasonably be expected to produce a substantial and demonstrably adverse impact on the child.

**Reasonable grounds** refer to the need to have an objective basis for suspecting that a child may be at risk of abuse and neglect based on:

- First hand observation of the child or family.
- What the child, parent, or other person has disclosed.
- What can reasonably be inferred based on observation, professional training and/or experience that causes the mandated reporter to believe the child has been abused or is likely to be abused.
- Signs of physical or sexual abuse leading to the belief that the child has been abused.

**Failure to disclose** refers to the failure of a mandated reporter who has reasonable belief that a child under 16 has had a sexual offence committed to them by an adult to make a report to the police.

**Failure to protect** refers to a person of authority in the organisation who has the power or responsibility, but who negligently fails to reduce or remove the threat of substantial risk of child sexual abuse.

**Mandatory Reporting** is the legislative requirement for selected classes of people to report suspected child abuse and neglect to government authorities. In Victoria, mandatory reporting is regulated by the *Children, Youth and Families Act 2005* (Vic) ss. 162, 182, 184 (CYFA).

## 13.2 MANDATORY REPORTERS

Mandatory reporters are people who deliver the following services, wholly or partly, to children as part of their paid or professional work. Under the CYFA mandated reporters include:

- Doctors
- Nurses
- Teachers (including early childhood teachers)
- School principles
- Police

According to the CYFA mandated reporters (including people employed in children's services and unpaid managers of these services) must make reports if they form a belief based on reasonable grounds that a child is in need of protection because:

- The child's basic physical or psychological needs are not being met or are at risk of not being met.
- The parents or other caregivers have not arranged and are unable or unwilling to arrange for the child to receive necessary medical care.
- The parents or other caregivers have not arranged and are unable or unwilling to arrange for a school age child to receive an education.
- The child has been or is at risk of being physically or sexually abused or ill-treated.
- The child is living in a household where there have been incidents of domestic violence and they are at risk of serious physical or psychological harm.
- The parent's or other caregiver's behaviour means the child has suffered or is at risk of suffering serious psychological harm.

To form a belief the reporter must be aware of matters that lead them to reasonably believe that a child is in need of protection.

### 13.3 'PROTECT' CHILD SAFE STANDARDS

From 1<sup>st</sup> January 2016 all early childhood services are required to comply with the Child Safe Standards. These standards aim to drive continuous improvement, by raising awareness and assisting organisations to create and maintain child safe environments.

#### The Standards

To create and maintain a child safe organisation, each early childhood service must have in place:

Standard 1: Strategies to embed an organisational culture of child safety, including through effective leadership arrangements.

Standard 2: A child safe policy or statement of commitment to child safety.

Standard 3: A code of conduct that establishes clear expectations for appropriate behaviour with children.

Standard 4: Screening, supervision, training and other human resources practices that reduce the risk of child abuse by new and existing personnel.

Standard 5: Processes for responding to and reporting suspected child abuse.

Standard 6: Strategies to identify and reduce or remove risks of child abuse.

Standard 7: Strategies to promote the participation and empowerment of children.

#### The Principles

Three overarching principles are embedded into each standard to ensure that organisations are aware of and consider that some groups of children and young people may be particularly vulnerable and may face extra challenges in reporting abuse. These principles are:

Promoting the cultural safety of Aboriginal children,

Backgrounds,

Promoting the safety of children with a disability.

For more information, refer to:

Cultural safety of Aboriginal children: <https://ccyp.vic.gov.au/assets/resources/tipsheet-cultural-safety-aboriginal-children.pdf>

Cultural safety of children from culturally and/or linguistically diverse backgrounds: <https://ccyp.vic.gov.au/assets/resources/tipsheet-safety-children-cult-ling-diverse.pdf>

Safety of children with a disability: <https://ccyp.vic.gov.au/assets/resources/tipsheet-safety-children-disability.pdf>

The Child Safety Standards are embedded into the policies and procedures of the Service.

## **INDICATORS OF ABUSE**

There are common physical and behavioural signs that may indicate abuse or neglect. The presence of one of these signs does not necessarily mean abuse or neglect. Behavioural or physical signs, which assist in recognising harm to children are known as **indicators**. The following is a guide only. One indicator on its own may not imply abuse or neglect. However, a single indicator can be as important as the presence of several indicators. Each indicator needs to be considered in relation to other indicators and the child's circumstances. A child's behaviour is likely to be affected if he/she is under stress. There can be many causes of stress and it is important to find out specifically what is causing the stress. Abuse and neglect can be single incidents or ongoing and may be intentional or unintentional.

### **13.3.1 PHYSICAL CHILD ABUSE**

Physical child abuse is the non-accidental infliction of physical injury or harm on a child.

Examples of physical abuse may include beating, shaking, burning, assault with implements, and female genital mutilation.

#### **Indicators of physical child abuse**

**Physical indicators** of physical child abuse include (but are not limited to):

Evidence of physical injury that would not likely be the result of an accident.

Bruises or welts on facial areas and other areas of the body, e.g. back, bottom, legs, arms and inner thighs.

Burns from boiling water, oil or flames or burns that show the shape of the object used to make them, e.g. iron, grill, cigarette.

Fractures of the skull, jaw, nose and limbs, especially those not consistent with the explanation offered, or the type of injury possible at the child's age of development.

Cuts and grazes to the mouth, lips, gums, eye area, ears and external genitalia.

Bald patches where hair has been pulled out.

Multiple injuries, old and/or new.

Effects of poisoning.

Internal injuries.

**Behavioural indicators** of physical child abuse include (but are not limited to):

In all children, infants and toddlers:

Disclosure of physical abuse, e.g. by child, friend, family member.

Inconsistent or unlikely explanation for cause of injury.

Wearing clothes unsuitable for weather conditions to hide injuries.

Wariness or fear of a parent, carer or guardian and reluctance to go home.

Unusual fear of physical contact with adults.

Fear of home, specific places or particular adults.

Unusually nervous, hyperactive, aggressive, disruptive and destructive to self and/or others.

Overly compliant, shy, withdrawn, passive and uncommunicative.

Change in sleeping patterns, fear of the dark or nightmares and regressive behaviour, e.g. bed-wetting.

No reaction or little emotion displayed when being hurt or threatened.

Habitual absences from the Service without reasonable explanation, where regular attendance is expected.

Complaining of headaches, stomach pains, or nausea without physiological basis.

Poor self-care or personal hygiene.

### **13.3.2 CHILD SEXUAL ABUSE**

Child sexual abuse is when a person uses power or authority over a child to involve them in sexual activity.

This can include a wide range of physical and non-contact sexual activity

Physical sexual contact:

Kissing or fondling a child in a sexual way.

Masturbation.

Fondling the child's genitals.

Oral sex.

Vaginal or anal penetration by a penis, finger or other object.

Exposure of the child to pornography.

Non-contact offences:

Talking to a child in a sexually explicit way.

Sending sexual messages or emails to a child.

Exposing a sexual body part to a child.

Forcing a child to watch a sexual act including showing pornography to a child.

Having a child pose or perform in a sexual manner (including child sexual exploitation).

Grooming or manipulation.

Child sexual abuse does not always involve force. In some circumstances a child may be manipulated into believing that they have brought the abuse on themselves, or that the abuse is an expression of love through a process of grooming.

Any child can be victim of sexual abuse, however children who are vulnerable, isolated and/or have a disability are disproportionately abused and are much more likely to become victim.

## Indicators of child sexual abuse

**Physical indicators** of child sexual abuse include (but are not limited to):

Injury to the genital or rectal area, e.g. bruising, bleeding, discharge, inflammation or infection.

Injury to areas of the body such as breasts, buttocks or upper thighs.

Discomfort in urinating or defecating.

Presence of foreign bodies in the vagina and/or rectum.

Sexually transmitted infections.

Frequent urinary tract infections.

**Behavioural indicators** of child sexual abuse include (but are not limited to):

In children, infants and toddlers:

- Disclosure of sexual abuse, e.g. by child, friend, family member.
- Drawings or descriptions of stories that are sexually explicit and not age-appropriate.
- Persistent and age-inappropriate sexual activity, e.g. excessive masturbation or rubbing genitals against adults.
- Wariness or fear of a parent, carer or guardian and reluctance to go home.
- Unusual fear of physical contact with adults.
- Change in sleeping patterns, fear of the dark or nightmares and regressive behaviour, e.g. bed-wetting.
- Wearing clothes unsuitable for weather conditions to hide injuries.
- Unusually nervous, hyperactive, aggressive, disruptive and destructive to self and/or others.
- Exhibits significant delays in gross and fine motor development and coordination.
- Overly compliant, shy, withdrawn, passive and uncommunicative.
- Fear of home, specific places or particular adults.
- Poor self-care or personal hygiene.
- Complaining of headaches, stomach pains or nausea without physiological basis.

### 13.3.3 Child sexual exploitation

Child sexual exploitation is also a form of sexual abuse where offenders use their power, (physical, financial or emotional) over a child to sexually or emotionally abuse them.

It often involves situations and relationships where young people receive something (food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money, etc.) in return for participating in sexual activities.

Child sexual exploitation can occur in person or online, and sometimes the child may not even realise they are a victim. For more information on child sexual exploitation and advice on specific strategies for identifying

and preventing exploitation please see Prevention of Child Sexual Exploitation and Grooming at <http://www.education.vic.gov.au/about/programs/health/protect/Pages/exploitationgrooming.aspx>

### 13.3.4 GROOMING

Grooming is when a person engages in predatory conduct to prepare a child for sexual activity at a later time. Grooming can include communicating and/or attempting to befriend or establish a relationship or other emotional connection with the child or their parent/carer.

Sometimes it is hard to see when someone is being groomed until after they have been sexually abused, because some grooming behaviour can look like "normal" caring behaviour.

Examples of grooming behaviours may include:

Giving gifts or special attention to a child or their parent or carer (this can make a child or their parent feel special or indebted).

Controlling a child (or that child's parents) through threats, force or use of authority (this can make a child or their parent fearful to report unwanted behaviour).

Making close physical contact or sexual contact, such as inappropriate tickling and wrestling.

Openly or pretending to accidentally expose the victim to nudity, sexual material and sexual acts (this in itself is classified as child sexual abuse but can also be a precursor to physical sexual assault).

#### Indicators of grooming

**Behavioural indicators** that a child may be subject to grooming include (but are not limited to):

- Developing an unusually close connection with an older person.
- Displaying mood changes (hyperactive, secretive, hostile, aggressive, impatient, resentful, anxious, withdrawn, depressed).
- Using street/different language; copying the way the new 'friend' may speak; talking about the new 'friend' who does not belong to his/her normal social circle.
- Possessing gifts, money and expensive items given by the 'friend'.
- Being excessively secretive about their use of communications technologies, including social media.
- Being dishonest about where they've been and whom they've been with.

### 13.3.5 EMOTIONAL ABUSE

Emotional child abuse occurs when a child is repeatedly rejected, isolated, or frightened by threats, or by witnessing family violence.

It also includes hostility, derogatory name-calling and put-downs, and persistent coldness from a person, to the extent that the child suffers, or is likely to suffer, emotional or psychological harm to their physical or developmental health. Emotional abuse may occur with or without other forms of abuse.

## **Indicators of emotional abuse**

**Physical indicators** of emotional abuse include (but are not limited to):

Language delay, stuttering or selectively being mute (only speaking with certain people or in certain situations).

Delays in emotional, mental or physical development.

**Behavioural indicators** of emotional abuse include (but are not limited to):

In children, infants and toddlers:

- Overly compliant, passive and undemanding behaviour.
- Extremely demanding, aggressive and attention-seeking behaviour or anti-social and destructive behaviour.
- Low tolerance or frustration.
- Poor self-image and low self-esteem.
- Unexplained mood swings, depression, self-harm.
- Behaviours that are not age-appropriate, e.g. overly adult, or overly infantile.
- Exhibits significant delays in gross and fine motor development and coordination.
- Poor social and interpersonal skills.
- Violent drawings or writing.
- Lack of positive social contact with other children.

### **13.3.6 NEGLECT**

Neglect includes a failure to provide the child with one or more of the following to the extent that the health or physical development of the child is significantly impaired or placed at serious risk:

An adequate standard of nutrition.

Medical care.

Clothing.

Shelter.

Supervision.

In some circumstances the neglect of a child:

Can place the child's immediate safety and development at serious risk.

May not immediately compromise the safety of the child but is likely to result in longer term cumulative harm.

This includes low-to-moderate concerns for the wellbeing of a child, such as:

- Concerns due to conflict within a family.
- Parenting difficulties.
- Isolation of a family or a lack of apparent support.

Both forms of neglect must be responded to via the Four Critical Actions for Early Childhood Services.

### **Indicators of neglect**

**Physical indicators** of neglect include (but are not limited to):

- Appearing consistently dirty and unwashed.
- Being consistently inappropriately dressed for weather conditions.
- Being at risk of injury or harm due to consistent lack of adequate supervision from parents.
- Being consistently hungry, tired and listless.
- Having unattended health problems and lack of routine medical care.
- Having inadequate shelter and unsafe or unsanitary conditions.

**Behaviour indicators** of neglect include (but are not limited to):

In an infant or toddler:

- Self-stimulatory behaviours, for example, rocking, head banging.
- Crying excessively or not at all.
- Listless and immobile and/or emacipated and pale.
- Exhibits significant delays in gross motor development and coordination.
- Inadequate attention to the safety of the home (e.g. dangerous medicines left where children may have access to them).
- Being left unsupervised, either at home, on the street or in a car.
- Their parent/carer is unresponsive or impatient to child's cues and unreceptive to receive support.
- Developmental delay due to lack of stimulation.

In children, infants and toddlers:

Being left with older children or persons who could not reasonably be expected to provide adequate care and protection.

- Gorging when food is available or inability to eat when extremely hungry.
- Begging for or stealing food.
- Appearing withdrawn, listless, pale and weak.
- Aggressive behaviour, irritability.

- Little positive interaction with parent, carer or guardian.
- Indiscriminate acts of affection and excessive friendliness towards strangers.
- Exhibits significant delays in gross and fine motor development and coordination.
- Poor, irregular or non-attendance at the Service (where regular attendance is expected).
- Refusal or reluctance to go home.
- Self-destructive behaviour.
- Taking on an adult role of caring for parent.

### 13.3.7 FAMILY VIOLENCE

Family violence is behaviour towards a family member that may include:

Physical violence or threats of violence.

Verbal abuse, including threats.

Emotional or psychological abuse.

Sexual abuse.

Financial and social abuse.

A child's exposure to family violence constitutes child abuse. This exposure can be very harmful and may result in physical harm and long-term physical, psychological and emotional trauma. Action must be taken to protect the child, and to mitigate or limit their trauma.

Research shows that during pregnancy and when families have very young babies:

- There is an increased risk of family violence.
- Pre-existing family violence may increase in severity.
- There is an opportunity for intervention as families are more likely to have contact with services.
- The longer that a child experiences or is exposed to family violence, the more harmful it is.

#### 13.3.7.1 *Family violence in Aboriginal and Torres Strait Islander communities*

In identifying family violence in Aboriginal and Torres Strait Islander communities it is important to recognise that:

Aboriginal and Torres Strait Islander family violence may relate to relationships that aren't captured by the Western nuclear family model (e.g. grandparents, uncles and aunts, cousins and other community and culturally defined relationships).

Aboriginal and Torres Strait Islander family violence can also include cultural and spiritual abuse.

Perpetrators of Aboriginal and Torres Strait Islander family violence may not be Aboriginal and Torres Strait Islander people.

Aboriginal and Torres Strait Islander family violence occurs in a historical context of colonisation, dispossession, and the loss of culture. This has resulted in the breakdown of kinship systems and of traditional law, racism, and previous government policies of forced removal of children from families.

However, this should never detract from the legitimacy of the survivor's experience of violence, or your obligation to report and respond to any suspected family violence.

### **Indicators of family violence**

**Physical indicators** of family violence may include (but are not limited to):

- Speech disorders.
- Delays in physical development.
- Failure to thrive (without an organic cause).
- Bruises, cuts or welts on facial areas, and other parts of the body including back, bottom, legs, arms and inner thighs.
- Any bruises or welts (old or new) in unusual configurations, or those that look like the object used to make the injury (such as fingerprints, handprints, buckles, iron or teeth).
- Internal injuries.

**Behavioural** indicators of family violence may include (but are not limited to):

- In children, infants and toddlers:
- Violent/aggressive behaviour and language.
- Depression and anxiety.
- Appearing nervous and withdrawn, including wariness of adults.
- Difficulty adjusting to change.
- Developmentally inappropriate bedwetting and sleeping disorders.
- Extremely demanding, attention-seeking behaviour.
- Participating in dangerous risk-taking behaviours to impress peers.
- Overly compliant, shy, withdrawn, passive and uncommunicative behaviour.
- 'Acting out', such as cruelty to animals.
- Demonstrated fear of parents, carers or guardians, and of going home.
- Complaining of headaches, stomach pains or nausea without physiological basis.

#### **13.3.8 Problem sexual behaviour**

Problem sexual behaviour is the term used by the Victorian government and funded service providers to describe concerning sexual behaviour exhibited by children under the age of 10 years. Children under 10 years are deemed unable to consent to any form of sexual activity and cannot be held criminally responsible for their behaviour.

#### **13.3.9 Sexually abusive behaviour**

Sexually abusive behaviour is the term used by the Victorian Government and funded service providers to describe concerning sexual behaviour by children aged 10 years or older and under 15 years of age. A child is considered to exhibit sexually abusive behaviour when they have used power, authority, or status to engage another party in sexual activity that is unwanted, or the other party is unable to give consent. A child who engages in sexually abusive behaviour may be in need of therapeutic treatment. It may also be an indicator that the child has been or is being sexually abused by others.

Sexually abusive behaviour may amount to a sexual offence. A sexual offence includes rape, sexual assault, indecent acts and other unwanted sexualised touching, all of which are offences under the Crimes Act 1958.

It may be difficult to determine the nature of children's sexual behaviour, including whether the behaviour:

Constitutes a sexual offence.

Is indicative of any underlying abuse.

### **Under Victorian Law:**

Children aged between 12-15 can only consent to sexual activity with a peer no more than two years their senior (*therefore sexual contact led by a child with another child outside of these age parameters may amount to a sexual offence*).

In order for a person to consent to sexual activity they have to have the capacity to understand the context and possible consequences of the act (*therefore sexual contact led by a child involving a person with a cognitive impairment or affected by alcohol and other drugs may also amount to a sexual offence*).

Most critically the 'Four Critical Actions for Early Childhood Services: Responding to Incidents, Disclosures or Suspicions of Child Abuse' will be followed if:

You witness an incident, receive a disclosure or form a reasonable suspicion that a child has engaged in inappropriate sexual behaviour, even if you're not sure (these actions will support you to report to Victoria Police).

A child's inappropriate sexual behaviour leads you to form a reasonable belief that the child may be subject to abuse.

NOTE: All definitions and indicators of child abuse sourced from: State of Victoria (Department of Education and Training). (2017). *Early childhood guidance: Identifying signs of child abuse*. Retrieved from [www.education.vic.gov.au](http://www.education.vic.gov.au)

### *IMPLEMENTATION*

Our Service strongly opposes any type of abuse against a child and endorses high quality practices in relation to protecting children. To ensure best practice, all educators will attend approved Child Protection training certified by a registered training organisation. Educators will continue to keep up to date, by completing Child Protection Awareness Training annually, ensuring they keep up to date with their current responsibilities as Mandatory Reporters.

**NOTE: The reporter is not required to prove that abuse has occurred.**

#### **13.3.10 Management/Nominated Supervisor will ensure:**

The Nominated Supervisor of the Service and any certified supervisor in day-to-day charge of the Service have successfully completed a course in child protection approved by the Regulatory Authority.

All employees and volunteers are:

- Clear about their roles and responsibilities regarding child protection.
- Aware of their requirements to immediately report cases where they believe a child is at risk of significant harm to the appropriate authority.

- Aware of the indicators showing a child may be at risk of harm or significant risk of harm.
- To provide training and development for all educators, staff and volunteers in child protection
- To provide educators with a reporting procedure and professional standards to safeguard children and protect the integrity of educators, staff and volunteers.
- To validate a Working With Children Check for all educators, staff and volunteers unless the person meets the criteria for exemption from a WWCC. See exemption information at <http://www.workingwithchildren.vic.gov.au/home/about+the+check/who+needs+a+check/exemptions/>
- To provide access to relevant acts, regulations, standards and other resources to help educators, staff and volunteers meet their obligations.
- Records of abuse or suspected abuse are kept in line with our Privacy and Confidentiality Policy.

To notify the Child Protection Services within 30 days of becoming aware of any allegations and convictions for abuse or neglect of a child made against an employee or volunteer and ensure they are investigated, and appropriate action taken.

To notify Child Protection Services of details of employees against whom relevant disciplinary proceedings have been completed or people whose employment has been rejected because of a risk identified in employment screening processes.

To notify the regulatory authority as soon as practicable of any incident where you reasonably believe that physical and/or sexual abuse of a child has occurred or is occurring while the child is being educated and cared for by the Service

To notify the regulatory authority as soon as practicable of any allegation that sexual or physical abuse of a child has occurred or is occurring while the child is being educated and cared for by the Service.

#### **13.3.11 Accusations against Educators**

Accusations of abuse or suspected abuse against educators, staff members, and volunteers, the Nominated Supervisor or Approved Provider are treated in the same way as allegations against other people. Reports will be made to the Child Protection Helpline where a child is at risk of significant abuse by a person at the Service. If the Supervisor is involved in the abuse, then the Approved Provider or most senior educator will assist in notifying the Child Protection Helpline. Where the offence requires immediate police action, the police will be called on 000.

#### **13.3.12 Educators will:**

Be able to recognise indicators of abuse.

Respect what a child discloses, taking it seriously and follow up their concerns.

Allow children to be part of decision-making processes where appropriate.

Comprehend they are mandatory reporters under the legislation and report any situation where they believe on reasonable grounds a child is at risk of significant harm to the Police on 000, Child Protection Crisis Line on **132 278**, and/or local Child Protection office (see end of policy for contact details) as appropriate.

Be able to contact Child FIRST, which also help mandatory reporters identify the level of risk to a child and whether to report the risk to the Child Protection Service.

Contact the police on 000 if there is an immediate danger to a child and intervene instantly if it is safe to do so.

Associate families with referral agencies where concerns of harm do not meet the threshold of significant harm. These services may be located through Child FIRST. Family consent will be sought before making referrals.

Promote the welfare, safety and wellbeing of children at the Service.

Prepare precise records recording exactly what happened, conversations that took place and what you observed to contribute to the investigations of abuse or suspected abuse by the Child Protection Crisis Line, local Child Protection office, or dealings with referral agencies.

Understand that allegations of abuse or suspected abuse against them are treated in the same way as allegations of abuse against other people

### **13.4 DOCUMENTING A SUSPICION OF HARM**

If educators have concerns about the safety of a child, they will:

- Record their concerns in a non-judgmental and accurate manner as soon as possible.

- Record his or her own observations as well as precise details of any discussion with a parent (who may for example explain a noticeable mark on a child).

- Not endeavour to conduct their investigation.

- Document as soon as possible so the details are accurately apprehended including:

  - Time, date and place of the suspicion,

  - Full details of the suspected abuse, and

  - Date of report and signature.

### **13.5 DOCUMENTING A DISCLOSURE**

A disclosure of harm emerges when someone, including a child, tells you about harm that has happened or is likely to happen. When a child discloses that he or she has been abused, it is an opportunity for an adult to provide immediate support and comfort and to assist in protecting the child from the abuse. It is also a chance to help the child connect to professional services that can keep them safe, provide support and facilitate their recovery from trauma. Disclosure is about seeking support and your response can have a great impact on the child or young person's ability to seek further help and recover from the trauma.

#### **13.5.1 When receiving a disclosure of harm, the Service will:**

- Remain calm and find a private place to talk.

- Reassure the child or young person it is right to tell.

- Let the child or young person take his or her time.

- Let the child or young person use his or her own words.

- Accept the child or young person will disclose only what is comfortable and recognise the bravery/strength of the child for talking about something that is difficult.

- Not promise to keep a secret.

- Tell the child/person they have done the right thing in revealing the information but that they'll need to tell someone who can help keep the child safe.

- Only ask enough questions to confirm the need to report the matter because probing questions could cause distress, confusion and interfere with any later enquiries.

Not attempt to conduct their own investigation or mediate an outcome between the parties.

Document as soon as possible so the details are accurately captured including:

Time, date and place of the disclosure,

‘Word for word’ what happened and what was said, including anything they said and any actions that have been taken,

Date of report, and

Signature.

Do not confront the perpetrator.

### **13.5.2 Confidentiality**

It is important that any notification remains confidential, as it is vitally important to remember that no confirmation of any allegation can be made until the matter is investigated. The individual who makes the complaint should not inform the person they have made the complaint about. This ensures the matter can be investigated without prior knowledge and contamination of evidence.

### **13.5.3 Protection for reporters**

Reports made to Child Protection Services are kept confidential. However, a law enforcement agency may access the identity of the reporter if this is needed in connection with the investigation of an alleged serious offence against a child. Under the *Children Youth and Families Act 2005* (s. 189), if the report is made in good faith:

It does not constitute unprofessional conduct or a breach of professional ethics.

The reporter cannot be held legally liable.

It does not constitute a breach of s. 141 of the *Health Services Act 1988*, or s. 346 of the *Mental Health Act 2014*.

The reporter is not liable for the eventual outcome of any investigation.

A report is also an exempt document under the *Freedom of Information Act 1989*.

### **13.5.4 Confidentiality for reporters**

Under ss. 190 and 191 of the CYFA confidentiality is provided for reporters and prevents the name or any information likely to lead to the identification of the reporter to be disclosed unless in very specific circumstances.

The identity of the reporter must remain confidential unless;

The reporter chooses to inform the child or family of the report.

The reporter consents in writing to their identity as the reporter being disclosed.

A court or tribunal decides it need this information in order to ensure the safety and wellbeing of the child.

A court or tribunal decides that in the interests of justice the evidence needs to be given.

### **13.6 BREACH OF CHILD PROTECTION POLICY**

All educators and staff working with children have a duty of care to support and protect children. A duty of care is breached if a person:

Does something that a reasonable person in that person's position would not do in a particular situation.

Fails to do something that a reasonable person in that person's position would do in the circumstances.

Acts or fails to act in a way that causes harm to someone the person owes a duty of care.

#### **13.6.1 MANAGING A BREACH IN CHILD PROTECTION POLICY**

Management will investigate the breaches in a fair, unbiased and supportive manner by:

Discussing the breach with all people concerned will be advised of the process.

Giving the educator the opportunity to provide their version of events.

Documenting the details of the breach, including the versions of all parties and the outcome will be recorded.

Ensuring the matters in relation to the breach are kept confidential.

Approaching an appropriate outcome which will be decided based on evidence and discussion.

#### **13.6.2 OUTCOME OF A BREACH IN CHILD PROTECTION POLICY**

Depending on the nature of the breach outcomes may include:

Emphasising the relevant element of the child protection policy and procedure.

Providing closer supervision.

Further education and training.

Facilitating between those involved in the incident (where appropriate).

Disciplinary procedures if required.

Reviewing current policies and procedures and developing new policies and procedures if necessary.

### **13.7 EDUCATING CHILDREN ABOUT PROTECTIVE BEHAVIOUR**

Our programme will educate children:

- About acceptable and unacceptable behaviour, and what is appropriate and inappropriate contact at an age appropriate level and understanding.
- About their right to feel safe at all times.
- To say 'no' to anything that makes them feel unsafe or uncomfortable.
- About how to use their own knowledge and understanding to feel safe.
- To identify signs that they do not feel safe and need to be attentive and think clearly.
- That there is no secret or story that is too horrific, that they cannot share with someone they trust.

- That educators are available for them if they have any concerns.
- To tell educators of any suspicious activities or people.
- To recognise and express their feelings verbally and non-verbally.
- That they can choose to change the way they are feeling.

Reporting Authority	Contact Details
Department of Human Services	<p>Child Protection Crisis Line (urgent concerns)</p> <p>Ph. 13 12 78</p> <p>Ph. 1800 212 936</p> <p>National Child Abuse Helpline:</p> <p>Ph. 1800 99 10 99 (9am-5pm AEST)</p>

Jurisdictional Contacts	Contact Details
<b>North Division</b> Banyule, Buloke, Darebin, Campaspe, Central Goldfield, Gannawarra, Greater Bendigo, Hume, Loddon, Macedon Ranges, Mildura, Moreland, Mount Alexander, Nillumbik, Swan Hill, Whittlesea, Yarra.	1300 664 977
<b>South Division</b> Bass Coast, Baw Baw, Bayside, Cardinia, Casey, East Gippsland, Frankston, Glen Eira, Greater Dandenong, Kingston, Latrobe, Mornington Peninsula, Port Phillip, South Gippsland, Stonnington, Wellington.	1300 655 795
<b>East Division</b> Alpine, Benalla, Boroondara, Greater Shepparton, Indigo, Knox, Manningham, Mansfield, Maroondah, Mitchell, Moira, Monash, Murrindindi, Strathbogie, Towong, Wangaratta, Whitehorse, Wodonga, Yarra Ranges.	1300 360 391
<b>West Division – Metropolitan only</b> Brimbank, Hobsons Bay, Maribyrnong, Melbourne, Melton, Moonee Valley, Wyndham.	1300 664 977

State of Victoria (Department of Education and Training). (2017). Early childhood guidance: Identifying signs of child abuse: [www.education.vic.gov.au](http://www.education.vic.gov.au)

*Working with Children Act 2005* (Vic)

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## 14 ADDITIONAL NEEDS POLICY

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Including children with additional needs requires Educators to extend upon the strategies they already use in providing quality care for children. It is imperative for Educators to develop a comprehensive understanding of each child's interests and abilities and implement a program and environment that is receptive to their needs.

### ***NATIONAL QUALITY STANDARD (NQS)***

QUALITY AREA 1: EDUCATIONAL PROGRAM AND PRACTICE		
1.1.1	Approved learning framework	Curriculum decision-making contributes to each child's learning and development outcomes in relation to their identity, connection with community, wellbeing, confidence as learners and effectiveness as communicators.

QUALITY AREA 3: PHYSICAL ENVIRONMENT		
3.1	Design	The design of the facilities is appropriate for the operation of a service
3.1.1	Fit for purpose	Outdoor and indoor spaces, buildings, fixtures and fittings are suitable for their purpose, including supporting the access of every child
3.2.1	Inclusive environment	Outdoor and indoor spaces are organised and adapted to support every child's participation and to engage every child in quality experiences in both built and natural environments
3.2.2	Resources support play-based learning	Resources, materials and equipment allow for multiple uses, are sufficient in number, and enable every child to engage in play-based learning

QUALITY AREA 5: RELATIONSHIPS WITH CHILDREN		
5.1	Relationships between educators and children	Respectful and equitable relationships are maintained with each child.
5.1.1	Positive educator to child interactions	Responsive and meaningful interactions build trusting relationships which engage and support each child to feel secure, confident and included.
5.1.2	Dignity and rights of the child	The dignity and rights of every child are maintained.

QUALITY AREA 6: COLLABORATIVE PARTNERSHIPS WITH FAMILIES AND COMMUNITIES		
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6.1	Supportive relationships with families	Respectful relationships with families are developed and maintained and families are supported in their parenting role.
6.1.1	Engagement with the service	Families are supported from enrolment to be involved in the service and contribute to service decisions.
6.1.2	Parent views are respected	The expertise, culture, values and beliefs of families are respected and families share in decision-making about their child's learning and wellbeing.
6.2	Collaborative partnerships	Collaborative partnerships enhance children's inclusion, learning and wellbeing.
6.2.2	Access and participation	Effective partnerships support children's access, inclusion and participation in the program

### ***EDUCATION AND CARE SERVICES NATIONAL REGULATIONS***

CHILDREN (EDUCATION AND CARE SERVICES) NATIONAL LAW VIC	
155	Interactions with children
156	Relationships in groups
157	Access for parents

#### *PURPOSE*

To be responsible for each child, irrespective of its additional needs and abilities. At Sophia Mundi we aim to provide a supportive and inclusive environment that assists each child to fully participate in its education and care at the Aftercare service. Educators will remain encouraging, unprejudiced and authentic, ensuring that all children are treated equally and fairly and can grow and develop to their individual potential.

#### *SCOPE*

This policy applies to children, families, staff, management and visitors of the Aftercare service. In accordance with The National Quality Standard, our Aftercare service positively responds to and welcomes children with additional needs who -

- Are Aboriginal or Torres Strait Islander
- Are recent arrivals in Australia
- Have a culturally and linguistically diverse background
- Live in isolated geographic locations
- Are experiencing difficult family circumstances or stress
- Are at risk of abuse or neglect
- Are experiencing language and communication difficulties
- Have a diagnosed disability—physical, sensory, intellectual or autism spectrum disorder
- Have a medical or health condition

- Demonstrate challenging behaviours and behavioural or psychological disorders
- Have developmental delays
- Have learning difficulties
- Are gifted or have special talents
- Have other extra support needs.

We understand that additional needs may be temporary or permanent and ascend from diverse origins, which require different responses. Supporting children with additional needs enables them to participate and feel included; this also helps promote their strengths and may reduce their risk of developing mental health difficulties. Strategies for supporting children with additional needs can diverge significantly, because every child is unique.

## *IMPLEMENTATION*

Aftercare Strategic Plan (SIP) is developed with the support of a local agency and is reviewed on a regular basis reflecting changes that have been applied through the implementation of the Plan.

### **14.1 MANAGEMENT/NOMINATED SUPERVISOR WILL ENSURE:**

- The indoor and outdoor environment and equipment is designed or adapted to ensure access and participation for all children.
- The program and curriculum are inclusive and meet the individual needs of children with additional needs.
- The Aftercare service works with the school, external professionals and families to ensure the educational program and learning environment is most suited to each child with additional needs, including children and families from culturally diverse backgrounds. We will keep a copy of any specific plans or instructions provided by external resource providers and professionals for children with additional needs.
- Children's sensory sensitivities to pressure, texture, smell, noise or visual expectation of the environment or colour is considered within the environment.
- Children are encouraged to feel safe and secure during their education and care at the Service by developing trusting relationships with educators, other children and the community.
- Encourage families to meet with the Educators who will be working with the child to share the child's needs and to ensure that suitable resources and support are provided to both the family and the child.
- Support educators through professional development and networking with professional agencies to ensure educators are meeting the needs of each child with additional needs.
- Seek assistance, training and where possible, financial funding from inclusive support agencies to promote the development of skills in children with identified additional needs.
- Ensure confidentiality for children and families is maintained.

### **14.2 EDUCATORS WILL:**

- Treat children equally and fairly regardless of perceived dissimilarities.
- Create an inclusive program, which is adaptable and supportive of all children.
- Advocate for children's rights.

- Create a flexible environment, which can be adapted to each child's needs within the Aftercare service to support the inclusion of children with additional needs.
- Implement programming experiences and activities, encouraging children to explore and participate.
- Listen carefully to children's concerns and discuss issues of inclusion and exclusion and fair and unfair behaviour.
- Work with other professionals who play a role in supporting the child's development including their classroom teachers.
- Seek specific professional intervention and training in order to meet the individual child's needs
- Act as role models by displaying appropriate behaviour and language, being consistently aware of and responsive to children who may require additional support, attention or assistance.
- Discuss a wide range of emotions, thoughts and views constructively with the children within a supportive environment.
- Not judge or compare one child's development with another.
- Work with families to meet children's developmental needs, building strengths and capabilities.
- Talk to children about differences and acceptance.
- Providing opportunities for all children to play and learn together, promoting cooperative, caring and pro social behaviours.

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## 15 PRIVACY AND CONFIDENTIALITY POLICY

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The right to confidentiality and privacy of the child and the family is outlined in Early Childhood Code of Ethics and National Education and Care Regulations. The right to privacy of all children, their families, and educators and staff of the Aftercare Service will be upheld and respected.

### ***NATIONAL QUALITY STANDARD (NQS)***

QUALITY AREA 7: GOVERNANCE AND LEADERSHIP		
7.1	Governance	Governance supports the operation of a quality service
7.1.1	Service philosophy and purposes	A statement of philosophy guides all aspects of the service's operations.
7.1.2	Management Systems	Systems are in place to manage risk and enable the effective management and operation of a quality service.
7.1.3	Roles and Responsibilities	Roles and responsibilities are clearly defined and understood and support effective decision-making and operation of the service.
7.2	Leadership	Effective leadership builds and promotes a positive organisational culture and professional learning community.

### EDUCATION AND CARE SERVICES NATIONAL REGULATIONS

168	Education and care services must have policies and procedures
181	Confidentiality of records kept by approved provider
181-184	Confidentiality and storage of records

## PURPOSE

To ensure that the confidentiality of information and files relating to the children, families, staff, and visitors using the Aftercare Service is upheld at all times. We aim to protect the privacy and confidentiality by ensuring continuous review and improvement on our current systems, storage, and methods of disposal of records, ensuring that all records and information about individual children, families, educators, and management are held in a secure place and are only retrieved by or released to people who have a legal right to access this information.

## IMPLEMENTATION

Early Childhood Services are required to comply with Australian privacy law, which includes the *Privacy Act 1988* (the Act) which was amended in February 2017, with changes taking effect on February 22, 2018.

The new law introduces a Notifiable Data Breaches (NDB) scheme that requires Early Childhood Services, Family Day Care Services, and Out of School Hours Care Services to provide notice to the Office of the Australian Information Commissioner (formerly known as the Privacy Commissioner) and affected individuals of any data breaches that are “likely” to result in “serious harm.”

### 15.1 MANAGEMENT WILL:

- Provide Staff and Educators with relevant information regarding changes to law and Aftercare Service policy.
- Ensure all relevant staff understand the requirements under Australia's privacy law.
- Maintain currency with the Australian Privacy Principles (this may include delegating a staff member to oversee all privacy-related activities to ensure compliance).
- Ensure personal information is protected in accordance with our obligations under the *Privacy Act 1988* and *Privacy Amendments (Enhancing Privacy Protection) Act 2012*.
- Ensure all records and documents are maintained and stored in accordance with Education and Care Service National Regulations.
- Ensure the Aftercare service acts in accordance with the requirements of the Privacy Principles and *Privacy Act 1988* by developing, reviewing, and implementing procedures and practices that identify:
  - what information the service collects and the source of information;
  - why the information is collected;
  - who will have access to the information;
  - collection, storage, use, disclosure, and disposal of personal information collected by the service;

- any law that requires the particular information to be collected;
- adequate and appropriate storage for personal information collect by the service;
- Ensure the appropriate and permitted use of images of children.
- Ensure all employees, volunteers, and families are provided with a copy of this policy.
- Deal with privacy complaints promptly and in a consistent manner, following the Aftercare Service's Grievance Procedures.
- Ensure families only have access to the files and records of their own children.
- Ensure information given to Educators will be treated with respect and in a professional and confidential manner.
- Ensure child and staff files are stored in a locked and secure cabinet.
- Ensure Information relating to staff employment will remain confidential and available only to the people directly involved with making personnel decisions.
- Ensure that information shared with us by the family will be treated as confidential unless told otherwise.

## **15.2 THE NOMINATED SUPERVISOR/ RESPONSIBLE PERSON WILL:**

Adhere to Aftercare Service policies and procedures, supporting management.

Ensure educators, staff, volunteers, and families are aware of the privacy and confidentiality policy.

Ensure the Aftercare service obtains consent from parents and/or guardian of children who will be photographed or videoed by the service.

Ensure families only have access to the files and records of their own children.

Ensure that information given to Educators will be treated with respect and in a confidential and professional manner.

Not discuss individual children with people other than the family of that child, except for the purposes of curriculum planning or group management. Communication in other settings must be approved by the family beforehand.

Ensure that information shared with us by the family will be treated as confidential unless told otherwise.

## **15.3 EDUCATORS WILL:**

Read and adhere to the privacy and confidentiality policy at all times.

Ensure documented information and photographs of children are kept secure but may be accessed at any time by the child's parents or guardian.

Ensure families only have access to the files and records of their own children.

Treat private and confidential information with respect in a professional manner.

Will not discuss individual children with people other than the family of that child, except for the purposes of curriculum planning or group management. Communication in other settings must be approved by the family beforehand.

Ensure that information shared with us by the family will be treated as confidential unless told otherwise.

Maintain individual and Aftercare Service information and store documentation according to this policy at all times.

Not share information about the individual or Aftercare service, management information, or other staff as per legislative authority.

Personal information our service may request regarding children:

Parent contact details

Emergency contact details and persons authorised to collect individual children

Children's health requirements

Immunisation records

Developmental records and summaries

External agency information

Custodial arrangements

Incident reports

Medication reports

Childcare benefit and child care rebate information

Medical records

Permission forms

Personal information our service may request from staff:

Personal contact details

Emergency contact details

Child Protection qualifications

First Aid, Asthma and Anaphylaxis certificates

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## 16 RESPECT FOR CHILDREN POLICY

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Relationships directly affect how children form their own identity, whether they feel safe and supported, and ultimately, their sense of belonging.

### *National Quality Standard (NQS)*

Quality Area 5: Relationships with Children		
5.1	<b>Relationships between educators and children</b>	Respectful and equitable relationships are maintained with each child
5.1.1	<b>Positive educator to child interactions</b>	Responsive and meaningful interactions build trusting relationships which engage and support each child to feel secure, confident and included.

5.1.2	<b>Dignity and rights of the child</b>	The dignity and rights of every child are maintained
5.2	<b>Relationships between children</b>	Each child is supported to build and maintain sensitive and responsive relationships
5.2.1	<b>Collaborative learning</b>	Children are supported to collaborate, learn from and help each other
5.2.2	<b>Self-Regulation</b>	Each child is supported to regulate their own behaviour, respond appropriately to the behaviour of others and communicate effectively to resolve conflicts

### *Education and Care Services National Regulations*

<b>Children (Education and Care Services) National Law NSW</b>	
<b>155</b>	Interactions with children
<b>156</b>	Relationships in groups

#### *PURPOSE*

My Time Our Place recognises the United Nations Convention on the Rights of the Child, highlighting children's rights to be active participants in all matters affecting their lives and respects their family, cultural and other identities and languages. The Framework continues to require Educators to respect and work with children's unique qualities, abilities and interests, giving children choices and control as they experience the connects between actions and consequences.

Our philosophy guides our interactions and relationships with children. We aim to ensure all Educators develop positive relationships with children based on respect and fostering children's self-esteem and development. As Educators establish respectful relationships with children and families, they are able to work together to develop programs and experiences, which are relevant to children.

#### *SCOPE*

This policy applies to children, families, staff, management and visitors of the Service.

#### *IMPLEMENTATION*

All children have a right to feel accepted and respected. This is a principle set out in the United Nations Convention on the Rights of the Child. The Convention emphasises the importance of children developing connections to culture and community as a means of fostering a strong sense of personal identity and belonging.

We aim for children to feel safe and secure and we believe in forming strong attachments and connections with Educators, children and families at the Service. Educators employed at the Service will find teaching techniques to establish positive relationships with children and their families, working in conjunction with the National Quality Standard as we build supportive relationships with children.

By teaching respect for cultural diversity, Educators will assist children to:

- learn about their cultural background and develop a strong sense of self identity
- learn about and appreciate cultures and traditions other than their own
- learn to enjoy and respect differences and recognise universal characteristics we all share
- learn about racial prejudice and understand why it should be challenged.

## 16.1 Management/Responsible Person/Educators will:

Provide a comfortable and happy environment

Respect each child's uniqueness, displaying appreciation and respect for children as individuals

Use a positive and non-threatening tone when interacting with children in all situations

Sit with children during mealtimes, engaging in respectful conversations

Never force a child to do something against their requests, this includes: rest, eat, participation in group, experiences and activities.

Role model respect to children in every day dealings with both adults and children

Endeavour to be aware of each individual child's values, culture and feelings and respond appropriately.

Encourage children to initiate conversations about their experiences at home encouraging them to express their ideas and feelings.

Encourage children to pursue assistance when taking on new challenges, inspiring children's independence and confidence.

Regularly reflect on their relationships and interactions with children and how these can be improved to benefit each child.

Inspire, encourage and accept each child and encourage them to do the same with their peers by actively:

Fostering each child's construction of a knowledgeable, confident self-identity

Fostering each child's comfortable, empathetic interaction with diversity among people

Fostering each child's critical thinking about bias, to question and enquire

Fostering each child's ability to stand up for herself/himself and others in the face of bias.

Respond respectfully and appropriately to children's determinations as they participate and converse in sustained conversation about their interests.

Provide a range of planned and spontaneous experiences for children to challenge and maximise learning opportunities.

Use a variety of communication strategies inclusive of verbal and non-verbal cues to support the development relationships with children

Support children's home language when communicating and interacting to build trust and positive relationships

Respect children and family's diversity and the development of cultural competency within the Service.

Support children and build secure attachments through a collaborative partnership with families.

Encourage children to develop confidence in their ability to express themselves

Encourage children to work through differences appropriately

Respect each child's uniqueness and communicate that respect to the child

Incorporate an integrated, holistic approach focusing on connection to the social and to the natural world

Foster children capacity to value and respect the broader social environment and to be world-wise

Display awareness of and respect for children's perspectives