IN HOME CARE SERVICE PROVISION, RESPONSIBILITIES AND POLICY MANUAL

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Section 1 – Service Philosophy

PHILOSOPHY

Mummymetime is more than a Nanny Agency, we provide tailored care and support for every type of family across the Sutherland Shire.

We believe there really is truth in the saying 'it takes a village to raise a family'! Whether you're looking for a Nanny, Babysitter, Pregnancy support team, Before & After School Care or Nanny Share, we have you covered. Every *Mummymetime* Carer is qualified in Certificate 3 or higher in early childhood education or primary education and holds a current First Aid, Anaphylaxis certificate and a Working with Children's Check plus we fully insure ALL of our Nannies and Babysitters.

We provide experienced, qualified carers that care for you and your family when you need it most. Our Carers come to your home, taking your children to activities and providing help with homework, reading and school projects.

Founder Leanne Farmer's commitment and personal touch to helping families in any circumstance is what sets her apart. Available around the clock and providing carers 24/7 to cover emergency service workers and shift workers, Leanne lives by the philosophy that when others say 'too hard', she says 'how can we help?'

SERVICE GOALS

To provide an environment that promotes optimum development of each child in all areas and carefully nurtures each child's sense of self by:

- Providing time to explore, practice and develop
- Assisting children to extend upon current knowledge and make sense of new learning
- Treating children as conversation partners, having meaningful discussions with them at all times of the day
- Providing a safe environment, free from prejudices and bias
- Providing caring, motivated, knowledgeable and pro-active Educators who actively listen to children
- Using praise and positive guidance
- Observing children and programming appropriate experiences that stimulate the children's interests. We encourage and support children to attempt new challenges that are enjoyable, safe and unique to children's individual abilities and interests
- Recognising and providing for children's needs while emphasising their strengths
- Providing a child-centred environment where the children's input and creations are respected

To provide an anti-bias environment where all people are welcomed and diversity is embraced and accepted by:

- Assisting children to recognise and understand differences to enable them to be more comfortable with diversity
- Answering children's questions honestly
- Providing multicultural experiences where possible

To establish a positive and trusting partnership with families by:

- Adopting open communication between families and Educators
- Using written and verbal communication to inform the family about their child's day
- Encouraging family participation
- Collaborating decision making amongst all Educators and management
- Addressing all input offered by Educators

GOVERNANCE AND MANAGEMENT

Mummymetime has an adopted Governance Policy that sets out the Governance framework for the organisation. *Mummymetime* also has adopted the following policies in relation to its Governance activities; Code of Conduct and Ethics (further details below), Recordkeeping, Child Protection, Family Communications and Complaints.

Mummymetime operates in conjunction with a comprehensive, binding **Staff Code of Conduct and Ethics Policy**. While the overarching pedagogical and professional values of our team are outlined below, all educators must strictly adhere to the operational mandates, mandatory reporting timelines, and boundary requirements detailed in the standalone compliance document.

Mummymetime is owned and operated by Leanne Farmer and all Carers employed by *Mummymetime* report to Leanne and have their own ABN. All educators hold a Certificate 3 or higher in early childhood education or primary education, a current First Aid, Anaphylaxis certificate and a Working with Children's Check. All Carers are provided with a full induction on the governance framework, their responsibilities under this framework as well as their responsibilities in providing In Home care.

STAFF CODE OF CONDUCT & ETHICS

We accept, as members of the teaching staff of *Mummymetime*, the ethical responsibility to provide the children in our care with the best possible learning environment we can possibly achieve.

We will accomplish this by working as a team with fellow colleagues, seeking their opinion and always recognising, thus, respecting their position as professionals within *Mummymetime*. Good communication between Educators is considered paramount within the Service and Educators are encouraged to deal with issues promptly and correctly, in line with our Grievance Policy. Educators are aware of all Service policies and goals and understand their responsibility to uphold and achieve these in every instance. It is our aim as Educators at the Service to always present ourselves as approachable and sensitive to fellow workmates. The role of the Service is seen as pro-active. Educators should always seek ways to inspire children and themselves. This can be achieved through intentional teaching methods, our practice and reflection on ourselves and our children and experiences that are being observed.

We embrace the Early Years Learning Framework and look for ways to educate our families on the outcomes we seek and the philosophy of this framework including Being, Belonging and Becoming. As professionals, we will reflect on our own pedagogy along with our approach as a team. We will invest time and commit to the professional development training that management supports us in and look for training in areas that will develop us as individual professionals as well as benefit the Service and the experience we are providing to our children and families.

We view our role in the lives of children as the people responsible for providing them with a genuine love for learning. As educators of young children, we carry them through the early stages of their educational journey. To achieve this, we recognise that it is important the children see value within their own work and creations and that we, as their mentors, provide them with the opportunity and belief that they can achieve this. The children's work is displayed within the Service, with pride, for all to see. We must see ourselves as advocates for children. We believe the most important thing we can give children is our time and to actively listen and respond. From this, anything can be achieved.

Adherence to Mummymetime's behavioral, child safety, and supervision standards is a strict condition of engagement. Every independent contractor and educator is required to thoroughly review, sign, and return the standalone **Staff Code of Conduct and Ethics Policy** prior to their first rostered placement. A signed and dated copy of this policy must be maintained securely within each educator's individual compliance file.

Section 2 – In Home Care Service Information

HOURS OF OPERATION

Mummymetime offers in-home care 24 hours a day, 7 days a week. We operate for 52 weeks per year.

(a) Operating Hours

- Service Delivery Hours: 24 hours a day, 7 days a week, 52 weeks per year.
- Purpose: To provide continuous, flexible care that supports emergency service personnel, shift workers, and diverse family schedules.

(b) Business Hours

- Administration Office Hours: Monday to Friday, 9:00 AM to 5:00 PM AEST (excluding public holidays).
- Purpose: The hours during which the administration office operates for registrations, coordination, and general inquiries. On-call management remains available outside of these hours for urgent operational or placement emergencies.

LICENSED NUMBER OF PLACES

Mummymetime is approved for 40 places for In Home Care

ROLE OF IN-HOME CARE

Mummymetime will:

- provide a tailored, individual education program based on each child's knowledge, ideas, culture, abilities and interests;
- develop a program that acknowledges and strengthens the cultural identity of children to whom care is provided;
- ensure children are adequately supervised at all times;
- ensure reasonable precautions are taken to protect children from harm or injury and any hazard likely to cause harm or injury;
- ensure that every IHC educator holds a current first aid qualification; and
- share information with the IHC Support Agency and the Department of Education about family circumstances and changes in family circumstances.

RESPONSIBILITIES FOR IN-HOME CARE

Mummymetime will:

- ensure children have a current enrolment for the IHC service type created in the new Child Care Subsidy System, and provide attendance records
- provide care in accordance with the Family Management Plan agreed between the family and the IHC Support Agency
- guarantee that Educators hold a minimum Certificate III in ECEC, a current First Aid, Anaphylaxis certificate and a Working with Children's Check.
- undertake home inspections to ensure the physical environment is safe for the children receiving care and the educators, and submit site visit reports to the IHC Support Agency
- support educators by providing the necessary resources and guidance for working in a family environment, in particular with families experiencing complex situations
- monitor the quality of care provided by the educator

- maintain a register of educators including details of the necessary checks, expiry dates and dates the checks have been verified
- report quarterly to IHC Support Agencies in relation to:
    - number of places not utilised in the current quarter
    - number of places not expected to be used in the next quarter
    - details of any issues raised by educators, particularly in regards to physical safety
    - other information as required
    - a child ceasing to be enrolled (the Provider must inform the relevant IHC Support Agency within 7 days of the cessation of the enrolment of a child)
- provide the family with the Service's written policies, procedures and standard practices
- ensure the safety of children receiving IHC and that educators and other staff who have regular contact with these children are fit and proper persons
- maintain medication schedules for children prescribed by a medical practitioner and written authorisation by the parent where the educator is required to administer the medication
- ensure the IHC educator has a list of relevant NSW authorities who should be notified under the NSW legislation
- maintain a record of illnesses or injury which have been notified to the relevant authorities
- seek appropriate permissions from the family and retain these permissions
- ensure the IHC educator has the latest Family Management Plan following quarterly reviews by the IHC Support Agency
- ensure the IHC educator has access to service staff during business hours and in the case of an emergency (by providing an after-hours contact detail)
- Act as an intermediary where there is a dispute between the Educator and the family about the safety of the physical environment.

Mummymetime Educators will:

- meet the IHC qualification requirements, and have a sound understanding of early childhood development and the child's education and care and other support needs; and participate in professional development activities offered by the IHC service and the IHC Support Agency
- nurture children's health and safety; IHC educators must be aware of each child's symptoms, allergies and medical issues and procedures to be followed in these circumstances
- hold a current First Aid Certificate, and store medications and the First Aid Kit appropriately
- administer medications as prescribed in the medication schedule authorised by a medical practitioner, and maintain a record of the administration of the medication
- develop a suitable learning program for each of the children receiving IHC, and record each child's progress against the program and discuss the progress with the family
    - the written program should reflect the education and care requirements outlined in the Family Management Plan;
    - the educational program should be designed to help develop the child's social, emotional, physical and creative abilities, and should promote each child's engagement in self-directed learning/play and independence
- follow safety procedures during travel.
- Speak to the Family about concerns relating to the safety of the physical environment, in the first instance. The educator must also notify *Mummymetime* of these concerns and provide an update once these concerns have been addressed.

DUTIES OF EDUCATORS

- To greet both children and adults by name, in a warm and friendly manner
- To liaise with parents regarding the child's development

- To assist parents with separating from the child
- To comfort distressed children at time of separation and during the day
- To ensure the safety and wellbeing of all children
- To fully supervise children at all times
- To never leave children in the room or outdoors alone
- To observe and program for all children, including those with additional needs in association with other related professionals that the child may have contact with
- Provide a range of experiences, designed to enhance the social, emotional, intellectual, linguistic, cultural and physical skills of each child
- To evaluate weekly programs in conjunction with other Educators and families within the Service
- To guide relief Educators
- Liaise with management regarding any concerns or questions
- To clock in at the exact start time and clock out at the exact conclusion of every shift using the Connecteam rostering system
- To conduct and review a Daily Home Safety Assessment via the Connecteam online form at the commencement of every shift before care duties begin
- To submit a Fortnightly IHC Report via the Connecteam online form for every individual In-Home Care family worked with during that roster period
- To coordinate quarterly emergency evacuation drills in collaboration with placement families and provide formal evidence of completion to management
- To maintain and keep all mandatory compliance items up to date while in an active placement, including but not limited to Working with Children Checks (WWCC), First Aid, CPR, and National Police Checks / National Safety Certificates

RECRUITMENT, ACCREDITATION AND INDUCTION

Executive Commitment to Child Safety and Professional Governance
Mummymetime operates an uncompromised, zero-tolerance approach to child safety, executing a highly structured recruitment pipeline to ensure all independent contractors are fit and proper sole practitioners prior to entering private homes. Every stage of the vetting process is rigorously documented, verified against primary source credentials, and hard-linked to official service control forms to eliminate administrative oversight and mitigate operational risk in unmonitored home-based care environments.

Pre-Placement Compliance Matrix
Before final management sign-off is granted and any educator is cleared for roster placement, all items in the compliance framework below must be verified as current, valid, and securely filed:

- Working With Children Check (WWCC) (Validated via the state online portal)
- National Police Check (Issued within 6 months of the intake date)
- First Aid, CPR, Asthma & Anaphylaxis Certificate (Approved HLTAID framework)
- Child Protection Training Certificate (Mandatory baseline safety module)
- National Child Safety Training Certificate (Verified via Geccko platform completion log)
- Childhood Qualifications (Minimum Certificate III, equivalent, or approved active enrolment)
- PRODA Number (Active status)
- Australian Business Number (ABN) (Active sole trader registration)
- Tax File Number (TFN)
- Superannuation Details
- Visa / Right to Work Status (Verified for non-citizens/PR)

- Medical Fitness Sign-off (GP clearance mandated only if triggered by disclosure or review during the initial intake phase)

Mandatory Exclusion Rule: Educators are solely responsible for maintaining current credentials. If any accreditation or check expires, the educator is immediately suspended from the roster, blocked from placement, and replaced by a relief educator until a renewed credential is approved by management.

Recruitment & Form-Linked Document Integration
The intake vetting process directly utilises, tracks, and logs the compliance matrix above across four distinct, mandatory lifecycle stages governed by formal service documentation:

- Part A — Standardised Interviewing: Governed by *Mummymetime_Recruitment_Accreditation_Form* (Part A: Standardised Interview Guide). This stage executes competency-based interviewing and triggers the initial health history check.
- Part B — Vetting Protocols: Governed by *Mummymetime_Recruitment_Accreditation_Form* (Part B: Professional Reference Checking Template). This stage mandates rigorous verbal and professional reference checks to verify history and character suitability.
- Part C — Compliance Sighting: Governed by *Mummymetime_Recruitment_Accreditation_Form* (Part C: Pre-Sign-Off Checklist). This stage serves as the operational safety valve where management physically or digitally sights, cross-checks, and logs all elements of the Pre-Placement Compliance Matrix.
- Part D — Defensible Sign-Off: Governed by *Mummymetime_Recruitment_Accreditation_Form* (Part D: Overall Suitability Outcome Approval). Final validation and formal authorisation by management required before active placement.

Staged Induction Plan & Safety Gates
To ensure absolute compliance with mandatory health, safety, and operational standards, all approved educators must successfully navigate a strict, two-phase induction pipeline linked directly to service validation logs. No solo field care is permitted under any circumstances until Phase 1 is fully finalised.

- Phase 1: Pre-Commencement Live Interactive Intake (The Safety Gate) Governed by *Mummymetime_Induction_Procedure_and_Checklist* Must be completed via a live interactive session (video link or in-person) with Must be completed via a live interactive session (video link or in-person) with management prior to any field care. This phase covers all mandatory health, safety, and statutory obligations. Educators must pass a verbal and visual comprehension assessment before shift clearance.
- Phase 2: Post-Commencement Competency Verification (Digital Platform) Governed by *Mummymetime_Induction_Procedure_and_Checklist & Mummymetime_Phase_2_Form_Blueprint* Completed independently via the digital platform within 14 days of starting field care. This phase reinforces operational compliance through competency-based assessment covering service philosophy, privacy, documentation, communication, record keeping, educational programming, behaviour guidance and ongoing home safety responsibilities.

SUPPORT FOR EDUCATORS

Mummymetime is dedicated to providing comprehensive, ongoing support systems to ensure that Educators can deliver high-quality, safe, and compliant early childhood education within home environments.

- **Everyday Communication and Guidance:** Educators have direct access to Mummymetime management via telephone and email during standard operating hours for daily guidance, operational advice, and placement coordination. For critical issues outside of standard business hours, an after-hours emergency support coordinator is contactable to assist with urgent environment or safety dynamics.
- **Quality Monitoring and Site Visits:** To monitor the quality of care provided by Educators and to ensure the continuous physical safety of both Educators and children, Mummymetime management conducts scheduled and unannounced physical site visits. These site inspections are used to evaluate environmental safety compliance, review home care practices, and ensure alignment with regulatory standards. Management also leverages the Connecteam platform to review submitted checklists, shift logs, and active hazard reports to monitor safety trends.
- **Performance Support Framework:** Where minor practice, administrative, or compliance deficits are identified through regular monitoring, Mummymetime will initiate a supportive professional framework. Management will provide targeted performance support resources, clear regulatory guidance, and documented action metrics designed to help the Educator align with service expectations. If critical or persistent safety breaches occur that compromise the welfare of children, Mummymetime reserves the right to immediately cease the Educator's service engagement.
- **Educator Wellbeing and Working Conditions:** Recognising that Educators operate as sole practitioners in private home environments, Mummymetime actively facilitates professional wellbeing checks. Management provides open consultation channels to address individual Educator concerns, including working conditions, placement dynamics, and emotional or psychological stresses associated with isolated practice.
- **Qualification Pathways and Annual Professional Development:**
    - **Qualification Support:** Mummymetime actively supports Educators to undertake targeted training pathways to meet core qualification requirements.
    - **Annual Professional Development Program:** Management will develop a customised *Annual Professional Development Program* for each Educator. Mummymetime ensures that the specific professional development indicated in this plan, or equivalent approved training, is successfully carried out during the year.
    - **Compulsory Child Protection:** Ensure all Educators undertake compulsory child protection training and any other mandatory training required to maintain relevant professional registrations, accreditations, and qualifications.

PROGRAMMING FOR CHILDREN

The Educators will carry out observations on children as individuals and in small group situations. Needs will be observed, however the focus is on interests and current skills. Children can then extend their skills in a way that is enjoyable, interesting and therefore more likely to ignite a passion for learning.

Observations will be used to support our Early Years Learning Framework where experiences are both programmed and spontaneous along with learning and project work to support and further develop these interests. All resources will always be available to each child whilst Educators will act in a supporting role for each child as they investigate, discover and grow.

An IHC educator may be engaged by a family to provide services outside of scope of IHC, however CCS and ACCS will not be payable for these hours of care. Funding for the other services may be available from other sources including government programs.

The following activities are outside the scope of IHC:

- household chores such as cleaning, shopping and meal preparation, unless undertaken in relation to caring for the child/children in the session of care
- education and care provided by unqualified educators
- support services not directly related to early childhood education and care, including parental support and disability support
- multi-care (i.e. where care is provided for children from more than one family)
- transport only (i.e. the session of care cannot be only for the purposes of transporting children)
- any activities out of scope of CCS
- allied health services
- supervision of distance education and home schooling
- respite care
- any other activities unrelated to early childhood education and care.

ASSESSMENT AND MANAGEMENT OF IHC PLACEMENTS

In relation to assessment and management of approved placements *Mummymetime* will work with the IHC Support agency to match families with the most suited Educator for their needs in accordance with the Family Management Plan. *Mummymetime* will work with IHC Support Agencies to maximise utilisation of places and notify the IHC Support Agency and the Department of Education about change in family circumstances and any vacancies.

Mummymetime will:

- only enrol a child for IHC after receiving a referral from an IHC Support Agency
- only provide care within the allocation of places given to an IHC service
- inform IHC Support Agencies when a child ceases to be enrolled at the service
- ensure the family details in the Child Care Subsidy System are up to date
- provide reasonable assistance to and cooperate with IHC Support Agencies consistently with furthering the purpose of their role as set out in the IHC National Guidelines

PLACEMENT REGISTRATIONS

- Upon availability and in conjunction with government guidelines for priority of placement a position will be secured.
- Upon placement you will receive information on our Service and the relevant forms to complete.
- Immunisation records will need to be sighted (and copies obtained), on enrolment if your child is fully immunised. If not fully immunised, your child will need to be excluded in the event of an outbreak of any 'immunise-able' disease.
- Please see our 'Payment of Fees' policy for more information.

ADDITIONAL CHILD CARE SUBSIDY (ACCS)

Purpose
The Additional Child Care Subsidy (ACCS) is a component of the Child Care Safety Net designed to provide additional financial support to eligible families receiving In Home Care (IHC).

Eligibility
Families receiving IHC may be eligible for ACCS in circumstances including:

- Families who require practical help to support their child's safety and wellbeing

- Children assessed as being at **Unintentional Risk of Harm**
- Grandparent primary carers receiving income support
- Families experiencing temporary financial hardship
- Parents transitioning to work from income support

Eligibility is determined by the relevant Government Department in accordance with Child Care Subsidy legislation and guidelines.

Application and Submission Support
Mummymetime will:

- Assist families in submitting ACCS applications and renewal forms to Centrelink.
- Aim to submit ACCS renewal applications at least **three (3) weeks prior to expiry** to allow sufficient time for Departmental processing and any required updates.
- Advocate on behalf of families, where possible, to support successful ACCS applications.
- Final approval of ACCS remains the responsibility of the relevant Government Department.

Family Responsibilities
Families applying for or receiving ACCS are responsible for:

1. Providing Supporting Documentation

- Supplying all documentation required for ACCS applications and renewals.
- Ensuring documents are current, detailed, and sufficient to support the application.
- Providing supporting letters that explicitly state the child/children are at **"Unintentional Risk of Harm"**, and clearly outlining the reasons for this assessment.

2. Document Validity

- Ensuring supporting documentation is no older than **six (6) months** from the date of issue for both initial applications and subsequent renewals.
- Ensuring documentation is updated and submitted within required timeframes to prevent gaps in eligibility.

Liability and Financial Responsibility

- If an ACCS application or renewal is rejected, withdrawn, or expires, families are liable for the **full childcare fees** for any period in which ACCS is not approved or applied.
- Timely submission of strong, complete, and accurate documentation, including letters specifying **"Unintentional Risk of Harm"**, is essential to minimise the risk of rejection and ensure continuity of subsidy.

Commitment
MMT is committed to supporting families in accessing ACCS where eligible while ensuring compliance with legislative requirements and maintaining clear financial accountability.

ENROLMENT AND SESSION REPORTS

Mummymetime will provide Enrolment and session Reports to the IHC Support agency detailing the sessions of care undertaken in accordance with the Family Management Plan.

Section 3 – Service Policies

ADMINISTRATION OF FIRST AID POLICY

First aid can save lives and prevent minor injuries or illnesses from becoming major. The ability to provide prompt basic first aid is particularly important in the contact of an early childhood service where Educators have a duty of care and obligation to assist children who are injured, become ill or require support with administration of medication

National Quality Standard (NQS)

Quality Area 2: Children's Health and Safety		
2.1.1	**Wellbeing and comfort**	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation
2.1.2	**Health practices and procedures**	Effective illness and injury management and hygiene practices are promoted and implemented.
2.2	**Safety**	Each child is protected
2.2.1	**Supervision**	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard
2.2.2	**Incident and emergency management**	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented

Related Policies

Incident, Illness, Accident and Trauma Policy
Administration of Medication Policy
Supervision Policy
Anaphylaxis Management Policy
Asthma Management Policy
Diabetes Management Policy

Purpose

Mummymetime has a duty of care to provide and protect the health and safety of children, families, educators and visitors of the Service. This policy aims to support educators to:

- Preserve life
- Ensure that ill or injured persons are stabilised and comforted until medical assistance intervenes
- Monitor ill or injured persons in the recovery stage
- Apply additional first aid tactics if the condition does not improve
- Ensure the environment is safe and other people are not in danger of becoming ill or injured.

Scope

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

Implementation

First aid is the emergency aid or treatment given to persons suffering illness or injury following an accident and prior to obtaining professional medical services if required. It includes emergency treatment, maintenance of records, dressing of minor injuries, recognition and reporting of health hazards and participation in safety programs. Legislation that governs the operation of approved children's services is based on the health, safety and welfare of children, and requires that children are protected from hazards and harm.

Management is responsible for:

- Safeguarding every reasonable precaution to protect children at the Service from harm and/or hazards that can cause injury

- Ensuring that at least one educator is in attendance at all times with current approved first aid qualifications and is immediately available at all times that children are being educated and cared for by the Service. This can be the same person who has anaphylaxis management training and emergency asthma management training.
- Ensuring that first aid training details are recorded and kept up to date on each staff member's record.
- Ensuring there is an induction process for all new educators that includes providing information specific first aid requirements and individual children's allergies.
- Ensuring that parents are notified immediately if their child is involved in an incident, injury, trauma or illness at the Service and that details are recorded on the Incident, Injury, Trauma and Illness Record.
- Ensuring the Secretary of the Department of Education is notified within 24 hours if a child is involved in a serious incident, injury, trauma or illness at the Service.
- Ensuring that staff members are offered support and debriefing subsequent to a serious incident requiring the administration of first aid.
- Ensuring a resuscitation flow chart is displayed in a prominent position in the indoor and outdoor environments of the Service.
- Keeping up to date with any changes in procedures for administration of first aid and ensuring that all educators are informed of these changes.

Educators will:

- Maintain current approved first aid qualifications, and qualifications in anaphylaxis management and emergency asthma management, as required
- Implement appropriate first aid procedures when necessary
- Ensure the first aid kit on the premises is fully-equipped and meets Australian Standards
- Provide and maintain a transportable first aid kit that can be taken to excursions and other activities
- Monitor the contents of all first aid kits and arrange replacement of stock, including when the use-by date has been reached
- Dispose of out-of-date materials appropriately
- Keep up to date with any changes in the procedures for the administration of first aid
- Contact families immediately if a child has had a head injury whilst under their supervision
- Ensure that the details of any incident requiring the administration of first aid are recorded on the Incident, Injury, Trauma and Illness Record accurately.
    - Name and age of the child
    - Circumstances leading to the incident, injury, trauma or illness (including any symptoms)
    - Time and date
    - Details of action taken including any medication administered, first aid provided or
    - Medical personnel contacted
    - Details of any witnesses
    - Names of any person notified or attempted to notify, and the time and date of this
    - Signature of the person making the entry, and time and date of this.
- Practice CPR and administration of an auto-injection device annually
- Ensure that all children are adequately supervised while providing first aid and comfort for a child involved in an incident or suffering trauma
- Conduct a risk assessment prior to an excursion to identify risks to health, safety or wellbeing and specifying how these risks will be managed and minimised

Parents will:

- Sign Service records of accidents or injuries that have occurred, acknowledging they have been made aware of the incident and the first aid that treatment was given to the child.

- Provide the required information for the Service's medication record
- Provide written consent (via the enrolment record) for service staff to administer first aid and call an ambulance, if required.
- Be contactable, either directly or through emergency contacts listed on the child's enrolment record, in the event of an incident requiring the administration of first aid.

All First Aid Kits must:

- Be suitably equipped
- Not be locked
- Be suitable for the number of employees and children and sufficient for the immediate treatment of injuries
- Be easily accessible to educators
- Be constructed of resistant material, be dustproof and of sufficient size to adequately store the required contents
- Be capable of being sealed and preferably be fitted with a carrying handle as well as have internal compartments.
- Contain a list of the contents of the kit.
- Be regularly checked using the First Aid Kit Checklist to ensure the contents are as listed and have not depreciated or expired.
- Be easily recognisable
- Include emergency telephone numbers
- Be given precautionary measures such as sunscreen protection and portable water if working outdoors.
- Be taken on excursions.
- Be maintained in proper condition and the contents restocked as required.

First Aid Kit Checklist

Mummymetime will use the Checklist in Safe Work Australia's First Aid in the Workplace Code of Practice as a guide to what to include in our First Aid Kit.
https://www.safeworkaustralia.gov.au/doc/model-code-practice-first-aid-workplace

We will determine the need for additional items to those in the checklist, or whether some items are unnecessary, after analysing the number of children at our Service and what injuries children or adults may incur. We will review our incident, injury, trauma and illness records to help us make a knowledgeable decision about what to include.

Source

- **Australian Children's Education & Care Quality Authority.**
- **Ion Home Care Guidelines and Handbook**
- **ECA Code of Ethics.**
- **Guide to the National Quality Standard.**
- **Safe Work Australia Legislative Fact Sheets First Aiders**
- **Safe Work Australia First Aid in the Workplace Code of Practice**
- **Revised National Quality Standards**

ADMINISTRATION OF MEDICATION POLICY

In supporting the health and wellbeing of children, the use of medications may be required for children at the Service. Any medication must be administered as prescribed by medical practitioners and first aid guidelines to ensure the continuing health, safety and wellbeing for the child.

National Quality Standard (NQS)

Quality Area 2: Children's Health and Safety		
2.1.1	**Wellbeing and comfort**	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation
2.1.2	**Health practices and procedures**	Effective illness and injury management and hygiene practices are promoted and implemented.
2.2	**Safety**	Each child is protected
2.2.1	**Supervision**	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard
2.2.2	**Incident and emergency management**	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented

Purpose

To ensure all educators of the Service can safely administer children's required medication with the written consent of the child's parent or guardian. Educators will follow this stringent procedure to promote the health and wellbeing of each child being cared for.

Scope

This policy applies to children, families, staff and management.

Implementation

Families requesting the administration of medication to their child will be required to follow the guidelines developed by the Service to ensure the safety of children and educators. The Service will follow legislative guidelines and standards to ensure the health of children, families and educators at all times.

Management will ensure:

- The Administration of the Authorised Medication Record is completed for each child.
- A separate form must be completed for each medication if more than one is required.
- Medication is only administered by the educator with written authority signed by the child's parent or other responsible person named in the child's enrolment record that is authorised by the child's parents to make decisions about the administration of medication.
- Medication is provided by the child's parents including the following guidelines –
    - The administration is authorised by a parent or guardian;
    - Medication is prescribed by a registered medical practitioner (with instructions either attached to the medication, or in written/verbal form from the medical practitioner.)
    - Medication is from the original container;
    - Medication has the original label clearly showing the name of the child;
    - Medication is before the expiry/use by date.
    - Any instructions attached to the medication or related to the use of the medication
- Medication is stored appropriately out of reach of children and the educator is shown upon arrival where medication is stored.
- Written and verbal notifications are given to a parent or other family member of a child as soon as practicable, if medication is administered to the child in an emergency when consent was either verbal or provided by medical practitioners.
- If medication is administered without authorisation in the event of an asthma or anaphylaxis emergency the parent of the child and emergency services are notified as soon as practicable.

- If the incident presented imminent or severe risk to the health, safety and wellbeing of the child or if an ambulance was called in response to the emergency (not as a precaution) the Secretary of the Department of Education will be notified within 24 hours of the incident.
- Enrolment records for each child outline the details of persons permitted to authorise the administration of medication to the child.
- Reasonable steps are taken to ensure that medication records are maintained accurately.
- Medication forms are kept in a secure and confidential manner and ensure the records are archived for the regulatory prescribed length of time.
- Children's privacy is maintained, working in conjunction with the Australian Privacy Principles (APP)
- Educators receive information about the medical and medication policies during their induction.
- To request written consent from families on the enrolment form to administer the Emergency Asthma Kit if required.
- Families will be reminded that every attempt to contact them for verbal permission will be made by the Service prior to administering asthma medications.
- Families are informed of the Service's medical and medication policies
- Safe practices are adhered to for the wellbeing of both the child and educators.

Educators will:

- Not administering any medication without the authorisation of a parent or person with authority – except in the case of an emergency, when the verbal consent from an authorised person, a registered medical practitioner or medical emergency services will be acceptable if the parents cannot be contacted.
- Ensure that medications are stored appropriately and out of reach of children.
- Ensure they have approved First Aid qualifications in accordance with current legislation and regulations. An educator is responsible for:
    - Checking the Medication Form,
    - Checking the prescription label and the amount of medication being administered
    - Checking the use-by date
    - Signing and dating the medication form
    - Returning the medication back into the locked medication container.
- Follow hand-washing procedures before and after administering medication.
- Discuss any concerns or doubts about the safety of administering medications with management to ensure the safety of the child
- Seek further information from the family, the prescribing doctor, or the Public Health Unit before administering medication if required
- Ensure that the instructions on the Medication Form are consistent with the doctor's instructions and the prescription label.
- Invite the family to request an English translation from the medical practitioner for any instructions written in a language other than English.
- Ensure that the Medication Record is completed correctly

Families will:

- Notify educators, both via enrolment forms and verbally when children are taking any medications. This includes short and long-term medication use.
- Complete a medication record for children requiring medication whilst they are at the Service.
- Assist Educators to complete long-term medication records in accordance with the medical practitioner completing and signing the plan.
- Update long term medication records quarterly or as the child's medication needs change.
- Be requested to sign consent to use creams and lotions (list of items in the first aid kit provided at enrolment) should first aid treatment be required.

- Be required to keep prescribed medications in original containers with pharmacy labels. Please understand that medication will only be administered as directed by the medical practitioner and only to the child whom the medication has been prescribed for. Expired medications will not be administered.
- Give any medication for their children to an educator who will provide the family with a Medication Record
- Complete the Medication Record and the educator will sign to acknowledge the receipt of the medication. Please understand that no medication will be administered without written consent from the parent or authorised person.
- Provide any herbal/ naturopathic remedies or no prescribed medications (including Paracetamol or cold medications) with a letter from the doctor detailing the child's name, dosage and the expiry date for the medication.

Guidelines for administration of Paracetamol

- Families must provide their own Paracetamol for use as directed by a medical practitioner.
- To safeguard against the disproportionate use of Paracetamol, and minimise the risk of concealing the fundamental reasons for high temperatures, educators will only administer Paracetamol if it is accompanied by a Doctor's letter stating the reason for administering, the dosage and duration it is to be administered for.
- If a child presents with a temperature whilst in care, the family will be notified immediately and notified of the educators recommendation in regards to administering paracetamol
- The family will be encouraged to visit a doctor to find the cause of the temperature. The educator will:
    - Remove excess clothing to cool the child down
    - Offer fluids to the child
    - Encourage the child to rest
    - Provide a cool, damp cloth for the child's forehead and back of the neck
    - Monitor the child for any additional symptoms
    - Maintain supervision of the ill child at all times, while keeping them separated from children who are well.

Medications kept on premises/in the home

- Any medication, cream or lotion kept on the premises will be checked monthly for expiry dates in unification with the First Aid Checklist.
- A list of first aid kit contents close to expiry or running low will be given to the family for the purchase of replacement supplies.
- If a child's individual medication is due to expire or running low, the family will be notified by educators that replacement items are required.
- **MEDICATION WILL NOT BE ADMINISTERED IF IT HAS PAST THE PRODUCT EXPIRY DATE.**
- Families are required to complete a medication form for lotions to be administered. (Long-term medication form).

Emergency Administration of Medication

- In the occurrence of an emergency and where the administration of medication must occur, the educator must attempt to receive verbal authorisation by a parent of the child named in the child's Enrolment Form who is authorised to consent to the administration of medication.
- If a parent of a child is unreachable, the Service will endeavor to obtain verbal authorisation from an emergency contact of the child named in the child's Enrolment Form, who is authorised to approve the administration of medication.

- If all the child's nominated contacts are non-contactable, the educator must contact a registered medical practitioner or emergency service on 000.
- In the event of an emergency and where the administration of medication must occur, written notice must be provided to a parent of the child or other emergency contact person listed on the child's Enrolment Form.

Emergency Involving Anaphylaxis or Asthma

- For anaphylaxis or asthma emergencies, medication will be administered to a child without authorisation, following the correct action plan has been provided.
- The Educator will contact the following as soon as practicably possible -
    - Emergency Services
    - A parent of the child
    - The Secretary of the Department of Education within 24 hours
- The child will be comforted, reassured, and removed to a quiet area under the direct supervision of the educator.

Source

- **Australian Children's Education & Care Quality Authority.**
- **In Home Guidelines and Handbook**
- **ECA Code of Ethics.**
- **Guide to the National Quality Standard.**
- **Staying Healthy in Child Care - 6th Edition**
  Staying healthy: Preventing infectious diseases in early childhood education and care services - 6th Edition
- **NSW Department of Health - www.health.nsw.gov.au**
- **National Health and Medical Research Council - www.nhmrc.gov.au**
- **Revised National Quality Standard**

ANAPHYLAXIS MANAGEMENT POLICY

Anaphylaxis is a severe and sometimes sudden allergic reaction which is potentially life threatening. It can occur when a person is exposed to an allergen (such as food or an insect sting). Reactions usually begin within minutes of exposure and can progress rapidly over a period of up to two hours or more. Anaphylaxis should always be treated as a medical emergency, requiring immediate treatment. Most cases of anaphylaxis occur after a person is exposed to the allergen to which they are allergic, usually a food, insect sting or medication.

National Quality Standard (NQS)

Quality Area 2: Children's Health and Safety		
2.1.1	**Wellbeing and comfort**	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation
2.1.2	**Health practices and procedures**	Effective illness and injury management and hygiene practices are promoted and implemented.
2.2	**Safety**	Each child is protected
2.2.1	**Supervision**	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard
2.2.2	**Incident and emergency management**	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented

Purpose

Mummymetime aims to minimise the risk of an anaphylactic reaction occurring by ensuring all educators are adequately trained to respond appropriately and competently to an anaphylactic reaction.

Scope

This policy applies to children, families, staff and management.

Duty of care

Our focus is keeping children safe. All educators need to be aware of children in their care who suffer from allergies that may cause an anaphylactic reaction.

Background

The most common allergens in children are:

- Peanuts
- Eggs
- Tree nuts (e.g. cashews)
- Cow's milk
- Fish and shellfish
- Wheat
- Soy
- Sesame
- Certain insect stings (particularly bee stings)

The key to the prevention of anaphylaxis is knowledge of those children who have been diagnosed as at risk, awareness of allergens, and prevention of exposure to those allergens. Communication between the Service and families is vital in helping children avoid exposure.

Adrenaline given through an adrenaline autoinjector (such as an EpiPen®) into the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis.

Implementation
We will involve all educators, families and children in regular discussions about medical conditions and general health and wellbeing throughout our curriculum. The Service will adhere to privacy and confidentiality procedures when dealing with individual health needs, this includes having families sign a permission form to display the child's action plan in prominent positions within the home.

A copy of all medical conditions policies will be provided to all educators and families. It is important that communication is open between families and educators to ensure appropriate management of anaphylactic reactions are effective.

It is imperative that all educators follow a child's Medical Management Plan in the event of an incident related to a child's specific health care need, allergy or medical condition.

***Mummymetime* Management will ensure:**

- That all educators have completed first aid and anaphylaxis management training approved by the Education and Care Services National Regulations at least every 3 years and is recorded, with each staff members' certificate held on the Service's premises.
- That all educators, whether or not they have a child diagnosed at risk of anaphylaxis undertakes training in the administration of the adrenaline auto-injection device and cardio- pulmonary resuscitation every 12 months, recording this in the staff records.
- That all educators are aware of symptoms of an anaphylactic reaction, the child at risk of anaphylaxis, the child's allergies, anaphylaxis action plan and EpiPen kit.
- That a copy of this policy is provided and reviewed during each new staff member's induction process.
- A copy of this policy will be provided to a parent or guardian of each child diagnosed at risk of anaphylaxis at the Service.
- Updated information, resources and support are regularly given to families for managing allergies and anaphylaxis.
- They remain up to date with changes to action plans
- The Service receives an up to date copy of the action plan every 12 to 18 months or if changes have occurred to the child's diagnosis.

In cases where a child diagnosed at risk of anaphylaxis is cared for the Educator shall also:

- Conduct an assessment of the potential for accidental exposure to allergens while child/children at risk of anaphylaxis are in the care of the Service and develop a risk minimisation plan for the Service in consultation with the family of the child.
- Ensure that an auto-injection device is always on the premises if the child has been prescribed one.
- Ensure that a child's individual anaphylaxis medical management action plan is signed by a Registered Medical Practitioner and inserted into the enrolment record for each child. This will outline the allergies and describe the prescribed medication for that child and the circumstances in which the medication should be used.
- Ensure that all educators responsible for the preparation of food are trained in managing the provision of meals for a child with allergies, including high levels of care in preventing cross contamination during storage, handling, preparation and serving of food. Training will also be given in planning appropriate menus including identifying written and hidden sources of food allergens on food labels.
- Ensure that all relief educators have completed training in the administration of anaphylaxis management including the administration of an adrenaline auto-injection device, awareness of the symptoms of an anaphylactic reaction, the child at risk of anaphylaxis, the child's allergies, the individual anaphylaxis medical management action plan and the location of the auto-injection device kit.

- Implement the communication strategy and encourage ongoing communication between parents/guardians and staff regarding the current status of the child's allergies, this policy and its implementation.
- Display an Emergency contact card by telephone.
- Ensure that all educators know the location of the anaphylaxis medical management plan and that a copy is kept with the auto-injection device Kit.
- In the event of an excursion ensure that the educator carries the anaphylaxis medication and a copy of the anaphylaxis medical management action plan with the auto-injection device kit.

Educators will:

- Ensure a copy of the child's anaphylaxis medical management action plan is visible
- Follow the child's anaphylaxis medical management action plan in the event of an allergic reaction, which may progress to anaphylaxis.
- Practice the administration procedures of the adrenaline auto-injection device using an auto-injection device trainer and 'anaphylaxis scenarios' on a regular basis, preferably quarterly.
- Ensure the child at risk of anaphylaxis will only eat food that has been prepared according to the parents or guardians instructions.
- Ensure tables and bench tops are washed down effectively after eating.
- Ensure hand washing for all children before and after eating.
- Increase supervision of a child at risk of anaphylaxis on special occasions such as parties and family days.
- Ask all parents/guardians as part of the enrolment procedure whether the child has allergies and document this information on the child's enrolment record. If the child has severe allergies, ask the parents/guardians to provide a medical management action plan signed by a Registered Medical Practitioner.
- Ensure that an anaphylaxis medical management action plan signed by the child's Registered Medical Practitioner and a complete auto-injection device kit (which must contain a copy the child's anaphylaxis medical management action plan) is provided by the parent/guardian for the child while at the Service and kept up to date.
- Ensure that the auto-injection device kit is stored in a location that is known to the educator, including relief staff; easily accessible to adults (not locked away); inaccessible to children; and away from direct sources of heat
- Ensure that the auto-injection device kit containing a copy of the anaphylaxis medical management action plan for each child at risk of anaphylaxis is carried when the child is removed from the home e.g. on excursions that this child attends.
- Regularly check and record the adrenaline auto-injection device expiry date. (The manufacturer will only guarantee the effectiveness of the adrenaline auto-injection device to the end of the nominated expiry month)
- In the event where a child who has not been diagnosed as allergic, but who appears to be having an anaphylactic reaction:
    - Call an ambulance immediately by dialing 000
    - Commence first aid measures
    - Contact the parent/guardian when practicable
    - Contact the emergency contact if the parents or guardian can't be contacted when practicable
    - Notify the Secretary of the Department of Education within 24 hours

In the event that a child suffers from an anaphylactic reaction, *Mummymetime* staff will:

- Follow the child's anaphylaxis action plan.
- Call an ambulance immediately by dialing 000
- Commence first aid measures

- Contact the parent/guardian when practicable
- Contact the emergency contact if the parents or guardian can't be contacted when practicable
- Notify the Secretary of the Department of Education within 24 hours

Families will:

- Inform management, either on enrolment or on diagnosis, of their child's allergies
- Provide staff with an anaphylaxis medical management action plan signed by the Registered Medical Practitioner giving written consent to use the auto-injection device in line with this action plan
- Provide a complete auto-injection device kit
- Regularly check the adrenaline auto-injection device expiry date
- Offer information and answer any questions that management or educators may have regarding their child's allergies
- Notify management and educators of any changes to their child's allergy status and provide a new anaphylaxis action plan in accordance with these changes
- Communicate all relevant information and concerns to management and educators, for example, any matter relating to the health of the child
- Read and be familiar with the policy
- Provide an updated action plan every 12-18 months or if changes have been made to the child's diagnosis.

Educating children

- Educators will talk to children about foods that are safe and unsafe for the anaphylactic child. They will use terms such as 'this food will make _____ sick', 'this food is not good for _____', and ' _____ is allergic to that food'.
- Educators will talk about symptoms of allergic reactions to children (e.g. itchy, furry, scratchy, hot, funny).
- With older children, educators will talk about strategies to avoid exposure to unsafe foods, such as taking their own plate and utensils, having the first serve from commercially safe foods, and not eating food that is shared.
- Educators will include information and discussions about food allergies in the programs they develop for the children, to help children understand about food allergy and encourage empathy, acceptance and inclusion of the allergic child.

Reporting Procedures

- After each emergency situation the following will need to be carried out:
- Educators involved in the situation are to complete an Incident Report
- If necessary, send a copy of the completed form to the insurance company; and
- File a copy of the Incident Report on the child's file.
- The Educator will inform management about the incident.
- Management is required to inform the Secretary of the Department of Education about the incident within 24 hours.
- Educators will be debriefed after each anaphylaxis incident and the child's Individual Anaphylaxis Health Care Plan evaluated.
- Time is also needed to discuss the exposure to the allergen and the strategies that need to be implemented and maintained to prevent further exposure.

Contact details for resources and support:

- Australasian Society of Clinical Immunology and Allergy (ASCIA), at www.allergy.org.au, provides information on allergies. Their sample Anaphylaxis Action Plan can be downloaded from this site. Contact details for Allergists may also be provided.

- ASCIA has updated the Anaphylaxis Action Plan for 2018 so this updated plan will be referred to and used.
- We will refer to the following website for an updated action plan https://www.allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-for-anaphylaxis
- There are two types of ASCIA Action Plans for Anaphylaxis:
  1. Personal versions (RED) are for individuals who have been prescribed adrenaline autoinjectors. This plan includes personal information and an area for a photo.
  2. General versions (ORANGE) do not contain any personal information and can be used as posters.

There is also an ASCIA Action Plan for Allergic Reactions (GREEN), for individuals with medically confirmed mild to moderate allergies, who need to avoid certain allergens, but have not been prescribed adrenaline autoinjectors. This plan includes personal information and an area for a photo.

- Anaphylaxis Australia Inc., at Allergy Facts, is a non-profit support organisation for families with food anaphylactic children. Items such as storybooks, tapes, auto-injection device trainers and so on are available for sale from the Product Catalogue on this site. Anaphylaxis Australia Inc. provides a telephone support line for information and support to help manage anaphylaxis. Telephone 1300 728 000.
- Royal Children's Hospital Anaphylaxis Advisory Support Line provides information and support about anaphylaxis to school and licensed children's services staff and parents. Telephone 1300 725 911 or Email: Wilma.Grant@rch.org.au
- Department of Education and Early Childhood Development website at www.education.vic.gov.au/anaphylaxis provides information related to anaphylaxis, including frequently asked questions related to anaphylaxis training.

Source

- **Australian Children's Education & Care Quality Authority.**
- **ECA Code of Ethics.**
- **Guide to the National Quality Standard.**
- **Staying Healthy in Child Care. 6th Edition Staying healthy: Preventing infectious diseases in early childhood education and care services - 6th Edition**
- **Revised National Quality Standard**
- **ASCIA Action Plans for Anaphylaxis**

ASTHMA MANAGEMENT POLICY

Asthma is a chronic health condition, which is one of the most common reasons for childhood admission to hospital. Correct asthma management will assist to minimise the impact of asthma. Children under the age of six usually do not have the skills or ability to recognise and manage their own asthma effectively. With this in mind, our Service recognises the need to educate its Educators and families about asthma and to promote responsible asthma management strategies.

National Quality Standard (NQS)

Quality Area 2: Children's Health and Safety		
2.1.1	**Wellbeing and comfort**	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation
2.1.2	**Health practices and procedures**	Effective illness and injury management and hygiene practices are promoted and implemented.
2.2	**Safety**	Each child is protected
2.2.1	**Supervision**	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard
2.2.2	**Incident and emergency management**	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented

Purpose

At *Mummymetime* we are committed to be an Asthma Friendly Service as outlined by Asthma Australia. This means:

- The educators have current training in Asthma First Aid and routine management, conducted or approved by the local Asthma Foundation.
- Asthma Emergency Kits (AEKs) are accessible to educators and include in-date reliever medication, single person use spacers with masks for under 5 year olds,
- Asthma First Aid information is available for educators
- Policies are Asthma Friendly

Reference: Australian Children's Education & Care Quality Authority (acecqa.gov.au)

Scope

This policy applies to children, families, Educators and management.

Duty of care

Our Service has a legal responsibility to provide:

a. A safe environment
b. Adequate Supervision

All educators, including relief staff, must understand asthma reactions and appropriate responses to ensure the safety and wellbeing of children.

Background

Asthma is defined clinically as the combination of variable respiratory symptoms (e.g. wheeze, shortness of breath, cough and chest tightness) and excessive variation in lung function, i.e. variation in expiratory airflow that is greater than that seen in healthy children ('variable airflow limitation'). Source: Asthma Handbook

Asthma is a chronic lung disease which can be treated but not cured. Asthma affects approximately one in 10 Australian children and adults. It is the most common reason for childhood admission to hospital. With good asthma management, people with asthma need not restrict their daily activities. Community education assists in generating a better understanding of asthma within the community and minimising its impact.

Symptoms of asthma include wheezing, coughing (particularly at night), chest tightness, difficulty in breathing and shortness of breath, and symptoms may vary between children. It is generally accepted that children under six years of age do not have the skills and ability to recognise and manage their own asthma without adult assistance. Our Service recognises the need to educate the Educators and parents/guardians about asthma and to promote responsible asthma management strategies.

Asthma causes three main changes to the airways inside the lungs, and all these can happen together:

- the thin layer of muscle within the wall of an airway can contract to make it tighter and narrower – reliever medicines work by relaxing these muscles in the airways
- the inside walls of the airways can become swollen, leaving less space inside – preventer medicines work by reducing the inflammation that causes the swelling
- mucus can block the inside of the airways – preventer medicines also reduce mucus.

Mummymetime will ensure that each educator has current approved emergency asthma management training.

It can be difficult to diagnose asthma with certainty in children aged 0–5 years, because:

- episodic respiratory symptoms such as wheezing, and cough are very common in children, particularly in children under 3 years
- objective lung function testing by spirometry is usually not feasible in this age group
- a high proportion of children who respond to bronchodilator treatment do not go on to have asthma in later childhood (e.g. by primary school age).

Implementation
We will involve all educators, families and children in regular discussions about medical conditions and general health and wellbeing throughout our curriculum. The Service will adhere to privacy and confidentiality procedures when dealing with individual health needs.

A copy of all medical conditions policies will be provided to all educators and families of the Service and reviewed on an annual basis. It is important that communication is open between families and educators to ensure appropriate asthma management.

It is imperative that all educators at the Service follow a child's Medical Management Plan in the event of an incident related to a child's specific health care need, allergy or medical condition.
***Mummymetime* management will ensure:**

- All Educators read and are aware of all medical condition policies and procedures, maintaining awareness of asthma management strategies upon employment at the Service
- That all educators approved first aid qualifications, anaphylaxis management training and Emergency Asthma Management (EAM) training are current, meet the requirements of the National Law and National Regulations, and are approved on the ACECQA website NQF approved qualifications list | ACECQA
- The details of approved Emergency Asthma Management (EAM) training are included on the Educators record.
- Parents are provided with a copy of the Service's Asthma Policy upon enrolment of their child.
- That when medication has been administered to a child in an asthma emergency without authorisation from the parent/guardian or authorised nominee, the parent/guardian of the child and emergency services are notified as soon as is practicable or within 24 hours of the incident.
- To identify children with asthma during the enrolment process and informing Educators.
- To provide families with an Asthma Action plan to be completed in consultation with, and signed by, a medical practitioner prior to care commencing.

- A long-term medication record is kept for each child to whom medication is to be administered by the Service.
- Families of all children with asthma provide reliever medication and a spacer (including a child's face mask, if required).
- The asthma first aid procedure is consistent with current national recommendations.
- That all Educators are aware of the asthma first aid procedure.
- The expiry date of reliever medication is checked regularly and replaced when required, and that spacers and facemasks are replaced after every use.
- Communication between management, educators, Educators and parents/guardians regarding the Service's Asthma Policy and strategies are reviewed and discussed regularly to ensure compliance.
- All Educators are able to identify and minimise asthma triggers for children in their care, where possible.
- Children with asthma are not discriminated against in any way.
- Children with asthma can participate in all activities safely and to their full potential.
- To communicate any concerns with parents/guardians regarding the management of children with asthma at the Service.
- That medication is administered in accordance with the Administration of Medication Policy.

In the event that a child suffers from an asthma emergency the Service and Educators will:

- Follow the child's Asthma Action Plan.
- If the child does not respond to steps within the Asthma Action Plan call an ambulance immediately by dialing 000
- Continue first aid measures
- Contact the parent/guardian when practicable
- Contact the emergency contact if the parents or guardian can't be contacted when practicable
- Notify the Secretary of the Department of Education within 24 hours

Educators will ensure:

- They are aware of the Services Asthma Policy and asthma first aid procedure (ensuring that they can identify children displaying the symptoms of an asthma attack and locate their personal medication, and Asthma Action Plans).
- To maintain current approved Asthma Management qualifications.
- They are able to identify and, where possible, minimising asthma triggers as outlined in the child's Asthma Action Plan.
- Asthma first aid kit, children's personal asthma medication and Asthma Action Plans are taken on excursions or other offsite events, including emergency evacuations.
- To administer prescribed asthma medication in accordance with the child's Asthma Action Plan and the Service's Administration of Medication Policy.
- To discuss with parents/guardians the requirements for completing the enrolment form and medication record for their child.
- To consult with the parents/guardians of children with asthma in relation to the health and safety of their child, and the supervised management of the child's asthma.
- Communicate any concerns to parents/guardians if a child's asthma is limiting his/her ability to participate fully in all activities.
- Children with asthma are not discriminated against in any way.
- Children with asthma can participate in all activities safely and to their full potential, ensuring an inclusive program
- Any asthma attacks are documented, advising parents as a matter of priority, when practicable.

Families will:

- Read the Service's Asthma Management Policy.
- Inform Educators, either on enrolment or on initial diagnosis, that their child has asthma.
- Provide a copy of their child's Asthma Action Plan to the Service and ensure it has been prepared in consultation with, and signed by, a medical practitioner.
- Have the Asthma Action Plan reviewed and updated at least annually.
- Ensure all details on their child's enrolment form and medication record are completed prior to commencement at the Service.
- Provide an adequate supply of appropriate asthma medication and equipment for their child at all times.
- Notify Educators, in writing, of any changes to the information on the Asthma Action Plan, enrolment form or medication record.
- Communicate regularly with management/Educators in relation to the ongoing health and wellbeing of their child, and the management of their child's asthma.
- Encourage their child to learn about their asthma, and to communicate with Service Educators if they are unwell or experiencing asthma symptoms.

Plan of action for a child with diagnosed asthma

The Educators, together with the parents/guardians of a child with asthma, will discuss and agree on a plan of action for the emergency management of an asthma attack based on the Asthma First Aid Plan. This plan will be included as part of, or attached to, the child's asthma action plan and enrolment record. This plan should include action to be taken where the parents/guardians have provided asthma medication, and in situations where this medication may not be available.

Source

- **Australian Children's Education & Care Quality Authority. (2014)**
- **ECA Code of Ethics**
- **Guide to the National Quality Standard**
- **Staying Healthy in Child Care. 6th Edition Staying healthy: Preventing infectious diseases in early childhood education and care services - 6th Edition**
- **Asthma Australia – www.asthmaaustralia.org.au**
- **Revised National Quality Standard**
- **Australia Asthma Handbook Australian Asthma Handbook | Diagnosis**
- **My Asthma Guide file:///C:/Users/a-ecr/Downloads/My-asthma-guide_pdf.pdf**

BEHAVIOURAL GUIDANCE POLICY

Purpose

To ensure all children enrolled in Mummymetime (MMT) In-Home Care experience a safe, nurturing, and predictable environment. This policy establishes an evidence-based framework for positive behavioural support that promotes self-regulation, respects child dignity, and strictly prohibits any form of corporal punishment or demeaning discipline.

Scope

This policy applies to Mummymetime management, families utilising the service, and all Educators engaged by the service. It encompasses all active care sessions and service-approved excursions.

Implementation: Roles and Responsibilities

1. Service Management Responsibilities

- **Regulatory Compliance Oversight:** Ensure all operational frameworks comply with Section 166 of the National Law, which establishes strict penalties for any individual who disciplines a child in a corporal, demeaning, or physically harmful manner.
- **Collaborative Support:** Partner with Educators and families to design tailored, positive behaviour support plans for children displaying complex, high-risk, or challenging behaviours.
- **Professional Development Access:** Provide ongoing guidance, resources, and evidence-based training recommendations to independent contractors regarding early childhood trauma-informed practices and emotional co-regulation techniques.

2. Educator Responsibilities

- **Proactive Co-Regulation:** Utilise positive reinforcement, clear and age-appropriate boundaries, and intentional environmental modifications to reduce anxiety and prevent challenging behaviours before they escalate.
- **Uncompromising Prohibitions:** Maintain absolute adherence to child protection laws. An Educator must never, under any circumstances, use:
    - Corporal punishment (smacking, hitting, rough handling).
    - Verbal degradation, shouting, shaming, or isolating techniques.
    - Food deprivation, forced sleep, or physical restraint as a disciplinary tool.
- **Documentation & Reporting:** Log any significant, high-risk, or recurring behavioural incidents inside the Connecteam platform within 24 hours, notifying MMT management immediately if a child presents a safety risk to themselves or the Educator.

3. Family Responsibilities

- **Open Partnership:** Share relevant information regarding the child's developmental changes, emotional triggers, and successful routines used at home during the initial onboarding process.
- **Consistency of Strategy:** Collaborate closely with MMT management and the Educator to maintain unified, positive boundaries across care environments.
- **Support Plan Engagement:** Agree to participate in formal reviews and sign off on tailored behaviour support plans if a child requires targeted, specialised guidance strategies during care hours.

BOTTLE SAFETY & PREPARATION POLICY

Children are more susceptible to food borne illnesses making it necessary for education and care services to implement adequate health and hygiene practices. Safe practices for handling, storing, preparing and heating breast milk and formula must be employed to minimise risks to children being educated and cared for by *Mummymetime*.

National Quality Standard (NQS)

Quality Area 2: Children's Health and Safety		
2.1	**Health**	Each child's health and physical activity is supported and promoted
2.1.1	**Wellbeing and comfort**	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation
2.1.2	**Health practices and procedures**	Effective illness and injury management and hygiene practices are promoted and implemented.
2.1.3	**Healthy Lifestyles**	Healthy eating and physical activity are promoted and appropriate for each child
2.2	**Safety**	Each child is protected
2.2.1	**Supervision**	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard

Purpose

To ensure our Service maintains a hygienic environment for all infants requiring a bottle. Educators will certify that bottles are prepared safely and hygienically and that practices meet Work Health and Safety Standards, and current Food Safety Standards. We encourage all Educators to complete professional development in safe food handling and menu planning to increase knowledge and awareness of individual responsibilities.

Scope

This policy applies to children, families, Educators and management.

Implementation

To ensure that bottles are consistently prepared in a safe and hygienic manner Educators will adhere to Service procedures at all times.

***Mummymetime* Management will ensure:**

- That the Educators are aware of the procedures for preparing, heating and storing bottles of formula and breast milk.
- That children have access to safe drinking water at all times and are regularly offered food and beverages appropriate to their individual needs
- Infants over 6 months of age are given small amounts of cooled boiled tap water in addition to breastmilk or formula.
- Procedures for the safe storage and heating of food provided in bottles is developed.
- Infants and children are not given fruit juice in their bottle due to the increase risk of tooth decay

Educators will:

- Ensure they implement the procedures for preparing, heating and storing bottles of formula and breast milk.
- Adhere to the procedure for the safe storage and heating of food provided in bottles.
- Provide infants over 6 months of age with small amounts of cooled boiled tap water in addition to breastmilk or formula.
- Ensure Infants and children are not given fruit juice in their bottle due to the increase risk of tooth decay

- Implement safe food handling practices.
- Seek to provide a supportive environment for breastfeeding.
- Store all bottles in an appropriate area for food preparation and storage that complies with the food safety standards for kitchens and food preparation areas.
- Adhere to the procedure for the safe storage and heating of food provided in bottles.

Families will:

- Be informed that children's bottles must be clearly labelled with the child's name.
- Label bottles containing breast milk or formula with the date of preparation or expression.
- Be encouraged to supply breast milk in well labelled, multiple small quantities to prevent wastage.
- Be encouraged to keep formula powder at the home so that the formula can be prepared as required. Tins of formula must be clearly labelled with the child's name.
- Be asked to provide a labelled bottle(s) for use for children having regular cow's milk in their bottles,
- Be encouraged to communicate regularly with educators about children's bottle and feeding requirements.
- Not put fruit juice in children's bottles

Storing bottles

Formula or breast milk needs to be kept refrigerated or frozen. Keep a non-mercury thermometer in your fridge so that you can check that the temperature is below 5°C. All bottles need to be labelled with the child's name where there are more than 1 child in the household and the date the bottle was prepared.
It is best to make up fresh formula for each feed and give it to the child as soon as it has cooled. If this is not possible, the freshly made formula should be cooled immediately and stored in the back of the refrigerator (where it is coldest) for no more than 24 hours. Throw away any formula that is left over. Do not freeze or reheat leftover made-up formula.

Breast milk can be stored in several ways, which include:

1. Refrigerated for 3–5 days at 4°C or lower (4°C is the typical temperature of a standard fridge). Store breast milk at the back of the refrigerator, not in the door.
2. Storing bottles in the back of the fridge where it is coldest. Do not store bottles inside the refrigerator door
3. Frozen in a separate freezer section of a refrigerator for up to 3 months; if your freezer is a compartment inside the refrigerator, rather than a separate section with its own door, then only store the breast milk for 2 weeks. Frozen in a deep freeze (–18 °C or lower) for 6–12 months.

Frozen breast milk can be thawed:

1. In the refrigerator and used within 24 hours.
2. Standing the bottle in a container of lukewarm water and used straight away.

Source

- **Australian Children's Education & Care Quality Authority. (2014)**
- **ECA Code of Ethics.**
- **NSW Food Authority – www.foodauthority.nsw.gov.au • Food Standards Australia – www.foodstandards.gov.au • National Health and Medical Research Council – www.nhmrc.gov.au • NSW Department of Health – www.health.nsw.gov.au • Australian Breastfeeding Association www.breastfeeding.asn.au • Mothers Direct - www.mothersdirect.com.**
- **Staying Healthy in Child Care – Preventing Infectious Diseases in Child Care - 5th Edition (2005**
- **Safe Food Australia, 4th Edition SAFE FOOD AUSTRALIA**
- **Get Up & Grow: Healthy Eating and Physical Activity for Early Childhood**
- **Infant Feeding Guidelines 2012**
- **Revised National Quality Standards**
- **Caring for Children http://www.health.nsw.gov.au/heal/Publications/caring-for-children-manual.pdf**

BOTTLED BREAST MILK POLICY

Breastfeeding is important for an infant's nutrition. Australian and international health authorities recommend exclusive breastfeeding until around 6 months. At around 6 months, solid food can then be offered while breastfeeding is continued until 12 months or longer if the mother and baby request. Educators will inform mothers that the provision of breast milk is supported by our Service.

National Quality Standard (NQS)

Quality Area 2: Children's Health and Safety		
2.1.1	**Wellbeing and comfort**	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation
2.1.2	**Health practices and procedures**	Effective illness and injury management and hygiene practices are promoted and implemented
2.1.3	**Healthy lifestyle**	Healthy eating and physical activity are promoted and appropriate for each child

Purpose

To ensure our Service maintains a hygienic practice for all infants requiring breast milk, Educators will certify that bottles are prepared safely and hygienically maintaining Work Health and Safety Standards, and current Food Safety Standards.

Scope

This policy applies to children, families, Educators and management.

Implementation

Breast milk contains the mother's antibodies, which help prevent illness in infants. It is important to encourage and support mothers of infants up to 12 months old to provide expressed breast milk, or to visit the education and care service to feed their infants.

Management will ensure:

- Educators are aware of the procedures for preparing, heating and storing bottled breast milk.
- Procedures for the safe storage and heating of food provided in bottles is developed.
- Families are provided with breastfeeding information during enrolment.
- A welcoming environment is provided for mothers to comfortably breastfeed or express breast milk.
- Breast milk can be stored and handled safely at the home
- Families are provided with accurate nutrition and feeding information.
- An individual breastfeeding support plan is developed in consultation with families, including arrangements for what we as a service do if we do not have enough expressed breast milk to meet the child's needs.
- Literature is updated and distributed to staff as required to support 'best practice'.
- Ensure they implement the procedures for preparing, heating and storing bottles of breast milk.
- Adhere to the procedure for the safe storage and heating of food provided in bottles.
- Establish and maintain connections with local breastfeeding support networks, including NSW Health and the Australian Breastfeeding Association.

Educators will:

- Ensure all bottles are stored in the fridge at all times until heating is to commence.
- Ensure frozen breast milk is de-frosted in the fridge until heating.
- Ensure, for occupational health and safety reasons, while bottles are heating in their containers, they are to be placed in a sink where possible or as far from all bench edges and work spaces.
- Ensure that bottles are not to be re-heated at any time.

- Discard bottle content if not used after 30 minutes.

Families will:

- Be informed during enrolment that children's bottles must be clearly labelled with the child's name.
- Label bottles containing breast milk with the date of preparation or expression.
- Be encouraged to supply breast milk in well labelled, multiple small quantities to prevent wastage.
- Be encouraged to communicate regularly with Educators about children's bottle and feeding requirements.

Storing bottles

Breast milk needs to be kept refrigerated or frozen. Keep a non-mercury thermometer in your fridge so that you can check that the temperature is below 5°C. All bottles need to be labelled with the child's name and the date the bottle was prepared.

Breast milk can be stored in several ways, which include:

1. Refrigerated for 3–5 days at 4°C or lower (4°C is the typical temperature of a standard fridge). Store breast milk at the back of the refrigerator, not in the door.
2. Frozen in a separate freezer section of a refrigerator for up to 3 months; if your freezer is a compartment inside the refrigerator, rather than a separate section with its own door, then only store the breast milk for 2 weeks. Frozen in a deep freeze (–18 °C or lower) for 6-12 months.

Frozen breast milk can be thawed by:

1. Placing in the refrigerator and used within 24 hours.
2. Standing the bottle in a container of lukewarm water and used straight away.

Staff Training

Our Service will:

- Inform new staff of the breastfeeding policy and offer appropriate training, including using a cup or spoon for feeding, where an infant will not accept a bottle.
- Ensure all Educators that have responsibility for care of infants and children are able to provide basic breastfeeding information and are able to refer mothers with breastfeeding concerns to appropriate resources, including support services offered by NSW Health, Australian Breastfeeding Association groups or private lactation consultants.

Source

- **Australian Children's Education & Care Quality Authority. (2014)**
- **ECA Code of Ethics.**
- **NSW Food Authority – www.foodauthority.nsw.gov.au • Food Standards Australia – www.foodstandards.gov.au**
- **National Health and Medical Research Council – www.nhmrc.gov.au**
- **NSW Department of Health – www.health.nsw.gov.au**
- **Australian Breastfeeding Association www.breastfeeding.asn.au**
- **Mothers Direct - www.mothersdirect.com**
- **Staying Healthy in Child Care – Preventing Infectious Diseases in Child Care - 5th Edition (2005)**
- **Safe Food Australia, 2nd Edition. January 2001)**
- **Get Up & Grow: Healthy Eating and Physical Activity for Early Childhood**
- **Infant Feeding Guidelines 2012**
- **Revised National Quality Standards**

BUSH FIRE POLICY

Bushfires are an intrinsic part of Australia's environment. The basic factors which determine whether a bushfire will occur include the presence of fuel, oxygen, and an ignition source. The intensity and speed the bushfire will spread will depend on the current temperature, fuel load (fallen bark, leaf litter, small branches etc.), fuel moisture (Dry fuel will burn quickly, damp or wet fuel may not burn at all), wind speed and slope angle.

This policy outlines the strategies and procedures the Service will adhere to in the event of a bush fire, including information about Service closure during an emergency evacuation.

National Quality Standard (NQS)

QUALITY AREA 2: CHILDREN'S HEALTH AND SAFETY		
2.2	Safety	Each child is protected
2.2.2	Incident and emergency	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.

QUALITY AREA 7: GOVERNANCE AND LEADERSHIP		
7.1.2	Management Systems	Systems are in place to manage risk and enable the effective management and operation of a quality service

Purpose
We aim to ensure every reasonable precaution is taken to protect children and staff from harm and hazards likely to cause injury, including response to bushfires. The potential for extreme fire conditions varies greatly throughout Australia, both in frequency and severity. When experienced close to populated areas, significant loss is possible

Scope
This policy applies to children, families, Educators and management.

Implementation
The Australian climate is frequently hot, dry and susceptible to drought. The widely varied fire seasons are reflected in the continent's different weather patterns. For most of southern Australia, the danger period is summer and autumn. For New South Wales and southern Queensland, the peak risk usually occurs in spring and early summer.

It is vital for the Service to be informed and prepared for bush fire conditions and respond appropriately during periods of high fire danger or local bush fire activity.

Technology
A 'bush fire prone area' is an area of land that can support a bushfire or is likely to be subject to bushfire attack. Bush fire prone maps are prepared by local councils and certified by the NSW Rural Fire Service (NSW RFS)

Management will:
- Contact the local council to determine if they are in a bush fire prone area
- Create and update the Service's emergency and evacuation policies and procedures
- Conduct a risk assessment to identify a potential bush fire risk
- Ensure a current emergency and evacuation plan is in place

- Ensure *Mummymetime* and Educators are prepared for bush fire conditions, responding appropriately during high fire danger periods
- Ensure the Fire Danger Rating (FDR) is checked daily
- Communicate Educators and families about bush fire preparation information and provisions
- Discuss bush fire response procedures at team meetings
- Ensure a clear and effective communication procedure during an emergency is implemented
- Ensure current emergency phone numbers are near the phone, including emergency services and the Department of Education and Communities
- Monitor the bush fire situation when the rating is above High through internet or radio

Educators will:

- Examine the grounds during their indoor and outdoor safety checks
- Ensure they are familiar with the daily Fire Danger Rating (FDR)
- Become familiar and confident with the Service emergency evacuation policies and procedures
- Keep up to date with professional development and training about bush fires and emergency evacuation
- Be familiar with their role and responsibilities in the event of a bush fire

Source:

Revised National Quality Standard

- ECE Bush-fire Information file:///C:/Users/a-ecr/Desktop/ECE-Bushfires-information-sheet.pdf
- The Australian Government – Geoscience Australia http://www.ga.gov.au/scientific-topics/hazards/bushfire
- NSW Rural Fire Service – Development Planning https://www.rfs.nsw.gov.au/__data/assets/pdf_file/0003/29271/DPP1079-Emergency-management-and-evacuation-plan-FORM.pdf
- Community Early Learning Australia https://www.cela.org.au/2018/01/07/bushfire-advice-for-childrens-services/

CHILD PROTECTION POLICY

Mummymetime is committed to the safety, wellbeing and support of all children and young people. Management and staff will treat all children with the utmost respect and understanding.

Mummymetime believes that:

- Children are capable of the same range of emotions as adults.
- Children's emotions are real and need to be accepted by adults.
- A reaction given to a child from an adult in a child's early stages of emotional development can be positive or detrimental depending on the adult's behaviour.
- Children, who preserve, enhance and better understand their body's response to an emotion are more able to predict the outcome from a situation and evade them or ask for help.

National Quality Standard (NQS)

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

Purpose

All Educators and management are committed to identifying possible risk and significant risk of harm to children and young people in their care. We comprehend our duty of care responsibilities to protect children from all types of abuse, and adhere to our legislative obligations at all times.

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

Scope

This policy applies to children, families, Educators and management.

What is abuse?

There are four types of child abuse:

1. Physical Abuse
2. Sexual Abuse
3. Emotional Abuse
4. Neglect

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

Definitions

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

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

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

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

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

- First hand observation of the child or family
- What the child, parent or other person has disclosed
- What can reasonably be indirect based on observation, professional training and/ or experience

Mandatory Reporting is the legislative requirement for selected classes of people to report suspected child abuse and neglect to government authorities. In NSW, mandatory reporting is regulated by the Children and Young Persons (Care and Protection) Act 1998 (The Care Act).

Mandatory reporters

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

- Health care (e.g. registered medical practitioners, specialists, general practice nurses, midwives, occupational therapists, speech therapists, psychologists, dentists and other allied health professionals working in sole practice or in public or private health practices)
- Welfare (e.g. psychologists, social workers, caseworkers and youth workers)
- Education (e.g. teachers, counsellors, principals)
- Children's services (e.g. child care workers, family day carers and home-based carers)
- Residential services (e.g. refuge workers)
- Law enforcement (e.g. police)

All staff have a responsibility to recognise and respond to safety, welfare and wellbeing for children and young people and inform management. According to the *Children and Young Persons (Care and Protection) Act 1998* mandated reporters (including people employed in children's services and unpaid managers of these services) must make reports if they suspect on reasonable grounds a child is at risk of significant harm because:

- the child's basic physical or psychological needs are not being met or are at risk of not being met
- the parents or other caregivers have not arranged and are unable or unwilling to arrange for the child to receive necessary medical care
- the parents or other caregivers have not arranged and are unable or unwilling to arrange for a school age child to receive an education
- the child has been, or is at risk of being physically or sexually abused or ill-treated

- the child is living in a household where there have been incidents of domestic violence and they are at risk of serious physical or psychological harm
- the parent's or other caregiver's behaviour means the child has suffered or is at risk of suffering serious psychological harm

Child story reporter
Mandatory reporters in **NSW** should use the Mandatory Reporter Guide (MRG) (https://reporter.childstory.nsw.gov.au) if they have concerns that a child or young person is at risk of being neglected or physically, sexually or emotionally abused. The MRG assists in providing mandatory reporters with the most appropriate reporting decision. It is not designed to determine whether the matter constitutes risk of significant harm (ROSH). This is done at the Child Protection Helpline through the Screening and Response Priority (SCRPT) tool.

The MRG supports mandatory reporters to:
- determine whether a report to the Child Protection Helpline is needed for concerns about possible abuse or neglect of a child (including unborn) or young person
- identify alternative ways to support vulnerable children, young people and their families where a mandatory reporter's response is better served outside the statutory child protection system

It is recommended that mandatory reporters complete the MRG on each occasion they have risk concerns, regardless of their level of experience or expertise. Each circumstance is different and every child and young person is unique.

Helpline caseworkers will make determinations on reports received from mandatory reporters using SCRPT in conjunction with additional information which may not be available to mandatory reporters.

For more information on Child Story Reporter, refer to: https://reporter.childstory.nsw.gov.au/s/
Indicators of abuse
There are common physical and behavioural signs that may indicate abuse or neglect. The presence of one of these signs does not necessarily mean abuse or neglect. Behavioural or physical signs which assist in recognising harm to children are known as indicators. The following is a guide only. One indicator on its own may not imply abuse or neglect. However a single indicator can be as important as the presence of several indicators. Each indicator needs to be deliberated from the perspective of other indicators and the child's circumstances. A child's behaviour is likely to be affected if he/she is under stress. There can be many causes of stress and it is important to find out specifically what is causing the stress. Abuse and neglect can be single incidents or ongoing, and may be intentional or unintentional.

General indicators of abuse and neglect may include:
- Marked delay between injury and seeking medical assistance
- History of injury
- The child gives some indication that the injury did not occur as stated
- The child tells you someone has hurt him/her
- The child tells you about someone he/she knows who has been hurt
- Someone (relative, friend, acquaintance, and sibling) tells you that the child may have been abused.

Neglect
Child neglect is the continuous failure by a parent or caregiver to provide a child with the basic things needed for their growth and development, such as food, clothing, shelter, medical and dental care and adequate supervision. Some examples are:
- Inability to respond emotionally to the child

- Child abandonment
- Depriving or withholding physical contact
- Failure to provide psychological nurturing
- Treating one child differently to the others

Indicators of Neglect in children

- Poor standard of hygiene leading to social isolation
- Scavenging or stealing food
- Extreme longing for adult affection
- Lacking a sense of genuine interaction with others
- Acute separation anxiety
- Self-comforting behaviours, e.g. rocking, sucking
- Delay in development milestones
- Untreated physical problems

Physical abuse

Physical abuse is when a child has suffered, or is at risk of suffering, non-accidental trauma or injury, caused by a parent, caregiver or other person. Educators will be particularly aware of looking for possible physical abuse if parents or caregivers:

- Make direct admissions from parents about fear of hurting their children
- Have a family history of violence
- Have a history of their own maltreatment as a child
- Make repeated visits for medical assistance

Indicators of Physical Abuse

- Facial, head and neck bruising
- Lacerations and welts
- Explanations are not consistent with injury
- Bruising or marks that may show the shape of an object
- Bite marks or scratches
- Multiple injuries or bruises
- Ingestion of poisonous substances, alcohol or drugs
- Sprains, twists, dislocations
- Bone fractures
- Burns and scalds

Emotional abuse

Emotional abuse occurs when an adult harms a child's development by repetitively treating and speaking to a child in ways that damage the child's ability to feel and express their feelings. This may include:

- Constant criticism, condescending, teasing of a child or ignoring or withholding admiration and affection
- Excessive or unreasonable demands
- Persistent hostility, severe verbal abuse, and rejection
- Belief that a specific child is bad or 'evil'
- Using inappropriate physical or social isolation as punishment
- Exposure to domestic violence

Indicators of emotional abuse

- Feeling of worthlessness about them

- Inability to value others
- Lack of trust in people and expectations
- Extreme attention seeking behaviours
- Other behavioural disorders (disruptiveness, aggressiveness, bullying)

Sexual abuse
Sexual abuse is when someone involves a child in a sexual activity by using their authority over them or taking advantage of their trust. Children are often bribed or threatened physically and psychologically to make them partake in the activity. Educators will be predominantly conscious of looking for potential sexual abuse if parents or caregivers are suspected of or charged with child sexual abuse or display inappropriate jealousy regarding age appropriate development of independence from the family. Sexual abuse may include:

- Exposing the child to sexual behaviours of others
- Coercing the child to engage in sexual behaviour with other children
- Verbal threats of sexual abuse
- Exposing the child to pornography

Indicators of Sexual Abuse

- They describe sexual acts
- Direct or indirect disclosures
- Age inappropriate behaviour and/or persistent sexual behaviour
- Self-destructive behaviour
- Regression in development achievements
- Child being in contact with a suspected or known perpetrator of sexual assault
- Bleeding from the vagina or anus
- Injuries such as tears to the genitalia

Psychological abuse
Psychological harm occurs where the behaviour of the parent or caregiver damages the confidence and self-esteem of the child, resulting in serious emotional deficiency or trauma. In general it is the frequency and duration of this behaviour that causes harm. Some examples are:

- Excessive criticism
- Withholding affection
- Exposure to domestic violence
- Intimidation or threatening behaviour

Indicators of psychological abuse

- Constant feelings of worthlessness
- Unable to value others
- Lack of trust in people
- Lack of people skills necessary for daily functioning
- Extreme attention seeking behaviour
- Extremely eager to please or obey adults
- Takes extreme risks, is markedly disruptive, bullying or aggressive
- Suicide threats
- Running away from home

Domestic violence

Domestic violence, or intimate partner violence, is a violation of human rights. It involves violent, abusive or intimidating behaviour carried out by an adult against a partner or former partner to control and dominate that person.

Domestic violence causes fear, physical and/or psychological harm. It is most often violent, abusive or intimidating behaviour by a man against a woman. Living with domestic violence has a profound effect upon children and young people and may constitute a form of child abuse. (*The NSW Domestic and Family Violence Action Plan*, June 2010)

Indicators of Domestic Violence

- Show aggressive behaviour
- Develop phobias & insomnia
- Experience anxiety
- Show systems of depression
- Have diminished self esteem
- Demonstrate poor academic performance and problem solving skills
- Have reduced social competence skills including low levels of empathy
- Show emotional distress
- Have physical complaints

Legislative changes

In October 2016, the NSW Government introduced reforms to strengthen the regulatory powers of the Office of the Children's Guardian. New amendments also tightened provisions for appealing against decisions to bar unsuitable Working With Children Check applicants from working with children. Also, under the Working With Children Check, it is now an offence to make a false or misleading statement, punishable by a maximum penalty of $550.

These changes are included in the *Child Protection (Working with Children) and Other Child Protection Legislation Amendment Act 2016,* making amendments to the following Acts:

- *Child Protection (Working with Children) Act 2012*
- *Children and Young Persons (Care and Protection) Act 1998*
- *Teaching Service Act 1980*
- *Education (School Administrative and Support Staff) Act 1987*

Amendments to the Teaching and Education Staff Acts provide for suspension from duty (instead of dismissal) for a person who's 'Working with Children Check' is cancelled because of a pending charge for a serious offence under the Working with Children legislation.

In children's employment, the amendments give the Office of the Children's Guardian new powers to enter and inspect premises where they reasonably suspect a person is illegally employing a child, as well as the ability to serve on-the-spot penalty notices for breaches of children's employment legislation.

Implementation

Mummymetime strongly opposes any type of abuse against a child and endorses high quality practices in relation to protecting children. Educators have an important role to support children and young people and to identify concerns that may jeopardise their safety, welfare or wellbeing. To ensure best practice, all educators will attend approved Child Protection training certified by a registered training organisation. Educators will continue to keep up to date, by completing Child Protection Awareness Training annually, ensuring they keep up to date with their current responsibilities as Mandatory Reporters.

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

Management will ensure:

- All employees are:
  - Clear about their roles and responsibilities regarding child protection.
  - Aware of their requirements to immediately report cases where they believe a child is at risk of significant harm to the Child Protection Helpline.
  - Aware of the indicators showing a child may be at risk of harm or significant risk of harm.
  - Aware of their mandatory reporting obligations to report suspected risk or significant risk of harm
- Training and development are provided for all educators, staff and volunteers in child protection
- To provide educators with a reporting procedure and professional standards to safeguard children and protect the integrity of educators, staff and volunteers.
- To validate a Working with Children Check for all educators & staff unless the person meets the criteria for exemption from a WWCC. See exemption factsheet at http://www.kidsguardian.nsw.gov.au/child-safe-organisations/working-with-children-check/apply
- To provide access to relevant acts, regulations, standards and other resources to help educators, staff and volunteers meet their obligations.
- Records of abuse or suspected abuse are kept in line with our Privacy and Confidentiality Policy.
- To notify the NSW Ombudsman within 30 days of becoming aware of any allegations and convictions for abuse or neglect of a child made against an employee and ensure they are investigated and appropriate action taken.
- To notify the Commission for Children and Young People of details of employees against whom relevant disciplinary proceedings have been completed or people whose employment has been rejected because of a risk identified in employment screening processes.
- To notify the Department immediately of any incident where you reasonably believe that physical and/or sexual abuse of a child has occurred or is occurring while the child is being educated and cared for by the Service
- To notify the Secretary of the Department of Education immediately of any allegation that sexual or physical abuse of a child has occurred or is occurring while the child is being educated and cared for by the Service.

Accusations against Educators

Accusations of abuse or suspected abuse against educators or staff members are treated in the same way as allegations against other people. Reports will be made to the Child Protection Helpline where a child is at risk of significant abuse by a person at the Service. If the Supervisor is involved in the abuse then the Approved Provider or most senior educator will assist in notifying the Child Protection Helpline.

Educators will:

- Be able to recognise indicators of abuse
- Respect what a child discloses, take it seriously and follow up their concerns.
- Allow children to be part of decision-making processes where appropriate.
- Comprehend they are mandatory reporters under the legislation and report any situation where they believe on reasonable grounds a child is at risk of significant harm to the Child Protection Helpline on **132 111** (available 24 hours/7 days a week).
- Be able to use the Mandatory Reporter Guide (MRG)which is available at https://reporter.childstory.nsw.gov.au/s/mrg
- Be able to contact Child Wellbeing Units (CWUs) which also help mandatory reporters identify the level of risk to a child and whether to report the risk to the Child Protection Helpline

- Contact the police on 000 if there is an immediate danger to a child and intervene instantly if it is safe to do so.
- Associate families with referral agencies where concerns of harm do not meet the threshold of significant harm. These services may be located through CWU (Child Wellbeing Units) or/and FRS (Family Referral Services) at http://www.keepthemsafe.nsw.gov.au. Family consent will be sought before making referrals.
- Promote the welfare, safety and wellbeing of children at the Service.
- Prepare precise records recording exactly what happened, conversations that took place and what you observed to contribute to the investigations of abuse or suspected abuse by the Child Protection Helpline or dealings with referral agencies.
- Understand that allegations of abuse or suspected abuse against them are treated in the same way as allegations of abuse against other people

Compliance Note: In executing their child protection responsibilities, all Mummymetime educators must read and apply this policy in direct conjunction with the mandatory reporting obligations and behavioral boundaries outlined in the standalone **Mummymetime Staff Code of Conduct and Ethics Policy**.

Documenting a suspicion of harm

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

- Record their concerns in a non-judgmental and accurate manner as soon as possible.
- Record their own observations as well as precise details of any discussion with a parent (who may for example explain a noticeable mark on a child).
- Not endeavor to conduct their own investigation.
- Document as soon as possible so the details are accurately apprehended including:
    - Time, date and place of the suspicion
    - Full details of the suspected abuse
    - Date of report and signature

Documenting a disclosure

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

When receiving a disclosure of harm the Service will:

- Remain calm and find a private place to talk
- Not promise to keep a secret
- Tell the child/person they have done the right thing in revealing the information but that they'll need to tell someone who can help keep the child safe
- Only ask enough questions to confirm the need to report the matter because probing questions could cause distress, confusion and interfere with any later enquiries
- Not attempt to conduct their own investigation or mediate an outcome between the parties involved.
- Document as soon as possible so the details are accurately captured including:
    - Time, date and place of the disclosure
    - 'Word for word' what happened and what was said, including anything they said and any actions that have been taken
    - Date of report and signature.

Notifications of abuse
The person making a notification of abuse or suspected abuse will make a record of the answers to the following:

- Give the child or young person your full attention.
- Maintain a calm appearance.
- Don't be afraid of saying the 'wrong' thing.
- Reassure the child or young person it is right to tell.
- Accepting the child or young person will disclose only what is comfortable and recognise the bravery/strength of the child for talking about something that is difficult.
- Let the child or young person take his or her time.
- Let the child or young person use his or her own words.
- Don't make promises you can't keep.
- Tell the child or young person what you plan to do next.
- Do not confront the perpetrator.

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

Protection for reporters
Reports made to Community Services are kept confidential. However, a law enforcement agency may access the identity of the reporter if this is needed in connection with the investigation of an alleged serious offence against a child. Under the *Children and Young Persons (Care and Protection) Act 1998* if the report is made in good faith:

- The report will not breach standards of professional conduct
- The report can't lead to defamation proceedings
- The report is not admissible in any proceedings as evidence against the person who made the report
- A person cannot be compelled by a court to provide the report or disclose its contents
- The identity of the person making the report is protected.

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

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

- Does something that a reasonable person in that person's position would not do in a particular situation
- Fails to do something that a reasonable person in that person's position would do in the circumstances
- Acts or fails to act in a way that causes harm to someone the person owes a duty of care.

Managing a breach in child protection policy
Management will investigate the breaches in a fair, unbiased and supportive manner by:

- Discussing the breach with all people concerned will be advised of the process
- Giving the educator the opportunity to provide their version of events

- Documenting the details of the breach, including the versions of all parties and the outcome will be recorded
- Ensuring the matters in relation to the breach are kept confidential
- Approaching an appropriate outcome which will be decided based on evidence and discussion

Outcome of a breach in child protection policy

Depending on the nature of the breach outcomes may include:

- Emphasising the relevant element of the child protection policy and procedure
- Providing closer supervision
- Further education and training
- Facilitating between those involved in the incident (where appropriate)
- Disciplinary procedures if required
- Reviewing current policies and procedures and developing new policies and procedures if necessary.

Educating children about protective behaviour

Our program will educate children

- About acceptable and unacceptable behaviour, and what is appropriate and inappropriate contact at an age-appropriate level and understanding
- About their right to feel safe at all times
- To say 'no' to anything that makes them feel unsafe or uncomfortable
- About how to use their own knowledge and understanding to feel safe.
- To identify signs that they do not feel safe and need to be attentive and think clearly.
- That there is no secret or story that is too horrific, that they can't share with someone they trust.
- That educators are available for them if they have any concerns.
- To tell educators of any suspicious activities or people.
- To recognise and express their feelings verbally and non-verbally.
- That they can choose to change the way they are feeling.

Reporting Authority	Contact Details
Department of Health and Human Services **Ph. 1300 135 513**	24-hour contact Ph. 1300 737 639

CHILD SAFE ORGANISATION POLICY

Purpose

This policy ensures that Mummymetime systematically embeds the 10 National Principles for Child Safe Organisations into its core governance, operations, and business engagement structures, maintaining an uncompromised, zero-tolerance approach to child abuse and harm.

Scope

This policy applies to Mummymetime management, families utilising the service, and all early childhood educators engaged by the service on an independent contractor basis. It operates alongside and strengthens the service's existing *Child Protection Policy* and *Staff Code of Conduct & Ethics Policy*.

Implementation of the 10 National Principles

1. Service Management Responsibilities

Mummymetime management is responsible for service-wide infrastructure, operational governance, and system compliance through the following actions:

- **Leadership, Governance, and Culture (Principle 1):** Visibly embed child safety and wellbeing into the service's leadership, operational governance, and culture by conducting annual policy reviews and promoting a zero-tolerance environment for safety breaches.
- **Family and Community Engagement (Principle 3):** Inform and involve families in promoting child safety and wellbeing by providing open communication channels, safety updates, and transparent service expectations.
- **Staff and Volunteer Suitability (Principle 5):** Maintain strict onboarding compliance protocols. Audit and verify that all independent contractors hold a valid, current Working with Children Check (WWCC), National Police Check, and current First Aid/CPR certifications prior to any business engagement.
- **Child-focused Complaints (Principle 6):** Provide accessible, secure, and child-focused processes for capturing, handling, and reporting complaints or safety concerns in strict accordance with mandatory reporting timelines.
- **Continuous Improvement (Principle 9):** Regularly review, audit, and improve the implementation of child-safe practices, ensuring updates are made in response to regular service feedback, legislative changes, or incident evaluations.
- **Policies and Procedures (Principle 10):** Clearly document, maintain, and distribute service policies and procedures that explicitly outline how Mummymetime ensures safety for children and young people.

2. Educator (Contractor) Responsibilities

Independent educators are responsible for upholding child safety values within their daily professional practice, environment monitoring, and child interactions through the following actions:

- **Child Participation (Principle 2):** Inform children about their rights in an age-appropriate manner, actively support them to participate in decisions affecting them, and ensure their voices are taken seriously.
- **Equity and Diversity (Principle 4):** Uphold equity and respect the diverse needs, cultural backgrounds, and unique identities of all children in daily care and practice.
- **Suitability Maintenance (Principle 5):** Ensure personal compliance by maintaining and providing current, verified Working with Children Checks (WWCC), Police Checks, and First Aid credentials as a mandatory condition of active business engagement.
- **Education and Training (Principle 7):** Keep independent professional skills up to date by completing regular child safety and child protection professional development or verification modules.

- **Physical and Online Environments (Principle 8):** Actively monitor the physical home-care environment to promote safety and wellbeing, while strictly adhering to technology rules, including the total prohibition of capturing or storing a child's image on personal devices, to minimise the opportunity for harm.
- **Code Alignment:** Maintain strict professional boundaries appropriate for an independent child care practitioner working as a sole practitioner within private family homes, fully complying with the *Staff Code of Conduct & Ethics Policy*.

3. Family Responsibilities

- **Proactive Collaboration:** Work collaboratively with the service and the Educator to support a child-safe environment within the family residence.
- **Feedback and Reporting:** Promptly raise any child safety concerns, observations of unsafe practices, or deviations from the service's ethical standards directly with Mummymetime management.

CONTROL OF INFECTIOUS DISEASE POLICY

Our Service will minimise children's exposure to infectious diseases by adhering to all recommended guidelines from relevant authorities regarding the prevention of infectious diseases, promoting practices that reduce the transmission of infection, ensuring the exclusion of sick educators, supporting child immunisation and implementing effective hygiene practices.

National Quality Standard (NQS)

Quality Area 2: Children's Health and Safety		
2.1.1	**Wellbeing and comfort**	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation
2.1.2	**Health practices and procedures**	Effective illness and injury management and hygiene practices are promoted and implemented.
2.2	**Safety**	Each child is protected

Purpose

Our Service has a duty of care to ensure that children, families, educators and visitors of the Service are provided with a high level of protection while our service is present. We aim to manage illnesses and prevent the spread of infectious diseases. Immunisation is a simple, safe and effective way of protecting people against harmful diseases before they come into contact with them in the community. Immunisation not only protects individuals, but also others within the community, by reducing the spread of disease and illnesses.

Scope

This policy applies to children, families, Educators and management.

New Immunisation Requirements

- Only parents of children (less than 20 years of age) who are fully immunised or are on a recognised catch-up schedule can receive Child Care Subsidy (CCS) and the Family Tax Benefit Part A end of year supplement.
- The relevant vaccinations are those under the National Immunisation Program (NIP), which covers the vaccines usually administered before age five. These vaccinations must be recorded on the Australian Childhood Immunisation Register (ACIR).
- Children with medical contraindications or natural immunity for certain diseases will continue to be exempt from the requirements.
- Conscientious objection and vaccination objection on non-medical grounds will no longer be a valid exemption from immunisation requirements.
- **As of 1 January 2018 [NSW]** children who are unvaccinated due to their parent's conscientious objection will no longer be able to be enrolled in childcare in NSW. Children who cannot be fully vaccinated due to a medical condition or who are on a recognised catch-up schedule will still be able to be enrolled upon presentation of the appropriate form signed by a medical practitioner.
- Families eligible to receive family assistance payments and have children less than 20 years of age, who may not meet the new immunisation requirements, will be notified by Centrelink. (The ACIR was expanded from 1 January 2016 so you can submit the details of vaccinations given to persons less than 20 years of age.)

Management will ensure:

- That all information regarding the prevention of infectious diseases is sourced from a recognised health authority.
- The implementation of recommendations from Staying Healthy in Child Care – Preventing the spread of Infectious Diseases in the early childhood environment.

- Children are protected from harm by ensuring relevant policies and procedures are followed regarding health and safety by the Service.
- They collect, maintain, and appropriately store the required enrolment documents and enrolment information of children.
- A hygienic environment is maintained.
- Children are directed in their understanding of health and hygiene throughout the daily program and routine.
- Educators and Staff are aware of relevant immunisation guidelines for children and themselves.
- Information is collected on enrolment and maintained regarding each child's immunisation status, and any medical conditions.
- That an illness record form is completed no later than 24 hours of an illness occurring, remaining up to date and current
- All educators are mindful and preserve confidentiality of individual children's medical circumstances
- Children's enrolment records are updated with regards to immunisation as required, (i.e. as children reach age milestones for immunisation), or at least twice a year
- Advise staff of the recommended immunisations for people working with children
- To retain current records of staff immunisation status and ensure educators are familiar with procedures for exclusion of educators as well as children in the event of an infectious illness
- To provide opportunities for educators to source pertinent up to date information on the prevention of infectious diseases, and maintaining health and hygiene from trusted sources
- To notify and implement the advice of the health department, or local health unit regarding Infectious Diseases as required
- To complete the register of illness and/or document incidents of infectious diseases. Some diseases require your state authority to be notified.

Educators will ensure:

- That any child suspected of having an infectious Illness is responded to and their health and emotional needs supported at all times.
- To implement appropriate health and safety procedures, when treating ill children.
- Families are aware of the need to return to their children as soon as practicable.
- Advise families that they will need to alert the Service if their child is diagnosed with an Infectious Illness.
- To maintain their own immunisation status, and advise the Approved Provider/Nominated Supervisor of any updates to their immunisation status.
- To provide diverse opportunities for children to participate in hygiene practices, including routine opportunities, and intentional practice.
- To take into consideration the combination of children to decrease the risk of attaining an infectious illness when planning the routines/program of the day.
- To adhere to the Services health and hygiene policy including the appropriate handling and preparation of food and hand washing
- Maintain up to date knowledge with respect to Health and Safety through ongoing professional development opportunities.
- Children will rest 'head to toe' to avoid cross infection while resting or asleep
- Children are not to share beds at the same time

Families will:

- Advise *Mummymetime* of their child's immunisation status, by providing an approved written documentation for the Service to copy and place in the child's file.
- Advise *Mummymetime* when their child's immunisation/medical condition is updated to ensure that enrolment records are up to date.

Source

- **Australian Children's Education & Care Quality Authority**
- **ECA Code of Ethics**
- **Guide to the National Quality Standard**
- **http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/67D8681A67167949CA257E2E000EE07D/$File/No-Jab-No-Pay.pdf.**
- **Department of Human Resources: National Immunisation Program Schedule**
  NHMRC
- **Staying healthy: Preventing infectious diseases in early childhood education and care services - 6th Edition**
- **Medicare Australia**
- **Public Health Act 2010 (as amended by Public Health Amendment (Vaccination of Children Attending Child Care Facilities) Act 2013**
- **Public Health Regulation 2012**
- **Revised National Quality Standard**

DENTAL HEALTH POLICY

Conversations and information exchange on dental health should be encouraged to promote good dental hygiene practices and lifelong learning for children and their families. Dental health will be included as part of everyday practice by our education and care service.

National Quality Standard (NQS)

Quality Area 2: Children's Health and Safety		
2.1	**Health**	Each child's health and physical activity is supported and promoted
2.1.2	**Health practices and procedures**	Effective illness and injury management and hygiene practices are promoted and implemented.
2.1.3	**Healthy Lifestyles**	Healthy eating and physical activity are promoted and appropriate for each child

Related Policies
Bottle Safety and Preparation Policy **Nutrition and Food Safety Policy** **Health and Safety Policy**

Purpose

We aim to promote children's health by creating an environment that supports healthy behaviour including good dental hygiene practices. Our Service will encourage dental health by providing nutritional foods for children, avoiding food and drinks that have a sweet and sugary content and ensuring water is always available.

Good oral health is vital to general wellbeing. Early childhood dental hygiene is a key factor in the development of healthy adult teeth. Encouraging and establishing sound oral health practices early in a child's life will assist in its maintenance and help prevent oral disease and other related conditions over a lifetime.

Scope

This policy applies to children, families, Educators and management.

Implementation

We believe it's important for all children to have a high level of dental hygiene. We follow the guidelines of the Australian Dental Association and the State Government Health Departments when caring for children's teeth.

To prevent cavities forming, or other adverse dental outcomes, we encourage children to eat nutritious foods and to avoid sticky and sugary foods. All food served and prepared by our Service complies with these guidelines by providing an assortment of recommended vegetables, fruits and dairy products. Children will be encouraged to drink water to quench their thirst and remain hydrated throughout the day.

Management will:

- Minimise the provision of sugary foods, including chocolate, lollies, sweetened cereals, biscuits and fruit bars
- Always ensure children have access to safe drinking water
- Ensure the routine incorporates 'swish and swallow' after each meal time

Educators will:

- Provide opportunities to discuss dental health education with children

- Support children to access dental health resources for research, exploration and identification These resources will be available through books, posters and visual aids
- Talk with children about dental health during the day, encouraging swish and swallow after meal time and having children partake in drinking water throughout the day
- Pay particular attention to meal and snack times to ensure healthy food is being eaten
- Give children bottles before they go to bed. Allowing the child to finish the bottle before going to bed and not letting milk settle on teeth which can reduce tooth decay.

Dental Emergencies

It is important for educators to be aware of how to manage dental accidents and emergencies. Our Service will:

- Collect contact information from families about their family dentist (if any). This process should be done during the enrollment process.
- Follow a dental accident procedure
- Ensure children are supervised at all times to minimise accidents and incidents

Source

- **Australian Children's Education & Care Quality Authority.**
- **Guide to the National Quality Standard.**
- **Raising Children Network – www.raisingchildren.net.au**
- **Health Insite - www.healthinsite.gov.au**
- **Extract from Putting Children First, the Newsletter of the National Childcare Accreditation Council (NCAC) Issue 18 June 2006 (Page10-12)**
- **Revised National Quality Standard**
- **Dental Health Services Victoria https://www.dhsv.org.au/oral-health-programs/achievementprogram/early-childhood-education**

DIABETES MANAGEMENT POLICY

Diabetes in children can be a diagnosis that has a significant impact on families and children. It is imperative that Educators and Staff within the Service understand the responsibilities of diabetes management. Most children will require additional support from the Service and Educators to manage their diabetes whilst in care.

National Quality Standard (NQS)

Quality Area 2: Children's Health and Safety		
2.1	**Health**	Each child's health and physical activity is supported and promoted
2.1.2	**Health practices and procedures**	Effective illness and injury management and hygiene practices are promoted and implemented.
2.2	**Safety**	Each child is protected
2.2.1	**Supervision**	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard

Purpose

Mummymetime is committed to providing a safe and healthy environment that is inclusive for all children, staff, visitors and family members. The aim of this policy is to minimise the risk of a diabetic medical emergency whilst in the care of one of our Educators.

Scope

This policy applies to children, families, Educators and management.

Description

- Type-1 Diabetes is an autoimmune condition, which occurs when the immune system damages the insulin producing cells in the pancreas. This condition is treated with insulin replacement via injections or a continuous infusion of insulin via a pump. Without insulin treatment, type-1 diabetes is life threatening.

- Type-2 Diabetes occurs when either insulin is not working effectively (insulin resistance) or the pancreas does not produce sufficient insulin (or a combination of both). Type-2 diabetes affects between 85 and 90 per cent of all cases of diabetes and usually develops in adults over the age of 45 years, but it is increasingly occurring at a younger age. Type-2 diabetes is unlikely to be seen in children under the age of 4 years old.

Duty of care

Staff members, including relief staff, need to know enough about diabetes to ensure the safety of children (especially in regards to hypoglycemia and safety in sport).

Implementation

We will involve all educators in regular discussions about medical conditions and general health and wellbeing throughout our curriculum. The Service will adhere to privacy and confidentiality procedures when dealing with individual health needs.

A copy of all medical conditions policies will be provided to all educators and families of the Service. It is important that communication is open between families and educators so that management of diabetes is effective.

Children diagnosed with Diabetes will not be enrolled into the Service until the child's medical plan is completed and signed by their Medical Practitioner and the relevant staff members have been trained on how to manage the individual child's diabetes.

It is imperative that all educators of the Service follow a child's Medical Management Plan in the event of an incident related to a child's specific health care need, allergy or medical condition.

Management will ensure:

- Parents/guardians of an enrolled child who is diagnosed with diabetes are provided with a copy of the Diabetes Management Policy and the Medical Conditions.
- All staff members are provided with a copy of the Diabetes Management policy along with the Medical Conditions Policy that is reviewed annually.
- A copy of this policy is provided and reviewed during each new staff member's induction process.
- All staff members have completed first aid training approved on the ACECQA website NQF approved qualifications list | ACECQA at least every 3 years and is recorded, with each staff members' certificate held on the Service's premises.
- When a child diagnosed with diabetes is enrolled, all staff attend regular training on the management of diabetes and, where appropriate, emergency management of diabetes.
- The family supplies all necessary glucose monitoring and management equipment
- The plan will cover the child's known triggers and where relevant other common triggers which may lead to a Diabetic emergency.
- All educators are trained to identify children displaying the symptoms of a diabetic emergency and location of the Diabetic Management Plan as well as the Emergency Management Plan.
- Each child with type-1 diabetes has a current individual Diabetes Management Plan prepared by the individual child's diabetes medical specialist team, at or prior to enrolment.
- Ensure that a child's Diabetes Management Plan is signed by a Registered Medical Practitioner and inserted into the enrolment record for each child. This will describe any prescribed medication for that child as well as the emergency management of the child's medical condition.
- Before the child's enrolment commences, the family will meet with *Mummymetime* and its educators to begin the communication process for managing the child's medical condition in consultation with the registered medical practitioners instructions.
- A communication plan is developed for staff and parents/guardians encouraging ongoing communication between parents/guardians and staff regarding the management of the child's medical condition, the current status of the child's medical condition, this policy and its implementation.
- Individual Diabetes Management and Emergency Medical Management Plans will be displayed in key locations throughout the Service.
- A staff member accompanying children outside the home carries the appropriate monitoring equipment, any prescribed medication, a copy of the Diabetes Management and Emergency Medical Management Plan for children diagnosed with diabetes, attending excursions and other events.
- All staff are aware of the strategies to be implemented for the management of diabetes at the Service in conjunction with each child's diabetes management plan.
- Availability of meals, snacks and drinks that are appropriate for the child and are in accordance with the child's Diabetes Management plan at all times.
- Contact Diabetes Australia for further information to assist Educators to have comprehensive understanding about treating diabetes.

Educators will:

- Read and comply with this Diabetes Management Policy and the Medical Conditions Policy.

- Know which children are diagnosed with diabetes, and the location of their monitoring equipment, Diabetes Management and Emergency Plans and any prescribed medications.
- Perform finger-prick blood glucose or urinalysis monitoring and will act by following the child's diabetes management plan if these are abnormal.
- Communicate with parents/guardians regarding the management of their child's medical condition.
- Ensure that children diagnosed with diabetes are not discriminated against in any way and are able to participate fully in all programs and activities.
- Follow the strategies developed for the management of diabetes at the Service.
- Follow the Risk Minimisation Plan for each child diagnosed with diabetes.
- Take all personal Diabetes Management Plans, monitoring equipment, medication records, Emergency Management Plans and any prescribed medication on excursions and other events.
- Recognise the symptoms of a diabetic emergency, and treat appropriately by following the Diabetes Management Plan and the Emergency Management Plan.
- Administer prescribed medication if needed according to the Emergency Medication Management Plan in accordance with the Service's Administration of Medication Policy.
- Identify and where possible minimise possible triggers as outlined in the child's Diabetes Management Plan and Risk Minimisation Plan.
- Increase supervision of a child diagnosed with diabetes on special occasions such as family days.
- Regularly check and record the expiry date of the prescribed medication relating to the medical condition.
- Ensure there are glucose foods or sweetened drinks readily available to treat hypoglycemia at all times (low blood glucose), e.g. glucose tablets, glucose jellybeans, etc.

Families will ensure they provide:

- Details of the child's health problem, treatment, medications and allergies.
- Their doctor's name, address and phone number, and a phone number for contact in case of an emergency.
- A Diabetes Care Plan and Emergency Medical Plan following enrolment and prior to the child starting with the Service which should include:
    a) When, how and how often the child is to have finger-prick or urinalysis glucose or ketone monitoring
    b) What meals and snacks are required including food content, amount and timing
    c) What activities and exercise the child can or cannot do
    d) What symptoms and signs to look for that might indicate hypoglycemia (low blood glucose) or hyperglycemia (high blood glucose)
    e) What action to take including emergency contacts and what first aid to implement
- A copy of the child's Diabetes Management Plan and an Emergency Medication Management Plan developed and signed by a Registered Medical Practitioner for implementation within the Service.
- The appropriate monitoring equipment needed according to the Diabetes Management Plan.
- An adequate supply of emergency medication for the child at all times according to the Emergency Management Plan.
- Information and answering any questions regarding their child's medical condition.
- Any changes to their child's medical condition and provide a new Diabetes Management Plan in accordance with these changes.
- All relevant information and concerns to staff, for example, any matter relating to the health of the child.

Diabetic emergency

A diabetic emergency may result from too much or too little insulin in the blood. There are two types of diabetic emergency

a) Very low blood sugar (hypoglycemia, usually due to excessive insulin);
b) Very high blood sugar (hyperglycemia, due to insufficient insulin).

The more common emergency is hypoglycemia. This can result from too much insulin or other medication, not having eaten enough of the correct food, unaccustomed exercise or a missed meal.
In a medical emergency involving a child with diabetes, the Service staff should immediately dial 000 for an ambulance and notify the family in accordance with the Regulation and guidelines on emergency procedures, and administer first aid or emergency medical aid according to the child's Diabetes Management or Emergency Plan.

In the event that a child suffers from a diabetic emergency the Service and staff will:

- Follow the child's Diabetic Emergency Plan.
- If the child does not respond to steps within the Diabetic Emergency Plan call an ambulance immediately by dialing 000
- Continue first aid measures
- Contact the parent/guardian when practicable
- Contact the emergency contact if the parents or guardian can't be contacted when practicable
- Notify the Secretary of the Department of Education within 24 hours

SIGNS & SYMPTOMS

Hypoglycemia

If caused by low blood sugar, the person may:

- Feel dizzy, weak, tremble and hungry
- Look pale and have a rapid pulse
- Sweating profusely
- Numb around lips and fingers
- Appear confused or aggressive
- Unconsciousness

Hyperglycemia

If caused by high blood sugar, the person may:

- Feel excessively thirsty
- Have a frequent need to urinate
- Have hot dry skin, a rapid pulse, drowsiness
- Have the smell of acetone (like nail polish remover) on the breath
- Unconsciousness

For more information, contact the following organisations:

Juvenile Diabetes Research Foundation - www.jdrf.org.au
Diabetes Kids and Teens (A branch of Diabetes Australia NSW) - www.diabeteskidsandteens.com.au

Source

- **Australian Children's Education & Care Quality Authority**
- **ECA Code of Ethics**
- **Guide to the National Quality Standard**
- **Staying healthy: Preventing infectious diseases in early childhood education and care services - 6th Edition**
- **Care of Young Children With Diabetes in the Child Care Setting: A Position Statement of the American Diabetes Association http://main.diabetes.org/dorg/PDFs/Advocacy/Discrimination/ps-care-of-young-children-with-diabetes-in-child-care-setting.pdf**
- **As 1 Diabetes - http://as1diabetes.com.au/**
- **Revised National Quality Standard**

EMERGENCY EVACUATION POLICY

It is vital that if an emergency situation arises, it is handled effectively and with consideration for all involved. Supporting Educators and children with an emergency situation requires vigilant planning and consistent implementation.

Effective management of emergency situations provides an opportunity to help support and build on children's coping mechanisms and resilience.

National Quality Standard (NQS)

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

Purpose

We aim to maintain the safety and wellbeing of each child, educator and individual during an emergency or evacuation situation.

Scope

This policy applies to children, families, Educators and management.

Implementation

We define an emergency as an unplanned, sudden or unexpected event or situation that requires immediate action to prevent harm, injury or illness to persons or damage to the Service's environment. It is a risk to an individual's health and safety. It is important that Services define emergencies that are specific to their environment.

We have a duty of care to provide all persons with a safe and healthy environment.
To ensure compliance with the Minister's Rules 2017, the emergency and evacuation procedure must set out:

- Instructions for what must be done in the event of an emergency
- An emergency evacuation floor plan

In line with the IHC Framework, it is recommended that Emergency procedures are rehearsed every (3) months. Educators should conduct emergency evacuation drills in each home environment, this should also include lockdown procedures. The Approved Provider will ensure a risk assessment is conducted to identify potential emergencies that are relevant to the service when preparing the emergency and evacuation procedure

Circumstances under which evacuation will occur are as follows:

- Fire within the building or outdoor area
- Fire in the surrounding area where the home is in danger (If you are unsure how close the fire is call; Local Fire Station: insert number here or Rural Fire Services on: insert number here.
- Flood (call State Emergency Service – insert your state number here)
- Terrorist threat
- Others may include: gas explosion, traffic accident or event which could render the building unsafe

Emergency and Evacuation Drills

- Maintain an up-to-date register of emergency telephone numbers that must be taken in an emergency or evacuation. Place in the emergency evacuation bag.
- Emergency telephone numbers will be displayed prominently near the phone
- In the event of an evacuation causing an inability to use phones, e.g. damaged phone lines, a communication plan will see a staff member seek assistance from neighbouring residents or businesses and / or use the mobile phone taken by a staff member as per our Emergency Evacuation Plan.
- Management will seek training opportunities for staff to participate in emergency evacuations.

Important: The notification of a serious incident to the Secretary of the Department (within 24 hours) is needed where emergency services attend an education and care service in response to an emergency, rather than as a precaution or for any other reason.

Jurisdiction specifications

New South Wales (NSW)
• **Children's Services Central – www.cscentral.org.au** • **Department of Education and Communities - www.educationandcommunities.nsw.gov.au** • **Emergency Management NSW – www.emergency.nsw.gov.au** • **Department of Community Services – www.community.nsw.org.au** • **Mobile Children's Services Association of NSW – www.mcsa.org.au** • **NSW Family Day Care Association – www.nswfdc.org.au » NSW Ministry of Health – www.health.nsw.gov.au** • **NSW Police - www.police.nsw.gov.au** • **NSW Rural Fire Service - www.rfs.nsw.gov.au** • **NSW State Emergency Services – www.ses.nsw.gov.au** • **WorkCover Authority of NSW - www.workcover.nsw.gov.au**

Source

- **Australian Children's Education & Care Quality Authority.**
- **ECA Code of Ethics.**
- **Guide to the National Quality Standard.**
- **Fire Protection Association Australia http://www.fpaa.com.au/**
- **Australian Government – Emergency Services http://www.australia.gov.au/information-and-services/public-safety-and-law/emergency-services**
- **Managing Emergency Situations http://www.cscentral.org.au/Resources/managing-emergency-situations.pdf**
- **Work Health and Safety Act 2011**
- **Work Health and Safety Regulations 2011**
- **NSW Rural Fire Service www.bushfire.nsw.gov.au**
- **Department of Education and Early Childhood Development Victoria http://www.education.vic.gov.au/Documents/childhood/providers/support/SampleCSEMPlan.pdf**
- **ATTFS http://www.atts.com.au/Fire-Services**
- **Fire System Services http://www.firesys.com.au/Fire-Extinguisher-Service-and-Maintenance-pg14686.html**
- **Revised National Quality Standard 2018**

EPILEPSY MANAGEMENT POLICY

Epilepsy refers to recurrent seizures where there is a disruption of normal electrical activity in the brain that can cause disturbance of consciousness and/or body movements. The effects of epilepsy can vary, some children will suffer no adverse effects while epilepsy may impact others greatly. Some children with epilepsy may have absence seizures where they are briefly unconscious. Our Service will implement inclusive practices to cater for the additional requirements of children with epilepsy in a respectful and confidential manner.

National Quality Standard (NQS)

Quality Area 2: Children's Health and Safety		
2.1.1	**Wellbeing and comfort**	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation
2.1.2	**Health practices and procedures**	Effective illness and injury management and hygiene practices are promoted and implemented.
2.2	**Safety**	Each child is protected
2.2.1	**Supervision**	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard
2.2.2	**Incident and emergency management**	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented

Purpose

The aim of this policy is to ensure that educators, staff and families are aware of their obligations in supporting children with epilepsy and management of seizures

Scope

This policy applies to children, families, Educators and management.

Duty of care

Our Service has a legal responsibility to provide

a. A safe environment
b. Adequate Supervision

Staff members including relief staff need to know enough about epilepsy and managing seizures to ensure the safety of those children.

Background & legislation

Epilepsy is a common, serious neurological condition characterised by recurrent seizures due to abnormal electrical activity in the brain. While about 1 in 200 children live with epilepsy, the impact is variable – some children are greatly affected while others are not. Epilepsy is unique. There are virtually no generalisations that can be made about how epilepsy may affect a child. There is often no way to accurately predict how a child's abilities, learning and skills will be affected by seizures. Because the child's brain is still developing, the child, their family and doctor will be discovering more about the condition as they develop.

The most important thing to do when working with a child with epilepsy is to get to know the individual child and their condition. All children with epilepsy should have an Epilepsy Management Plan. It is important that all those working with children living with epilepsy have a good understanding of the effects of seizures, required medication and appropriate first aid for seizures.

Legislation that governs the operation of approved children's services is based on the health, safety and welfare of children, and requires that children be protected from hazards and harm. Minister's Rules 2017 requires the Approved Provider to ensure that the educator on duty has a current approved first aid qualification.

Definitions

Focal seizures

Focal Seizures without impaired consciousness	**Formerly called simple partial seizures, these arise in parts of the brain not responsible for maintaining consciousness, typically the movement or sensory areas.** **Consciousness is NOT impaired and the effects of the seizure relate to the part of the brain involved. If the site of origin is the motor area of the brain, bodily movements may be abnormal (e.g. limp, stiff, jerking). If sensory areas of the brain are involved the person may report experiences such as tingling or numbness, changes to what they see, hear or smell, or very unusual feelings that may be hard to describe. Young children might have difficulty describing such sensations or may be frightened by these.**
Focal Seizures with impaired consciousness	Formerly called complex partial seizures, these arise in parts of the brain responsible for maintaining awareness, responsiveness and memory, typically parts of the temporal and frontal lobes. Consciousness is lost and the person may appear dazed or unaware of their surroundings. Sometimes the person experiences a warning sensation or 'aura' before they lose awareness, essentially the simple partial phase of the seizure. Behaviour during a complex partial seizure relates to the site of origin and spread of the seizure. Often the person's actions are clumsy and they will not respond normally to questions and commands. Behaviour may be confused and they may exhibit automatic movements and behaviours e.g. picking at clothing, picking up objects, chewing and swallowing, trying to stand or run, appearing afraid and struggling with restraint. Colour change, wetting and vomiting can occur in complex partial seizures. Following the seizure the person may remain confused for a prolonged period and may not be able to speak, see, or hear if these parts of the brain were involved. The person has no memory of what occurred during the complex partial phase of the seizure and often needs to sleep.
Focal Seizures becoming bilaterally convulsive	Focal seizures may progress due to spread of epileptic activity over one or both sides of the brain. Formerly called secondarily generalised seizures, bilaterally convulsive seizures look like generalised tonic-clonic seizures

Generalised seizures

Tonic-clonic Seizures	**Tonic-clonic seizures produce sudden loss of consciousness, with the person commonly falling to the ground, followed by stiffening (tonic) and then rhythmic jerking (clonic) of the muscles. Shallow or 'jerky' breathing, bluish tinge of the skin and lips, drooling of saliva and often loss of bladder or bowel control generally occur.** **The seizures usually last a couple of minutes and normal breathing and consciousness then returns. The person is tired following the seizure and may be confused.**
Absence Seizures	Absence seizures produce a brief cessation of activity and loss of consciousness, usually lasting 5-30 seconds. Often the momentary blank stare is accompanied by subtle eye blinking and mouthing or chewing movements. Awareness returns quickly and the person continues with the previous activity. Falling and jerking do not occur in typical absences.
Myoclonic Seizures	Myoclonic seizures are sudden and brief muscle contractions that may occur singly, repeatedly or continuously. They may involve the whole body in a massive jerk or spasm, or may only involve individual limbs or muscle groups. If they involve the arms they may cause the person to spill what they were holding. If they involve the legs or body the person may fall.
Tonic Seizures	Tonic seizures are characterised by generalised muscle stiffening, lasting 1-10 seconds. Associated features include brief cessation of breathing, colour change and drooling. Tonic seizures often occur during sleep. When tonic seizures occur suddenly with the child awake they may fall violently to the ground and injure themselves. Fortunately, tonic seizures are rare and usually only occur in severe forms of epilepsy.
Atonic seizures	Atonic seizures produce a sudden loss of muscle tone that, if brief, may only involve the head dropping forward ('head nods'), but may cause sudden collapse and falling ('drop attacks').

Implementation

We will involve all educators, families and children in regular discussions about medical conditions and general health and wellbeing throughout our curriculum. The Service will adhere to privacy and confidentiality procedures when dealing with individual health needs.

A copy of all medical conditions policies will be provided to all educators and volunteers and families of the Service. It is important that communication is open between families and educators so that management of epilepsy is effective.

It is imperative that all educators follow a child's Medical Management Plan in the event of an incident related to a child's specific health care need, allergy or medical condition.

Mummymetime Management will ensure:

- All staff are provided with a copy of the Epilepsy Management Plan along with the Medical Conditions Policy annually.
- A copy of this policy is provided and reviewed during each new staff member's induction process.
- All staff members have completed first aid training approved on the ACEQA website at least every 3 years and are recorded, with each staff members' certificate held on *Mummymetime's* premises.
- All staff attend regular training on the management of epilepsy and, where appropriate, emergency management of seizures using emergency epileptic medication, when a child with epilepsy is enrolled at the Service.
- A Medical Conditions Risk Minimisation plan is completed for each child diagnosed, outlining procedures to minimise the incidence and effect of a child's epilepsy. The plan will cover the child's known triggers and where relevant other common triggers which may cause an epileptic seizure.
- All staff members are trained to identify children displaying the symptoms of a seizure, and locate their personal medication and Epilepsy Management Plan.
- All children enrolled with epilepsy must have an Epilepsy Management Plan, seizure record and, where relevant, an Emergency Medical Management Plan, filed with their enrolment record. Records must be no more than 12 months old and updated regularly by the child's registered medical practitioner.
- A copy of this policy will be provided to a parent or guardian of each child diagnosed with Epilepsy at the Service and reviewed regularly.
- That a child's Epilepsy management plan is signed by a Registered Medical Practitioner and inserted into the enrolment record for each child. This will describe the prescribed medication for that child and the circumstances in which the medication should be used.
- Implement a communication strategy and encourage ongoing communication between parents/guardians and staff regarding the current status of the child's medical condition, this policy and its implementation.
- That a staff member accompanying children outside the Service carries the prescribed medication and a copy of the Epilepsy Management and Emergency Medical Management Plan for children diagnosed with epilepsy attending excursions.

Educators will:

- Ensure a copy of the child's Epilepsy Management Plan is accessible
- Follow the child's Epilepsy Management Plan in the event of a seizure.
- Record all epileptic seizures according to the Epilepsy Management Plan.
- Take all personal Epilepsy Management Plans, seizure records, medication records, Emergency Medication Plans and any prescribed medication on excursions and other events.
- Administer prescribed medication when needed according to the Emergency Medication Management Plan in accordance with the service's Administration of Medication Policy.
- Recognise the symptoms of a seizure, and treat appropriately by locating the Epilepsy Management Plan and the Emergency Medication Management Plan.
- Identify and where possible minimise possible seizure triggers as outlined in the child's Epilepsy Management Plan.

- Consult with the parents/guardians of children with epilepsy in relation to the health and safety of their child, and the supervised management of the child's epilepsy.
- Increase supervision of a child diagnosed with epilepsy on special occasions such as family days
- Regularly check and record the expiry date of the prescribed Epilepsy Management medication.
- Ensure that if a child who is not diagnosed with epilepsy has a seizure, they will;
    - Protect the child from injury- Remove any hazards that the child could come into contact with
    - Not restrain the child or put anything in their mouth
    - Gently roll them on to the side in the recovery position as soon as possible (not required if, for example, child is safe in a wheelchair safe and airway is clear)
    - Monitor the airway
    - Call an ambulance; This may include when:
        - A seizure continues for more than three minutes
        - Another seizure quickly follows the first
        - It is the child's first seizure
        - The child is having more seizures than is usual for them
        - Certain medication has been administered
        - They suspect breathing difficulty or injury
    - Contact the parent/guardian immediately when practicable
    - Contact the emergency contact if the parents or guardian can't be contacted when practicable
    - If the incident presented imminent or severe risk to the health, safety and wellbeing of the child or if an ambulance was called in response to the emergency (not as a precaution) the Department will be notified within 24 hours of the incident

In the event that a child (known to have an epileptic condition) suffers from an epileptic emergency the educator will:

- Follow the child's Medical Emergency Plan.
- If the child does not respond to steps within the Medical Emergency Plan call an ambulance immediately by dialing 000
- Continue first aid measures
- Contact the parent/guardian when practicable
- Contact the emergency contact if the parents or guardian can't be contacted when practicable
- Notify the Secretary of the Department within 24 hours

Families will ensure they provide *Mummymetime* with:

- Information upon enrolment or on diagnosis, of their child's medical condition-epilepsy.
- An individual Medical Conditions Risk Minimisation Plan with Service staff.
- An Epilepsy Management Plan and an Emergency Medication Management Plan developed and signed by a Registered Medical Practitioner for implementation within the Service.
- The prescribed medications from the Emergency Medication Management Plan, providing an adequate supply of emergency medication for their child at all times.
- Medication that is within date of expiration
- Information and be able to answer any questions regarding their child's medical condition.
- A notification of any changes to their child's medical condition and provide a new Epilepsy Management Plan in accordance with these changes.
- Relevant information and concerns to staff, for example, any matter relating to the health of the child.

Source

- **Australian Children's Education & Care Quality Authority**
- **ECA Code of Ethics**
- **Guide to the National Quality Standard**
- **Staying Healthy in Child Care. 6th Edition Staying healthy: Preventing infectious diseases in early childhood education and care services - 6th Edition**
- **The Royal Children's Hospital Melbourne http://www.rch.org.au/neurology/patient_information/about_epilepsy/**
- **Revised National Quality Standard**

EXCURSION POLICY

Excursions enhance children's learning by providing them the opportunity to participate in curriculum planned activities and experiences to extend on their skills and knowledge in the current interest topic. Our Service recognises that excursions provide opportunities for children to explore the wider community as a group and extend on the educational program provided.

National Quality Standard (NQS)

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

Purpose

To ensure that all excursions undertaken by the Service are planned and conducted in a safe manner, maintaining children's wellbeing at all times. We believe excursions/incursions provide the children with the opportunity to expand and enhance their skills and knowledge gaining insight into their local community.

Scope

This policy applies to children, families, Educators and management.

Implementation

Excursions will be conducted with the children's safety and wellbeing in mind at all times.
Excursion Risk Assessment

- The Educator will notify families about the excursion using an Authorisation for Excursion form
- Families have a right to view the risk assessment prior to the excursion upon request in which the Service must comply with ensuring all information is available.
- A risk assessment must:
    1. Identify and assess risks that the excursion may pose to the safety, health and wellbeing of any child being taken on the excursion
    2. Specify how the identified risks will be managed and minimised
    3. Consider the proposed route and destination for the excursion and any water hazards
    4. Reflect on any risks associated with water based activities
    5. Contemplate the transport to and from the proposed destination for the excursion
    6. Consider the risks posed by the excursion the number of educators or other responsible adults that is appropriate to provide supervision and whether any adults with specialised skills are required (for example: life-saving skills)
    7. Consider the planned activities
    8. Determine the duration of the excursion
    9. Consider items that should be taken on the excursion (mobile phone, emergency contacts, first aid kit, medical plans etc)

Parent Authorisation

- The Educator must ensure that a child is not taken outside the premises on an excursion unless written authorisation has been provided.
- The authorisation must be given by a parent or other authorised person named in the child's enrolment record
- The authorisation form must state:
    1. The child's name

2. The reason the child is to be taken outside the premises;
3. The date the child is to be taken on the excursion (unless the authorisation is for a regular outing);
4. A description of the proposed destination for the excursion;
5. The method of transport to be used for the excursion;
6. The proposed activities to be undertaken by the child during the excursion;
7. The period the child will be away from the premises;
8. That a risk assessment has been prepared by *Mummymetime*.

- If the excursion is a regular outing, the authorisation is only required to be obtained once in a 12 month period.

Transportation for Excursion

The means of transport may mean:

1. **Bus**
   Management must ensure that the seating capacity as displayed on the compliance registration is not surpassed. All children must sit on seats, preferably with, or close to, an adult. Seat belt guidelines must be followed depending on the bus. If the bus has seat belts, they must be worn at all times
2. **Train**
   Management will be required to contact the local station prior to the excursion to inform them of the time you will be travelling, the destination and the number of children and adults who will be travelling.
   Provisions should be made to ensure children have ample time to board the train safely and in an unhurried way. This will allow the station to inform the train guard so that they can hold the train for the period of time for safe boarding and descending. All children should be seated at all times, with an adult close by. All children should be seated in the one carriage, if possible.
3. **Car**
   Any motor vehicle that is used to transport children on an excursion (other than a motor vehicle seating more than nine persons) must be fitted with child restraints and/or seatbelts that are appropriate for the age and weight of each child, that conform to the Australian Standards, and are professionally installed or checked by an authorised restraint fitter.

Insurance

Management must review their insurance policy prior to the excursion/incursion to ensure liability is protected by *Mummymetime*.

Source

The Business of Childcare, Karen Kearns 2004
National Quality Standard
Early Years Learning Framework
Revised National Quality Standard

FAMILY COMMUNICATION & COMPLAINTS POLICY

Family participation is an important part of making the Service a true part of the community. We believe in creating an environment that is welcoming and inclusive and supports a sense of belonging for children, families and educators.

National Quality Standard (NQS)

Quality Area 6: Collaborative Partnerships		
6.1	**Supportive relationships with families**	Respectful relationships with families are developed and maintained and families are supported in their parenting role
6.1.1	**Engagement with the service**	Families are supported from enrolment to be involved in their service and contribute to service decisions
6.1.2	**Parent views are respected**	The expertise, culture, values and beliefs of families are respected and families share in decision-making about their child's learning and wellbeing.
6.1.3	**Families are supported**	Current information is available to families about the service and relevant community services and resources to support parenting and family wellbeing.
6.2	**Collaborative partnerships**	Collaborative partnerships enhance children's inclusion, learning and wellbeing.
6.2.1	**Transitions**	Continuity of learning and transitions for each child are supported by sharing information and clarifying responsibilities.
6.2.2	**Access and participation**	Effective partnerships support children's access, inclusion and participation in the program
6.2.3	**Community and engagement**	The service builds relationships and engages with its community

Purpose
We encourage family participation and open communication.

Scope
This policy applies to children, families, Educators and management.

Implementation
We understand the primary influence that families have in their children's lives, and that effective relationships between educators and families are fundamental to achieve quality outcomes for children. Community partnerships that focus on active communication, consultation and collaboration also contribute to children's learning and wellbeing. Positive relationships with families' turns into a partnership as together we share a common goal and responsibility for reaching goals for children.

Mummymetime Management will ensure:

- Families have access to their child's developmental records outlining their strengths, needs and interests and developmental progress against the framework.
- Families are notified of any incident, injury, trauma or illness that occurs for their child whilst in care
- Families are notified of changes to Service policies.

Educators will:

- Inform families about the processes for providing feedback and making complaints.
- Encourage families to be involved in the curriculum, providing feedback and giving feedback on children's emerging interests and needs.
- Endorse continuous open and direct two way communication with families, assisting them to feel associated with their children's experiences, developing trust and collaboration.

- Provide families with a range of communication methods which will include emails and verbal communication.
- Use a communication book with families when required

Families will:

- Provide accurate information on enrolment and medical information forms during the enrolment process and notify management and educators when any information changes.

Complaints handling:

We encourage families to communicate and issues as soon as they become evident to ensure they are addressed in a timely manner by the department and the service. The In Home Care support agency is the first point of contact for families, management and educators for complaints. IHC Support agencies are responsible for developing a complaints handling process for their jurisdiction. Complaints in relation to an IHC Support Agency will need to be sent directly to the department by emailing inhomecare@education.gov.au.

If you have a complaint regarding the service please ensure you include as much information as possible so it can be dealt with in a timely manner. All complaints are to be in writing and clearly state names of all parties involved (if relevant).

Source

- **Australian Children's Education & Care Quality Authority.**
- **ECA Code of Ethics.**
- **Guide to the National Quality Standard.**
- **Early Years Learning Framework for Australia: Belonging, Being and Becoming, 2009**
- **Raising Children Network – Involving parents in school and child care http://raisingchildren.net. au/articles/involving parents in school and_ childcare.html**
- **Revised National Quality Standard**

FIREARMS AND WEAPONS SAFETY POLICY

Purpose

This policy outlines strict safety directives to eliminate the severe risks of accidental injury or trauma associated with firearms and weapons within home-based child care settings. It ensures that Mummymetime satisfies its duty of care by requiring zero access by children to any licensed firearms or ammunition on premises where contracted care is delivered.

Scope

This policy applies to Mummymetime management, families utilising the service, and all early childhood educators engaged by the service on an independent contractor basis. It covers the physical boundary of any registered family home during active sessions of care.

Implementation: Roles and Responsibilities

1. Service Management Responsibilities

- **Mandatory Disclosure Audits:** Mandate a physical and written check of the family's firearm declaration during the *Initial Home Safety Inspection* before any care placement can be approved or activated.
- **Compliance Verification:** Where a family declares the presence of a legal firearm, management must verify that the storage arrangement complies strictly with relevant state legislation (e.g., *NSW Firearms Act 1996*), including inspecting the location of the heavy-duty gun safe.
- **Contractual Enforcement:** Mummymetime reserves the right to immediately suspend or terminate a service agreement with a family, and cease bookings for an Educator, if an unsecured or undeclared firearm or weapon is discovered on the premises.

2. Educator (Contractor) Responsibilities

- **Absolute Prohibition on Handling:** Educators must never, under any circumstance, handle, touch, clean, or move a firearm, weapon, or ammunition within the family residence.
- **Immediate Environmental Intervention:** If an Educator observes an unsecured firearm, weapon, or ammunition during a care session, they must immediately move the children to a separate, safe space, ensure active supervision, and contact Mummymetime management immediately.
- **Professional Reporting:** Document any observed breaches of weapon safety or safe storage on the service platform as an urgent safety hazard.

3. Family Responsibilities

- **Honest Declaration:** Families must explicitly declare the presence of any firearms, ammunition, or licensed weapons on the premises during the initial enrolment and safety assessment process.
- **Strict Legal Storage:** Ensure that all firearms and ammunition are kept entirely separate from each other and locked securely inside an approved, legally compliant gun locker/safe. The keys, combinations, and access codes to the safe must be kept hidden and completely inaccessible to both children and the Educator at all times.
- **Active Restriction:** Under no circumstances must a firearm or weapon be brought out, handled, cleaned, or displayed while an Educator is on duty or children are in active care.

GOVERNANCE POLICY

The Governance Policy provides the overall direction, effectiveness, supervision and accountability of a Service. Management are responsible for guiding the direction of the service, ensuring that its goals and objectives are met in line with the philosophy, and all legal requirements governing the operation of the service.

National Quality Standard (NQS)

QUALITY AREA 7: GOVERNANCE AND LEADERSHIP		
7.1	**Governance**	Governance supports the operation of a quality service
7.1.2	**Management Systems**	Systems are in place to manage risk and enable the effective management and operation of a quality service
7.1.3	**Roles and Responsibilities**	Roles and responsibilities are clearly defined, and understood and support effective decision making and operation of the service
7.2	**Leadership**	Effective leadership builds and promotes a positive organisational culture and professional learning community
7.2.1	**Continuous improvement**	There is an effective self-assessment and quality improvement process In place
7.2.2	**Educational leadership**	The educational leader is supported and leads the development and implementation of the educational program and assessment and planning cycle
7.2.3	**Development of professionals**	Educators, co-ordinations and staff members'' performance is regularly evaluated and individual plans are in place to support learning and development.

Purpose

Mummymetime aims to ensure all legal and financial requirements are implemented and recognised through appropriate governance practices, providing quality education and care, meeting the principles, practices and elements of the Early Years Learning Framework and the National Quality Standard.

Scope

This policy applies to children, families, Educators and management.

Implementation

Governance is the process in which our Service is directed, controlled and held accountable to ensure the right decisions are made.

The Approved Provider and Nominated Supervisor of the Service accept the legal responsibilities associated with establishing and administrating the Service.

Approved Provider	**Leanne Farmer**
Supervisor	Leanne Farmer

The Approved Provider is responsible for:

- Complying with family assistance law
- Being an employer
- Complying with funding agreements where appropriate
- Ensuring the Service remains financially viable and can meet its debts and other obligations as they fall due
- Managing control and accountability systems

- Complying with all other NSW and Australian governments' legislation that impacts upon the management and operations of a Service.
- Acting honestly and with due diligence
- Developing coherent aims and goals that reflect the interests, values and beliefs of all stakeholders of the Service
- Developing a clear and agreed philosophy which guides business decisions which is reviewed annually
- Ensuring there is a sound foundation of policies and procedures that complies with all legislative and regulatory requirements, and that enables the daily operation of the Service to be in line with the Service's philosophy and goals
- Maintaining up to date and current policies and procedures for compliance by all Educators.
- Reviewing the Service's budget and monitoring financial performance and management to ensure the Service is solvent at all times, and has good financial strength
- Approving annual financial statements and providing required reports to government setting and maintaining appropriate delegations and internal controls
- Reviewing the work process regularly
- Providing clear, and direct feedback and instruction that is suitable and communicated in writing
- Ensuring Educators are adhering to service policies and procedures.

Service philosophy

- The development and review of the philosophy and policies will be a continuous process on an annual basis or when required.
- The philosophy and associated statement of purpose will reinforce all other documentation and the practices of the Service. The philosophy will reflect the principles of the approved national framework "Being Belong Becoming" and "My Time, Our Place".
- There will be a collaborative and consultative process to support the development of the philosophy that will include children, parents and Educators.
- All documents will be dated and include nominated review dates.

Confidentiality

- The family day care educator will keep confidential the matters of each child in their care and of the child's family and shall not disclose any information to a third party other than the IHC service or as legally required to do so.
- Confidential conversations will be conducted in a quiet area away from other children. Such conversations in relation to the health and wellbeing of the child will be documented and filed in a confidential manner.
- Students, and/or visitors to the residence and/or venue will ensure that information in regard to educators, children and families is not discussed outside of the context in which it was heard.
- Any information received or transmitted via mobile telephone (including text/SMS) or any other electronic device (example email) shall be treated with the same confidentiality as any other written form of communication and must be stored confidentially.

Ethical decision-making

Mummymetime will make decisions which are consistent with our policies and procedures which work in conjunction with the national education and care law and regulations, our approved learning framework (EYLF) and the ethical standards.

Review and evaluation of the service

- Ongoing review and evaluation will support the continuing development of the Service. We will ensure that the evaluation involves all stakeholders

- Reflection on what works within the Service and what needs additional development.

Maintenance of records

- The Service has a responsibility to keep sufficient records about staff, families and children in order to operate dependably and lawfully.
- The Service will safeguard the interests of the children and their families and the staff, using procedures to ensure appropriate privacy and confidentiality practice is upheld
- The Approved Provider will need to ensure that the record retention procedure meets the requirements of the National Privacy Act and Family Assistance Law

Source

- Australian Children's Education & Care Quality Authority.
- In Home Care National Guidelines and Handbook
- ECA Code of Ethics.
- Guide to the National Quality Standard.
- A Directors Manual – Managing an early education and care service in NSW http://ccccnsw.org.au/wp-content/uploads/a-directors-manual-sample.pdf
- Confidentiality Policy
- Work Health and Safety Act
- Child Care Service Handbook (CCMS)

HAND WASHING POLICY

Having and encouraging good hygiene practices in early childhood is essential for reducing the risk of cross infection. Helping children to develop appropriate personal hygiene habits will become embedded as they grow and develop. It is important to work with families to ensure children follow simple hygiene rules by incorporating good hygiene methods in the home environment.

National Quality Standard (NQS)

Quality Area 2: Children's Health and Safety		
2.1	**Health**	Each child's health and physical activity is supported and promoted
2.1.1	**Wellbeing and comfort**	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation
2.1.2	**Health practices and procedures**	Effective illness and injury management and hygiene practices are promoted and implemented.
2.2	**Safety**	Each child is protected
2.2.1	**Supervision**	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard

Purpose

Mummymetime is committed to assuring the health and safety of all educators, staff, families and children, providing a safe and healthy environment. The importance of reducing the risk of infection is through effective hand hygiene. We aim to perform specific hand washing hygiene practices to minimise the risks associated with cross infection.

Scope

This policy applies to children, families, Educators and management.

Implementation

Infection can be spread through direct physical contact between people, airborne droplets from coughing and sneezing or from contact with surfaces and objects. Children come into contact with other children and adults, toys, eating utensils and equipment. Whilst it may not be possible to prevent the spread of all infections, we aim to create a hygienic environment to minimise the spread of diseases and infections.

Hand washing is a vital strategy in the prevention of spreading many infectious diseases. Research emphases good handwashing as the single most important task you can do to reduce the spread of bacteria, germs, viruses and parasites that infect yourself, other staff and children being cared for.

Micro-organisms such as bacteria, germs, viruses and parasites are present on the hands at all times and live in the oil that is naturally produced on your hands. The use of soap or detergent and water remove most of these organisms and decreases the risk of cross infection.

Mummymetime will adhere to National Regulation requirements, standards and tools to support the effectiveness of our hand washing policy. We aim to educate and encourage children to wash their hands effectively which will help to reduce the incidence of infectious diseases with reference to the Staying Healthy in Child Care 5th Edition to guide best practice.

To ensure the greatest level of personal hygiene, it is a requirement of the Service to wash your hands

- Before and after toileting or changing nappies
- After going to the toilet
- After wiping a runny nose or blowing your own nose
- Before and after administering first aid

- Before and after administering medication
- After using chemicals
- Before eating, preparing and serving food
- Making bottles
- After cleaning up bodily fluids
- After removing protective gloves
- Before going home

Children will be encouraged to follow educators modelling and wash their hands at appropriate times throughout the day. Educators will ensure all required equipment is easily accessible and appropriate for use.

Strategies Educators will use to encourage effective hand hygiene practice include

- Talking about the importance of hygiene
- Using positive language
- Encouraging and using positive reinforcement
- Ensuring equipment is accessible
- Provide clear simple routines
- Give children sufficient time to practice and develop their skills
- Ensure adequate supervision and assistance is available when required

Hand Drying

Effective hand drying is just as important as comprehensive hand washing. Research states that wet hands can pick up and transfer up to 1000 times more bacteria than dry hands. Drying hands thoroughly also helps remove any germs that may not have been rinsed off.

Source

- **Australian Children's Education & Care Quality Authority.**
- **ECA Code of Ethics**
- **Guide to the National Quality Standard**
- **Staying Healthy in Child Care 6th Edition** Staying healthy: Preventing infectious diseases in early childhood education and care services - 6th Edition
- **Revised National Quality Standard**

HANDOVER OF CARE POLICY

Purpose

This policy establishes standard parameters for the transition of the physical duty of care between the family and the independent contractor at the commencement and conclusion of every In-Home Care (IHC) session. Clear boundaries ensure continuous supervision and safeguard the child's wellbeing.

Scope

This policy applies to Mummymetime management, families utilising the service, and all early childhood educators engaged by the service.

Implementation: Roles and Responsibilities

1. Service Management Responsibilities

- **Platform Provisions:** Maintain the Connecteam application framework to facilitate accurate digital tracking of active care sessions.
- **Records Maintenance:** Maintain up-to-date enrolment profiles detailing names and contact particulars of parents, guardians, and strictly authorised nominees permitted to receive the child.
- **Dispute Arbitration:** Monitor Connecteam digital logs and intervene if a pattern of delayed handovers or scheduling variations is reported by an engaged contractor.

2. Educator (Contractor) Responsibilities

- **Punctual Arrival:** Arrive at the contracted placement residence on time to ensure seamless service continuity for the family.
- **Active Status Exchange:** Conduct a brief verbal exchange with the parent or guardian upon arrival to check the child's recent wellness status, sleeping patterns, dietary needs, or any required medication variables.
- **Connecteam Digital Logging:** Formally **clock on** via the Connecteam application at the exact commencement of the shift, and **clock off (complete)** the shift immediately following the physical transition of care at the end of the session.
- **Variations Tracking:** Utilise the internal **Connecteam notes system** at the conclusion of the shift to document any deviations, child routine updates, or specific handover variations that occurred during the care window.
- **Strict Release Protocols:** Only release the child into the physical care of a parent, guardian, or an explicitly documented authorised nominee. If an unfamiliar nominee arrives, the contractor must verify their identity via official photo identification before releasing the child.

3. Family Responsibilities

- **Physical Presence:** Ensure a parent, guardian, or registered authorised nominee is physically present at the home to hand over the child at the scheduled start time and to receive the child at the scheduled conclusion of the care session.
- **Accurate Instructions:** Provide the Educator with an accurate update regarding the child's immediate physical state, routines, or urgent care variables before departing the care boundary.
- **Nominee Authorisation:** Update the service immediately in writing if an unlisted or new individual is being nominated to receive the child at the end of a session. Families acknowledge that Educators will not release a child to an unverified individual.

HOME SAFETY ASSESSMENT POLICY

Purpose

To establish a rigorous, legally compliant framework for verifying, monitoring, and maintaining environmental safety within individual private family residences where In-Home Care (IHC) services are delivered. This policy ensures full adherence to Section 116 of the Education and Care Services National Regulations, guaranteeing that children are cared for exclusively in hazard-free environments that protect them from injury and harm.

Scope

This policy applies fundamentally to Mummymetime management, independent contracting Educators, and all client families utilising the service. It governs both pre-placement environmental certifications, mandatory daily checks, and household emergency display frameworks.

Implementation: Roles and Responsibilities

1. Service Management Responsibilities

- **Mandatory On-Site Pre-Placement Inspections:** A designated MMT Provider Representative must physically conduct an exhaustive on-site audit before any care arrangement commences, utilising the formalised *Initial Home Safety Assessment & Placement Checklist*.
- **Final Compliance Certification:** Management holds absolute authority over care commencement. If any safety indicators are flagged as an "Action Required" deficit during the initial audit, active shifts will be withheld until verifiable corrective evidence is reviewed, approved, and signed off.
- **Emergency Infrastructure Mandate:** Management will supply families with the *Emergency Evacuation, Lockdown & Information Master Plan* during onboarding. Service approval is contingent upon the family verifying that the emergency layouts match office files and are properly mounted.
- **Continuous Document Accessibility:** Maintain and distribute the up-to-date policy suite, ensuring this policy, all active standalone checklist templates, and family emergency packs are completely accessible to all staff and independent contractors via the Connecteam platform.

2. Educator Responsibilities

- **Mandatory Daily Digital Inspections:** Prior to commencing *every single active care shift*, the Educator must execute a complete physical sweep of the residence and log the outcomes using the digital *MMT Daily Home Safety Assessment Checklist* via the Connecteam platform.
- **Proactive Risk Control:** If a daily safety indicator fails (e.g., a newly introduced appliance cord dangling, or household chemicals left out on a bench), the Educator must immediately resolve the hazard or direct the family to intervene before allowing children into that zone.
- **Display & Compliance Cross-Checking:** Upon arriving for a shift, the Educator must verify that **Page 1 and Page 2** of the *Emergency Evacuation, Lockdown & Information Master Plan* are physically printed and displayed together as a "Fridge Station" where they can be viewed instantaneously during an emergency.
- **Cooperative 3-Month Emergency Drills:** The Educator is responsible for actively working with the client family and the children to practice emergency evacuation and lockdown simulations **every three (3) months**. The Educator must physically log the execution dates and their initials directly onto the *Regulatory 3-Month Emergency Drill Tracker* located on Page 2 of the displayed Family Safety Pack.
- **Shift Suspension & Immediate Escalation:** If a critical safety barrier is compromised and cannot be immediately rectified (e.g., a broken pool gate, structural smoke alarm failure, missing emergency display layout, or an unsecured weapon), the Educator **must not proceed with the care session**. The children must be moved to a safe perimeter, and MMT Management must be notified instantly.

3. Family Responsibilities

- **Continuous Environment Upkeep:** Families must continuously maintain the strict home safety thresholds verified during the initial assessment. The private home must remain clear of loose environmental hazards, expired first aid packs, and unanchored heavy furniture during scheduled care hours.
- **Emergency Display & Drill Cooperation:** Families must print and prominently display the *Emergency Evacuation, Lockdown & Information Master Plan (Pages 1 & 2)* side-by-side near the main exit door or on the refrigerator. Families must actively cooperate with the Educator to practice a localised emergency drill every three (3) months to maintain a child-safe environment.
- **Weapons & Firearms Compliance:** Families must strictly declare any firearms, ammunition, or weapons on the premises. In compliance with state law, firearms and live ammunition must be locked entirely separately inside an approved, heavy-duty safe. Access keys or digital override combinations must be hidden securely away from children and contractors. No weapon may be handled, cleaned, or brought out during active care hours.

HEAD LICE POLICY

Head lice continue to cause concern and frustration for families, educators and children. Although head lice are not considered a health hazard, and do not spread disease, infestations can cause anxiety for all stakeholders. Head lice affect all socioeconomic groups and are not a sign of poor hygiene. They have no preference for ethnic background, hair colour, hair type or age. This policy is intended to outline roles, responsibilities and expectations of the Service to assist with early identification, treatment and control of head lice in a consistent and coordinated manner.

Whilst families have the primary responsibility for the detection and treatment of head lice we will work in a cooperative and collaborative manner to assist all families to manage head lice effectively.

National Quality Standard (NQS)

Quality Area 2: Children's Health and Safety		
2.1	**Health**	Each child's health and physical activity is supported and promoted
2.1.1	**Wellbeing and comfort**	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation
2.1.2	**Health practices and procedures**	Effective illness and injury management and hygiene practices are promoted and implemented.
2.2	**Safety**	Each child is protected
2.2.1	**Supervision**	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard

Purpose
To ensure parents and educators and healthcare workers are well informed about the early identification of head lice and managing infestations through effective treatment and communication with families.

Mummymetime aims to:

- Outline the roles and responsibilities of families, educators and management who are involved in early detection, treatment and control of head lice.
- Document effective treatment and management strategies that are vital, as head lice cannot be exterminated.
- Provide information and support for families.

Scope
This policy applies to children, families, Educators and management.

Head Lice
Pediculosis Capitis or head lice are insects that live in hair and suck blood from the scalp, sometimes causing itching of the scalp. Female head lice lay their eggs and glue them to the base of hair shafts. The eggs are pale cream to yellowish brown in colour and hatch after 7–10 days. The immature lice grow into adults over 6–10 days and start biting the scalp to feed on blood. Adult lice mate, the females lay more eggs, and the cycle continues.

People get head lice from direct head to head contact with another person who has head lice. This can happen when people play, cuddle or work closely together. Head lice do not have wings or jumping legs so they cannot fly or jump from head to head. They can only crawl.

Head lice do not live or breed on animals, bedding, furniture, carpets, clothes or soft toys. They cannot spread by sharing hats.

Head lice can be controlled through a consistent, systematic community approach.

Finding Head lice

Head lice do not necessarily cause an itch, and may be difficult to observe. Look for eggs by shining a strong light on the hair near the scalp, or by using the conditioner and combing technique. (See Treatment) Head lice are found on the hair shaft itself and move to the scalp to feed. They can be brown or grey in colour. Head lice have six legs, which end in a claw, and they rarely fall from the head. Louse eggs (also called nits) are laid within 1.5cm of the scalp and are firmly attached to the hair. They resemble dandruff, but can't be brushed off.

Implementation

Responsibilities of Management & Educators:

- If one child has head lice, it is likely that others also have them.
- The child or children with head lice are not to be isolated or excluded from learning.
- Reduce head-to-head contact between all children
- The educator will confidentially notify the parent/caregiver of a child who is suspected of having live head lice and request that the child is treated as soon as possible
- Support parents and children who have head lice by providing factual information, reducing parental anxiety and not singling out individual children with head lice.
- Provide families with suggestions of effective treatment for head lice.
- Encourage parents to tie back children's hair
- Record confidentially all cases of head lice
- Encourage children to learn about head lice so as to help them understand the issue and how to prevent further outbreaks.

Responsibilities of families:

- Check your child's head once a week and check for head lice.
- If you find any live lice or eggs, begin treatment immediately and notify the Service if your child is affected
- Check for effectiveness of the treatment every 2 days until no live lice are found for 10 consecutive days. Remove eggs from your child's hair using the conditioner method and head lice comb.
- Children with long hair should have their hair tied back.
- Families will only use safe and recommended practices to treat head lice.

Treatment

- Conditioner and Combing Technique
    1. Untangle dry hair with an ordinary comb.
    2. Apply hair conditioner to dry hair (white conditioner makes it easier to see the eggs). Use enough conditioner to cover the whole scalp and all the hair from roots to tips.
    3. Use an ordinary comb to evenly distribute the conditioner, and divide the hair into four or more sections using hair clips.
    4. Starting with a section at the back of the head, place the teeth of a head lice comb flat against the scalp. Comb the hair from the roots through to the tips.
    5. Wipe the comb clean on a tissue after each stroke and check for head lice or eggs on the tissue.
    6. Comb each section twice until you have combed the whole head. If the comb becomes clogged, use an old toothbrush, dental floss or a safety pin to remove the head lice or eggs.

- Chemical treatments are also available for head lice for children ages more than six months—your pharmacist can help you choose a product.
- No single chemical treatment will work for everyone and lice can develop resistance to the chemicals.

Jurisdiction specifications

New South Wales (NSW)
• Help! I don't know what to do about head lice Community Child Care Co-Operative PDF

Source

- Australian Children's Education & Care Quality Authority (2014).
- ECA Code of Ethics
- Guide to the National Quality Standard
- National Privacy Principles
  https://www.oaic.gov.au/privacy-law/privacy-archive/privacy-resources-archive/national-privacy-principles
- Privacy Victoria
  www.privacy.vic.gov.au
- Victoria: http://www.education.vic.gov.au/school/principals/health/Pages/headlice.aspx
- Queensland: http://education.qld.gov.au/schools/healthy/wellbeing-guidelines/head-lice.html
- Western Australia: http://healthywa.wa.gov.au/Articles/F_I/Head-lice
- South Australia:
  http://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/protecting+public+health/public+health+pest+management/head+lice%2C+management+guidelines+for+schools
- NT Government – Healthy Territory Information for Parents, Schools and Child Care Services
- United Nations Convention of the Rights of a child
- Privacy Act 1988
- Staying Healthy in Child Care. 6th Edition Staying healthy: Preventing infectious diseases in early childhood education and care services - 6th Edition
- Head Lice Management Guidelines Fact Sheet
- Child Care Cooperative – Help! I don't know what to do about Head Lice
- Head lice management guidelines- Health.vic.gov.au
- Pregnancybirthbaby.org.au
- Revised National Quality Standard

IMMUNISATION POLICY

When groups of children are together, illness and disease can spread rapidly. Immunisable diseases such as measles and whooping cough can have serious health consequences for children, especially young children. Staff members who work in a childcare setting are also at increased risk of certain infectious illnesses.

National Quality Standard (NQS)

Quality Area 2: Children's Health and Safety		
2.1	**Health**	Each child's health and physical activity is supported and promoted
2.1.2	**Health practices and procedures**	Effective illness and injury management and hygiene practices are promoted and implemented
2.2	**Safety**	Each child is protected
2.2.2	**Incident and emergency management**	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented.

Purpose

The purpose of this policy is to manage and prevent the spread of infectious illnesses and diseases. Our Service has a duty of care to ensure that all children, families and educators are provided with a high level of protection during the hours of care. This includes notifying children, families and educators when an excludable illness or disease is present in the Service; maintaining a record of children's and educators' immunisation status; complying to relevant health department exclusion guidelines; and Increasing educators' awareness of cross infection through physical contact with others.

Scope

This policy applies to children, families, Educators and management.

Implementation

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

Immunisation also protects other people who are not immunised, such as children who are too young to be immunised, or people whose immune systems did not respond to the vaccine. This is because the more people who are immunised against a disease, the lower the chance that a person will ever come into contact with someone who has the disease. The chance of an infection spreading in a community therefore decreases if a large proportion of people are immunised, because the immune people will not become infected and can protect the vulnerable people; this is known as 'herd immunity'

From **1 January 2018** children who are unvaccinated due to their parent's conscientious objection will no longer be able to be enrolled in childcare in NSW. Children who cannot be fully vaccinated due to a medical condition or who are on a recognised catch-up schedule will still be able to be enrolled upon presentation of the appropriate form signed by a medical practitioner.

Management will:

- Review children's immunisation each quarter, updating the child's records kept at the service
- Not enrol a child into the Service unless approved documentation has been provided that confirms the child is fully immunised for their age or has a medical reason not to be immunised.
- Develop a staff immunisation record that documents each staff member's previous infection or immunisation

- Require all new and current staff to complete the staff immunisation record
- Regularly update staff immunisation records as staff become vaccinated
- Provide staff with information about vaccine-preventable diseases
- Take all reasonable steps to encourage non-immune staff to be vaccinated.
- Document advice given to educators and other staff, and any refusal to comply with vaccination requests.
- Exclude any child who is not immunised if and when an outbreak of an immunise-able infectious disease occurs to protect that child and to prevent further spread of infection. In the instance of the child being immunised and the Immunisation record not provided to the Service – the child would be viewed as not being immunised.
- Advise any staff members who fall pregnant to visit their GP immediately and have a test for Cytomegalovirus (CMV) to check their immunity. Any pregnant staff member who is at a heightened risk will not change nappies and will double glove when coming into contact with any body fluids, especially saliva.

Families will:

- Provide the Service with a copy of one or more of the following documents:
  - An AIR Immunisation History Statement which shows that the child is up to date with their scheduled vaccinations; or
  - An AIR Immunisation History Form on which the immunisation provider has certified that the child is on a recognised catch-up schedule; or
  - An AIR Immunisation Medical Exemption Form which has been certified by a GP
- Provide the service with an updated copy of their child's current immunisation record every **6 months.**
- Ensure they provide the Service with the Medicare immunisation record which can be downloaded through the myGov website. Please note that the 'blue book' is no longer an acceptable form of evidence.

ⓘ **The Australian Immunisation Register (AIR) used to be the Australian Childhood Immunisation Register. It now records vaccines for people of all ages in Australia.**

New South Wales (NSW)
• **The National Immunisation Program (NIP) Schedule TO BE DISPLAYED IN THE SERVICE can be accessed and downloaded from: http://immunise.health.gov.au/internet/immunise/publishing.nsf/Content/national-immunisation-program-schedule** • **NSW Health Phone number 1800 671 811** • **Local NSW Public Health Unit Contact Details - http://www.health.nsw.gov.au/Infectious/Pages/default.aspx** • **Immunise Australia National Hotline - 1800 671 811** • **Australian Government – Department of Human Services https://www.humanservices.gov.au/individuals/online-help/medicare/getting-your-immunisation-history-statement-using-your-medicare-online-account** **Note homeopathic immunisation is not recognised**

Source

- **Australian Children's Education & Care Quality Authority.**
- **ECA Code of Ethics.**
- **Guide to the National Quality Standard.**
- **NSW Public Health Act- NSW Government October 2017**
- **http://www.health.nsw.gov.au/immunisation/Pages/childcare_qa.aspx#15**
- **Staying Healthy in Child Care. 6th Edition Staying healthy: Preventing infectious diseases in early childhood education and care services - 6th Edition**
- **Australia Childhood Immunisation Register https://www.humanservices.gov.au/customer/services/medicare/australian-childhood-immunisation-register**
- **Revised National Quality Standard**
- **Immunise Australia Program www.immunise.health.gov.au**
- **Australian Government – Department of Human Services https://www.humanservices.gov.au/individuals/online-help/medicare/getting-your-immunisation-history-statement-using-your-medicare-online-account**

INCIDENT, ILLNESS (48-HOUR CLEARANCE), ACCIDENT & TRAUMA POLICY

In early childhood, illness and disease spreads easily from one child to another, even when implementing the recommended hygiene and infection control practices. *Mummymetime* is committed to preventing illness and reducing the likelihood of accidents through its risk management and effective hygiene practices.

National Quality Standard (NQS)

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

Purpose

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

Scope

This policy applies to children, families, Educators and management.

Identifying signs and symptoms of illness

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

Symptoms indicating illness may include:

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

High Temperatures or Fevers

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

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

Methods to reduce a child's temperature or fever

- Encourage the child to drink plenty of water (small sips), unless there are reasons why the child is only allowed limited fluids
- Remove excessive clothing (shoes, socks, jumpers, pants etc.) Educators will need to be mindful of cultural beliefs.
- Sponge lukewarm water on the child's forehead, back of neck and exposed areas of skin
- If requested by a parent or emergency contact person, staff may administer Paracetamol (Panadol or Neurofen) in an attempt to bring the temperature down.
- The child's temperature, time, medication, dosage and the staff member's name will be recorded in the Illness Folder, and the parent asked to sign the Medication Authorisation Form on arrival

When a child has a high temperature or fever

- Educators will notify parents when a child registers a temperature of 38°C or higher.
- Educators will complete an illness, Accident & Trauma record and note down any other symptoms that may have developed along with the temperature (for example, a rash, vomiting, etc.)

Dealing with colds/flu (running nose)

Colds are the most common cause of illness in children and adults. There are more than 200 types of viruses that can cause the common cold. Symptoms include a runny or blocked nose, sneezing and coughing, watery eyes, headache, a mild sore throat and possibly a slight fever.

Nasal discharge may start clear, but can become thicker and turn yellow or green over a day or so. Up to a quarter of young children with a cold may have an ear infection as well, but this happens less often as the child grows older. Watch for any new or more severe symptoms—these may indicate other, more serious infections. Infants are protected from colds for about the first 6 months of life by antibodies from their mothers. After this, infants and young children are very susceptible to colds because they are not immune, they have close contact with adults and other children, they cannot practice good personal hygiene, and their smaller nose and ear passages are easily blocked. It is not unusual for children to have five or more colds a year, and children in education and care Services may have as many as 8–12 colds a year.

Children can become distressed and lethargic when unwell. With discharge coming from the children's nose and coughing, can lead to germs spreading to other children, Educators, toys and equipment.

COVID 19

During the COVID 19 pandemic, it is the responsibility of the parent or guardian to contact Mummymetime if your child is showing symptoms of a high temperature and/or cough prior to your next session of care. We may require a negative COVID test result prior to care re-commencing. If an educator does attend your session and your child is showing these symptoms when they arrive, then as long as you are present and the child is safe, the educator has the choice to leave. If symptoms develop while a child is in the care of an educator, the educator will inform the parent or guardian straight away and you will be required to return home in a timely manner. The educator will stay with the child until you return. Our educators will follow this same policy and will not attend should they feel unwell, and we will call and discuss your options with you.

Diarrhoea and Vomiting (Gastroenteritis)

Gastroenteritis (or 'gastro') is a general term for an illness of the digestive system. Typical symptoms include abdominal cramps, diarrhoea and vomiting. In many cases, it does not need treatment, and symptoms disappear in a few days.

Gastroenteritis can cause dehydration because of the large amount of fluid lost through vomiting and diarrhoea. A person suffering from severe gastroenteritis may need fluids intravenously.

Infectious causes of gastroenteritis include:

- Viruses such as rotavirus, adenoviruses and norovirus
- Bacteria such as Campylobacter, Salmonella and Shigella
- Bacterial toxins such as staphylococcal toxins
- Parasites such as Giardia and Cryptosporidium.

Non-infectious causes of gastroenteritis include:

- Medication such as antibiotics
- Chemical exposure such as zinc poisoning
- Introducing solid foods to a young child
- Anxiety or emotional stress.

The exact cause of infectious diarrhoea can only be diagnosed by laboratory tests of faecal specimens. In mild, uncomplicated cases of diarrhoea, doctors do not routinely conduct faecal testing.
Children with diarrhoea who also vomit or refuse extra fluids should see a doctor. In severe cases, hospitalisation may be needed. The parent and doctor will need to know the details of the child's illness while the child was at the education and care Service.

Educators and staff with infectious diarrhoea and/or vomiting will be excluded from Caring for children until the diarrhoea and/or vomiting has stopped for at least 48 hours.

48-Hour Clearance & Return to Care

Purpose
To prevent the spread of illness and ensure children are fully recovered before returning to care, MummyMeTime requires that children and household members be symptom-free for a minimum of 48 hours prior to attending, unless a medical professional advises otherwise in writing.

This policy aligns with standard Australian childcare health practices and infection control guidelines to help prevent the spread of illness in home-based and educator-supported care environments.

Why a 48-Hour Clearance Period is Important
Many childhood illnesses remain contagious even after symptoms begin to improve. A 48-hour symptom-free period helps reduce the risk of transmission to:

- Educators
- Other families
- Vulnerable children
- Pregnant mothers
- Household members

This requirement also ensures children are fully recovered, supports infection control, protects educators, and aligns with standard childcare best practice.

Exclusion Guidelines
Children should **not attend care** if, within the previous 48 hours, they have experienced:

- Fever
- Vomiting or diarrhoea
- New or worsening persistent cough
- Contagious rash

- Eye discharge or conjunctivitis
- Suspected infectious illness
- Any condition requiring ongoing medical monitoring

Medical Clearance
MummyMeTime may request:
- A medical certificate confirming the child or household member is no longer contagious
- Written clearance from a GP if symptoms persist but are deemed non-infectious

Household Illness
Families must notify MummyMeTime if a contagious illness is present in the household. Temporary suspension or additional precautions may apply depending on the nature of the illness.

Absences Within the 48-Hour Window
- Scheduled sessions within the exclusion period will be cancelled
- Days may be recorded as absent according to service agreements and funding requirements (including CCS/ACCS)
- Standard cancellation policies apply unless otherwise specified in writing

Shared Responsibility
Families are asked to:
- Notify MummyMeTime promptly when symptoms appear
- Provide honest and transparent communication regarding illness
- Support a community-first approach to health and safety

By working together, we protect all children in care, educators, and the broader MummyMeTime community.

Serious Injury, Incident or Trauma
Minister's Rules 2017 require the Approved Provider or Nominated Supervisor to notify the Secretary of the Department (Department of Education, Australian Government) within 24 hours of any serious incident at the Service. These include:

a) the death of a child while being cared for by a child care service of the provider or as a result of an incident that occurred while being cared for by the service; or
b) any incident involving serious injury, harm, trauma to, or serious illness of, a child while being cared for by a child care service provider for which:
    i) the urgent attention of a medical practitioner was sought, or ought reasonably to have been sought, or
    ii) the child attended, or ought reasonably to have attended, a hospital (for example: whooping cough, broken limb and anaphylaxis reaction) or
c) any incident for which the attendance of emergency services at the premises where care is usually provided by a child care service of the provider was sought, or ought reasonably to have been sought; or
d) a child being cared for by a child care service of the provider:
    i) is missing; or
    ii) appears to have been taken or removed from the premises where the service provides the care in a manner that would contravene the Education and Care Services National Regulations, regardless of whether the Regulations apply; or
    iii) is accidentally locked in or locked out of the premises, or any part of the premises, where the care is being provided; or

e) any other incident required to be reported to the Regulator (within the meaning of the WHS Laws) under any applicable WHS Laws

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

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

'Trauma changes the way children understand their world, the people in it and where they belong.' [Australian Childhood Foundation 2010] Making space for learning: Trauma informed practice in schools. Trauma can disrupt the relationships a child has with their parents, educators and staff who care for them. It can transform children's language skills, physical and social development and the ability to manage their emotions and behaviour.

Behavioural Response in Babies and Toddlers who have experienced trauma may include:

- Avoidance of eye contact
- Loss of physical skills such as rolling over, sitting, crawling and walking
- Fear of going to sleep, especially when alone
- Nightmares
- Loss of appetite
- Making very few sounds
- Increased crying and general distress
- Unusual aggression
- Constantly on the move with no quiet times
- Sensitivity to noises.

Behavioural responses for Pre-School aged children who have experienced trauma may include:

- New or increased clingy behaviour such as constantly following a parent, carer or staff around
- Anxiety when separated from parents or carers
- New problems with skills like sleeping, eating, going to the toilet and paying attention
- Shutting down and withdrawing from everyday experiences
- Difficulties enjoying activities
- Being more jumpy or easily frightened
- Physical complaints with no known cause such as stomach pains and headaches
- Blaming themselves and thinking the trauma was their fault.

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

It is important for educators to be patient when dealing with a child who has experienced a traumatic event. It takes time to understand how to respond to a child's needs and often their behaviour before parents, and educators work out the best ways to support a child. It is imperative to evoke a child's behaviour may be a response to the traumatic event rather than just 'naughty' or 'difficult' behaviour. It is common for a child to provisionally go backwards in their behaviour or become 'clingy' and dependent. This is one of the ways children try to manage their experiences.

Educators can assist children dealing with trauma by:

- Observing the behaviours and feelings of a child and the ways you have responded and what was most helpful in case of future difficulties.
- Creating a 'relaxation' space with familiar and comforting toys and objects children can use when they are having a difficult time.
- Having quiet time such as reading a story about feelings together.
- Trying different types of play that focus on expressing feelings (e.g. drawing, playing with play dough, dress-ups and physical games such as trampolines).
- Helping children understand their feelings by using reflecting statements (e.g. 'you look sad/angry right now, I wonder if you need some help?').

There are a number of ways for parents & educators to reduce their own stress and maintain awareness so they continue to be effective when offering support to children who have experienced traumatic events.

Strategies to assist Families & Educators may include:

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

Living or working with traumatised children can be demanding - be aware of your own responses and seek support from management when required.

Implementation

We have a duty of care to ensure that all children, educators, families, management and visitors are provided with a high level of protection during the hours of the Service's operation. Infections are by far the most common cause of fever in children. In general, a fever is nature's response to infection, and can actually help the body fight infection.

Management will ensure:

- *Mummymetime* policies and procedures are adhered to at all times
- Parents or Guardians are notified as soon as practicable no later than 24 hours of the illness, accident or trauma occurring.
- To complete an Illness, accident or trauma record accurately and without deferral
- First aid kits are easily accessible and recognised where children are present at the Service and during excursions.
- First aid, anaphylaxis management training and asthma management training is current and updated
- Adults or children who are ill are excluded for the appropriate period.
- Staff and children always practice appropriate hand hygiene.
- Appropriate cleaning practices are followed.
- Educators who have diarrhoea do not attend work
- To keep cold food cold (below 5 °C) and hot food hot (above 60°C) to discourage the growth of bacteria.
- First aid kits are suitably prepared and checked on a monthly basis (First Aid Kit Record)

- Incident, Injury, Trauma and Illness Records are completed accurately as soon as practicable following the incident
- That if the incident, situation or event presents imminent or severe risk to the health, safety and wellbeing of any person present at the home or if an ambulance was called in response to the emergency (not as a precaution) the Department (Department of Education, Australian Government) will be notified within 24 hours of the incident.
- Notifications are submitted using the **In Home Care Serious Incident Report – Department of Education, Australian Government**. The Minister's Rules 2017 48A(4A) refer to Notifications as: The provider must notify the Secretary in writing within 24 hours after:
    - a serious incident occurs; or
    - a circumstance occurs that could have resulted in the occurrence of a serious incident; or
    - the provider receives a complaint in respect of a child care service of the provider alleging that a serious incident has occurred or is occurring; or
    - any incident occurs where the provider reasonably believes that physical or sexual abuse of a child or children has occurred or is occurring while the child or children are being educated and cared for by a child care service of the provider; or
    - the provider receives an allegation that physical or sexual abuse of a child or children has occurred or is occurring while the child or children are being educated and cared for by a child care service of the provider.
- Every educator is First aid qualified

Educators will:

- Practice effective hand hygiene techniques
- Ensure that appropriate cleaning practices are being followed in the Home at all times
- Disinfect toys and equipment on a regular basis which is recorded on the toy cleaning register
- Document all illnesses on the Service Illness Register

Source

- **Australian Children's Education & Care Quality Authority**
- **In Home Care National Guidelines and Handbook**
- **ECA Code of Ethics.**
- **Guide to the National Quality Standard.**
- **Raising Children Network - http://raisingchildren.net.au/articles/fever_a.html3**
- **Staying healthy in child care. 6th Edition Staying healthy: Preventing infectious diseases in early childhood education and care services - 6th Edition**
- **Policy Development in early childhood setting**
- **First Aid Workplace - http://sydney.edu.au/science/psychology/whs/COP/First-aid-workplace.pdf**
- **Revised National Quality Standard**
- **NSW Public Health Unit**

KEEPING A REGISTER OF EDUCATORS POLICY

National Quality Standard (NQS)

1	QUALITY AREA 7: GOVERNANCE AND LEADERSHIP			
2	7.1.2	3	Management Systems	4 Systems are in place to manage risk and enable the effective management and operation of a quality Service

Scope
This policy applies to children, families, Educators and management.

Implementation
Mummymetime will ensure that the register of educators is developed and maintained with the following information of all educators:

1. Their full name
2. Date of birth (minimum of 20 years of age)
3. Contact details
4. The address of the residence where the Educator will be providing education and care to children as part of the service.
5. The date the Educator was engaged by or registered with the service
6. The date the Educator ceased to be engaged by or registered with the service for the period of three years following that date
7. The days and hours when the Educator will usually be providing education and care to children as part of the service
8. The Educators are approved providers, the number of the provider approval and the date the approval was granted
9. Evidence of any relevant qualifications held by the Educator, or if applicable that the Educator is actively working towards that qualification as provided under regulation 10.
10. Evidence that the Educator has completed; current approved first aid training, current approved anaphylaxis management training and current approved emergency asthma management training.
11. Evidence of any other training completed by the Educator.
12. If the Educator will be providing education and care to children in a jurisdiction with a working with children law or a working with vulnerable people law, a record of the identifying number of the check conducted or card issued under that law and the expiry date of that check or card (if applicable).
13. For each child educated and cared for by the Educator as part of the service; the child's name and date of birth and the days and hours that the Educator usually provides education and care to that child.
14. A record of the identifying number of the Working with Children Check, Working with Children Card, Working with Vulnerable People Check or Criminal History Record Check

Source

- Australian Children's Education & Care Quality Authority.
- Guide to the National Quality Standard.
- In Home Care National Guidelines and Handbook

LOCKDOWN POLICY

We are committed to the ongoing safety and wellbeing of children, staff, families and visitors. To achieve this we will implement a clear plan to manage all emergency situations.

National Quality Standard (NQS)

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

Purpose
We aim to minimise the risk of harm, ensuring the safety of children, Educator's families and visitors in the event of a threatening situation.

Scope
This policy applies to children, families, Educators and management.

Implementation
We have set procedures to follow in the event of any emergency requiring evacuation and lock down of the home. These procedures comply with regulatory requirements and are consistent with recommendations by recognised authorities. They are designed to ensure the precipitate, safe and calm evacuation of all children, educators, families and visitors.

Whilst many emergency situations will require staff and children to evacuate from the home, there are potential situations that will require the facility to go into 'lockdown'. For example, the following are examples of situations that may require lockdown:

- Severe storms
- Extreme smoke from distant bushfire
- Chemical or hazardous substance spill
- Gas leak / atmospheric hazardous substance
- Dangerous animal or insects
- Potentially dangerous intruder/unwanted or uninvited visitor
- Potentially violent/dangerous person due to intoxication or substance abuse
- Unidentified external disturbance

Lockdown means that all windows and external doors are locked, and where possible internal doors and blinds are locked, with children and adults being moved to a room/position that does not allow them to be viewed.

Where possible access should be maintained to a bathroom and enough space should be available for children to be comfortably involved in quiet activities. It is therefore vital that appropriate spaces have been identified on an Emergency Lockdown Procedure.

Management or Educator will:

- Determine communication channels
- Document roles and responsibilities of Educators
- Plan to maintain children's safety

- Ensure all children, families and visitors of the Service remain inside.
- If possible, educators should make every effort to lock doors and windows.
- Ensure children remain in a confined area, or out of sight during the lockdown period.

Source

- **The Business of Childcare, Karen Kearns 2004**
- **National Quality Standard**
- **Managing Emergency Situations in Education and Care Services**
- **Revised National Quality Standard 2018**

NAPPY CHANGE & TOILETING POLICY

We believe that nappy changing and toileting rituals are valuable opportunities to promote children's learning, meet individual needs and to develop strong relationships with children. Having their needs met in a caring and responsive way builds children's sense of trust and security—which relates strongly to the Early Years Learning Framework.

National Quality Standard (NQS)

Quality Area 2: Children's Health and Safety		
2.1	**Health**	Each child's health and physical activity is supported and promoted
2.1.1	**Wellbeing and comfort**	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation
2.1.2	**Health practices and procedures**	Effective illness and injury management and hygiene practices are promoted and implemented.
2.1.3	**Healthy Lifestyles**	Healthy eating and physical activity are promoted and appropriate for each child
2.2	**Safety**	Each child is protected
2.2.1	**Supervision**	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard
2.2.2	**Incident and emergency management**	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented.
2.2.3	**Child Protection**	Management, educators and staff are aware of their roles and responsibilities to identify and respond to every child at risk of abuse or neglect.

Purpose
We aim to ensure best practice guidelines are adhered to for nappy changing and toileting. Ensuring the area is hygienic, reducing the spread of infectious disease.

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

Implementation
Nappy Change and Toileting transpires at designated routine times and when meeting children's individual needs. Educators will collaborate with parents to develop stability with their child's nappy change and toileting practices. Educators must be responsive to special requirements related to culture, religion or privacy needs.

Toileting and nappy changing will be carried out at frequent intervals throughout the day.
Having their needs met quickly and in a caring responsive way builds children's sense of trust and security. Children also benefit from having the pleasant sensory experience of being free of a nappy and the comfort of having a fresh, dry nappy. It is also important to remember that the way that Early Childhood Educators react to soiled or wet nappies, toileting needs and accidents give children powerful messages about themselves and their bodies.

Meeting children's physical needs, nappy changing and toileting are an imperative time for Educators to:

- Conduct one to one interactions with children, and to give them your full attention
- Build trusting and caring relationships with children
- Interact with children using verbal and non-verbal communication, and respond to children's communication
- Participate in age appropriate activities with children, such as singing, saying rhymes and doing finger plays

- Build children's understanding of what is happening by inviting them to the bathroom, supporting their capability to predict what will happen next in the routine
- Help children begin to develop and extend their self-help skills, which includes handwashing and dressing, and encouraging children to identify the feeling of accomplishment and gratification that come with this.
- Appropriate hygiene practices must be maintained and procedures followed to minimise any risk of infection at all times. Educators will continuously promote healthy hygiene practices and hand washing procedures; encouraging the children to follow these practices.

Management will:

- Implement policies, procedures and training with educators to ensure nappy change procedures that support children's safety, protection, relationships and learning.
- Develop systems with educators to ensure that soiled clothing and soiled nappies are disposed of or stored in a location children cannot access.
- Ensure children's nappies are changed at scheduled intervals.
- Ensure Educators check nappies throughout the day to ensure children are not susceptible to nappy rash and discomfort. A system to record this routine will be maintained for reporting purposes which will be kept up to date.

Educators will:

- Discuss children's individual needs professionally with families to ensure practices are reflective of their home environment and are culturally sensitive
- Provide information to families regarding children's nappy change outlines
- Utilise nappy change times to interact with children on an individual basis. The nappy change time will allow educators to converse, sing, play and generally interact with the child. This time allows educators and children to learn more about each other and understand each child's personality and personal strengths
- Organise the nappy change area to promote positive interactions and promote positive learning experiences, e.g. place pictures or mobiles to stimulate children's interactions and to encourage learning.
- Ensure physical contact and direct supervision with children throughout the nappy change experience
- Ensure no child is left alone on a nappy change mat or bench
- Keep nappy change areas fully stocked with all required materials at all times.
- Nappy Change and Toileting supplies are readily accessible to staff to ensure efficiency and the health and safety of each child.
- Encourage mobile children to walk to the nappy change area.
- Assist the child to walk up the steps onto the nappy change bench to decrease monotonous movements by educators and to promote children's agency. Where a child is not walking, educators will follow manual handling practices to lift and carry the child to the nappy change mat.
- Follow service's documentation requirements for nappy changing and toileting

Toilet Training:

Toileting occurs at any time of the day and is specific to individual needs. Educators will communicate with parents/guardians to develop consistency with their child's toileting habits. Educators must be aware of and consider any special requirements related to culture, religion or privacy needs.

Decisions about when to begin toilet training will be made by families, or may occur through shared decision making between families and early childhood professionals. This decision is based on mutual respect and open communication, which is crucial for a good outcome. Families may have strong views and preferences about when and how their child learns to use the toilet, which may come from their cultural background or individual preferences which must be respected by Educators and Staff.

The priority of the individual child's wellbeing is paramount, and the decision to begin assisting the child to learn to use the toilet should be based on signs of readiness from the child and discussion with families. Early signs of readiness, will often start to appear when children are around 18-24 months old and may include:

- Showing interest in the toilet, including having an interest in others using the toilet
- Indicating a need to go to the toilet either before, or while they are passing urine or doing a poo.
- Staying dryer for longer
- Begins to dislike wearing a nappy and perhaps tried to pull it off when it's wet or soiled
- Indicating a desire to sit on the toilet.

It is important to keep the process subdued and not place unnecessary attention and pressure on the child to prosper. Acknowledging children's successes, no matter how infrequent or small, is vital for their self-esteem and confidence. Families and Educators can expect accidents, which should be treated respectfully and with a supportive manner.

Educators and families will collaborate and communicate how the toilet learning is going. This will support children to become more familiar and comfortable with the toilet training process. Children should be given the opportunity to complete the toileting procedure, such as toileting, washing hands, flushing the toilet, keeping the bathroom environment clean independently, while at the same time keeping in mind the importance of hygiene and providing assistance when needed.

During this milestone, children should be empowered and encouraged to be successful. Toilet training varies for individual children, as educators we can take advantage of the child being in a group and the many opportunities that provide for learning from each other. Educators and Families need to remember that comparing children is inappropriate and unacceptable behaviour.

Source

- **Australian Children's Education & Care Quality Authority**
- **ECA Code of Ethics.**
- **Guide to the National Quality Standard.**
- **Staying Healthy in Child Care. 6th Edition Staying healthy: Preventing infectious diseases in early childhood education and care services - 6th Edition**
- **The NSW Work Health and Safety Act 2011 www.workcover.nsw.gov.au/newlegislation2012/ Pages/default.aspx**
- **Storage and Handling of Dangerous Goods: Guidance www.workcover.nsw.gov.au/formspublications/ publications/Documents/storage-handlingdangerous-goods-1354.pdf**
- **Approved First Aid Qualifications www.acecqa.gov.au/qualifications/approvedfirst-aid-qualifications**
- **Health and Safety in Children's Centres: Model Policies and Practices (2nd ed.)**
- **www.community.nsw.gov.au/docswr/_assets/main/documents/childcare_model_policies.pdf**
- **Changing a nappy without spreading germs https://www.nhmrc.gov.au/_files_nhmrc/publications/attachments/ch55h_nappy_changing_poster_130701.pdf**
- **Raining Children Network www.raising children.net.au**
- **Revised National Quality Standard 2018**

NUTRITION & FOOD SAFETY POLICY

National Quality Standard (NQS)

Our Service recognises the importance of healthy eating to promote the growth and development of young children and is committed to supporting the healthy food and drink choices of children in our care. It is acknowledged that the early childhood setting has an important role in supporting families in healthy eating. Our Service therefore recognises the importance of supporting families to provide healthy food and drink to their children.

We are committed to implementing the healthy eating key messages outlined in the Australian Dietary Guidelines and the Australian Guide to Healthy Eating. We support and promote the NSW Health initiative *Munch & Move* and utilise the Australian Government's *Get Up & Grow-Healthy Eating and Physical Activity for Early Childhood* and *Eat for Health* resources.

Quality Area 2: Children's Health and Safety		
2.1	**Health**	Each child's health and physical activity is supported and promoted
2.1.2	**Health practices and procedures**	Effective illness and injury management and hygiene practices are promoted and implemented.
2.1.3	**Healthy lifestyles**	Healthy eating and physical activity are promoted and appropriate for each child.

Purpose

Early childhood education and care (ECEC) Services are required by legislation to ensure the provision of healthy foods and drinks that meet the requirements for children according to the *Australian Dietary Guidelines*. It is essential that our Service partners with families to provide education about nutrition, and promote healthy eating habits for young children to positively influence their health and wellbeing. Dietary and healthy eating habits formed in the early years are shown to continue into adulthood and can reduce the risk factors associated with adult chronic conditions such as obesity, type 2 diabetes and cardiovascular disease.

Mummymetime recognises the importance of healthy eating for the growth, development and wellbeing of young children and is committed to promoting and supporting healthy food and drink choices for children in our care. This policy affirms our position on the provision of healthy food and drink while children are in our care and the promotion and education of healthy choices for optimum nutrition.

We believe in providing a positive eating environment that reflects dietary requirements, cultural and family values, and promotes lifelong learning for children, as we commit to implementing and embedding the healthy eating key messages outlined in the NSW Health's *Munch & Move* program into our curriculum and to support the *National Healthy Eating Guidelines for Early Childhood Settings* outlined in the *Get Up & Grow* resources.

Scope

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

Implementation

Mummymetime has a responsibility to help children to develop good food practices and approaches, by working with families and educators.

All food prepared by the Service or families will endeavour to be consistent with the Australian Dietary Guidelines and provide children with 50% of the recommended dietary intake for all nutrients. Food will be served at various times throughout the day to cater for all children's nutritional needs.

Meal times reflect a relaxed and pleasant environment where educators engage in meaningful conversations with children. When possible, educators will role model healthy eating behaviour, by sharing a small amount of the food on offer with the children. This assists in creating a positive and enjoyable eating environment.

Food will be prepared in accordance with the Food Safety Program. All kitchens and food preparation areas shall comply with Food Standards Australia and New Zealand. (FSANZ)

Encourage and support breastfeeding and appropriate introduction of solid foods

Our Service will:

- Support mothers to continue breastfeeding until babies are at least 12 months of age while offering appropriate complementary foods from around 6 months of age.
- Ensure the safe handling of breast milk and infant formula including transporting, storing, thawing, warming, preparing and bottle feeding.
- In consultation with families, offer cooled pre-boiled water as an additional drink from around 6 months of age.
- Where breastfeeding is discontinued before 12 months of age, substitute with a commercial infant formula.
- Always bottle-feed babies by holding the baby in a semi-upright position.
- Ensure appropriate foods (type and texture) are introduced around 6 months of age.
- Adjust the texture of foods offered between 6 and 12 months of age to match the baby's developmental stage.
- Offer a variety of foods to babies from all the food groups.
- Always supervise babies while drinking and eating - ensuring safe bottle-feeding and eating practices at all times.

Promote healthy food and drinks based on the Australian Guide to Healthy Eating and the Dietary Guidelines for Children and Adolescents.

Our Service will:

- Provide information to families on the types of foods and drinks recommended for children and suitable for children's lunchboxes.
- Encourage children to eat the more nutritious foods provided in their lunchbox, such as sandwiches, fruit, cheese and yoghurt, before eating any less nutritious food provided.
- Discourage the provision of highly processed snack foods high in fat, salt and sugar and low in essential nutrients in children's lunchboxes. Examples of these foods include lollies, chocolates, sweet biscuits, muesli bars, breakfast bars, fruit filled bars, chips, oven-baked crackers and corn chips.

Management/Nominated Supervisor/Educators will:

- Ensure water is readily available for children to drink throughout the day in both the indoor and outdoor environment.
- Be aware of children with food allergies, food intolerances and special diets and consult with families to develop individual management plans.
- Ensure young children do not have access to foods that may cause choking.
- Ensure all children remain seated while eating and drinking.
- Ensure all children are always supervised children while eating and drinking.
- Encourage and provide opportunities for educators to undertake regular professional development to maintain and enhance their knowledge about early childhood nutrition.

- Follow the guidelines for serving different types of food and the serving sizes in the Guidelines and may use the Australian Government "eat for health" calculator- www.eatforhealth.gov.au
- Ensure infants are fed individually by educators
- Ensure age and developmentally appropriately utensils and furniture will be provided for each child.
- Not allow food to be used as a form of punishment or to be used as a reward or bribe.
- Not allow the children to be force fed without being required to eat food they do not like or more than they want to eat.
- Encourage toddlers to be independent and develop social skills at meal times.
- Establish healthy eating habits in the children by incorporating nutritional information into our program.
- Talk to families about their child's food intake and voice any concerns about their child's eating.
- Encourage parents to the best of our ability to continue our healthy eating message in their homes.

Storing, preparing and serving food in a hygienic manner promoting hygienic food practices.

Mummymetime will:

- Ensure gloves (or food tongs) are used by all staff handling 'ready to eat' foods
- Ensure children and staff wash and dry their hands (using soap, warm running water and single use or disposable towels) before handling food or eating meals and snacks.
- Ensure food is stored and served at safe temperatures i.e. below 5^{o}C or above 60^{o}C.
- Separate cutting boards are used for raw meat and chicken, fruit and vegetables and utensils and hands are washed before touching other foods.
- Discourage children from handling other children's food and utensils.
- Ensure food-handling staff members attend relevant training courses and pass relevant information onto the rest of the staff.

Creating a positive learning environment

Mummymetime will:

- Ensure that educators sit with the children at meal and snack times to role model healthy food and drink choices and actively engage children in conversations about the food and drink provided.
- Choose water as a preferred drink
- Endeavour to recognise, nurture and celebrate the dietary differences of children from culturally and linguistically diverse backgrounds.
- Create a relaxed atmosphere at mealtimes where children have enough time to eat and enjoy their food as well as enjoying the social interactions with educators and other children.
- Respect each child's appetite. If a child is not hungry or is satisfied, do not insist he/she eats.
- Be patient with messy or slow eaters.
- Encourage children to try different foods but do not force them to eat.
- Do not use food as a reward or withhold food from children for disciplinary purposes.

Service Program

Our Service will:

- Foster awareness and understanding of healthy food and drink choices through including in the children's program a range of learning experiences encouraging children's healthy eating.
- Encourage children to participate in a variety of 'hands-on' food preparation experiences.
- Provide opportunities for children to engage in discovery learning and discussion about healthy food and drink choices.
- Embed the importance of healthy eating and physical activity in everyday activities and experiences

Communicating with families

Mummymetime will:

- Provide opportunities for families to contribute to the review and development of the policy.
- Request that details of any food allergies or intolerances or specific dietary requirements be provided to the Service and work in partnership with families to develop an appropriate response so that children's individual dietary needs are met.
- Communicate regularly with families about food and nutrition related experiences within the Service and provide up to date information to assist families to provide healthy food choices at home.
- Communicate regularly with families and provide information and advice on appropriate food and drink to be included in children's lunchboxes. This information may be provided to families in a variety of ways including factsheets, newsletters, during orientation, information sessions and informal discussion.

Source

- **Australian Children's Education & Care Quality Authority.**
- **Guide to the National Quality Standard**
- **Early Years Learning Framework**
- **Food Standards Australia New Zealand**
- **Safe Food Australia, 2nd Edition. January 2001**
- **Get Up & Grow: Healthy Eating and Physical Activity for Early Childhood**
- **Infant Feeding Guidelines 2012**
- **Australian Dietary Guidelines 2013**
- **Eat for health: Dept. Health and Ageing and NHMRC**
- **Food Safety Standards for Australia 2001**
- **Food Standards Australia and New Zealand Act 1991**
- **Food Standards Australia New Zealand Regulations 1994**
- **Food Act 2003**
- **Food Regulation 2004**
- **NSW Food Authority**
- **Work Health and Safety Act 2011**
- **Work Health and Safety Regulations 2011**
- **Dental Association Australia**
- **Australian Breast Feeding Association Guidelines**
- **Munch and Move- NSW Health initiative**
- **Revised National Quality Standard 2018**

PAYMENT OF FEES & ABSENCES POLICY

National Quality Standard (NQS)

QUALITY AREA 7: GOVERNANCE AND LEADERSHIP		
7.1	**Governance**	Governance supports the operation of a quality Service
7.1.2	**Management Systems**	Systems are in place to manage risk and enable the effective management and operation of a quality Service
7.1.3	**Roles and Responsibilities**	Roles and responsibilities are clearly defined, and understood and support effective decision making and operation of the Service

Purpose
For parents to gain a clear understanding of the Service's fee structure, ensuring children's fees are paid on time and families are aware of their responsibilities in relation to payment.

Scope
This policy applies to children, families, Educators and management.

Fee structure:

- There is a one-off registration fee payable prior to the service commencing. This is non-refundable and covers insurance and administration fees. We provide full workers compensation and public liability insurance.
- Daily booking fees apply for every day

Implementation
The fee structure of the Service includes:
Child care subsidy:

- Basic requirements that must be satisfied for an individual to be eligible to receive In Home Care and the Childcare Subsidy is not determined by the service. Contact your IHC support agency for more information.

Payment of fees

- Families will be issued with a fee statement on a weekly basis in accordance with the fee payment and Regulatory requirements.
- Fees are to be paid weekly on receipt of invoice
- Fees are charged according to how many days and how many children are in care

Cancellation, Absence & Public Holiday

Purpose
This policy outlines the conditions relating to cancellations of care, absences, public holidays, and associated fees in accordance with In Home Care (IHC) and Child Care Subsidy (CCS) requirements.

Permanent Bookings – Absences
For permanent bookings, families are entitled to claim up to **42 allowable absence days per financial year**, in line with IHC and CCS guidelines. These absence days may be used when a child does not attend a scheduled permanent session.

- If sessions of care are cancelled by the family, the session will be recorded as an absence and fees remain payable for the booked period, regardless of attendance.
- This includes extended holidays taken by the family.
- Absences will be applied against the child's 42 allowable unexplained absence days per financial year.

Gap Fees
Any portion of fees not covered by CCS (the **gap fee**) remains payable for days when an absence is applied. Families are responsible for payment of gap fees even if the child does not attend.

Additional Absences
In certain circumstances, such as significant illness or emergencies affecting the child or household, families may be eligible to apply to Centrelink for additional absence days beyond the 42-day annual allowance. Relevant supporting documentation may be required.

Once the annual 42 allowable absence days have been exhausted, further absences may result in **full fees being charged**, in accordance with standard booking fees.

Casual Bookings
Cancellations made within **72 hours** of a scheduled casual booking will incur the **full fee**.
This is to cover educator commitments and administrative costs already incurred.

Public Holidays
- If care is required on a public holiday, a **public holiday loading** will be added to the regular fee.
- If a public holiday falls on a child's regular scheduled day of care and care is not required, the standard cancellation and absence conditions outlined above apply.

Financial Responsibility
Families acknowledge that booked sessions secure educator availability and operational resources. Fees associated with cancellations, absences, or public holiday arrangements are payable in accordance with this policy and CCS requirements.

Financial Difficulties
If a family is experiencing financial difficulties, a suitable payment plan may be arranged with authorisation of Management.

Failure to Pay
If a family fails to pay the required fees on time, a reminder letter will be issued after one week and then again after two weeks, where the fees are still outstanding. A child's position will be terminated if payment has not been made after the three weeks, to which the family will receive a final letter terminating the child's position. At this time the Service will initiate its debt collection procedure, following privacy and conditional requirements.

Change of Fees
Fees are subject to change at any time provided a minimum of two weeks written notice is given to all families.

Termination of Enrolment
- Parents are to provide two weeks written notice of their intention to withdraw a child from the service
- If termination from the Service is required without notification, families can lose their Child Care Subsidy resulting in the payment of full fees to be charged.

Responsibility of Management
- The Approved Provider is responsible for the billing and chasing of fees.
- Should families wish to discuss fees, they will need to speak to the Approved Provider

Source:

- National Quality Standard
- In Home Care National Guidelines and Handbook
- Centrelink

RECORD KEEPING POLICY

The Approved Provider and Management are responsible for overseeing and ensuring records are maintained and archived in accordance with relevant legislation and good governance procedures>

National Quality Standard (NQS)

Quality Area 7: Governance and Leadership		
7.1	**Governance**	Governance supports the operation of a quality service
7.1.1	**Service philosophy and purposes**	A statement of philosophy guides all aspects of the service's operations
7.1.2	**Management Systems**	Systems are in place to manage risk and enable the effective management and operation of a quality service
7.1.3	**Roles and Responsibilities**	Roles and responsibilities are clearly defined, and understood and support effective decision making and operation of the service
7.2	**Leadership**	Effective leadership builds and promotes a positive organisational culture and professional learning community
7.2.1	**Continuous improvement**	There is an effective self-assessment and quality improvement process In place
7.2.2	**Educational leadership**	The educational leader is supported and leads the development and implementation of the educational program and assessment and planning cycle
7.2.3	**Development of professionals**	Educators, co-ordinations and staff members'' performance is regularly evaluated and individual plans are in place to support learning and development.

Purpose

We aim to maintain and manage appropriate records in a private and confidential manner, working in accordance with legislative requirements and best practice standards.

Scope

This policy applies to staff and management of the Service.

Implementation

The following records will be retained in a secure location at the Service:

- complaints made to the provider, or to any of the services of the provider, relating to compliance with the Family Assistance Law
- record of attendance for each child for whom care is provided (regardless of eligibility for Child Care Subsidy and/or Additional Child Care Subsidy, including records of any absences from care)
- statements or documents demonstrating that Additional absence days in excess of the initial 42 absence days meet the criteria
- copies of invoices and receipts issued in relation to the payment of child care fees
- copies of all Statements of Entitlement issued and any statements issued to advise of a change of entitlement.

A written record of the following will be kept at the service

- any notice given to a state or territory body about a child at risk of abuse or neglect
- copies of the evidence and information provided with an application for approval about persons with management or control of a provider and persons responsible for the day-to-day operation of a service
- any evidence or information produced to obtain police checks and working with children checks for personnel and to support any statements about these checks in an application for provider or service approval.

Written records include records that are made and stored electronically, as long as they are stored safely and any changes, apart from incidental changes related to their storage and display, are also recorded.
The service will keep written records of all Required background checks for all specified personnel.
Records must be kept for seven years.

Records to be kept in Relation to the Nominated Supervisor Leanne Farmer

- The full name, address and date of birth.
- Evidence of any relevant qualifications.
- Evidence of any approved training (including first aid training and Child Protection) completed by the Nominated Supervisor.
- If applicable, the identifying number and expiry date of a Working with Children Check (WWCC) and the date this was verified.

Records to be kept in Relation to Educators

- The full name, address and date of birth.
- Evidence of any relevant qualifications.
- Evidence of any approved training (including first aid training) completed by the staff member.
- The identifying number and expiry date of the Working with Children Check (WWCC) and the date this was verified. (Check with the legal requirements for each state and territory).
- If applicable, the identifying number and expiry date of their current teacher registration from the state Department of Education and Training.

The following records must be kept in relation to Educators working directly with children:

- The name of each educator.
- The hours that each educator works directly with children.
- A staff roster or time sheet stating Educators working hours/shift.

Records Relating to Enrolled Children

Documentation relating to child assessments or evaluations for delivery of the education program, including:

- Assessments of the child's developmental needs, interests, experiences and participation in the education program
- Assessments of the child's progress against the outcomes of the educational program.
- Birth Certificate
- Current Immunisation record

Incident, Injury, Trauma and Illness Record

- **Details of any incident** in relation to a child or injury received by a child or trauma to which a child has been subject while being educated and cared for by the Service. The following must be included:
    - The name and age of the child.
    - The circumstances leading to the incident, injury or trauma.
    - The time and date the incident occurred, the injury that was received or the child was subjected to the trauma.
- **Details of any illness**, which becomes apparent while the child is being educated and cared for by the Service. The following must be included:
    - The name and age of the child.
    - The relevant circumstances surrounding the child becoming ill and any apparent symptoms.
    - The time and date of the apparent onset of the illness.
    - Date when the child was last cared for by *Mummymetime*.
- Details of the action taken by the Service in relation to any incident, injury, trauma or illness which a child has suffered while being educated and cared for by the Service. The following must be included:

    - Any medication administered or first aid provided.
    - Any medical personnel contacted.
- Details of any person who witnessed the incident, injury or trauma
- The name of any person who the education and care service notified or attempted to notify of any incident, injury, trauma or illness a child has suffered at the Service and the time and date of the notification and notification attempts.
- The name and signature of the person making an entry in the record and the time and date that the entry was made.
- This record must be recorded as soon as is practicable, but not later than 24 hours after the incident, injury, trauma or onset of illness occurred.

Medication record

- The name of the child
- The authorisation to administer medication (including self-administration is applicable) signed by a parent or a person named in the child's enrolment record as authorised to content to administration of medication.
- The name of the medication to be administered.
- The time and date the medication was last administered.
- The time and date or the circumstance under which the medication should be next administered.
- The dosage of the medication to be administered.
- The manner in which the medication is to be administered.
- If the medication is administered to the child:
    - The dosage that was administered.
    - The manner in which the medication was administered.
    - The name and signature of the person who administered the medication.
    - If another individual is required to check the dosage, the name and signature of that person.

Child enrolment records

- The full name, date of birth and address of the child.
- The name, address and contact details of:
    - Each known parent of the child
    - Any person who is to be notified of any emergency involving the child if any parent of the child cannot be immediately contacted
    - Any person who is an authorised nominee
    - Any person who is authorised to consent to medical treatment of, or to authorise administration of medication to the child.
    - Any person who is authorised to authorise an educator to take the child outside the education and care service premises.
- Details of any court orders, parenting orders or parenting plans provided to the approved provider relating to powers, duties, responsibilities or authorities of any person in relation to the child or access to the child.
- Details of any other court orders provided to the approved provider relating to the child's residence or the child's contact with a parent or other person.
- Gender of the child
- Language used in the child's home
- Cultural background of the child and parents (if applicable)
- Any special considerations for the child (e.g. cultural, religious, dietary requirements or additional needs)
- Authorisations signed by a parent or a person named in the enrolment record as authorised to consent to the medical treatment of the or Carer to seek:

    - Medical treatment for the child from a registered medical practitioner, hospital or ambulance service.
    - Transportation of the child by any ambulance service.
- Authorisation to take the child on regular outings.
- The name, address and telephone number or the child's registered medical practitioner or medical service.
- The child's Medicare number if available.
- Details of any specific healthcare needs of the child including any medication conditions or allergies including whether the child has been diagnosed as at risk of anaphylaxis, including details of any medical management plan.
- Details of any dietary restrictions for the child
- The immunisation status of the child
- A notation that states that a staff member or approved provider has sighted a child's health record.

The Approved Provider must ensure that the documents referred to above in relation to a child enrolled at the Service are made available to a parent of the child on request. In line with this, if a parent's access to the kind of information referred to in this documentation is limited by an order of a court, the approved provider must refer to the court order in relation to the release of information concerning the child to that parent. The record of compliance referred to above must be available for access on request by any person.

Storage of Records
Records made by *Mummymetime* will be stored in a locked cabinet, in a safe and secure location for the relevant time periods as set out above and only made accessible to relevant individuals.
If a service is transferred under the law, documents relating to a child must not be transferred without the express consent of the child's parents.

Confidentiality and Storage of Records
Mummymetime will ensure that information kept in a record is not divulged or communicated through direct or indirect means to another person other than:

- The extent necessary for the education and care or medical treatment of the child to whom the information relates.
- A parent of the child to whom the information relates, except in the case of information kept in a staff record.
- As expressly authorised, permitted or required to be given by or under any Act or law.
- With the written consent of the person who provided the information.

Archiving Records
Archives refer to a collection of records that have been created during the development of the inventory (references, methodological choice, expert comments, revisions, etc.), as well as document the location where these records are kept.

Source

- **The Business of Childcare, Karen Kearns 2004**
- **In Home Care National Guidelines and Handbook**
- **Privacy Act**
- **NSW Office of the Children's Guardian**
- **Australian Legal Information Institute - www.austlii.edu.au**
- **Department of Community Services - www.community.nsw.gov.au**
- **National Childcare Accreditation Council - www.ncac.gov.au**
- **Department of the Officer of the Privacy Commissioner - www.privacy.gov.au**
- **Department of Education, Employment and Workplace Relations - www.dest.gov.au**
- **Department of Families, Community Services and Indigenous Affairs – Child Care Service Handbook 2007- 2008**
- **Australian Taxation Office – www.ato.gov.au**
- **Early Childhood Australia - www.earlychildhoodaustralia.org.au**
- **Community Child Care Cooperative**

SICK CHILDREN POLICY

Children come into contact with many other children and adults in the early childhood environment causing them to contract infectious illnesses. We will implement specific strategies to minimise the spread of infectious illness.

National Quality Standard (NQS)

Quality Area 2: Children's Health and Safety		
2.1	**Health**	Each child's health and physical activity is supported and promoted
2.1.1	**Wellbeing and comfort**	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's need for sleep, rest and relaxation
2.1.2	**Health practices and procedures**	Effective illness and injury management and hygiene practices are promoted and implemented

Purpose
We aim to maintain the health of all children, staff and their families, ensuring a healthy environment and minimising cross contamination and the spread of infectious illnesses.
Scope
This policy applies to children, families, Educators and management.

Implementation
Our Service has adopted the Staying Healthy in Child Care – Preventing Infectious disease in child care 6th Edition) publication, developed by the National Health and Medical Research Council and the NSW public health unit. We aim to provide families with up to date information regarding specific illnesses and ways to minimise the spread of infection within the Service.

There are three steps in the chain of infection

1. **The germ has a source**
   Germs can be picked up directly from an infected person or from the environment. It is important to understand that an infected person may not show any signs.

2. **The germ spreads from the source**
   Germs can spread in several ways, including through the air by droplets, through contact with faeces and then contact with mouths, through direct contact with skin, and through contact with other body secretions (such as urine, saliva, discharges or blood).
   Some germs can spread directly from person to person; others can spread from the infected person to the environment. Many germs can survive on hands, and on objects such as toys, door handles and bench tops. The length of time a germ can survive on a surface (including the skin) depends on the germ itself, the type of surface it has contaminated and how often the surface is cleaned. Washing hands and surfaces regularly with detergent and water is a very effective way of removing germs and preventing them from spreading through the environment. (Source: Staying Healthy in Childcare. 5th Edition)

3. **3.The germ infects another person**
   When the germ has reached the next person, it may enter the body through the mouth, respiratory tract, eyes, genitals, or broken or abraded skin. Whether a person becomes ill after the germ has entered the body depends on both the germ and the person's immunity. Illness can be prevented at this stage by stopping the germ from entering the body (for example, by making sure that all toys that children put in their mouths are clean, by washing children's hands and by covering wounds), and by prior immunisation against the germ. (Source: Staying Healthy in Childcare. 5th Edition)

You can break the chain of infection at any stage.

We understand that it can be difficult for families to know when their child is sick. Families may experience problems taking time off work or study to care for their child at home. Obtaining leave from work or study can enhance negative attitudes in the workplace which can cause stress on families. Families may also experience guilt when they send their child to care who is not well. However, it is imperative that families preserve a focus not only on the well-being of their own child but also upon the well-being of others present at the service.

The need for exclusion and the length of time a person is excluded depend on how easily the infection can spread, how long the person is likely to be infectious and how severe the disease can be. To protect the health of children and staff within the Service, it is important that families inform management as soon as a child is sick so we can determine whether the educator should attend the location.

Our Educators and Staff are not medical practitioners and are not able to diagnose whether or not a child has an infectious illness. However, if an infectious illness is suspected, *Mummymetime* may ask the family to return and attend to their child.
Management and Educators may request families seek medical advice and provide a medical certificate stating that the child is no longer infectious prior to educators returning.

Children who become ill while in care
Children may become unwell throughout the day, in which Management and Educators will respond to children's individual symptoms of illness.

- Educators will monitor and document the child's symptoms on the Illness Register
- Educators will take the child's temperature. If the child's temperature is 38°C or higher, management will contact the child's parents/guardian/emergency contacts as soon as possible to notify them and provide verbal authorisation to administer paracetamol.
- Educators will attempt to lower the child's temperature by
    - Taking off their shoes and socks
    - Applying a cool washer behind their neck and on their forehead
    - Removing extra clothing layers (jumpers etc.)
    - Place the child in a lukewarm bath
- Place the child is a quiet area where they can rest, whilst being supervised
- Continue to document any progressing symptoms
- Complete Illness Record, ensuring the form has been completed correctly and signed by the parent/guardian/emergency contact

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

The NSW Public Health Act 2010 lawfully requires and authorises doctors, hospitals, laboratories, school principals and childcare centre directors to confidentially notify NSW Health of patients with certain conditions, and to provide the information delineated on the notification forms. Specialist trained public health staff review this information and if necessary contact the patient's doctor, and sometimes the patient, to provide advice about disease control and to complete the collection of information.

All information is held confidentially in order to protect the patient's privacy. Both the NSW and Commonwealth Privacy Acts contemplate the release/disclosure of patient information where it is lawfully required or authorised.

Management is required to notify the local public health unit (PHU) by phone (call 1300 066 055) as soon as possible after they are made aware that a child enrolled at the Service is suffering from one of the following vaccine preventable diseases:

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

Common Colds and Flu

The common cold (Viral upper respiratory tract infections) are very common in children occurring 6-10 times a year on average with the highest number usually being during the first 2 years in child care, kindergarten or school. Symptoms may include coughing, runny nose and a slight temperature.
In circumstances where a child appears to have a cold or flu symptoms, management will determine if the child is well enough for educators to attend or if the child requires parental care.
Our Service aims to support the family's need for child care, however families should understand that a child who is unwell will need one-on-one attention which places additional pressure on educators and the needs of other children.

Notifying families and Emergency Contact

- It is a requirement of the Service that all emergency contacts are able to attend to an ill child within a 30-minute timeframe.
- In the incident that the ill child is attended to in a timely manner or should parents refuse to return for their child a warning letter will be sent to the families outlining *Mummymetime* policies and requirements. The letter of warning will specify that if there is a future breach of this nature, the child's position may be reviewed.

Management and Educators will ensure

- Effective hygiene policies and procedures are adhered to at all times
- All families are given a copy of relevant policies upon enrolment which will be explained by management including; Control of Infectious Diseases Policy, Sick Children policy, Injury and Accident policy and Medical Emergency Policy.
- Families are notified if their child has vomited or had diarrhoea whilst at the Service.
- That if the situation or event presents imminent or severe risk to the health, safety and wellbeing of the child or if an ambulance was called in response to the emergency (not as a precaution) the Secretary of the Department will be notified within 24 hours of the incident.
- That parents are notified immediately or as soon as practicable but within 24 hours. Also, details of the condition/situation will be recorded on the Incident, Injury, Trauma and Illness Record.

Families Responsibility

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

- Runny, green nose

- High temperature
- Diarrhoea
- Red, swollen or discharging eyes
- Vomiting
- Rashes (red/purple)
- Irritability, unusually tired or lethargic
- Drowsiness
- Lethargy or decreased activity
- Breathing difficulty
- Poor circulation
- Poor feeding
- Poor urine output
- A stiff neck or sensitivity to light
- Pain

Families should keep up to date with their child's immunisation, providing a copy of the updated immunisation schedule to the Service.

Source

- **The Business of Childcare, Karen Kearns 2004**
- **In Home Care National Guidelines and Handbook**
- **National Quality Standards**
- **Early Years Learning Framework**
- **Staying Healthy in Child Care 6th Edition Staying healthy: Preventing infectious diseases in early childhood education and care services - 6th Edition**
- **National Health and Medical Research Council**
- **NSW Public Health Unit**
- **Revised National Quality Standard**

SLEEPING AND REST REQUIREMENTS POLICY

All children have individual sleep and rest requirements. Our objective is to meet these needs by providing a comfortable, relaxing and safe space to enable their bodies to rest. This environment will also be well supervised ensuring all children feel secure.

National Quality Standard (NQS)

Quality Area 2: Children's Health and Safety		
2.1.1	**Wellbeing and comfort**	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation
2.2	**Safety**	Each child is protected
2.2.1	**Supervision**	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard

Purpose

Our Service will ensure that all children have appropriate opportunities to sleep, rest and relax in accordance with their individual needs. The risk of Sudden Infant Death Syndrome (SIDS) will be minimised by following practices and guidelines set out by health authorities.

If a family's beliefs and requests are against current recommended evidence-based guidelines, our Service will need to determine if there are exceptional circumstances that allow for alternate practices.

Our Service will only approve an alternative practice if the Service is provided with written advice from and the contact details of a registered medical practitioner accompanied by a risk assessment and risk minimisation plan for individual children. We have a duty of care to ensure children are provided with a high level of safety when sleeping and resting and every reasonable precaution is taken to protect them from harm and hazard. In meeting the Service's duty of care, it is a requirement that all Educators implement and adhere to this policy to ensure we respect and cater for each child's specific needs.

Scope

This policy applies to children, families, Educators and management.

Implementation

Children have different sleep, rest and relaxation needs. Children of the same age can have different sleep patterns, which Nominated Supervisors and Educators need to consider within the Service. As per Standard 2.1 (Element 2.1.1) of the National Quality Standard, each child's comfort must be provided for and there must be appropriate opportunities to meet each child's sleep, rest and relaxation needs.

Our Service defines 'rest' as a period of inactivity, solitude, calmness or tranquility, and can include a child being in a state of sleep. Considering the busy and energetic nature of children's day, we feel that it is important for children to participate in a quiet/rest period during the day in order to rest, relax and recharge their body. Effective rest strategies are important factors in ensuring a child feels secure and safe in an early childhood environment.

Our Service will consult with families about their child's individual needs, ensuring they are aware of the different values and parenting beliefs, cultural or opinions associated with sleep requirements.

Management will ensure:

- Reasonable steps are taken to ensure that the needs for sleep and rest of children being educated and cared for by the Service are met, having regard to the ages, developmental stages and individual needs of each child.

- Sleep and rest environments is safe and free from hazards
- The areas for sleep and rest are well ventilated and have natural lighting.
- Ensure safe sleep practices are documented and shared with families. Nominated Supervisors and Educators are not expected to endorse practices requested by a family, if they are different from 'Red Nose' safe sleeping recommendations.

Mummymetime will:

- Take reasonable steps to ensure that the needs for sleep and rest of children being educated and cared for by the Service are met, having regard to the ages, development stages and individual needs of the children.
- Maintain up to date knowledge regarding safe sleeping practice and communicate this information to Educators and families.
- Ensure that sleeping infants are closely monitored and that all sleeping children are within hearing range and observed. This involves checking/inspecting sleeping children at regular intervals, and ensuring that they are always within sight and hearing distance of sleeping and resting children so they can easily monitor a child's breathing and the colour of their skin.
- Ensure they receive information and training to fulfil their role effectively, including being made aware of the sleep and rest policies, their responsibilities in implementing these, and any changes that are made over time.
- Ensure the child's safety is always the first priority
- Ensure children who are sleeping or resting have their face uncovered at all times
- Ensure the sleep and rest environment is free from cigarette or tobacco smoke

Educators will:

- Consult with families about children's sleep and rest needs
- Be sensitive to each child's needs so that sleep and rest times are a positive experience
- Ensure that beds/mattresses are clean and in good repair
- Ensure that bed linen is clean and in good repair
- Arrange children's beds and cots to allow easy access for children and staff
- Create a relaxing environment for sleeping children by playing relaxation music, reading stories, cultural reflection; turning off lights and ensuring children are comfortably clothed.
- The environment is tranquil and calm for both Educators and children
- Sit near children encouraging them to relax and listen to music
- Remember that children do not need to be "patted" to sleep. By providing a quiet, tranquil environment, children will choose to sleep if their body needs it.
- Maintain adequate supervision throughout the sleep period
- Assess each child's circumstances and current health to determine whether higher supervision levels and checks may be required
- Communicate with families about their child's sleeping or rest times and the service policy regarding sleep and rest times
- Respect family preferences regarding sleep and rest and consider these daily while ensuring children feel safe and secure in the environment. Conversations with families may be necessary to remind families that children will neither be forced to sleep nor prevented from sleeping. Sleep and rest patterns will be recorded daily for families.
- Encourage children to dress appropriately for the room temperature when resting or sleeping. Lighter clothing is preferable, with children encouraged to remove shoes, jumpers, jackets and bulky clothing.
- Monitor the room temperature to ensure maximum comfort for the children
- Ensure that each child's comfort is provided for
- Ensure there are appropriate opportunities to meet each child's need for sleep, rest and relaxation

- Ensure that children who **do not** wish to sleep are provided with alternative quiet activities and experiences, while those children who **do** wish to sleep are allowed to do so, without being disrupted. If a child requests a rest, or if they are showing clear signs of tiredness, regardless of the time of day, there should be a comfortable, safe area available for them to rest (if required). It is important that opportunities for rest and relaxation, as well as sleep, are provided.
- Consider a vast range of strategies to meet children's individual sleep and rest needs
- Respond to children's individual cues for sleep (yawning, rubbing eyes, disengagement from activities, crying etc)
- Acknowledge children's emotions, feelings and fears
- Develop positive relationships with children to assist in settling children confidently when sleeping and resting

Children in cots

Educators will:

- Give bottle-fed children their bottles before going to bed
- Ensure children are not be put in cots or in beds with bottles as per the Dental Health Policy
- Observe children at 10-minute intervals while they sleep in these rooms. Educators must go into the rooms and physically see babies breathing. The Educator will then officially record this on a Sleep Check Form.
- Encourage the use of sleeping bags for babies. If they have fitted necks and armholes there is no risk for the child's face being covered.
- Securely lock cots sides into place to ensure children's safety
- Turn off wall-mounted heaters before children use the room for sleeping. Cot rooms will be air conditioned and maintained at an appropriate temperature.
- Be aware of manual handling practices when lifting babies in and out of cots
- Participate in staff development about safe sleeping practices
- Understand that bassinets, hammocks and prams/strollers do not carry safety codes for sleep. Babies should not be left in a bassinet, hammock or pram/stroller to sleep, as these are not safe substitutes for a cot
- Not elevate or tilt mattresses
- Remove any plastic packaging from mattresses
- Waterproof mattress protectors are strong, not torn and a tight fit
- Use firm, clean and well-fitting mattresses on portable cots
- Remove pillows, doonas, loose bedding or fabric, lamb's wool, bumpers and soft toys from cots

Babies and toddlers

- Babies should be placed on their back to sleep when first being settled. Once a baby has been observed to repeatedly roll from back to front and back again on their own, they can be left to find their own preferred sleep or rest position (this is usually around 5–6 months of age). Babies aged younger than 5–6 months, and who have not been observed to repeatedly roll from back to front and back again on their own, should be re-positioned onto their back when they roll onto their front or side.
- If a medical condition exists that prevents a baby from being placed on their back, the alternative practice should be confirmed in writing with the Service, by the child's medical practitioner.
- Babies over four months of age can generally turn over in a cot. When a baby is placed to sleep, educators should check that any bedding is tucked in securely and is not loose. Babies of this age may be placed in a safe baby sleeping bag (i.e. with fitted neck and arm holes, but no hood).At no time should a baby's face or head be covered (i.e. with linen). To prevent a baby from wriggling down under bed linen, they should be positioned with their feet at the bottom of the cot.

- If a baby is wrapped when sleeping, consider the baby's stage of development. Leave their arms free once the startle reflex disappears at around three months of age, and discontinue the use of a wrap when the baby can roll from back to tummy to back again (usually four to six months of age). Use only lightweight wraps such as cotton or muslin.
- If being used, a dummy should be offered for all sleep periods. Dummy use should be phased out by the end of the first year of a baby's life. If a dummy falls out of a baby's mouth during sleep, it should not be re-inserted.
- Babies or young children should not be moved out of a cot into a bed too early; they should also not be kept in a cot for too long. When a young child is observed attempting to climb out of a cot, and looking like they might succeed, it is time to move them out of the cot. This usually occurs when a toddler is between 2 and 3 ½ years of age, but could be as early as 18 months.

Source

- **Australian Children's Education & Care Quality Authority**
- **ECA Code of Ethics.**
- **Guide to the National Quality Standard.**
- **Standards Australia – www.standards.org.au**
- **The Children's Hospital at Westmead – Safety factsheet – Cots and Cot Mattresses, http://kidshealth.schn.health.nsw.gov.au/sites/**
- **kidshealth.schn.health.nsw.gov.au/files/safetyfactsheets/cots-and-cot-mattresses.pdf**
- **Australian Competition and Consumer Commission (ACCC) – www.accc.gov.au - Cot safety PDF**
- **Australian Consumer Law 2011 - Australian Competition and Consumer Commission.**
- **The NSW Work Health and Safety Act 2011 & the NSW Work Health and Safety Regulation 2011**
- **Safe sleep and rest practices from October 2017 (ACECQA)**
- **Revised National Quality Standards**
- **Red Nose https://rednose.com.au/section/safe-practices**

STERILISING BOTTLES AND TEATS POLICY

A baby's immune system has not yet fully developed, which leaves them susceptible to infection and illness. Cleanliness is vital when preparing bottles.

National Quality Standard (NQS)

Quality Area 2: Children's Health and Safety		
2.1.1	**Wellbeing and comfort**	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation
2.1.2	**Health practices and procedures**	Effective illness and injury management and hygiene practices are promoted and implemented
2.1.3	**Healthy lifestyle**	Healthy eating and physical activity are promoted and appropriate for each child

Purpose

During their first year of life, babies are at their most vulnerable to viruses, bacteria and parasitic infections, which can lead to anything from a mild attack of thrush to the more serious condition of gastroenteritis. This is an illness similar to food poisoning, which can cause vomiting, diarrhoea and subsequent dehydration. We aim to minimise risk of infection to babies by ensuring bottles, teats and dummies are sterilised before each use.

Scope

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

Implementation

Mummymetime is committed to providing a safe and healthy environment for children, including infants. To minimise the spread of viruses, bacteria and parasites which can be gathered on children's bottles, we require all bottles used in the Home to be sterilised for the first year of the children's life.

Educators will be responsible for sterilizing bottles, teats and dummies throughout the day, and prior to use, to minimise the risk of infection and cross-contamination.

Service responsibilities

- Prior to sterilising, it is important to ensure babies' bottles have been cleaned thoroughly. This is best achieved with warm soapy water and a bottle brush or by placing them in a dishwasher. Be sure to clean all bottle components, including teats and lids, ensuring all traces of milk have been removed.
- We believe that it is best practice to wash bottles after each feed.
- Once bottles have been cleaned, they are to be sterilised

Sterilising bottles, teats and dummies

Steam sterilising

- Electric steam sterilising is based on hospital methods and is quick and efficient, taking eight to twelve minutes, plus cooling time. You must be careful that you only put in equipment that is safe to boil (some parts of breast pumps may not be boilable, for example). Bottles, teats and so on must be placed upside down to make sure they are fully sterilised.
- You can also buy steamers for microwaves but do take care that nothing metal is placed inside them. They take around five to eight minutes to work, plus cooling time. Be careful when removing the lid of steam sterilisers, as the inside can become very hot.

Boiling

- Most bottle-feeding equipment needs to be boiled for at least 10 minutes. The pan you use must be used exclusively for that purpose and be warned that teats get sticky and unusable more quickly than with other methods.

Microwavable bottles

- It takes 90 seconds to sterilise a single bottle. Bottles must not be sealed during microwaving. Pressure could build up inside them during the heating process.

Cold water sterilising

- This uses a non-toxic solution, which also comes in a tablet form. The solution is highly effective against bacteria. It is safe to use and can be applied to the skin or even swallowed with no harmful effects. Educators need to check that there are no air bubbles left in the bottles to ensure complete sterilisation.
- The equipment should be sterile after half an hour and can safely be left in the solution for up to 24 hours. The solution needs to be changed daily.
- Educators will wash their hands before removing the sterilised items. You may wish to rinse off the fluid with cool, boiled water, but this is not necessary.
- Avoid leaving sterilised empty bottles out on work surfaces as they will quickly lose their sterility. Ideally, sterilisers have built-in storage facilities and bottles can be removed when required.
- If using a microwave for sterilising, ensure that it is in a purpose designed container and follow the manufacturer's instructions.
- If using an electric sterilising unit, use according to the manufacturer's instructions.
- If using a cold-water sterilising unit, use and dilute according to manufacturer's instructions. Store securely out of access of children when not in use.
- Regular inspections of all sterilising equipment will be carried out to ensure a safe and hygienic environment.

Source

- **Australian Children's Education & Care Quality Authority. (2014).**
- **Raising Children**
  Raisingchildren.net.au
- **Sterilising bottles, teats and dummies**
  Department of Health Queensland
- **http://www.babycenter.in/baby**
- **https://www.nhmrc.gov.au/_files_nhmrc/publications/attachments/n56_infant_feeding_guidelines.pdf**
- **http://www.foodsafety.asn.au**
- **Revised National Quality Standards**

SUBSTANCE-FREE ENVIRONMENT POLICY

Purpose

Mummymetime is committed to ensuring that children receiving In-Home Care (IHC) are educated and cared for in a healthy, safe, and completely toxic-free environment. This policy outlines strict parameters to prevent any exposure of children to secondhand tobacco smoke, e-cigarette vapour, alcohol, or illicit and impairing substances during scheduled sessions of care.

Scope

This policy applies to Mummymetime management, families utilising the service, and all early childhood educators engaged by the service. It encompasses the physical boundaries of the family home and any external environments during active care sessions.

This policy complements the Sleeping and Rest Requirements Policy (which mandates a smoke-free sleep environment) and the Incident, Illness, Accident & Trauma Policy (which governs emergency notifications).

Implementation: Roles and Responsibilities

1. Service Management Responsibilities

- *Compliance Checks:* Ensure that the substance-free mandate is clearly outlined to all educators during their initial induction phase.
- *Placement Risk Assessment:* Review initial home safety inspections to ensure the environment provided by the family supports a safe, substance-free workplace for engaged contractors.
- *Contract Enforcement:* Reserve the right to immediately terminate a care agreement with a family, or cease the business engagement of an independent contractor, if any breach of this policy occurs.

2. Educator (Contractor) Responsibilities

- *Absolute Prohibition:* Must not smoke tobacco, utilise e-cigarettes/vaping devices, consume alcohol, or be under the influence of any illicit or impairing substances at any time during a contracted session of care.
- *Fit for Engagement:* Ensure they are fully capable, alert, and unimpaired to execute their duty of care safely when commencing any contracted placement.
- *Hazard Identification:* Ensure that matches, lighters, tobacco products, and e-cigarettes are completely inaccessible to children at all times.
- *Intervention and Reporting:* If a family member or a visitor to the home appears visibly impaired by drugs or alcohol during care hours, creating an unsafe environment for the child or Educator, the Educator must prioritise immediate safety and contact Mummymetime management as soon as practicable.

3. Family Responsibilities

- *Environment Maintenance:* Guarantee that the designated areas of the home where care takes place remain entirely free from tobacco smoke and e-cigarette vapor during all scheduled hours of care.
- *Secure Storage:* Ensure that all household alcohol, adult vaping products, prescription medications, or legal tobacco items are stored securely out of sight and are completely inaccessible to children.
- *Cooperation:* Work collaboratively with the Educator to maintain an environment that protects the ongoing health and wellbeing of their children.

SUN SAFETY POLICY

Australia has the highest rate of skin cancer in the world. Research has indicated that young children and babies have sensitive skin that places them at particular risk of sunburn and skin damage. Exposure during the first 15 years of life can greatly increase the risk of developing skin cancer in later life. Early Childhood Services play a major role in minimising a child's UV exposure as children attend during times when UV radiation levels are highest.

National Quality Standard (NQS)

Quality Area 2: Children's Health and Safety		
2.1	**Health**	Each child's health and physical activity is supported and promoted
2.1.1	**Wellbeing and comfort**	Each child's wellbeing and comfort is provided for, including appropriate opportunities to meet each child's needs for sleep, rest and relaxation
2.1.3	**Healthy lifestyle**	Healthy eating and physical activity are promoted and appropriate for each child.
2.2	**Safety**	Each child is protected
2.2.1	**Supervision**	At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard

Purpose

To protect all children and staff from the harmful effects of ultraviolet (UV) radiation from the sun.

Scope

This policy applies to children, families, Educators and management.

Implementation

Some sun exposure is important for vitamin D which is essential for healthy bones and muscles, and for general health. But too much sun can cause skin and eye damage and skin cancer. Sun exposure during childhood and adolescence is a major factor in determining future skin cancer risk.

Outdoors Play

- From October to March sun protection is always required, this includes protective clothing, hats and sunscreen.
- Extra sun protection is needed between 11am and 3pm and during this period outdoor activities should be minimised. Minimising outdoor activities includes reducing both the number of times (frequency) and the length of time (duration) children are outside.
- From April to September (excluding June and July) outdoor activity can take place at any time. However, from 10am – 2pm sun protection is required.
- In June and July sun protection is not required. Extra care is needed for services in the far west and north of NSW and for all children who have very fair skin.
- Sun protection measures will be considered when planning excursions and incursions.

Shade

- All outdoor activities will be planned to occur in shaded areas. Play activities will be set up in the shade and moved throughout the day to take advantage of shade patterns.
- Shade options can include a combination of portable, natural and built shade.
- Regular shade assessments should be conducted to monitor existing shade structures and assist in planning for additional shade
- Shade does not guarantee total protection, so hats, protective clothing and sunscreen should still be used.

Hats

- Staff and children are required to wear sun safe hats that protect their face, neck and ears.
- A sun safe hat is: Legionnaire hat. Bucket hat with a deep crown and brim size of at least 5cm (adults 6cm). Broad brimmed hat with a brim size of at least 6cm (adults 7.5cm).
  Please note: Baseball caps or visors do not provide enough sun protection and therefore are not recommended.
- Children without a sun safe hat will be asked to play in an area protected from the sun (e.g. under shade, veranda or indoors) or can be provided with a spare hat.

Clothing

- When outdoors, staff and children will wear sun safe clothing that covers as much of the skin (especially the shoulders, back and stomach) as possible.
- This includes wearing: Loose fitting shirts and dresses with sleeves and collars or covered neckline. Longer style skirts, shorts and trousers.
  Please note: Midriff, crop or singlet tops do not provide enough sun protection and therefore are not recommended.

Sunscreen

- Educators and children will apply SPF30+ broad-spectrum water-resistant sunscreen 20 minutes before going outdoors and reapply every 2 hours.
- Sunscreen is stored in a cool, dry place and the use-by-date is monitored.
- Sunscreen safety checks will be recorded.

Babies

- Babies under 12 months will not be exposed to direct sunlight and are to remain in dense shade when outside.
- They will wear sun safe hats and clothing and small amounts of SPF30+ broad-spectrum water-resistant sunscreen may be applied to their exposed skin.

Role Modelling

Educators will act as role models and demonstrate sun safe behaviour by:

- Wearing a sun safe hat (see Hats).
- Wearing sun safe clothing (see Clothing).
- Applying SPF30+ broad-spectrum water-resistant sunscreen 20 minutes before going outdoors.
- Using and promoting shade.
- Wearing sunglasses that meet the Australian Standard1067 (optional).
- Families and visitors are encouraged to role model positive sun safe behaviour.
- Record the UV Rating daily and throughout the day.
- Regularly monitoring and reviewing the effectiveness of the Sun Safety Policy

Education and Information

- Sun protection will be incorporated regularly into learning programs.
- Sun protection information will be promoted to staff, families
- Further information is available from the Cancer Council website www.cancercouncil.com.au/sunsmart

Source

- **Australian Children's Education & Care Quality Authority.**
- **ECA Code of Ethics.**
- **Guide to the National Quality Standard.**
- **Occupational Health and Safety Act 2004**
- **Children's Services Act 1996**
- **Supervision in Children's Services. Putting Children First, the Newsletter of the National Childcare Accreditation Council (NCAC) Issue 15, p. 8-11.**
- **Cancer Council**
  www.cancercouncil.com.au/sunsmart
- **SunSmart Child Care**
  http://www.imagineeducation.com.au/files/CHC30113/Sunsmart__20Childcare_A_Guide_for_Service_Providers.pdf
- **Revised National Quality Standard**

SUPERVISION POLICY

Supervision is defined as *'the active awareness of the responsibility to act in the best interest of all involved in the Service to provide a safe, healthy and supportive environment that promotes, supports, builds on and challenges children's learning and development.'*

National Quality Standard (NQS)

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

Purpose

Educators have a duty of care to ensure children are supervised at all times, as they maintain a safe and secure environment adhering to the Minister's Rule 2017. Supervision, together with thoughtful design and arrangement of children's environments, assists in the prevention and severity of injury to children. Educators will actively supervise children, identifying risks and minimising injury. Effective supervision of children provides educators with the opportunity to support and build on children's play experiences.

Scope

This policy applies to children, families, Educators and management.

Implementation

Management will ensure:

- That the supervision requirements for Educators are maintained at all times.
- The secretary of the Department is notified of any serious incident, within 24hours of the incident or the time that the person becomes aware of the incident.
- Minimum Educator qualification requirements are recognised under the National Quality Framework.

Management will:

- Ensure that all Educators are aware of the children and their environment.
- Ensure Educators avoid activities or actions that will distract them from supervision, such as taking personal phone calls, checking mobile phones or administrative tasks.
- Assess and plan ongoing supervision taking into consideration the layout of the premises and grounds, any higher risk activities, the presence of any animals, the location of activities and the location of bathroom and nappy change facilities.

- Ensure that parents are notified as soon as practicable but within 24 hours if their child is involved in a serious incident/situation at the Service. Also, details of the incident/situation is recorded on the Incident, Injury, Trauma and Illness Record
- Ensure that if the incident, situation or event presents imminent or severe risk to the health, safety and wellbeing of the child or if an ambulance was called in response (not as a precaution) the Secretary of the Department will be notified within 24 hours.

Educators will:

- Have a sound understanding of their duty of care and responsibilities in ensuring children are within a safe environment.

- Inform new and relief educators about supervision arrangements, outlining their supervision responsibilities.
- Regularly evaluate the efficiency of the supervision plan.
- Communicate with each other about their location within the environment.
- Ensure that all children are in sight or hearing of educators at all times.
- Ensure that no child will be left alone while eating or at nappy change and toileting times.
- Supervise children during rest time in accordance with the Sleep and Rest Time Policy.
- Ensure that hazardous equipment and chemicals are inaccessible to children.
- Certify that interactions with children are meaningful and respectful.
- Encourage children's individuality whilst respecting their strengths and needs.
- Scan the environment during interacting with individuals or small groups.
- Implement reliable supervision strategies and not perform other duties while responsible for the supervision of children.
- Listen closely to children whilst supervising areas that may not be in a direct line of sight.
- Scan and look around the area to observe all the children in the vicinity.
- There is a mixture of activities to allow for appropriate supervision.

Consideration will be given to the design and arrangement of children's environments to support active supervision by:

- Using supervision skills to recognise areas of risk therefore reducing the potential for injury or incident to children and adults.
- Guiding Educators to make decisions about when children's play needs to be interrupted and redirected.
- Supporting Educators with specific strategies.
- Providing consistent supervision strategies when the Service requires relief Educators.
- Providing direct, constant and proximal monitoring to children undertaking activities that involve some risk

Compliance Note: For internal compliance, the supervision standards detailed below must be executed in strict alignment with the active care and device restrictions specified in the standalone **Mummymetime Staff Code of Conduct and Ethics Policy**.

Source

- **Australian Children's Education & Care Quality Authority.**
- **In Home Care National Guidelines and Handbook**
- **ECA Code of Ethics.**
- **Australian Children's Education & Care Quality Authority.**
- **Guide to the National Quality Standard.**
- **Frith, John Dr & Kambouris, Nita & O'Grady, Onagh & University of New South Wales. School of Public Health and Community Medicine (2003). Health & safety in children's centres : model policies & practices (2nd ed). School of Public Health and Community Medicine, University of New South Wales on behalf of the Australian Early Childhood Association (NSW Branch), and the NSW Children's Services Health and Safety Committee, [Sydney]**
- **Tansey, Sonja. (2005, September 2005). Supervision in Children's Services. Putting Children First, the Newsletter of the National Childcare Accreditation Council (NCAC) Issue 15, p. 8-11.**
- **Revised National Quality Standard**

TECHNOLOGY & SCREEN USE POLICY

Purpose

Digital technologies and computers have become an integral part of many children's daily lives. At Mummy Me Time (MMT), we recognise the value of technology in supporting learning, creativity, and curiosity. However, MMT prioritises a **screen-free approach** during care hours, supporting children's healthy development through active play, meaningful interaction, and engagement with their environment.

Technology and media items are used only as an extension of the daily program to assist in the development of social, physical, emotional, cognitive, language, and creative potential of each child. Quality programs can support storytelling, celebrate diversity, and reinforce learning, but **screen use is limited, intentional, and supervised**.

This policy also outlines MMT's commitment to responsible technology use, protecting the privacy of children, families, and Educators, and ensuring professional and ethical behaviour at all times.

Scope

This policy applies to all children, families, Educators, and management.

Alignment with the National Quality Standard (NQS)

National Quality Standard (NQS)

Quality Area 1: Educational program and practice		
1.1.1	**Approved learning framework**	Curriculum decision-making contributes to each child's learning and development outcomes in relation to their identity, connection with community, wellbeing, confidence as learners and effectiveness as communicators.
1.1.3	**Program learning opportunities**	All aspects of the program, including routines, are organised in ways that maximise opportunities for each child's learning.

Implementation

Management Responsibilities

Management will:

- Identify technology training needs of Educators in professional development
- Ensure Service privacy and confidentiality policies are adhered to at all times
- Ensure there is no unauthorised access to technology facilities (programs, software programs, etc.)
- Provide Educators with secure login details and ensure all devices have current virus protection software
- Develop and review guidelines for purposeful technology use
- Monitor screen use practices regularly to ensure alignment with best practice in early childhood development

Educator Responsibilities

Educators will:

- Comply with current legislation and Service policies
- Keep passwords confidential and log out of computers and software programs after each use
- Not harass, slander, intimidate, embarrass, defame, or seek to offend any person, group, or organisation via technological devices
- Not make copies of, transmit, or steal Service documents
- Not use personal devices to take photos or breach children's and families' privacy
- Support children's natural curiosity for technology
- Provide children with access to technology to help develop computer literacy skills
- Build on children's learning and inspire ongoing acquisition of knowledge through technology

- Use technology to build on current projects and document children's learning
- Limit screen time and endeavour to ensure screen experiences have an educational component, including movement
- Discuss with children the role of screen time in their lives and support them in making healthy choices for education and recreation
- Model appropriate screen behaviours for children
- Promote productive sedentary experiences for rest and relaxation
- Ensure a balanced day between inactive and active time
- Never use screens as a reward or behaviour management tool
- Actively engage children in play-based, screen-free activities
- Maintain professional discretion regarding the suitability of any approved screen use
- Refuse or discontinue screen use at any time if it is deemed not in the best interests of the child, inappropriate for the setting, or inconsistent with MMT values

Compliance Note: While this policy guides overall service technology use, Mummymetime educators are strictly subject to the personal device bans and disciplinary consequences detailed in the standalone **Mummymetime Staff Code of Conduct and Ethics Policy**.

Guidelines for Use of Technology While Children Are in Our Care

- Programs must be carefully selected to meet the developmental needs of each child
- Technology, if used, assists in expanding the daily program and current affairs
- Programs are engaging, age-appropriate, and limited in duration
- TV and DVD use is minimised
- Programs depicting violence (e.g., graphic news reports) will not be shown
- Children view only 'G'-rated programs with positive messages about relationships, family, and life
- All content must be socially and culturally considerate
- Programs will be shared with families beforehand for approval
- Children are taught healthy digital use and citizenship
- Only quality, developmentally appropriate interactive media will be used

Exceptions to the No-Screen Approach

Screen use may be permitted only when:

- Required for educational or therapeutic purposes, or as part of a pre-bedtime movie routine
- Prior written consent has been provided by the parent/guardian
- Content is age-appropriate and developmentally suitable
- Viewing time is limited and aligns with national guidelines
- Use is directly supervised by an Educator

Pre-bedtime movies must be calm, suitable for the child's age and developmental stage, and of appropriate duration.

All approved screen use must:

- Align with MMT values
- Be documented where required

Family Responsibilities

- Families are asked to respect and support MMT's screen-free approach during care hours
- Families should advise MMT in advance of any educational or therapeutic screen requirements
- Families will review and approve any content their child may view

Screen Time Guidelines (Australia's Physical Activity and Sedentary Behaviour Guidelines)

- Children younger than 2 years: no screen time
- Children 2–5 years: less than 1 hour per day
- Children 5–12 years: no more than 2 hours per day for entertainment

Review

This policy is reviewed regularly to ensure it reflects:

- Best practice in early childhood development
- Legislative requirements
- Family care standards

Key Principles

- MMT maintains a **primarily screen-free environment** during care hours
- Technology is **limited, purposeful, and educationally justified**
- Educators exercise professional discretion to ensure screen use is in the best interests of children
- Families are fully informed and involved in any approved screen experiences

MMT supports children's development through connection, movement, play, and meaningful relationships - not screens.

Source

- **Education and Care Services National Regulations**
- **National Quality Standard**
- **Early Years Learning Framework**
- **Fair Work Act**
- **Television and young children- Quality, choice and the role of parents: what the experts and parents say (2011) The Australian Council on Children and the Media for the Australian Research Alliance for Children and Youth.**
- **Australian Government Department of Health- Australia's Physical and Sedentary Behaviour Guidelines**
- **Revised National Quality Standard- 2018**

UNEXPECTED DEATH OF A CHILD AT A SERVICE POLICY

The unexpected death of a child in IHC is a traumatic event and the impact on Educators, children and families can cause emotional turmoil, which can overwhelm usual coping skills. A policy providing comprehensive procedures and principles is therefore crucial to ensure a coordinated response and notification to the Department.
Due to the suddenness of such an event, well-trained and experienced staff can experience strong emotions and traumatic stress responses as a result of the event. The role of *Mummemetime* is to help restore a sense of safety for children, Educators and families as soon as possible following a traumatic event.

National Quality Standard (NQS)

Quality Area 2: Children's Health and Safety		
2.2.2	**Incident and emergency management**	Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practiced and implemented

Scope
This policy applies to children, families, Educators and management.

Purpose
Mummymetime will ensure that Management and Educators follow the procedures and principles within this policy and that immediate and appropriate action is taken to notify the Secretary of the Department in the event of the death of a child whilst at the Service. There are a number of legal requirements to adhere to in the tragic event of the death of a child at a Service as outlined below.

Serious incidents
Regulation 12 prescribes the following serious incident:
(a) The death of a child- while that child is being educated and cared for by an education and care service or following an incident occurring while that child was being educated and cared for by an education and care service;

Notification of a serious incident
Under the National Law and Regulations, the approved provider must notify the Department within 24 hours of any serious incidents through the online notification portal, found here > In Home Care Serious Incident Report - Department of Education, Australian Government

Keeping children's records
In the event of the death of a child whilst being cared for by the Service, records need to be kept for 7 years from the child's death.

Initial action and implementation of policy
Management and Educators will ensure that immediate and appropriate action is taken in the event of the death of a child whilst at the Service by following and implementing the following procedure:

1. Assess the situation as per service procedures for any immediate danger to other children
2. Attempt CPR in accordance with current First Aid requirements
3. Call an Ambulance immediately
4. Management will call the parents/guardian of the child and arrange to meet at the hospital
5. Medical Staff will advise families
6. Notify the Department, including Policy Department and Family and Community Services
7. Complete Illness, Incident, Accident, Trauma Form
8. Contact Insurance Company

9. Log incident report, attaching incident form and evidence

Management will also ensure that parents, families, children and educators will receive the following post incident support:

- Demonstrate sensitivity, open mindedness and a balanced approach
- Recognition of cultural needs
- Preservation of evidence
- Accurate and detailed record keeping
- Management to contact legal representative for support and direction
- Protocols established for staff and Educators to discuss the traumatic event through media including social media
- Professional communication with families of the Service
- Engage the services of health care professionals (counseling & support for staff)
- Ongoing cooperation with inter-agencies involved in investigation

Caring for the wellbeing of educators, children's and families

Our Service will engage health professionals who may include child and family counselors and psychologists to support our Educators to be sensitive and mindful of the impact such an event has had on all stakeholders. With professional guidance and support, we will encourage children to express their emotions and feelings and implement strategies to assist and guide children's process of grieving and re-engage children in learning.

Our Service will seek advice and support from health professionals to provide appropriate materials to send home to families to assist in understanding the effects of trauma on children and possible changes in behaviour following the unexpected death of a child in our Service.

Source

- **The Business of Childcare, Karen Kearns 2004**
- **In Home Care National Guidelines and Handbook**
- **National Quality Standards**
- **Family and Community Services**
- **Occupational Health and Safety Act**
- **Work Health and Safety Act**
- **Australian Child & Adolescent Trauma, Loss & Grief Network http://earlytraumagrief.anu.edu.au/files/ACATLGN_grief_and_loss.pdf**
- **What Do We Tell The Children When Someone Dies? http://www.adac.org.au/siteF/resources/l_children_gt.pdf**
- **Australian Centre for Grief and Bereavement http://www.grief.org.au**

VISITOR ACCESS SAFETY POLICY

Purpose

To manage environmental risks, preserve the integrity of active supervision, protect children from unauthorised contact or disruption by third-party individuals, and maintain a robust audit trail of all physical entries to the home during scheduled hours of In-Home Care (IHC).

Scope

This policy applies to Mummymetime management, families utilising the service, and all Educators engaged by the service. It encompasses the physical boundaries of the family residence during active care sessions.

Implementation: Roles and Responsibilities

1. Service Management Responsibilities

- **Operational Oversight & Auditing:** Establish clear regulatory guidelines regarding third-party individuals within the physical care boundary and regularly audit visitor logs to ensure compliance.
- **Dual-System Provision:** Mummymetime provides a contactless **online form** via Connecteam for Educators to manage and complete on their devices. Additionally, a **physical template** is provided to families upon onboarding, should they wish to print, display, and maintain a paper registry within their home for incoming guests.
- **Incident Evaluation:** Review any report filed by an Educator regarding unauthorised visitors or log anomalies, and alter or suspend care agreements if a family repeatedly compromises the environment.

2. Educator Responsibilities

- **Uncompromising Active Supervision:** Maintain constant, direct line-of-sight supervision of the children in care at all times, regardless of the presence of family members or permitted visitors in the home.
- **Mandatory Visitor Log Maintenance:** Ensure that any individual who enters the care boundary during service hours—including tradespeople, extended family members, or friends—is accounted for. The Educator must verbally collect information to update the online form upon departure or verify that entries are recorded on the family's physical log.
- **Care Task Restrictions:** Ensure that no visitor, guest, or tradesperson performs personal care tasks—including nappy changing, feeding, or safe sleep transitions—for the children under care.
- **Risk Intervention:** If an unannounced visitor enters the care space, refuses to provide details, or creates an unsafe environment, the Educator must move the children to a safe location and contact Mummymetime management as soon as practicable.

3. Family Responsibilities

- **Advance Notification:** Notify the Educator well in advance of any expected visitors, extended family members, friends, or tradespeople scheduled to enter the premises during active care hours.
- **Log Cooperation & Display:** Ensure that any personal guests or contracted tradespeople arriving during care hours fully cooperate with tracking requirements. Families are encouraged to display the physical log template prominently in the home to signal safety boundaries to incoming visitors.
- **Supervision Respect:** Ensure that any permitted house visitors do not disrupt the Educator's established care routines, active supervision paths, or compliance guidelines.

WATER SAFETY, SWIMMING & TRAMPOLINE USE POLICY

The safety and supervision of children is paramount when in or around water. This relates to water play, excursions near water, and hot water, drinking water and hygiene practices with water in the Service environment. Children will be supervised at all times during water play experiences.
Swimming and trampoline activities may be permitted during care only when strict safety, supervision, and consent requirements are met. Participation in these activities is optional and may be declined by the educator, family, or MMT at any time.

National Quality Standard (NQS)

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

Purpose
To ensure the safety and supervision of children in and around water. This includes water play, excursions near water, hot water, drinking water and hygiene practices with water in the Service environment or during care provided on behalf of MummyMeTime (MMT).

Mummy Me Time (MMT) recognises that engaging in physical play and age-appropriate risk-taking activities, such as swimming and trampoline use, plays an important role in children's physical, social, and emotional development. This policy outlines the conditions under which these activities may occur while ensuring the safety of children, educators, and families, and protecting MMT as a service provider.

Scope
This policy applies to children, families, Educators and management.
It also applies to all educators providing care on behalf of MMT at a family's private residence where swimming pools and/or trampolines are present.

Policy Statement
The safety and supervision of children is paramount when in or around water. This relates to water play, excursions near water, swimming pools, hot water, drinking water and hygiene practices in the Service environment.

Children will be supervised at all times during water play experiences and any swimming activities.
Swimming and trampoline activities may be permitted during care only when strict safety, supervision and consent requirements are met. Participation in these activities is optional and may be declined by the educator, family or MMT at any time.

Implementation
Management Responsibilities
Mummymetime Management will:

- Provide direction and education to educators, staff and families on the importance of children's safety and supervision in and around water.
- Ensure health and safety practices incorporate approaches to safe storage of water and water play.

- Ensure premises adjacent to or providing access to any water hazards that are not able to be adequately supervised at all times (e.g. dams, swimming pools) are isolated from children by a child-resistant barrier or fence.
- Conduct a risk assessment in accordance with requirements prior to taking children on an excursion which contains or may contain water.
- Ensure each Educator holds a current approved First Aid qualification, including CPR and Anaphylaxis certification.
- Display a Cardiopulmonary Resuscitation (CPR) guide near any water.
- Ensure water hazards are always supervised.
- Ensure hot water is inaccessible to children.
- Reserve the right to restrict or prohibit swimming or trampoline activities at any time if safety concerns arise.

Educator Responsibilities

Educators will:

- Supervise children near water at all times.
- Never leave children alone near any water.
- Ensure children in a bath are directly supervised at all times.
- Ensure fish/frog ponds and water features that are not able to be adequately supervised and/or pose unacceptable risk are guarded or effective barriers are in place.
- Conduct a visual safety check of swimming pools and trampolines prior to use.
- Complete a daily Safety Inspection of the premises to ensure hazards are identified and minimised. Where hazards are detected, a risk assessment will be completed.
- Utilise water activities in appropriate weather conditions.
- Ensure educator-to-child ratios remain appropriate at all times.
- Cease swimming or trampoline activities immediately if conditions become unsafe (e.g. weather, illness, fatigue, behavioural concerns).
- Monitor taps and ensure they are securely turned off when not in use.
- Safely cover or make inaccessible all water containers (e.g. nappy buckets).
- Empty wading pools immediately after every use and store to prevent water collection.
- Ensure water troughs are used with a stand, kept off the ground, and filled to a safe level.
- Ensure children remain standing on the ground whilst using water troughs.
- Ensure buckets of water for soaking toys or clothing are inaccessible to children.
- Discourage children from drinking from water play activities.
- Teach children about staying safe in and around water.
- Maintain active supervision during trampoline use.
- Allow only one child at a time on the trampoline unless deemed safe otherwise.
- Discontinue trampoline use immediately if safety concerns arise.
- Follow all MMT policies, duty of care obligations and risk minimisation practices.

Educators may refuse or discontinue swimming or trampoline activities at any time if deemed unsafe or unsuitable.

Swimming Safety Requirements

Swimming activities are permitted only when:

- Written parental/guardian consent has been obtained.
- The pool complies with local and state pool safety regulations (including fencing, gates and locks).
- Children are never left unattended in or near the pool.
- The educator holds current First Aid, CPR and Anaphylaxis certification.
- Appropriate supervision ratios are maintained.
- Conditions are deemed safe by the educator.

Hygiene and pool management:

- Remove leaves and debris daily.
- Scrub pool/trough surfaces with disinfectant and rinse thoroughly.
- Add chlorine prior to use and check levels regularly.
- Children with diarrhoea, upset stomach, open sores or infections must not use the pool.
- All children must wear appropriate bathers and follow toileting hygiene practices.
- If a child passes a bowel motion in the pool, all children will be removed immediately and the pool emptied and disinfected.

Trampoline Safety Requirements

Trampoline use is permitted only when:

- The trampoline is well-maintained, securely assembled and fitted with appropriate safety netting and padding.
- Active supervision is maintained at all times.
- Only one child at a time uses the trampoline (unless deemed safe otherwise).
- Use ceases immediately if safety concerns arise.

Family Responsibilities

Families must:

- Provide written consent prior to swimming or trampoline use.
- Acknowledge the inherent risks associated with swimming and trampoline activities.
- Ensure swimming pools and trampolines meet all legal and safety requirements.
- Ensure safety equipment is in place and maintained.
- Disclose any relevant medical, developmental or behavioural considerations.
- Understand that MMT and its educators are not responsible for injuries arising from unsafe equipment, undisclosed risks, or failure to meet safety requirements.

Operational Safety

- Water for pets at the Service must be changed daily and only accessible to children when educators are present.
- Children must have safe independent access to clean and cool drinking water at all times.

Incident and Emergency Management

Parents will be notified as soon as practicable, but within 24 hours, if their child is involved in an incident or accident at the Service or while under Service care.

Details will be recorded on an Incident, Injury, Trauma and Illness Record.

If an incident presents imminent or severe risk to a child's health, safety or wellbeing, or if an ambulance is called in response to an emergency (not as a precaution), the Secretary of the Department will be notified within 24 hours.

Risk Management and Liability

Swimming and trampoline activities involve inherent risk. MMT takes reasonable steps to minimise risk through supervision, training, policies and risk assessments. Participation occurs only with informed parental consent.

Source

- **Australian Children's Education & Care Quality Authority. (2014).**
- **ECA Code of Ethics.**
- **Guide to the National Quality Standard.**
- **National Health and Medical Research Council – www.nhmrc.gov.au**
- **NSW Department of Health – www.health.nsw.gov.au**
- **Revised National Quality Standard**