

ST MORRIS COMMUNITY CHILD CARE CENTRE

POLICY STATEMENTS

A copy of the policy document can be found on the front counter.
Updates/changes to policies are given out via parents pigeonholes.

Developed February 1989

Last Revised July 2009
To be reviewed July 2010

All policies are reviewed annually

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1. ACCESS TO CENTRE: TYPE OF CARE

St Morris Community Child Care Centre is a Department of Education and Children's Services licensed, non-profit organisation. The Centre provides regular full-time and part-time care, for children aged between three months and five years. Emergency care will be available as space permits. The Centre is licensed to care for up to 61 children at any one time. All children using the Centre must use a minimum of 2 sessions per week.

2. HOURS

The Centre is open between 7.15am and 6.30pm. Parents / Guardians are expected to notify the Centre if the child (ren) are to be absent from the Centre for the day. Punctuality is essential.

The Centre will operate throughout the year with the exception of public holidays and two weeks at Christmas time. The Centre closes at 1pm on the last day prior to Christmas closure.

Advanced notice of the closure dates will be given.

Late Fee

A late fee of \$15 for every 15 minutes (or part thereof) after 1.00pm and 6.30pm (or end of session) is chargeable to parents / guardians who are late to pick up their child (ren).

The "late" fee is automatically added to your account.

3. FEES

The Centre is a not for profit Centre. This means that all money received from parent's fees is used to pay staff wages and running costs. Grants received by the Centre are for specific purposes.

Parents' income must be assessed by Centrelink in order to receive the Child Care Benefit fee reduction. If there are any changes in family income / circumstances, it is the parent's responsibility to contact Centrelink and be reassessed. Refer to Family Assistance Office regarding the 50% rebate.

An annual Equipment and Building levies are required to alleviate the pressure that working bees and fundraising events have on the Management Committee although your participation is welcomed. The levies will be \$30 each and will be payable in January and July per family per year.

The full fee is to be paid regardless of public holidays, holidays or absence through sickness or any other reason. Centrelink will pay their portion of the account for up to 30 "allowable absences" and for any sick days where a sick certificate is provided to the Centre.

The Centre fees are calculated with a two-week bond up front, and issues bills weekly in arrears. Accounts must be paid weekly or fortnightly, unless arrangements have been made to pay monthly, in arrears in cash, Electronic Funds Transfer (EFT) or by cheque made payable to "St Morris Community Child Care Centre". If paying by cash, it must be given to the Administrative Officer or the Director and receipted immediately.

If fees exceed the two-week bond, the account is considered overdue and parents may forfeit their booking at the Centre. Please refer to Centre's policy on payment of fees.

Fees are not charged when the Centre is closed for the Christmas closure or the half-day closure prior to Christmas.

Payments of fees policy

The purpose of this policy is to provide a framework under which the St Morris Community Child Care Centre Inc. and its Directors, can protect the financial viability of the Centre by ensuring the prompt payment of family fees, and the successful collection of any outstanding monies.

Payment of fees

It is required that all families pay their child care fees either weekly or fortnightly, unless special arrangements have been made with the Director, in writing, that the fees be paid monthly.

Definitions

An account is overdue when:

- The amount owing is greater than two weeks of the families' fees

An account is outstanding when:

The amount paid in any four week period is less than 50% of the total due; or

No payment has been made for a period of six weeks; or

There is money owing after a child has left the Centre

Overdue / Outstanding accounts

The following procedure will apply to all overdue / outstanding accounts:-

Step 1 A reminder sticker will be put on the account.

Step 2 The Clerical Officer or Director will ring the account holder.

Step 3 If no response to step one and two, the Director shall inform the Treasurer who will send a letter requesting contact be made with the Director, within seven days, or this matter will be put in the hands of a Collection Agency, and the child's/ren's place/s cancelled.

Step 4 The Management Committee to be notified at their following meeting that step three has been implemented.

Debt Collection

Where a family has failed to comply with a request for payment as noted above, the outstanding debt will be placed in the hands of a Collection Agency.

The Management Committee reserves the right to implement legal proceedings in cases where the Collection Agency was not successful in recovering outstanding monies.

Right to Refuse Care

The Management Committee has the power to cancel a family's child care places within St Morris Community Child Care Centre Inc. and this action will be taken where a family has failed to comply with the Committee's request for payment of an outstanding account.

The family will be given two weeks notice in writing that if their account is not paid in full their places will be cancelled and care refused. Families with outstanding accounts may be refused care for future children on the Centre's waiting list.

Financial Hardship

Where a family is experiencing financial hardship, it is requested that the Director be contacted to discuss the problem and ascertain whether any special arrangements or assistance may be available.

The executive of the Management Committee will be notified and reserves the right to make decisions regarding any special / appropriate arrangements.

Right to Appeal

If a family believes the decision of the Management Committee, or the Director has been unjust or unreasonable, they have the right to state their objections or appeal against the decision in writing within seven (7) days of being notified of such a decision.

4. SECURITY OF CHILDREN

This is a matter of great importance to the staff, as well as to you as a parent. If you sometimes arrange for another person to deliver or pick up your child, please make sure that the following procedures are clearly understood:

- Each child must be brought to the Centre and accepted by a staff member
- At the end of the session, he/she will be released only to you or to another person stipulated by you in writing or, in an emergency, by telephone. ID may be required.
- Staff must be notified when the children are leaving (even if a staff member is present and you think that they have seen you leave with your child, please tell them personally).
- Children must be signed in on arrival, and out on departure.
- Please make sure as you enter and leave the Centre that the front door and/or gate are securely closed.
- Please do not allow other people to enter the building as you are entering or leaving unless they are a parent or staff member of the centre. If you are in this position or are unsure please use the door bell or seek staff assistance.

5. NUTRITION

The Centre is committed to the provision of a well-balanced and nutritious diet for children under 5, with an emphasis on introducing the children to a wide variety of foods. The policy is communicated to parents via the policy document in the foyer; on the Centre's web site; verbally and reinforced within the Centre's monthly newsletters. It is the responsibility of the Director and Assistant Director to communicate this information to families. The Centre aims to provide at least 50% of the recommended dietary intake, and foods provided will be consistent with the Dietary Guidelines for Children and Adolescents (based on a child in full-time care). We have two 6 week cyclic menus which are seasonal and are reviewed every 3 months, using "Nutrition

Checklist for Planning Long Day Care Menus" - produced by the SA Child Care Nutrition Partnership (This can be found at: http://www.chdf.org.au/i-cms_file?page=110/05nutchecklist4web.pdf). The use of added sugar, salt, preservatives and colourings will be avoided where possible.

The Centre will provide morning and afternoon snacks and a main meal at lunch. During the day the children will be provided with milk and water to drink. Children over 2 years will be offered low fat milk, with full fat milk provided to children from 12 months to 2 years, in accordance with "dietary guidelines for children and adolescents in Australia". Fluids served will fall within the "Guidelines for Fluids allowed for babies and 1-5 year olds at the centre" (Appendix 1). Mealtimes are seen as pleasant social experiences for all to enjoy with good eating habits encouraged. Staff will sit with children and promote positive, relaxed and social eating environments. Extra serves of food are supplied at mealtimes, for late snacks and when children are hungry. Food and nutrition will be used as a learning experience through the curriculum, and at times the children will take part in activities involving its preparation. Food will also be used to introduce the children to other cultures.

The nutrition policy and menu will be on display in the foyer. Requests for individual diet needs will be catered for as much as possible. At times parents may be required to supply some foods to meet individual children's special requirements. Special dietary restrictions and/or allergies have to be notified to the Director in writing on the form provided for this purpose i.e. "Special Diet Form" (appendix 2) for non-medical reasons or "Modified Diet Care Plan", filled in by a doctor or dietician, for medical reasons (appendix 3). Parents are encouraged to liaise with the cook and section staff about special dietary needs. The Centre has a procedure for dealing with medical emergencies (appendix 4), although individual plans must be recorded from a medical practitioner i.e. if staff are expected to use Epipens. The Centre will ensure staff are trained in relevant procedures. The amount children (under 4's) have eaten will be recorded and displayed on the whiteboards daily. Parents of the ELC group (4 year olds), verbally gain feedback about their child's daily food intake.

The Centre is allergy aware and makes every attempt to not provide meals containing nuts or nut products. We ask that children and families do not bring nut products to the Centre i.e. peanut butter sandwiches.

Babies who have sterilised bottles and/or individual formulas will need to bring these to the Centre, prepared and marked, daily. The Centre supports breastfeeding by welcoming parents who wish to breast feed during the day. Expressed milk can also be brought into the Centre. Thawing/storing procedures for milk/breastmilk can be found in appendix 5. When introducing solids to babies, staff, in consultation with parents, follow "Start Right Eat Right" guidelines in relation to what foods to offer and when. This information can be found at appendix 6.

Although breakfasts and dinners may be brought into the Centre this practice is not encouraged. If it is necessary on occasion, the meal provided must abide by the Centre's Nutrition policy. No other food is allowed into the Centre. Please discuss alternatives to birthday cakes with staff i.e. birthday hats and games.

Information about other dietary considerations such as ages/stages of feeding; introduction of solids; nutrition for children; and recipes are located in the foyer of the Centre and can be photocopied as needed. Other information received i.e. up to date nutritional needs, are included in monthly newsletters for families.

The Centre is accredited as a "Start Right Eat Right" Centre. To gain this accreditation, the Director and Cook are trained via SRER.

Developed: 2004

Source: Start Right, Eat Right Nutritionist G. Uline April 2009

Reviewed annually - next review date: June 2010

Safe Eating Policy

The Centre uses the Policy Guidelines for 'Safe Eating Practices for Young Children' developed by the Women's and Children's Hospital and Child and Youth Health, October 1995, as a guide, to promote safe eating.

Policy guidelines are:

Making eating safer for your children.

Food:

- Do not give foods that can break off into hard pieces, for example, avoid raw carrots, celery sticks and apple pieces. These foods should be grated, cooked or mashed.
- Sausages, frankfurts and other meats should be cut into small pieces. The tough skins on frankfurts and sausages should be removed.
- Do not give nuts, popcorn, hard lollies, corn chips, whole grapes or other similar foods to young children.

Procedure to ensure safe eating:

- Always stay with young children and supervise them while eating.
- Make sure that young children sit quietly while eating.
- Never force young children to eat, as this may cause them to choke.

Developed 2004:

Source: Women's and Children's Hospital and Child and Youth Health

www.cyh.com/library/Tucker_for_Toddlers08.pdf July 2009

6. DENTAL CARE

The Centre will promote the importance of dental care with children and parents.

Up to date information about dental care and hygiene will be introduced to children through the curriculum, and shared with parents via the Centre's newsletters.

The Centre minimises the use of sugar in foods and children are encouraged to drink water after meals and throughout the day.

Dental care is supported through our Nutrition policy.

Source: <http://www.sadental.sa.gov.au/Portals/57ad7180-c5e7-49f5-b282-c6475cdb7ee7/HP-CFYCS-Nov09.pdf> Nov 2009

Developed: October 2002

7. FOOD EXPERIENCES

A small number of food related experiences will be used in children's programmed activities including:

- Playdoh or gloop
- Cooking experiences
- Still life drawing

Parents of the children with food allergy will be given prior notice of cooking activities so that parents can assist staff with minimizing risk of an allergic reaction. When these experiences are offered they will be planned in advance so as to reduce the risk of exposure to a known allergen by a child, to ensure that it fits with the kitchen routine and to confirm that it falls within the centre's nutrition policy.

This policy was developed in consultation with Anaphylaxis Australia - 2010

8. FOOD HANDLING AND STORAGE

The Centre will ensure that the cook (who is responsible for food handling operations), will have skills and knowledge in food safety and food hygiene matters, commensurate with their work activities, by partaking in relevant training. This will ensure the Australian New Zealand Food Authority Food Act (ANZFA), is understood and abided by.

All staff will have in house training about safe food handling and storage from our HACCP qualified Chef using Bug Busters within 6 weeks of employment.

Up to date information will be made readily available to all staff and parents regarding food handling and safety via Centre's newsletters, and pamphlets.

Source: South Australian Department of Health

<http://www.health.sa.gov.au/pehs/Food/kit-retail-service-manuf.htm>

Developed: 2004

9. CLOTHING

Children's clothing can affect their play, comfort, safety and learning.

We recommend that all children be dressed in appropriate and comfortable clothes, suitable for play activities and sleep. All items must be clearly labelled. The Centre accepts no responsibility for the loss or damage of children's clothing and associated items.

When dressing your child for child care, and when packing spare clothes, please ensure that all clothing is safe, comfortable, manageable and suitable for the weather conditions.

Layers are great, that way children and staff can remove or add to layers as the weather changes throughout the day.

Children are very active, so clothes that won't restrict movement, get tangled or cause tripping during play are required.

Children are developing independence so clothing should be manageable. Pants that easily pull up and down, t-shirts and jumpers that pull on and off.

Safe comfortable footwear is important. Thongs, heels, platform shoes do not allow for freedom of movement. While at child care children's shoes will be on by 4pm daily.

Clothing that covers the body is required especially in the warmer months. Please refer to our sun safe policy.

Staff will support, monitor and supervise children and their dressing and undressing. Staff will closely monitor children using dress-ups.

It is important to remember that while staff take precautions to protect children's clothing from dirt, paint etc, accidents do happen and children need to feel safe to explore and interact within the environment without worrying about getting clothing dirty, therefore please do not send you child in their "good" clothes.

Sources: Children's clothing in child care NCAC
Raising Children Network - Dressing your toddler

Developed: August 2008

10. SPECIAL ITEMS FROM HOME

If your child has a "special" or "security" possession, this may be brought to the Centre (clearly labelled). Unless special circumstances exist, we discourage children's personal possessions coming into the Centre, as this can result in damage or loss (for which the Centre will not be held responsible).

11. HEALTH AND SAFETY

The Centre is committed to maintaining a safe and healthy environment for both children and staff. Procedures for health and safety are followed as set down in "*Staying Healthy in Child Care*," Department of Health and Family Services, 2005.

The physical safety of children is one of the most important responsibilities of the Centre. Children are not left unattended either in the inside or outside areas.

Appropriate safety requirements for excursions are worked out by the staff - depending on the type of activity and age of children, and ratios abided by, as per Child Care Regulations, Department of Education and Children's Services, 1998

If children have illnesses, which are infectious or contagious, or if they are unwell, then they are to be withdrawn from the Centre. For the sake of staff and other children as well as your own, please do not bring a sick child to the Centre. The Centre does not have either the facilities, or adequate staff to look after sick children. There may be times that the Centre will require a doctor's clearance before children return to the Centre.

Children with ongoing health issues such as asthma and food allergy will have an individual Health Support Plan completed by both the parent and staff member.

We follow the four steps recommended by the Australasian Society of Clinical Immunology and Allergy (ASCI) to prevent food anaphylactic reactions in children while at St Morris Community Child Care Centre. They are:

(i) Obtaining medical information about children at risk by school, preschool or childcare centre personnel. Each child at risk of anaphylaxis will require an Action Plan for Anaphylaxis detailing signs and symptoms and first aid action required by childcare staff. This must be signed by the treating doctor and include a recent photo of the child. The Action Plan will be displayed in the centre with parental consent

(ii) Education of those responsible for caring for children at risk of food/insect sting anaphylaxis. This will include, annual team training in anaphylaxis, annual CPR team training, 3 yearly Senior First Aid training and provision of resource materials.

(iii) Implementation of practical strategies to avoid exposure to known triggers. Please refer to children and food experiences policy, procedure for mealtimes and cleaning routine for mealtimes.

(iv) Age appropriate education of children with severe food allergies. All children at risk of anaphylaxis will be educated about their condition through discussion, books and the implementation of procedures at mealtimes (colour coded crockery and labels). All children at the centre will be educated about allergies in general through discussions and stories

Our anaphylaxis management plan includes:

- Enrollment forms (updated annually)
- Modified diet care plan for individual children
- Action Plan for Anaphylaxis for individual children at risk
- Health support Plan for individual children
- Cleaning procedure - *appendix 8*
- Meal procedure - *appendix 9*
- Food and children's experiences policy

Parents are asked to maintain high health standards and to observe the following points:

- This Centre is a totally smoke free environment
- Please notify the Centre if your child has a contagious disease and be aware of the speed with which illnesses may spread.

- Please ensure that the Centre has been advised of any allergies your child may have to food, insect stings and medicines by recording on your child's enrolment form and health sheet. Action plans from doctors are also required i.e. for asthma and allergy. Parents must provide the Centre with the adrenaline autoinjector and Action Plan for Anaphylaxis for their child if they have been diagnosed at risk of anaphylaxis
- Please supply a broad brimmed or legionnaires hat for your child all year.
- All items must be clearly labelled. The Centre accepts no responsibility for the loss or damage of children's clothing and associated items.
- Please refer to immunisation policies for staff and children.

This policy was amended in consultation with Anaphylaxis Australia - 2010

Infections and Disease

The risk of infection is high in a Child Care Centre, but can be greatly reduced by appropriate use of preventative measures. All people should wash hands when arriving at Child Care and when departing from child care. Guidelines as set by the Children's Services Office and described in the Department of Health & Family Services Handbook "Staying Healthy in Child Care" have been adopted by this Centre. A copy of the handbook is kept in the Directors office.

Please contact the Centre as soon as an infectious disease is diagnosed and abide by the prescribed exclusion periods (this information is available from the Centre and health sheets are available on different diseases), or until a doctors clearance is received by the Centre.

The Director, Assistant Director or Qualified staff member will inform the Communicable Diseases Control Branch on 8226 7177 of the following conditions:

- Diarrhoea (if several children in one group are ill);
- Haemophilus influenzae type B (Hib);
- Hepatitis A;
- Hepatitis B (recent illness only);
- Measles;
- Meningococcal infection;
- Parvovirus B19 (if 2 or more cases);
- Pertussis;
- Roseola (if two or more children in one group are ill);
- Scarlet fever; and
- Tuberculosis (TB).

It is imperative that the Centre be kept informed of any medical conditions that a child has or develops. The best place for children when they are unwell is at home.

Policy amended 19/1/09 using "Staying Healthy in Child Care" 4th edition

Medication

All medication, whether prescription or over the counter, must be accompanied by a medication plan which has been written and signed by your child's doctor - this includes teething gels and creams for nappy rash. (proforma plans are available from the office)

Medicine must be delivered in the original bottle, and handed to a staff member or placed in the fridge (in the space provided). The date, child's name, medication prescribed, dosage, administrative time and parent's signature **MUST** be recorded on the medication sheet provided, as per Child Care Regulations, 1998. Please notify a staff member on arrival what the medication is for.

Medication will only be given to the child whose name is recorded on the bottle and medication plan - therefore, siblings cannot share medication.

Any special health / medication issues your child has i.e. asthma, must be put on an action plan, which will be kept on file and in the children's section. These will provide staff with information about your child's illness and will be used in instances that the parent is not contactable.

Medication and ointments must not be kept in children's drawers - hand them to a staff member or put them in the fridge if appropriate.

Qualified staff of the section are responsible for ensuring medication is given appropriately. The qualified staff member and another staff member are required to sign medication off on the medication sheet. Any medication missed or given at a different time stipulated by the parent on the medication sheet, will require an incident report to be completed by the qualified staff member responsible.

Child Immunisation

The Centre recommends that all children attending the Centre be immunised according to the current schedule and guidelines recommended by the National Health and Medical Research Council (the "current immunisation guidelines"). An enrolling parent who provides the Centre with a certificate from a medical practitioner stating that their child cannot be immunised for medical reasons ("medical exemption") will not be required to adhere to the current immunisation guidelines. An enrolling parent who provides a Conscientious objection form from a medical doctor or immunisation provider will not be required to adhere to the current immunisation guidelines.

The aim is to provide a safe healthy environment, by ensuring as far as possible that all children enrolled at the Centre are immunised at the appropriate age.

On the enrolment form, a child's immunisation status will be recorded. Documentary evidence will be required and a photocopy kept. Parents are asked to inform the Centre of immunisations as they occur, so that records are kept up to date. The Centre will also send out update sheets annually to help ensure that our records are current.

If it comes to the attention of the Centre that a child is not immunised according to the current immunisation guidelines and does not have a medical exemption or conscientious objection form, the enrolling parent will be given two weeks notice in writing to update their child's immunisation. Failure to do so will result in their child care bookings being cancelled and care refused.

In the event of any outbreaks of a disease in the Centre, children who are not immunised for any reason may, on the advise of the Public Health Unit, be excluded immediately from the Centre, and full fees charged for the period of exclusion, unless determined otherwise by the Management Committee.

This policy was amended in 2008

Source: National Health and Medical Research Council & Communicable Disease Control Branch and Staying Healthy in Child Care 4th edition

Staff Immunisation

The Centre recommends all permanent staff to be immunised according to the recommendations from the Department of Human Services - Communicable Disease Control Unit. These recommendations are specifically for staff working directly with children up to age 5, due to an increased exposure in the workplace. Staff will not be required to adhere to the policy if they can provide the Centre with a certificate from a medical practitioner stating they cannot be immunised for medical reasons ("medical exemption") or a conscientious form from a doctor or immunisation provider ("conscientious objection").

To minimise the spread of infectious diseases, good hand washing, good environmental hygiene (as set down in *Staying Healthy in Child Care, 2005, 4th edition*) and appropriate vaccination of children and staff, is vital in providing a healthy and safe environment.

The Centre believes it is their duty of care to protect their permanent employees against infectious diseases, therefore, will pay for any immunisations that are recommended by NHMRC, for staff working in child care. The Centre will also pay for permanent staff to have an annual flu vaccine.

Therefore, the Director will ensure:

- Upon employment, all staff (relief and permanent) will be requested to record their immunisation status on the record available (appendix 7), which will be kept in their individual files.
- If immunisation is not up to date, permanent staff would be expected to have started vaccinations, at their expense, prior to their commencement date. Relief staff will be encouraged to consider relevant vaccinations and will be offered information provided by NHMRC.
- Information is to be given to all staff annually on the subject of vaccinations and infectious diseases.
- Information is available on vaccine preventable diseases to staff and parents.
- In the event of any outbreaks of a disease in the Centre, staff who are not immunised, may, on advise from the Public Health Unit, be excluded immediately from the Centre

This policy was amended in 2008

Source: National Health and Medical Research Council & Communicable Disease Control Branch and Staying Healthy in Child Care 4th edition

Accidents

Every effort is made to prevent accidents, however, if a child does have an accident, staff will follow procedures in the Centres emergency procedure (appendix 3). If your child has a minor accident at the Centre (e.g. a scraped knee) the staff are trained in Senior First Aid and are able to deal with the problem. An accident book is located in children's rooms recording the date time, nature of the wound, who treated the child and what treatment was used as per *Child Care Regulations, 1998*.

Every effort will be made to notify the parent or guardian if medical attention is required (it is of utmost importance that we have ACCURATE daytime contact telephone numbers).

The Centre has developed specific guidelines for emergency and serious accidents.

Ambulance

The Centre has ambulance cover for emergency ambulance travel for children attending the Centre. Should an ambulance be required, every effort will be made to contact the parents or guardian. The destination of the hospital may not be the Centres local hospital.

Medical Fees

The Centre will not be responsible or liable for any medical fees or other costs which may arise through medical treatment sought while the child is at the Centre, or as a result a result of being at the Centre.

Child Protection

All staff are Mandated Notifiers and are therefore legally obligated to report any disclosures and / or suspected abuse. The Centre has adopted the Mandated Notification guidelines developed by the Department for Families and Community Services, 2004. The procedure and guidelines are set down in the handbook, which is located in the Directors office. All permanent staff will undergo training in Mandatory Notification.

Developed 2004

Source: Department for Families and Communities

<http://www.dfc.sa.gov.au/pub/tabid/281/itemid/285/default.aspx>

Supporting Families of Children with Specific Protection Needs

All children have a right to be safe and cared for. Keeping them safe is everyone's responsibility.

Child care professionals and families share a common goal to provide positive outcomes for children. Partnerships between stakeholders are characterised by communication and consultation between children, families, staff/carers and management. Each partnership is unique and is dependent upon the specific needs, interests and communication styles of the participants.

The relationship between the child's family and the service is crucial to a child's wellbeing, health, development and progress. Children benefit most when this is a trusting and mutually supportive partnership.

In the event that a child has specific protection needs the staff will, while meeting their duties as mandated notifiers, work in partnership with families to develop strategies that meet the needs of the child. They will work in conjunction with other agencies when necessary to ensure that the child's needs are met.

Source: Department of Families and Communities

<http://www.dfc.sa.gov.au/pub/default.aspx?tabid=249>

NCAC

http://www.ncac.gov.au/policy_development/supporting_children_s%20individual_needs.htm

Policy developed 2009

Safe Sleeping

Babies will be put to sleep on their backs unless the Centre has written medical instructions from a medical practitioner to say otherwise. To reduce the risk of babies head being covered during sleep, babies feet will be positioned at the bottom of the cot and babies bedclothes will be tucked in securely. Sleeping positions will be checked regularly by staff. Quilts, pillows , toys and bumpers will not be used in cots. All cots used meet Australian standards and firm, well fitting mattresses are used. The building is a smoke free environment. Information is available to staff and parents about SIDS.

Source: SIDS and kids,

<http://www.sidsandkids.org/wp-content/uploads/SidsSafeSleeping14ppa1.pdf> July 2009

Developed 2004

Use of Toxic Products

The Centre will minimise the use of toxic products while maintaining high standards of hygiene. The Centre keeps a chemical register in each of the rooms, the office and the chemical storage area. Toxic products will be kept in designated storage areas out of reach of children and where possible out of sight of children. While in use, toxic products will not be unattended. Children's medication will be stored in the fridge or in the medication cabinet. Toxic products will not be stored in drinking bottles.

Developed 2004, amended 2008

Source: Kidsafesa - Child Accident Prevention Foundation of Australia

<http://www.gtp.com.au/kidsafesa/inewsfiles/inews.23945.1.pdf>

12. ANTI-BIAS POLICY

We believe that every child has the right to develop physically, mentally, morally, spiritually, and socially regardless of race, colour, sex, language, ability, religion, national or social origin, property or other status. We believe that all children should feel welcomed, respected and valued. We believe that children and staff should embrace diversity and begin to challenge stereotypes and biases in their world.

Therefore, we will:

- Value our children, families and staff
- Ensure our equipment shows diversity
- Encourage children, and staff, to challenge stereo types
- Provide food from different cultures
- Enjoy songs, games and music from other cultures
- Incorporate language and practices from families home culture
- Promote the development of empathy
- Provide professional development for staff

- Work in partnerships with families
- Celebrate diversity in the Centre

Based on Declaration of the Rights of the Child

Ratified 21/1/08 after feedback sought from Management and Staff

13. SUNSAFE POLICY

The St Morris Community Child Care Centre Inc. has adopted a "Sunsafe Policy" from "Hat Guidelines for Schools". The purpose of this policy is to ensure that all children attending our Centre are protected from skin damage caused by harmful ultra violet rays of the sun.

- The staff will minimise the time children spend outside between 10am and 3pm particularly from September to April.
- Broad brimmed (at least 7.5cm wide); bucket (at least 5cm wide) or legionnaire's hats are required to be worn by all children and staff whenever they are outside.
- Activities held outside will be held in shady areas where possible.
- The Centre will supply 30+ sunscreen, which will be applied by staff 20 minutes prior to sun exposure. Parents are to apply sun block to their child before arriving at child care or upon arrival using the Centres sun block.
- The staff will incorporate sun and skin awareness into the curriculum.
- Children and staff must wear clothing with sleeves all year.
- Staff are to be positive role models who practice skin protection behaviours by wearing hats and protective clothing outside i.e. sleeves on clothing.
- Babies' skin is thinner than adults' skin; it is extremely sensitive and can burn easily. New born babies in particular and babies under the age of 12 months should be kept out of the direct sun as much as possible and well protected from UV radiation by clothing, hats and shade. If a baby is well protected then sunscreen need only be used occasionally on very small amounts of their exposed skin.

NB: As recommended by the Cancer Council SA, between May and September, when the UV radiation levels are below 3 and children are outside for relatively short periods, sunblock will not be worn.

Source: The Cancer Council, SA

http://www.cancersa.org.au/asp/Sun_protection_at_school.aspx

Developed 2004, Amended August 2008

14. PLAY SURFACES

On hot days the various play surfaces outside, including but not limited to, swing seats, slides, rubber soft fall and cement, can reach temperatures which can cause burns to children and staff. Therefore staff will set equipment up in shaded areas and will regularly check the heat from play surfaces during the hours of 11am and 5pm.

The process for checking if the temperature is too high is that staff will place the palm of their hand on to the sun exposed play surfaces and hold for a count of 5.

If the temperature is considered acceptable play can continue and staff will continue to check throughout the day.

If the temperature is considered hazardous the following will occur

- The equipment will be removed or made unavailable to children; or
- The children will be moved to a safe zone or inside.

Additional risk controls that may be used are:

- Cool the area with running water and monitor temperature
- Equipment may be repositioned in a more shaded area
- The wearing of shoes (this will not protect hands, bottoms etc)

Source: Kidsafe & DECS

<http://www.dete.sa.gov.au/ybsproviders/pages/ChildCareLicensingandStandards/news/?reFlag=1>

15. BEHAVIOUR GUIDANCE

The policy is based on the belief that:

- Children should respect themselves, each other and the environment
- Everyone has a right to feel safe and secure
- Staff and parents should work together to guide children's behaviour by modelling appropriate behaviours
- To respect the cultural values and beliefs of our families and promote non-discriminatory behaviour
- To encourage children to be responsible for their behaviour and aware of how it affects others

Our aim is to:

- Guide and support children in resolving conflict peacefully
- Assist children in identifying and expressing emotions appropriately
- Ensure children feel safe to explore the learning environment
- Develop a positive self concept in all children
- Guide behaviour in a positive way, rejecting behaviour, not the child, and never using physical punishment

Therefore we will:

- Ensure staff respond to children's cues for support and safety
- Offer a safe and secure environment which offers appropriate learning opportunities appropriate to children's developmental needs
- Provide small group sizes and appropriate staffing to ensure appropriate supervision and that children's individual needs can be met
- Ensure realistic expectations from staff about children's behaviour by ensuring staff are knowledgeable about child development and attachment theory

- Promote the development of problem solving, negotiation and self help skills by working collaboratively with children and their interactions with others
- Providing clear, positive language when discussing expectations and redirecting behaviour, to ensure children understand appropriate behaviours
- Acknowledge each child's effort to resolve issues

Source:

- National Childcare Accreditation Council - 2001, *Putting Children First*, Sydney: NCAC
- Porter, Louise. *Children are people too*. Small Poppies SA, third edition, 2001

This policy was amended and changes ratified 21/1/08

16. OUTINGS

Outings are an integral aspect of each child's development.

The children are taken on excursions for which a signed consent form will be required. Authorisation for your child to participate in short local walks under staff supervision will be included on the enrolment form.

Appropriate safety requirements for these outings are determined by the staff, depending on the type of activity and age of the children, as per *Child Care Regulations*, 1998.

17. CURRICULUMS

Curriculum is the term used to consider the entire time that the Centre is open and offering care and education - this includes everything that happens i.e. routines, transition times and interactions as well as considering the environment that is provided.

The curriculum offered at the Centre covers both the care and educational needs of the children.

All sections use the Early Years Learning Framework (EYLF). The Early Years Learning Framework describes the principles, practice and outcomes essential to support and enhance young children's learning from birth to five years of age. The Early Years Learning Framework has been developed collaboratively by the Australian and State and Territory Governments with substantial input from the early childhood sector and early childhood academics.

Educators will use the framework as a basis for planning for the strengths, interests and developmental needs of the children. The 5 learning goals in the EYLF are:

- A strong sense of their identity
- Connections with their world
- A strong sense of wellbeing
- Confidence and involvement in their learning; and
- Effective communication skills

A curriculum of activities and events is displayed. Parents are encouraged to participate with staff in suggesting ideas. These ideas and any input from parents will be recorded and used for following curriculums and evaluations.

Each child is encouraged to be independent within a structured environment. There are times when being together as a group is a vital part of the curriculum.

Children are able to use both inside and outside areas throughout the day. The program is balanced so that children are given both quiet and active experiences, including sleep time where appropriate.

The policy of the St Morris Community Child Care Centre is to use learning stories, which are evaluated and used for program planning, on every child who uses our Centre. Other records of the children may be kept and will be maintained by staff. As these are confidential records, only staff and families have access to their child's progress records.

Children, who only attend the minimum of two sessions per week, will have plans focussing only on social development, unless staff assess the need for more detailed information, recording and planning.

18. TELEVISION POLICY

The Centre has a television and a video player. These may be used at various times during the week to suit each groups needs.

Only "G" rated videos and programs which reinforce the Centres Philosophy, will be shown to the children. These programs/videos will not depict violence or reinforce stereotypes with regard to gender, race, etc. The use of the television will not be routine but will be used as a tool to assist in meeting the developmental objectives for the children; to provide an opportunity for quiet time; to provide opportunity for dancing and singing to favourite music; and for fun.

The time children watch television will not exceed 1 hour or 1 program per day. The television will not be on after 4pm, and will not be used by any room more than twice per week.

A staff member will directly supervise and be actively involved with children whilst watching television.

Developed: October 2002

19. WATER PLAY

Water play can help children to learn and explore new skills; promote sensory development and scientific and mathematical concepts including volume and space. To ensure the safety of this valued experience, the following procedures will be followed:

- When water troughs are in use, it will be directly supervised, regardless of the volume of water. Water troughs must not be filled until a staff member is available to supervise the activity at all times. If, for any reason it cannot be supervised, the water needs to be tipped out immediately.
- Water play activities must only be offered in a water trough that is on a stand, or on a table. Troughs will not be used on the ground.

- Children should be discouraged from drinking the water from the trough. If water becomes contaminated from children drinking or spitting in the water, the water needs to be tipped out, and the trough disinfected before refilling.
- Water lay will be used to introduce children to the concept of water conservation.
- At the end of each water play activity the trough needs to be emptied immediately. It must never be left full in the outdoor yard - always empty before going inside.
- If tipping water troughs out, OH&S policy must be adhered to i.e. two staff may need to empty.

20. INFORMATION / COMMUNICATION

Good communication and information sharing between parents and staff is vital for the effective running of the Centre.

Information about daily activities and occurrences is freely available from staff. A newsletter will be printed regularly. Contributions from Parents are always welcome.

Parents are encouraged to approach staff with any suggestions, opinions or ideas regarding the Centre. Also, parents are welcome to attend Management Committee Meetings. If a parent wants to discuss a particular matter with staff, an appointment should be made.

The Centre holds annual Parent/Carer evenings, which allows parents the opportunity to discuss their child's development, the Centre's curriculum in relation to their child, and provide feedback/suggestions which is used to evaluate the Centre's program/curriculum.

21. PARENT INVOLVEMENT

Parents are welcome at the Centre at all times. The Centre values all kinds of involvement. Parents are encouraged to become involved and participate in all the activities of the Centre. Participating directly with the children's activities, reading a newsletter, attending a meeting or working bee and asking questions about your child are all worthwhile, legitimate and valued forms of involvement.

22. THE MANAGEMENT COMMITTEE

At each Annual General Meeting, a Committee is formed from members of the Centre (members being any parents whose child attends the Centre) Staff and Community Representatives.

A list of the current Committee appears on the notice board in the foyer. All parents are encouraged to contact any committee member (via their pigeonhole) to discuss any concerns, experiences or ideas they may have for the Centre.

By actively participating in the Committee parents can have a big say in helping determine the sort of environment provided for the children at the Centre.

23. CLIENT/PARENT GRIEVANCE

Communication is paramount to successful relationships between families and the Centre therefore any feedback will be considered and practices reviewed.

The Centre encourages parents to discuss room/child related issues with their primary care staff in the first instance. Other issues i.e. management should be discussed with the Director.

If issues cannot be resolved at this level, the client/parent should follow these steps:

1. The client/parent should first raise the matter in writing with either the Director or an Executive of the Management Committee. If, in the event the grievance is lodged with a member of the Executive, the Director must be informed of the grievance within two working days. If lodged with the Director the grievance must be brought to the attention of the Executive Committee within two working days.
2. The Executive Committee will meet to interview the client/parent who has lodged the grievance within ten working days from receipt of the grievance.
3. Should interviews be necessary with other persons/parties, those interviews will take place as soon as reasonably practicable.
4. The Executive Committee will consult the Management Committee members about this matter. The Management Committee will come to a resolution, recommending any necessary action based on the information provided by the Executive.
5. The client/parent and all other parties to the process shall be advised in writing of the Management Committee's decision within one week of the Management Committee's decision.
6. The client/parent may have a support person of their choice present at any stage of the process.
7. At any stage of the grievance process, the client /parent has the right to withdraw any such grievance.
8. The confidentiality of all parties to the process will be maintained within the structure of the grievance procedure.
9. If the client/parent is not satisfied with the decision, they have the right to appeal, by addressing the whole Management Committee.

24. STAFFING

The Management Committee believes in the central importance of staff in the operations of the Centre, and shall actively support staff and develop various staff procedures, which reflect this belief.

Staff shall be employed in accordance with the Collective Agreement between St Morris Community Child Care Centre and the Liquor Hospitality and Miscellaneous Worker Union (LHMU) and shall be supplied with a job description reflecting the conditions of that agreement.

The principle of Equal Opportunity shall apply to all staff and to all persons seeking employment with the Centre.

The Management Committee recognises that staff development is an important part of professional development and the maintenance of quality care, and support the involvement of staff in relevant workshops, seminars and training courses.

Staff are not able to be primary contact staff in the room where their child attends in the babes room.

Individual staff evaluation (appraisal) is consistent with appropriate staff development and shall take place on an annual basis.

Staff Wellbeing

Developed to ensure the Centre has a culture of looking after oneself and supporting/caring for colleagues.

This policy is based on the belief that:

- It is important for staff to be physically and emotionally well in order to care and educate children.
- Staff are important to our organisation.
- Self care is not selfish.
- Our wellbeing is improved if we live and work in peaceful, flourishing, and supportive environments
- It is important to have meaning in our lives - doing fulfilling and worthwhile work.
- A sense of belonging and support offered by close relationships are of great value.
- High quality work can provide us with purpose, challenge and opportunities

Our aim will be to:

- Provide a workplace which offers security
- Provide flexibility, such as part time work
- Provide the opportunity to engage in fulfilling work and training
- Provide and encourage staff to regularly use A/L entitlements
- Provide and encourage staff to use LSL entitlements within Centre policy
- Support our Union to advocate for better pay and conditions
- Build relationships with the local community i.e. local school
- Provide opportunities for staff to have their say i.e. at M/C level
- Provide information about health matters such as: nutrition, physical exercise; stress
- Ensure staff know of Centres policies i.e. staffing policies, grievance procedure
- Encourage staff to set personal goals to work towards i.e. staff appraisals

Therefore, we will:

- Offer permanent positions where possible

- Consider staff requests for part-time work
- Ensure the Centre keeps abreast of new research and best practice
- Encourage staff to use entitlements for A/L by enforcing current policies
- Support Union campaigns for better pay and conditions
- Build relationships with the local school and kindergarten
- Encourage and maintain staff representation on the Management Committee
- Ensure information about health and local health services are disseminated to staff and consider financial support to staff for specific health programs i.e. to quit smoking
- Continue to pay for immunisations recommended by the Health authority.
- Ensure participation in the Accreditation system which ensures staff are aware of Centre policies
- Conduct annual staff appraisals where personal goals can be set

Source: **www.tai.org.au - internet resource 2006**

St Morris CCCC staff wellbeing workshop - 2007

DECS workshop - Staff Wellbeing - 2007

Developed November 2007

Staff Orientation

All new staff, including relief staff, will receive an orientation to the Centre and their position. This will provide new staff with clear expectations about their working arrangements and explanations about the operations, philosophy, policies and procedures of the Centre, before commencement of their duties.

New staff will be expected to sign a Contract of Employment (including confidentiality information); a relevant Job Description and the "Checklist for new Staff" ensuring they have been given necessary information, and encouraging staff to clarify any information with the Director. The checklist ensures that staff have received all relevant information about the Centre, which includes:

- Parent handbook;
- Policy Document;
- Staff Details Form;
- Statutory Declaration;
- Police Check;
- Accreditation information;
- Room Routines;
- Opening/Closing Routines;
- Emergency Procedure;

- Fire/Natural Disaster Exit Procedure and map of the Centre;
- Injury/Illness Report;
- Medication Chart;
- Fire Drill Report;
- Task List for each Section and
- Safe Food handling Training

New staff will be given the opportunity in the first week to meet with their immediate team to discuss programming and room goals.

After a three month probation period, new staff will have an interview with the Director to review performance and set goals.

Students and volunteers will receive similar orientation to the Centre, outlining the Centre's expectations and health and safety procedures.

Students and volunteers will be expected to sign the "Checklist for Students and Volunteers" which details the information which the Centre requires them to have and encourages clarification of any information not understood. This checklist includes:

- Parent handbook;
- Policy Document;
- Guidelines for Students and Volunteers;
- Room Routines;
- Attendance Record;
- Emergency Procedure;
- Fire/Natural Disaster Exit Procedure and map of the Centre;
- Task List for each Section.

Staff returning to work after an extended period

Staff returning after an extended period of leave of more than 3 months will start a shift on a middle shift and will receive a re-orientation pack consisting of:

- Job description
- Room routine
- Recent newsletter

They will have the opportunity to shadow a current staff member for a session and will meet with the Director in the first week to ensure the transition is working well.

Policy ratified 19/1/09

Clothing

As professionals, child care staff "are expected to dress and behave in a way that inspires the confidence of parents who trustingly leave children in their care" (Briggs & Potter p.59).

Therefore, staff are to dress in a safe, sensible and professional manner.

Shoes are to be of a style that protects the feet and enables staff to move around safely.

Thongs, high heels and strappy sandals are not to be worn when working with children.

Clothing is to be clean, neat and allow freedom of movement. Professional attire is to be worn at all times while at work. Please refer to our sunsafe policy regarding clothing.

Annual Leave

The Director is responsible for allocating and approving annual leave, but should consult the Management Committee if he/she believes it necessary to direct a staff member to take annual leave.

Annual leave is to be taken as stated in the Collective Agreement between St Morris Community Child Care Centre and the Liquor Hospitality and Miscellaneous Worker Union (LHMU)

On negotiation with the Director and Management Committee, annual leave may be accumulated for large blocks for specific reasons e.g. travel, providing a firm commitment exists to take the accumulated annual leave.

All staff must complete an annual leave form prior to their leave.

All staff must give two weeks notice before the date they want to start their leave. Where staff need annual leave at short notice for personal emergencies, permission must be sought from the Director. Once leave has been approved, it should only be changed between the staff member and the Director.

Staff should ensure enough annual leave is accumulated to cover the period of the Christmas Closure. Besides the Christmas closure, all staff must take a minimum one-week block during the year.

To maintain continuity of care, no more than one staff member from each section should take annual leave.

To maintain the *Child Care Regulations, 1998* for qualified staff, no more than one qualified staff member should take annual leave at one time, unless agreed to by the Director.

Long Service Leave

All staff applying for Long Service Leave must do so to the Director in writing - one month prior if the minimum two weeks is to be taken or two months for any larger blocks of time.

A minimum of two weeks must be taken at any one time.

The initial entitlement of 13 weeks must be taken within three years.

Staff wishing to take long service leave in variation to the above, due to exceptional circumstances, should apply to the Management Committee in writing.

Sick Leave

Staff are required to organise relief staff to cover their shift and let the Centre know as soon as possible, if they are too ill to work.

Staff must supply a medical certificate for sick leave of two or more days in a row, and for any sick day next to a public holiday i.e. annual leave, weekends, RDO's or public holidays. A sick certificate must always be provided when taking carers leave.

The Director may only approve sick leave in advance for a scheduled medical procedure. The staff member must supply a medical certificate.

A sick leave certificate may be requested for single days at the discretion of the Director.

Staffing Employment Procedures

The Staffing Sub Committee will review the "job and person description" before the employment procedure starts; these will then be available on request.

If a position is redefined for the purpose of career structure without an increase in staffing levels, the position will be advertised internally.

All other positions will be advertised in external media.

An existing staff member wishing to change their employment status or transfer to a different section may apply for the position.

Written applications will be called for and interviews conducted in all cases.

In the event of a vacancy occurring within the space of six months following an appointment, the Management Committee reserves the right to re-open the relevant interview file.

The applicant recommended for the position by the sub-committee is required to undergo a police check as per *Child Care Regulations, 1998*.

Police Checks

The St Morris Community Child Care Centre Inc. requires all new staff, relief staff, students and volunteers to have a police check - as per *Child Care Regulations, 1998*. This is to ensure the safety of the children, families and staff that use our service. Only the Director and Assistant Director will have access to the information provided. The Centre is bound by the terms of the Memorandum of Understanding to ensure the information received remains confidential and is disposed of appropriately.

Study Leave

The Management Committee values professional development for staff and will support staff through paid and unpaid leave to attend approved training.

Long Term Leave Without Pay / Skill Enhancement

The Management Committee encourages the participation of staff in professional development programmes. As such, the Management Committee will give favourable consideration to applications for leave of absence when such leave is sought in order to participate in alternative employment, the express purpose of which is to enhance skills and qualifications of the individual and which will, in the opinion of the Management Committee, be to the long term benefit of the Centre.

The Management Committee will examine each application individually giving consideration to factors such as time of year, length of service etc.

Where leave is granted, the replacement person shall be appointed in accordance with policies and procedures listed below:

- When Long Term Leave is applied for by a permanent staff member, staff of an equivalent level from another section of the Centre may "register interest" in transferring to the other section for the duration of the leave.
- When more than one staff person registers interest in transferring, expressions of interest will be sought, and interviews conducted. The contract/relief person would then fill the other position.
- All of the above is subject to final approval from the Management Committee.

The Management Committee actively encourages staff to transfer in order to multi skill themselves to gain experience.

Maternity Leave

Maternity leave will be available to staff in line with the collective agreement between LHMU and St Morris Community Child Care Centre

Child/Staff

Children of staff can attend St Morris Community Child Care Centre, although staff cannot be one of the primary care givers whilst their child is in the under 2's section. Under 2's staff returning from maternity/paternity leave with their child, will be required to swap sections to work with an older age group until their child turns two. A transfer is only possible when there is a staff member employed at the same level and hours.

TOIL (Time Off In Lieu)

Director

The Director may take TOIL at any given time that does not disadvantage staff or disrupt the smooth running of the Centre. The Assistant Director may relieve the Director in some instances.

Other Staff

Collective Agreement - "May accumulate up to eight (8) hours to be taken at a mutually agreed time within one month of request"

Where two (2) or more hours are taken, staff will be replaced by a relief person.

Small amounts of time can be taken without relief replacement in consultation with the Director. Requests must be made two (2) working days prior to the required time off.

If requests are deemed to interrupt/disrupt the smooth running of the Centre on a particular day, the Director reserves the right to negotiate an alternative time.

All TOIL owing will be paid out at the end of the financial year.

Standing Down a Staff Member

For the good of children, staff, families and the Centre a staff member may be stood down while investigations take place. In the event that a staff member needs to be stood down, the Executive Committee can make an initial decision.

The Executive can authorise a period of up to one month with payment of up to the average of that staff members weekly wage taken over the last 3 months of full pay periods.

For periods of longer than one month, the Management Committee must be informed and authorise further periods of standing down and payments.

Staff Grievance Procedure

- The staff member should first raise the matter in writing with either the Director or an Executive Member of the Management Committee. If, in the event the grievance is lodged with a member of the Executive, the Director must be informed of the grievance within two working days. If lodged with the Director the grievance must be brought to the attention of the Executive Committee within two working days.
- The Executive Committee will meet to interview the staff member who has lodged the grievance within ten working days from receipt of the grievance.
- Should interviews be necessary with other staff or Committee members, those interviews will take place as soon as reasonably practicable.
- The Executive Committee will consult the Management Committee members about this matter. The Management Committee will come to a resolution, recommending any necessary action based on the information provided by the Executive.
- The staff member and all other parties to the process shall be advised in writing of the Management Committee's decision within one week of the Management Committee's decision.
- Staff Members who are Union members may approach the Union at any stage of this process.
- The staff member may have a support person of their choice i.e. a Union representative present at any stage of the process.
- At any stage of the grievance process, the staff member has the right to withdraw any such grievance.
- The confidentiality of all parties to the process will be maintained within the structure of the grievance procedure.
- If the staff member is not satisfied with the decision, they have the right to appeal, by addressing the whole Management Committee.

25. OCCUPATIONAL HEALTH AND SAFETY

The Centre is committed to providing a healthy and safe environment for staff and children, and to continue to educate staff and children in healthy and safe work practices and behaviour.

The Management Committee will ensure the Centre complies with the Occupational Health, Safety and Welfare Act 1986 by:

- Ensuring that appropriate OHS policies are in place to keep employees safe from injury and without risks to health.
- Keeping informed of OHS issues and responsibilities that affect the staff and children at the Centre.
- Discussing current OHS issues via the regular monthly meeting agenda items.
- Support staff efforts in addressing and improving OHS by providing the equipment or resources deemed necessary and appropriate to assist the process.

The Director will ensure the Centre complies with the OH&S Act 1986 by:

- Regularly consulting with the Centre staff and Management Committee in developing, implementing and reviewing OH&S policies and procedures.
- Developing, maintaining and reviewing policies/procedures for emergencies, first aid, reporting illness, injury and incidents.
- Regularly inspecting the Centre with the Health and safety Representative to identify where health and safe work practices may be addressed and/or improved.
- Reporting any OH&S issues to the Management Committee, by having OH&S as an agenda item.
- Maintaining OH&S records that include workplace incidents and injuries sustained by Centre employees.
- Ensuring that appropriate OH&S training is provided to all permanent staff at the Centre.
- Ensuring that induction of new or temporary staff includes appropriate training in safe workplaces and knowledge of the Centres OH&S policies.
- Consulting with the Centre staff on OH&S issues and communicating it to the Centre staff.
- Reviewing the policy annually with involvement by the staff and Management Committee.

St Morris Community Child Care Centre employees will:

- Take all reasonable care in protecting his or her own health and safety at work.
- Report any injury or illness suffered at work immediately to the Director.
- Take all reasonable care to ensure that other Centre staff and children are working safely and without risks to themselves.
- Avoid adversely affecting the health or safety of any other person whilst at work.
- Use equipment provided for health and safety purposes.
- Not consume on site or be affected by the influence of drugs or alcohol.

The Centres responsibility for the children attending the Centre:

- All possible precautions will be taken to ensure the areas used by the children are physically safe and kept clean.
- Children will not be left unattended in either the indoor or outdoor areas.
- All permanent staff working directly with the children will have a Senior First Aid Certificate - maintained and paid for by the Centre.
- All ratios for excursions will be maintained in accordance with the *Child Care Regulations, 1998*.
- Every effort will be made to record and adhere to children's allergies and specific dietary and health requirements and to maintain an effective record of these requirements.

Review of this policy:

The OH&S Policy will be reviewed on an annual basis to determine if the aim of the policy is achieving the purpose of a safe and healthy workplace. Key issues to consider during the review will include:

- Whether the policy, and associated safe work procedures are being followed by all staff without difficulty.
- Whether the policy is the most effective and appropriate policy for the St Morris Community Child Care Centre staff's responsibilities and duties.
- Whether the policy ensures that the Centre staff can carry out their duties safely and without risk.

Source: Workcover

Developed 2004

26. RISK MANAGEMENT

The St Morris Community Child Care Centre is dedicated to establishing an organisational philosophy that ensures risk management is an integral part of the Management Committees objectives, plans and considerations. This is to protect itself, its employees, families and others who use and work in the service. The aim of the service will always be to develop systems/practices which reduce the likelihood of accidents/errors.

To ensure this occurs, the Centre will:

- Ensure a staff member will complete a safety audit of the entire building bi-monthly.
- Ensure staff will conduct a daily safety audit before children go outside.
- Ensure that risk management is on both the staff meeting and management committee's monthly agendas.
- Ensure an annual risk management review is conducted with staff and management to identify risks and evaluate practices.

27. EXPENDITURE GUIDELINES

Amounts less than \$2000 can be a decision by Director and/or Assistant Director.

Amounts greater than \$2000 must go to the Management Committee.

Emergency purchases i.e. fridges, which are greater than \$2000, must seek approval of the Director, Assistant Director and 2 Executive Members of the Management Committee.

28. ADVERTISING MATERIALS AND DISPLAYS

As a rule, the Centre does not allow any advertising or promotional materials to be displayed or distributed at the Centre, particularly commercial or political information. However, the Director may approve the display or distribution of information, which they consider relevant to the children at the Centre or their families, for example, information concerning children's health issues or relevant community events.

29. PRIVACY

St Morris Community Child Care Centre aims to protect the privacy of personal and sensitive information collected by our service and recognises the need for confidentiality in providing a quality child care service.

St Morris Community Child Care Centre complies with the *Commonwealth Privacy Act 1988*, by following the standards of National Privacy Principles to regulate the way in which our service manages personal and sensitive information.

The Centre requires certain personal/sensitive information be collected, for the specific purpose of administration, care and education of your child. These basic details are collected directly from parents such as names, addresses, phone contacts, child's name, date of birth, medical details, health, routines, likes and dislikes which make up a personal profile.

In addition, we are required to hold information regarding your child's Child Care Benefit entitlements.

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

On occasions, information such as children's personal achievements, child portfolios and photos are displayed within the boundaries of our service's building.

If you provide the Centre with personal information of others, such as doctors or emergency contacts, we encourage you to inform them that you are disclosing that information to the Centre and why. You will also need to inform them that they can access that information if they wish to do so (about themselves).

The Centre recognises that Government identifiers such as the Medicare number will only be used for the purpose for which it was issued.

We assure you that:

- This information will only be used for our child care professionals in order to deliver your child's care to the highest standards.
- It will not be disclosed to those not associated with the care of your child without your consent.
- You may ask to access the information held about you and your child and we will provide access without undue delay.
- This access might be inspection of your child's records or by providing copies of the information.
- We will take reasonable steps to ensure at all times that the details we keep about your family are accurate, complete and up to date.
- At all times, we will seek to protect this information from loss or misuse and from unauthorised access or disclosure.
- If a student has a valid training requirement that involves the gathering of certain information pertaining to your child or family, the student must have written consent from you.
- We will follow up all comments, feedback or grievances within 14 days and resolve them to maintain our high standards of service provision

30. SOCIAL NETWORKING WEBSITE

Aim

To ensure that our childcare centre, staff or families are not compromised on a social networking website.

Legislative Requirements

Privacy Act 1988

Who is affected by this policy?

Child

Staff

Families

Management

Implementation

A social networking website can be defined as a website used to socialise or communicate. These include but are not limited to Facebook, MySpace and Twitter. Our stance on social networking policies is that they are for personal use only and should not be accessed while the staff member is at work. Those staff members who can access a social networking site via their mobile phones are not to do so during their shifts at the centre and are not to use their camera or video phones to take photos/pictures while at the centre.

No information about what happens at the centre, should be posted on a social networking website, nor should any photos taken at the centre, or on an excursion, be put on a social networking website. If a staff member does put photos of a child or children enrolled at the centre on a social networking website, families will immediately be contacted. If possible, the

social networking website will be contacted to delete the photos. The staff member will face an inquiry into their actions and possibly face termination of employment.

Please be aware that social networking websites are not a private means of communication but can be accessed by the public, therefore, it is important not to share private information about centre families or other staff members on social networking websites. Should you do so, the staff member will face an inquiry into the situation by the Director/Authorised Supervisor and any involved party and depending on the severity of the situation face possible termination of employment.

Should harassment of any kind take place on a social networking site, such as, but not limited to, sexual or verbal harassment, staff members will face an inquiry into their actions and depending on the severity of the situation face possible termination of employment.

Should a family member related to the centre harass a staff member via a social networking website, the Director/Authorised Supervisor will conduct an inquiry into their actions and depending on the severity of the situation face possible termination of employment.

This policy also complies with state and national laws regarding social networking websites.

Should a staff member break the law on a social networking website, such as, but not limited to, defamation, the centre will contact the police and other relevant authorities.

Sources

Privacy Act 1988

Review

The policy will be reviewed annually.

Developed: January 2010

Appendix 1 – Guidelines for fluids allowed for babies and 1-5 year olds at the centre



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

This is a list of suitable and unsuitable fluids for babies (birth-1 year old) and all children in care at our centre.

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

Allowed fluids for babies (birth to 12 months)

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

Suitable fluids for 1 year olds

- *Breast milk*
- Cows milk (full cream)
- Water
- Diluted juice (limit to 100-200ml per day, 50:50 dilution)
- Soy beverage, calcium fortified (full fat)

Suitable fluids for 2-5 year olds

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

Unsuitable fluids for child care (all ages)

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

References:

NHMRC (2003). **Food for Health. Dietary Guidelines for Children and Adolescents in Australia.** Commonwealth Department of Health and Ageing.

Infant Feeding Guidelines for Health Workers Summary (2004)
WA Dept. of Health and SA Dept. of Human Services.

Norberg, M & Young, R. 1997 Caring For Infants: Food and Nutrition for 0-1 year olds in Long Day Care Centres.* Central Sydney Area Health Division of Population Health, and the Commonwealth Department of Health and Family Services.

Appendix 2 - Special Diet Form

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

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

Child's name _____ Date of birth ___/___/___
Family name (please print) First name (please print)

1. Reason for the child's special diet. Please tick the relevant box.

- Religious/cultural
- Parental decision
- Other, please specify.....

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

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

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

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

Date: ___/___/___

Parent/Guardian _____ Signature _____

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

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

Adapted from the "Special diet form" in the Good Food in Family Day Care Kit, Good Food in FDC project: South Eastern Sydney Health Service, Central Sydney Area Health Service and South Western Sydney Area Health Service.

Appendix 3 – Modified Diet Care Plan

For St Morris Community Child Care Centre

CONFIDENTIAL

To be completed by the Doctor or Dietician and the Parent/Guardian.

This form is to be used where a person has a proven history of food allergy or intolerance or requires a special diet for a proven medical condition.

Name of Child: _____ DOB: _____

Family Name (please print) First Name (please print)

Medic Alert Number (if relevant) _____ Review date: _____

Foods and substances that must be avoided for the period of the plan (see review date above)

Alternative foods that the person can consume (eg soy products instead of dairy for lactose intolerance)

Details of any special feeding routine (eg meals at particular intervals for health reasons)

In the case of food allergy/intolerance, what are the signs and symptoms? Please indicate whether the person can report symptoms, the time period over which symptoms might emerge and the severity of the anticipated reaction.

First aid response to signs and symptoms of an allergic reaction/intolerance to a food or other substance (if the reaction is severe, an anaphylaxis care plan, will be required from the treating medical practitioner)

This plan has been developed for St Morris Community Child Care Centre

AUTHORISATION AND RELEASE

Health Professional _____ Professional role _____

Address _____

Signature _____ Date _____

I have read, understood and agree with this plan and any attachments

I approve the release of this information to supervising staff and emergency medical personnel

Parent _____ Signature _____ date _____

Appendix 4 - Emergency Procedure

1. Apply first aid knowledge
2. Write up in accident report folder (located in each room)
3. Write up on parent information board
4. Ensure that relevant staff know to pass on information to parent
5. Ask parent and Director to sign accident report folder

If accident is more serious -

1. Apply first aid knowledge (get specific child's Action Plan)
2. The trained person will immediately start to delegate action. If the trained person is not available ie. having a lunch break, immediately commence these procedures:
3. Ring ambulance
4. Ring parent to let them know and tell them where to meet you
5. Take child's file (as this contains medicare no., parent details and health issues such as allergies)
6. As soon as practicable, write up an accident report and get parents and Director to sign it

Notes -

Staff that are left - if you need an extra hand in the room, either call someone from another room or arrange for a relief person to come in.

Appendix 5 -Recommended procedures for storing, thawing and warming of breast milk



Storing Breast Milk

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

Frozen breast milk

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

Thawing frozen breast milk

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

Warming Breast Milk

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

Storing Infant Formula

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

Warming Infant formula

- Microwaving infant formula is not recommended by the NHMRC for safety reasons, they do not heat the milk evenly and may create hot spots in the milk which could burn the baby's mouth.
- Formula should be warmed by standing the bottle in warm water.
- Bottle warmers can be used, but they must have a thermostat control. Bottles should only be warmed in this way *for less than 10 minutes*.
- If a centre decides to use a microwave to warm *formula* (ie *breast milk* should *not* be microwaved), the following guidelines are recommended to minimise the risk of hot spots and overheating:
 - Make sure the bottle is microwave-safe.
 - Make sure there is at least 120 mls of formula in the bottle (otherwise it will overheat).
 - Heat only cold formula straight from the refrigerator.
 - Always stand the bottle upright.
 - Always take off all the teat/bottle top assembly and leave these *outside* the microwave.
 - Do not use microwave ovens with a wattage over 700W.
 - For a 120 ml size bottle - use high setting and heat for less than 30 seconds.
 - For a 240 ml size bottle - use high setting and heat for less than 45 seconds.
- Before giving the child a drink from the bottle:
 - put the teat/bottle top back on, and invert the bottle at least 10 times
 - make sure formula is cool to touch - test by placing several drops on the back of the hand.

References:

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

Appendix 6 – Recommended schedule for introducing solids to infants



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

Menu Development Guide	
Age and Texture	Suitable Foods
Birth – 6 months	<ul style="list-style-type: none"> Breast milk/infant formula provides all the nutrition a baby needs for about the first 6 months of life.
<p>“First tastes”</p> <p>6 months to 7 months. (If needed earlier, solids can be offered after 4 months, but NOT BEFORE 4 months.)</p> <p>Smooth and pureed foods.</p>	<ul style="list-style-type: none"> Breast milk/infant formula Introduce first solids: <ul style="list-style-type: none"> First introduce baby rice cereal (iron enriched) Then fruits and vegetables Then pureed, well-cooked lean meat, poultry and *fish “Baby” *Yoghurts and *custard, *Cow’s milk in small amounts in the preparation of foods
<p>“Learning to chew and self-feeder”</p> <p>7-12 months.</p> <p>Mashed or chopped food progressing to finger foods.</p>	<ul style="list-style-type: none"> Breast milk/infant formula as the main drink. Fruits, vegetables and legumes Well-cooked lean meat, poultry and *fish. *Yoghurt with soft lumps, *custard, *cheeses. Other cereals (eg., wheat, oats), bread, pasta *Eggs – (well cooked)
<p>“Centre menu with some changes”</p> <p>1-2 years</p>	<p>Offer a wide variety of foods from the centre menu, some changes in texture or flavour may be needed. Use the Nutrition Checklist** as a guide to food variety but quantities may differ for younger age groups.</p> <ul style="list-style-type: none"> Breast milk and/or full cream cows milk as a drink. Water and no more than one small cup of diluted fruit juice from a cup, not a bottle.

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

Information adapted from World Health Organization 2000, ‘Feeding and nutrition of infants and young children’ and the Child and Youth Health website, www.cyh.com.au.

**Nutrition Checklist from “Planning Nutritious long day care menus: Nutrition Checklist and Support Materials” by the South Australian Child Care Nutrition Partnership; see website

http://www.chdf.org.au/i-cms_file?page=110/Planningnutritiouslongdaymenus.pdf

Appendix 7 – Staff Immunisation Record (SIR)

Please return this form to the Director

Surname: _____ Other names: _____

DOB: _____

Residential Address: _____

Telephone: _____ Position: _____

Do you have any allergies, if so, please attach an action plan, including any medication required:

Certain occupations are at risk for some preventable diseases, they include:

	Had disease	Been Vaccinated	Unknown	Year
Measles				
Mumps				
Rubella				
Chicken Pox (Varicella)				

Two doses of MMR vaccine are required for persons under 30 years of age.

Hepatitis A Vaccine

Full course completed Y/N Year _____

Have you had the disease Yes / No / Unknown / Not tested

Source: Department of Human Services - Communicable Diseases Control Unit

Appendix 8 – Cleaning routine

After each meal time:

-
- Spills and smears will be cleaned up as quickly as possible.
- Tables and high chairs to be wiped down with warm soapy water
- Floors swept
- Food scraps from floor disposed of in bins in store rooms (locked cupboard in ELC)
- Babe's floors mopped after lunch. Other floors will be mopped as required.
- Bathroom taps and basins wiped with warm soapy water daily.

This procedure was developed in consultation with Anaphylaxis Australia - 2010

Appendix 9 – Meal procedure

- The cook will prepare food for children's meals with the exception of planned cooking experiences
- This will be presented on trolleys for ELC and kindy and on the servery for babes and pre-kindy
- Children at risk of anaphylaxis will have their food presented on a separate tray/box with a photo
- Regular meals will be served on blue plates and/or bowls
- Allergy meals will be served on red plates and/or bowls which are clearly labeled with each allergic child's name
- Drinking cups will be colour coded: white for milk, clear for water and red for "other"
- All children must be seated prior to meals being handed out
- 2 staff must be present before meals are given out
- Children with allergies will be given their meals first
- Children will be supervised at all times during meals
- Children at risk of anaphylaxis will be educated about their allergy at an age appropriate level
- Children will not hand out food or drinks – water is an exception
- Children will be taught not to share food
- Spills will be wiped up immediately
- Eating areas will be cleaned immediately after meals
- Meal trolleys will be returned directly to the kitchen after meals
- Food and drink waste will not be placed in bins or sinks in the rooms or outside
- Children will wipe hands and faces using disposable wipes prior to washing hands in the bathroom
- Bathrooms will be checked after each meal time

This procedure was developed in consultation with Anaphylaxis Australia - 2010

31. BIBLIOGRAPHY

- Australian Guide to Healthy Eating* Department of Health and Family Services, 1998.
- Australian New Zealand Food Authority Food Act (ANZFA)*
- Child Care Regulations* Department of Education and Children's Services, 1998
- Child Protection* Department of Education, Training and Employment, 1998
- Collective Agreement - St Morris Community Child Care Centre and Liquor Hospitality and Miscellaneous Workers Union*, 2006
- Memorandum of Understanding* South Australian Police Department
- Occupational Health , Safety and Welfare Act*, 1986
- Reporting Child Abuse and Neglect - Mandated Notification Guidelines* Department for Families and Communities, 2004
- Safe Eating Practices for Children* Women's and Children's Hospital and Child and Youth Health, 1995
- Staying Healthy In Child Care* Department of Health and Family Services, 4th Edition, 2005
- South Australian Curriculum Standards and Accountability (SACSA) Framework* Department of Education and Children's Services 2002.
- The Child Care Worker: Hepatitis A and other Infectious Diseases* Viral Hepatitis Prevention Board, 2002

32. SOURCE

The Cancer Council

Australian New Zealand Food Authority

Department of Human Services - Communicable Disease Control Branch

Equal Opportunity

National Health and Medical Research Council

Network SA

Teethsmart SA

Women's and Children's Hospital

Start Right Eat Right

Declaration of the Rights of the Child

www.tai.org.au

National Childcare Accreditation Council - 2001, *Putting Children First*, Sydney: NCAC

Porter, Louise. *Children are people too*. Small Poppies SA, third edition, 2001

Workcover

Department for Families and Communities

Child and Youth Health

Kidsafesa - Child Accident Prevention Foundation of Australia

Anaphylaxis Australia