

Policy and Procedure Manual 2020

Mount Martha Preschool Association



**Mount Martha
Preschool**

Where children are seen & heard

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Policy and Procedure Manual 2020

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Note: Parts of this *Policy and Procedure Manual 2020* incorporate template policies obtained from Early Learning Association Australia (ELAA). Copyright for these documents is retained by Early Learning Association Australia less any addenda, alterations of amendments.

Policy Manual Update: Due to the ongoing policy review and update cycle (refer *Policy Review Table 2020*), this *Policy and Procedure Manual 2020* must be re-collated and updated for 2021.

Mount Martha Preschool *Rules of Association (Constitution)*. Rules that govern the operations of the Mount Martha Preschool Association Incorporated are as required under Schedule One (1) of the *Associations Incorporations Reform Act 2012*. These Rules were approved by the membership of the Association at a Special General Meeting held 9 October 2014, and took effect thereafter (2014) following the requisite approval of Consumer Affairs Victoria (CAV).

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Constitutional Amendments:

20 February 2019: Special Resolution Passed to Amend Rule 41 (Composition of Committee)

20 March 2019: Special Resolution Passed to Change Association Name (Rule 1).

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Committee of Management Operational Handbook 2019

Amendments: October 2019 – reformulation of committee composition and manual language. This version uses the *Committee of Management Operational Handbook 2018* as inspiration and primary source.

Note: *The Committee of Management Operational Handbook 2019* must only be amended, changed or altered with the consent of the full Committee of Management via the formal voting process. Unilateral alteration, amendment or change is prohibited

Current National Quality Standard (NQS) Rating:



Acknowledgement of Country:

We acknowledge the traditional custodians of the land upon which we meet, play and learn, the Boon Wurrung and Boonarong peoples of the Great Kulin Nation, and pay our respects to Elders past and present.

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Rules of Association (Constitution)

PART 1 – PRELIMINARY

1. Name

The name of the incorporated association is Mount Martha Preschool Association Incorporated.

Note: Association name changed under Special Resolution 20 March 2019.

2. Purposes

The purposes of the Association are to:

- 1) provide an approved early childhood education program or support the provision of an early childhood education program and/or other children's services which will function in accordance with the requirements of all applicable legislation, regulations and standards;
- 2) manage the funds and other assets and liabilities of the Association solely for the attainment of 2(1).

3. Financial year

The financial year of the Association is each period of 12 months ending on 30 September.

4. Definitions

In these rules unless the contrary intention appears –

'Absolute majority', of the Committee, means a majority of the committee members currently holding office and entitled to vote at the time (as distinct from a majority of committee members present at a committee meeting);

'Association' means Mount Martha Preschool Association Incorporated;

'Chairperson' of a general meeting or committee meeting means the person chairing the meeting as set out in Rule 29 of these rules;

'Child attendance fee' means the fees payable to enable a child to attend a program and set in accordance with the fees policy of the Association;

'Committee' means the Committee having management control of the business the Association;

'Committee meeting' means a meeting of the Committee held in accordance with these Rules;

'Committee member' means a member of the Committee elected or appointed under these rules;

'Department' means the Department of Education and Early Childhood Development or such other government department or agency as from time to time monitors the provision and quality of children's services;

'Disciplinary appeal meeting' means a meeting of the members of the Association convened under Rule 18;

'Disciplinary meeting' means a meeting of the Committee convened under Rule 16;

'Disciplinary subcommittee' means the subcommittee appointed under Rule 15;

'Fee' means any monies payable by members of the Association (not including child attendance fees) such as annual membership or joining fees/subscriptions;

'Financial year' means the 12 month period specified in Rule 3;

'General meeting' means a general meeting of all the members of the Association convened in accordance with Part 4 of these Rules and includes an annual general meeting, and a special general meeting but does not include a disciplinary appeal meeting;

'Member' means a member of the Association;

'The Act' means the *Associations Incorporation Reform Act 2012* and includes any regulations made under that Act;

'The Registrar' means the Registrar of Incorporated Associations;

'Relevant documents' means records or other documents, however compiled, recorded or stored, that relate to the incorporation and management of the Association, including membership records, accounts, accounting records and documents relating to transactions, dealings, business or property of the Association;

'Special resolution' means a resolution that requires not less than three-quarters of the members present at a general meeting to vote in favour of the resolution.

PART 2 – POWERS OF ASSOCIATION

5. Powers of Association

- 1) Subject to the Act, the Association has power to do all things incidental or conducive to achieve its purposes.
- 2) Without limiting Rule 5(1), the Association may:
 - a) Acquire, hold and dispose of real or personal property;
 - b) Open and operate accounts with financial institutions;
 - c) Invest its money in any security in which trust monies may lawfully be invested;
 - d) Raise and borrow money on any terms and in any manner as it thinks fit;
 - e) Secure the repayment of money raised or borrowed, or the repayment of a debt or liability;
 - f) Appoint agents to transact business on its behalf, including enter into arrangements such as cluster management arrangements, with an other organisation to fulfil its purposes;
 - g) Enter into any contract it considers necessary or desirable.
- 3) The Association may only exercise its powers and use its income and assets (including any surplus) for its purposes.

6. Not for profit organisation

- 1) The assets and income of the Association shall be used solely for the objectives and purposes of the Association.
- 2) The Association must not distribute any surplus, income or assets directly or indirectly to its members.
- 3) Rule 6(2) does not prevent the Association from paying a member –
 - a) reimbursement for expenses properly incurred by the member on its behalf; or
 - b) for goods or services provided by the member to the Association, if this is done in good faith on terms no more favourable than if the member was not a member.

7. Authorisation to trade

The Association is authorised to trade in accordance with Part 4 of the *Associations Incorporation Reform Act 2012*.

PART 3 – MEMBERS, DISCIPLINARY PROCEDURES AND GRIEVANCES

Division 1 – Membership

8. Minimum number of members

The Association must have at least five (5) members.

9. Eligibility and application for membership

- 1) The parents/legal guardians of children currently attending the service or of children enrolled to attend the service in the following year become members of the Association automatically provided all relevant fees payable by such parents/legal guardians are fully paid. Such members need not fill in a membership application form. There will be one membership per family regardless of the number of children from each family that are enrolled.
- 2) In addition to members as defined under Rule 9(1), the following are also eligible for membership of the Association:
 - a) any member elected to the committee until the end of their current term of office;
 - b) any interested member of the community who has applied for membership:
 - i. by completing the Association Membership Application form and presenting it to the Secretary; and
 - ii. paid the annual membership fee, which has been determined by the Committee and
 - iii. has been approved for membership by the Committee of Management.
- 3) Renewal of membership under Rule 9(2b) is at the discretion of the Committee and upon payment of an annual membership fee within one month of the end of the financial year.
- 4) All child attendance fees and membership fees will be determined annually by the committee at a committee meeting.

10. General rights and obligations of members

- 5) Voting rights:
 - a) Under Rule 9, membership of the Association entitles all members to one vote at general meetings, provided that all attendance fees and other applicable fees as set out under Rule 9 are paid and up-to-date.
 - b) A member may exercise his/her voting rights provided:
 - i. The member is a member in accordance with rule 9; and
 - ii. More than 10 business days have passed since he or she became a member of the Association; and
 - iii. The member's membership rights are not suspended for any reason.
- 6) A Member of the Association who is entitled to vote has the right –
 - a) to receive notice of general meetings and special resolutions in the manner and time prescribed by these Rules;
 - b) to submit items of business for consideration at general meetings;
 - c) to attend and be heard at general meetings;
 - d) to vote at a general meetings;
 - e) to have access to the minutes of general meetings and other documents of the Association as provided under Rule 13(3) and Rule 70 and in accordance with the privacy policy of the Association; and
 - f) to inspect the register of members.
- 7) Members of the Association have an obligation to support the purpose of the Association as outlined in the Statement of Purpose and must abide by the Rules and policies of the Association.
- 8) Members of the Association have a right to natural justice when dealing with grievances and complaints, in accordance with these Rules.

11. Rights not transferable

The rights of a member are not transferable and end when membership ceases.

12. Ceasing membership

- 9) A membership of the association ceases if –
 - a) A member of the Association under Rule 9(1) no longer has a child/children attending the children's service or on the waiting list and who has not applied for membership under Rule 9(2b); or
 - b) The annual membership fee of a member of the Association under Rule 9(2b), is more than 12 months in arrears; or
 - c) The member resigns by giving one month's notice in writing to the Secretary of their intention to resign; or
 - d) on expulsion in accordance with the provisions outlined in Division 2 - Disciplinary Action of these Rules; or
 - e) death.
- 10) If a person ceases to be a member of the Association, the Secretary must, as soon as practicable enter the date the person ceased to be a member in the register of members.
- 11) Membership of the Association will be suspended for any members under Rule 9(1) and Rule 9(2a) who have any outstanding debts to the Association (as per the fees policy of the Association). Such members will not have any entitlement to vote at either General or Committee meetings until such time as all debts are paid.

13. Register of members

- 1) The Secretary must keep and maintain a register of members that includes –
 - a) For each current member –
 - i. the member's name;
 - ii. the address for notice last given by the member;
 - iii. the date of becoming a member;
 - iv. details of the membership type – e.g., parent/guardian or member of the community; and
 - v. any other information determined by the committee; and
 - b) For each former member, the date of ceasing to be a member.
- 2) The Secretary must, as soon as practicable following the eligibility or approval for membership, enter the details referred to in Rule 13(1) into the register of members.
- 3) Any member may, at a reasonable time and free of charge, inspect the register of members under the supervision of the Secretary of the committee or other authorised committee member.

Division 2 – Disciplinary action

14. Grounds for taking disciplinary action

The Association may take disciplinary action against a member in accordance with this Division if it is determined that the member –

- a) has failed to comply with these Rules; or
- b) refuses to support the purposes of the Association; or
- c) has engaged in conduct which is otherwise prejudicial to the interests of the Association.

15. Disciplinary subcommittee

- 1) If the Committee is satisfied that there are sufficient grounds for taking disciplinary action against a member, the Committee must appoint a disciplinary subcommittee to hear the matter and recommend to the Committee what action, if any, to take against the member.
- 2) The members of the disciplinary subcommittee must comprise at least three members, who will conduct the proceedings in an impartial and unbiased manner.
- 3) Two (2) of the three (3) subcommittee members must be members of the Committee.

16. Notice to member

- 1) Before disciplinary action is taken against a member, the Secretary must give written notice to the member –
 - a) stating that the Association proposes to take disciplinary action against the member;
 - b) stating the grounds for the proposed disciplinary action;

- c) specifying the date, place and time of the meeting at which the disciplinary sub committee intends to consider the disciplinary action (the disciplinary meeting);
 - d) advising the member that he or she may do one or both of the following
 - i. attend the disciplinary meeting and address the disciplinary subcommittee at that meeting; and/or
 - ii. give a written statement to the disciplinary subcommittee at any time before the disciplinary meeting; and
 - e) setting out the member's appeal rights under rule 18.
- 2) The notice must be given at least 14 days before the disciplinary meeting is to be held.

17. Disciplinary procedure

- 1) At the disciplinary meeting, the disciplinary sub committee must:
 - a) give the member an opportunity to be heard; and
 - b) consider any written statement submitted by the member.
- 2) After complying with rule 17(1), the disciplinary subcommittee may recommend to the Committee to:
 - a) Take no further action; or
 - b) Subject to rule 17(4) –
 - i. reprimand the member; or
 - ii. suspend the membership rights of the member for a specified period; or
 - iii. expel the member from the Association.
- 3) The disciplinary subcommittee may not fine the member.
- 4) Actions under 17(2b) require an absolute majority vote of the Committee in favour of said action at the disciplinary meeting.
- 5) The suspension of membership rights or the expulsion of a member by the Committee under this rule takes effect immediately after the vote is passed.
- 6) The member must be notified as soon as possible of the decision of the Committee.

18. Appeal rights

- 1) A person whose membership rights have been suspended or who has been expelled from the Association under rule 17(2) may give notice to the effect that he or she wishes to appeal against the suspension or expulsion.
- 2) The notice must be in writing and given to the Secretary within 48 hours of the member being advised of the Committee decision.
- 3) If a person has given notice under rule 18(2), a disciplinary appeal meeting must be convened by the Committee as soon as practicable, but in any event not later than 21 days after the notice is received.
- 4) A member who has appealed the decision of the Committee will have their membership rights suspended until the disciplinary appeal meeting has been held.
- 5) Notice of the disciplinary appeal meeting must be given to each member of the Association who is entitled to vote as soon as practicable and must:
 - a) specify the date, time and place of the meeting; and
 - b) state –
 - i. the name of the person against whom the disciplinary action has been taken;
 - ii. the grounds for taking that action; and
 - iii. that at the disciplinary appeal meeting the members present must vote on whether the decision to suspend or expel the person should be upheld or revoked.

19. Conduct of disciplinary appeal meeting

- 1) At a disciplinary appeal meeting –
 - a) no business other than the question of the appeal shall be conducted; and
 - b) the Committee must state the grounds for suspending or expelling the member and the reasons for taking that action; and

- c) the person whose membership has been suspended or who has been expelled must be given an opportunity to be heard.
- 2) The members present and entitled to vote must vote by secret ballot on the question of whether the decision to suspend or expel the person should be upheld or revoked.
- 3) A member may not vote by proxy at the disciplinary appeal meeting.
- 4) The decision is upheld if not less than three quarters of the members voting at the meeting vote in favour of the decision.

Division 3 – Grievance procedure

20. Application

- 1) The grievance procedure set out in this Division applies to disputes under the Rules between:
 - a) a member and another member;
 - b) a member and the committee; or
 - c) a member and the Association.
- 2) A member must not initiate a grievance procedure in relation to a matter that is the subject of a disciplinary procedure until the disciplinary procedure has been completed.
- 3) A member may initiate a grievance procedure in respect of a dispute of a type described in Rule 20(1) by submitting it in writing to the Committee, subject to Rule 21(1). The Committee shall determine the manner in which the grievance is handled with reference to the grievance procedure outlined in Rule 21.

21. Grievance procedure

- 1) The parties to a dispute must attempt to resolve the dispute between themselves within 14 days of the dispute coming to the attention of each party.
- 2) If the parties to a dispute are unable to resolve the dispute between themselves within the time required by Rule 21(1), the parties must notify the Committee of the dispute and:
 - a) agree to have the Committee negotiate a resolution to the dispute in accordance with the procedures outlined in this Division; or
 - b) agree to or request the appointment of a mediator as per Rule 22.
- 3) Irrespective of the method of resolution chosen under Rule 21(2), all parties must attempt in good faith to settle the dispute.
- 4) In the event the Committee is unable or unwilling to facilitate a resolution under Rule 21(2a), the Committee may elect to refer the dispute direct to mediation.
- 5) Where parties agree to attempt resolution of the dispute under Rule 21(2a), the Committee may elect to:
 - a) establish a grievance sub committee to investigate and facilitate a resolution of the dispute; or
 - b) determine any other procedure to resolve the dispute that is agreeable to all parties involved; or
 - c) refer the dispute to mediation at any time.
- 6) The Committee must determine a course of action under Rule 21(5) within 14 days of being referred the grievance.
- 7) Any grievance sub committee established under 21(5a) must:
 - a) comprise of three (3) persons drawn from the Committee of which one will be the President. One of the three members shall be appointed as the Chair of the sub committee. The Committee may change the composition of the subcommittee at any time;
 - b) call a meeting within 14 days of being referred the grievance;
 - c) investigate the grievance in an unbiased way including interviewing any persons who may be the subject of the grievance or have some knowledge relevant to it;
 - d) offer the member who lodged the grievance and any member who may be the subject of the grievance, an opportunity to be heard and to submit any other matters relevant to it;
 - e) present its recommendation to the Committee at the conclusion of the investigation, including recommending any action under the rules or otherwise that must be taken arising from the grievance.
- 8) The Committee shall consider recommendations from a grievance subcommittee at the next scheduled Committee meeting, and will make a determination of the grievance at that time, which may include confirming or modifying the recommendations of the subcommittee.

- 9) All parties to the dispute including the member who lodged the grievance must be advised in writing of the Committee's decision as soon as practicable.

22. Appointment of mediator

- 1) If any of the parties to the dispute are not satisfied with the outcome of negotiations initiated under Rule 21 (2a) or the Committee makes a determination in accordance with Rule 21(4), then the parties must, as soon as practicable, hold a meeting in the presence of a mediator.
- 2) The mediator must be –
 - a) a person chosen by agreement between the parties; or
 - b) in the absence of agreement –
 - i. if the dispute is between a member and another member – a person appointed by the Committee; or
 - ii. if the dispute is between a member and the Committee or the Association - a person appointed or employed by the Dispute Settlement Centre of Victoria.
- 3) A mediator appointed by the Committee may be a member or former member of the Association but in any case must not be a person who –
 - a) has a personal interest in the dispute; or is perceived to hold a bias in favour of or against any party.

23. Mediation process

- 1) The mediator to the dispute, in conducting the mediation, must –
 - a) give each party every opportunity to be heard; and
 - b) allow due consideration by all parties of any written statement submitted by any party; and
 - c) ensure that natural justice is accorded to the parties throughout the mediation process.
- 2) The mediator must not determine the dispute.

24. Failure to resolve dispute by mediation.

- 1) If the mediation process does not resolve the dispute, the parties may seek to resolve the dispute in accordance with the Act or otherwise at law.
- 2) Any costs associated with this process will be shared by the parties involved.

Note: This Procedure is not intended to alter a member's right arising out of any other rules under the Constitution.

PART 4 – GENERAL MEETINGS OF THE ASSOCIATION

25. Annual general meeting

- 1) The Committee must convene an annual general meeting of its members to be held within five (5) months after the end of the financial year.
- 2) The Committee will determine the date, time and place of the annual general meeting.
- 3) The ordinary business of the annual general meeting shall be:
 - a) to confirm the minutes of the previous annual general meeting and of any special general meeting held since then;
 - b) to receive and consider:
 - i. the annual report of the Committee on the activities and operations of the Association during the preceding financial year; and
 - ii. the financial statements of the Association for the preceding financial year submitted by the Committee in accordance with Part 7 of the Act;
 - c) to elect the members of the Committee; and
 - d) to confirm or vary the amount (if any) of the annual membership fee.
- 4) The annual general meeting may also conduct any other business of which notice is given in accordance with these Rules.

26. Special general meeting

- 1) Any general meeting of the Association, other than an annual general meeting or a disciplinary appeal meeting, is a special general meeting.
- 2) The Committee may convene a special general meeting whenever it thinks fit.
- 3) No business other than that set out in the notice under rule 28(2) may be conducted at the meeting.

27. Special general meeting held at request of members

- 1) The Committee must convene a special general meeting of the Association if a request to do so is made in accordance with rule 27(2) by at least ten members or 20% of the total number of members (whichever is the lesser number).
- 2) The request for a special general meeting must:
 - a) be in writing;
 - b) state the nature of the business to be considered at the meeting and any resolutions to be proposed;
 - c) include the names and signatures of the members requesting the meeting; and
 - d) be given to the Secretary.
- 3) If the Committee does not convene a special general meeting to be held within one month after the date on which the request is made, the members making the request (or any of them) may convene the special general meeting.
- 4) A special general meeting convened by members in accordance with rule 27(3):
 - a) must be held within three (3) months after the date on which the original request was made; and
 - b) may only consider the business stated in that request.
- 5) The Association must reimburse all reasonable expenses incurred by the members convening a special general meeting under rule 27(3).

28. Notice of General Meetings

- 1) The Secretary (or in the case of a special general meeting convened under rule 27(3), the members convening the meeting) must give to each member of the Association –
 - a) at least 21 days' notice of a general meeting if a special resolution is to be proposed at the meeting; or
 - b) at least 14 days' notice of a general meeting in any other case.
- 2) The notice must –
 - a) specify the date, time and place of the meeting;
 - b) identify if the meeting is to be an Annual General Meeting or Special General Meeting;

- c) indicate the general nature of each item of business to be considered at the meeting;
- d) state that the member may appoint another member as a proxy for the meeting in accordance with Rule 30;
- e) include a copy of any form that the Committee has approved for the appointment of a proxy; and
- f) if a special resolution is to be proposed –
 - i. state in full the proposed resolution; and
 - ii. state the intention to propose the resolution as a special resolution.

3) This rule does not apply to a disciplinary appeal meeting.

Note – *Rule 18(5) sets out the requirements for notice of a disciplinary appeal meeting.*

- 4) Notice of all annual general and special general meetings of the Association shall be delivered to all members and advertised by any means deemed appropriate by the committee (including electronic and written).
- 5) No business other than that set out in the notice convening the meeting shall be transacted at the meeting.
- 6) The non-receipt of notice of the meeting does not invalidate any resolution passed at any such meeting.
- 7) A member desiring to bring any business before a general meeting may give notice of that business in writing to the Secretary, who shall include that business in the notice calling the next general meeting after the receipt of the notice.
- 8) Rule 28(6) does not apply to a disciplinary appeal meeting.
- 9) All business that is transacted at either a special general meeting or the annual general meeting, with the exception of business specifically referred to in these Rules as being the ordinary business of the annual general meeting, shall be deemed to be special business. This business shall be made known to members as such, in accordance with Rule 28(2) and Rule 27(2).

29. Presiding at general meetings

- 1) The President or, in the President's absence, the Vice-President is the Chairperson for any general meetings.
- 2) If the President and the Vice-President are both absent, or are unable or unwilling to preside, the Chairperson of the meeting must be a member (or other appropriate person) elected by the other members present and entitled to vote on resolutions.

30. Proxies

- 1) A member may appoint another member as his or her proxy to attend, speak and vote on his or her behalf at a general meeting other than a disciplinary appeal meeting.
- 2) The appointment of a proxy must be in writing and signed by the member making the appointment.
- 3) If the Committee has approved a form for the appointment of a proxy, the member may use any other form that clearly identifies the person appointed as the member's proxy and that has been signed by the member.
- 4) A form appointing a proxy must be given to the Chairperson of the meeting before or at the commencement of the meeting.
- 5) A member must not act as proxy for more than 10 members or more than 10% of the members (whichever is the lesser) on any one occasion.

31. Use of technology

- 1) A member not physically present at a general meeting may be permitted to participate in the meeting by the use of technology that allows that member and the members present at the meeting to clearly and simultaneously communicate with each other.
- 2) For the purposes of this Part, a member participating in a general meeting as permitted under Rule 31(1) is taken to be present at the meeting and, if the member votes at the meeting, is taken to have voted in person.

32. Quorum at general meetings

- 1) No business may be conducted at a general meeting unless a quorum of members entitled under these Rules to vote is present.
- 2) The quorum for a general meeting is the presence (physically, by proxy or as allowed under Rule 30) of 10 members or 20% of members (whichever is the lesser) entitled to vote.
- 3) If a quorum is not present within 30 minutes after the notified commencement time of a general meeting –

- a) in the case of a meeting convened by, or at request of, members under Rule 27 the meeting must be dissolved and the business that was to have been considered at the meeting is taken to have been dealt with. If members wish to have the business reconsidered at another special meeting, the members must make a new request under Rule 27;
 - b) in any other case –
 - i. the meeting must be adjourned to a date not more than 21 days after the adjournment; and
 - ii. notice of the date, time and place to which the meeting is adjourned must be given at the meeting and confirmed by written notice to all members as soon as practicable after the meeting.
- 4) If at a meeting adjourned under Rule 32(3b) a quorum is not present within half an hour after the time appointed for the commencement of the meeting, the members present (being not less than five) shall constitute a quorum and the meeting may proceed as if a quorum was present.

33. Adjournment of general meeting

- 1) The Chairperson of a general meeting at which a quorum is present may, with the consent of a majority of members present at the meeting, adjourn the meeting to another time at the same place or at another place.
- 2) Without limiting Rule 33(1), a meeting may be adjourned –
 - a) if there is insufficient time to deal with the business at hand; or
 - b) to give the members more time to consider an item of business.
- 3) No business may be conducted on the resumption of an adjourned meeting other than the business that remained unfinished when the meeting was adjourned.
- 4) Notice of the adjournment of a meeting under this rule is not required unless the meeting is adjourned for 14 days or more, in which case notice of the meeting must be given in accordance with Rule 28.

34. Voting at general meetings

- 1) Subject to Rule 34(7), upon any question arising at a general meeting of the Association, each member (present in person or by proxy) who is entitled to vote has one vote only.
- 2) A question arising at a general meeting of the Association shall be determined on a show of hands, unless a poll is demanded. A poll may be demanded either before or on the declaration of the show of hands.
- 3) If at a meeting a poll on any question is demanded by not less than three (3) members, it shall be taken at that meeting in such manner as the Chairperson may direct. The chairperson must determine the method of voting by members who are participating under Rule 31, through the use of technology. The resolution of the poll shall be deemed to be a resolution of the meeting on that question.
- 4) All votes shall be given personally or by proxy or as provided for in Rule 31 and Rule 34(3).
- 5) Except in the case of a special resolution, the question must be decided on a majority of votes.
- 6) In the case of equality in the voting on a question, the Chairperson of the meeting is entitled to exercise a second or casting vote.
- 7) If the question is whether or not to confirm the minutes of a previous meeting, only members who were present at that meeting may vote.
- 8) A poll that is demanded on the election of a Chairperson or on a question of an adjournment must be taken immediately.
- 9) A poll that is demanded on any other question must be taken before the close of the meeting at a time determined by the Chairperson.
- 10) A member is not entitled to vote at any general meeting unless all monies due and payable (in accordance with these rules and the fees policy of the Association) by that person to the Association have been paid.

35. Special resolutions

A special resolution is passed if not less than three quarters of the members present in person or by proxy voting at a general meeting, vote in favour of the resolution.

36. Determining whether resolution carried

Subject to Rule 34(2), the Chairperson of a general meeting may, on the basis of the show of hands, declare that a resolution has been:

- a) carried; or
- b) carried unanimously; or
- c) carried by a particular majority; or
- d) lost,

and an entry to that effect in the minutes of the meeting is conclusive proof of that fact. Proof of the number or proportion of the votes recorded in favour or against the resolution is not needed.

37. Minutes of general meetings

- 1) The Committee must ensure that minutes are taken and kept of each general meeting.
- 2) The minutes must record the business considered at the meeting, any resolution on which a vote is taken and the result of the vote.
- 3) In addition, the minutes of each annual general meeting must include:
 - a) the names of the members attending the meeting;
 - b) proxy forms given to the Chairperson of the meeting under rule 30(4);
 - c) the financial statements submitted to the members in accordance with Rule 25(3b)(ii);
 - d) a certificate signed by two committee members certifying that the financial statements give a true and fair view of the financial position and performance of the Association; and
 - e) any audited accounts and auditor's report or report of a review accompanying the financial statements that are required under the Act.

PART 5 – COMMITTEE

Division 1 – Powers of Committee

38. Role and powers

- 1) The business of the Association must be managed by or under the direction of a Committee elected in accordance with these Rules.
- 2) The Committee may, subject to these Rules, the Regulations and the Act, exercise all the powers and functions available to the Association with the exception of those powers and functions that are required by these Rules to be exercised by general meetings of members of the Association;
- 3) The Committee may:
 - a) Appoint and remove staff;
 - b) Establish subcommittees as it sees appropriate, subject to Rule 40.

39. Delegation

- 1) The Committee may delegate to a member of the Committee, a subcommittee or staff, any of its powers and functions other than –
 - a) this power of delegation; or
 - b) a duty imposed on the Committee by the Act or any other law.
- 2) The delegation must be in writing and may be subject to any conditions and limitations the Committee considers appropriate.
- 3) The Committee may, in writing, revoke a delegation wholly or in part.

40. Subcommittees

- 1) The Committee may appoint subcommittees to undertake any tasks delegated to it by the Committee, such as staff selection, fundraising; social events and other similar purposes.
- 2) The Committee shall determine the Terms of Reference for each subcommittee, which outlines the purpose, authority and constitution of that subcommittee.
- 3) The membership of subcommittees shall be drawn from members of the Committee, members of the Association or other interested persons.
- 4) The quorum for meetings of a subcommittee shall be one half of its members, but no less than two (2).
- 5) At the first meeting of a subcommittee the members shall appoint a Chairperson from amongst themselves.
- 6) Additional requirements relevant to the formation and operation of a grievance subcommittee are detailed under Rule 21(7).

Division 2 – Composition of Committee and duties of members

41. Composition of Committee

The Committee of Management, elected under rule 50, shall consist of:

- 1) An Executive Committee comprising:
 - a) President;
 - b) Vice-President;
 - c) Treasurer;
 - d) Secretary; and
- 2) Ordinary members (if any) as specified in the *Mount Martha Preschool Committee of Management Operational Handbook*.

Note: Rule 41 amended under Special Resolution 20 February 2019.

42. General duties

- 1) As soon as practicable after being elected or appointed to the Committee, each committee member must become familiar with these Rules and the Act.
- 2) The Committee is collectively responsible for ensuring that the Association complies with the Act and that individual members of the Committee comply with these Rules.

- 3) Committee members must exercise their powers and discharge their duties
 - a) with reasonable care and diligence; and
 - b) in good faith and in the best interests of the Association; and
 - c) for a proper purpose.
- 4) Committee members and former committee members must not knowingly or recklessly make improper use of:
 - a) their position; or
 - b) information acquired by virtue of holding their position; so as to gain directly or indirectly, an advantage for themselves or any other person or to cause detriment to the Association.

Note – see also Division 3 of Part 6 of the Act which sets out the general duties of the office holders of an incorporated association.
- 5) In addition to any duties imposed by these Rules, a committee member must perform any other duties imposed from time to time by resolution at a general meeting.

43. President

The role of the President is to:

- a) chair Committee and general meetings;
- b) act as official spokesperson for the Association;
- c) co-ordinate Committee activities;
- d) ensure that Committee members fulfil their roles;
- e) present the annual report of the Committee on the activities of the Association during the last financial year to the members at the Annual General Meeting; and
- f) perform any other task deemed by the Committee.

44. Vice-President

The role of the Vice-President is to assume the role of President in their absence, in addition to any other tasks determined by the Committee.

45. Secretary

- 1) The Secretary must perform any duty or function required under the Act to be performed by the Secretary of the Association, including but not limited to:
 - a) notifying the Registrar of Incorporated Associations of:
 - i. his or her appointment within 14 days after the appointment;
 - ii. a change of address of the Secretary, within four teen days of such change;
 - iii. any amendments to the Rules or Statement of Purposes of the Association, within one month of the ratification of the proposed amendments by the Association in a general meeting;
 - iv. the passing of a special resolution by the Association regarding the disposal of surplus assets after winding-up in accordance with the Act, within one (1) month of the passing of the resolution.
 - b) applying to the Registrar of Incorporated Associations for approval of any desired change of name, in accordance with the Regulations;
 - c) lodging with the Registrar the documents required in respect of the annual general meeting, within one (1) month of the date of the meeting (unless further time is granted by the Registrar);
- 2) The Secretary must –
 - a) Maintain the register of members in accordance with Rule 13;
 - b) Keep custody of the common seal (if any) of the association and, except for the financial records referred to in Rule 65, maintain all books, documents and securities of the Association in accordance with Rule 70.
 - c) Subject to the Act and these Rules including Rule 70, provide members (upon reasonable request) with access to the rules of the Association, the register of members (with information appropriately suppressed where validly requested by a member), the minutes of general meetings and other books and documents; and where disclosure does not breach a law;

- d) organise meetings including notifying members in accordance with these rules;
- e) ensure accurate minutes of the resolutions and proceedings of each general meeting and each committee meeting are recorded and kept in books provided for that purpose;
- f) record the names of persons present at committee meetings and general meetings;
- g) ensure motions are dealt with as directed;
- h) return all documents to the committee, when they are no longer the secretary, within 28 days.

46. Treasurer

The role of the Treasurer is to:

- a) Ensure that the finances of the Association are controlled and managed in accordance with Part 6 of these Rules; and
- b) Oversee any other person appointed by the committee to be responsible for the management of the finances of the Association; and
- c) keep in his or her custody, or under his or her control –
 - i. The financial records for the current financial year; and
 - ii. Any other financial records as authorised by the Committee.

Division 3 – Election of Committee members and tenure of office

47. Who is eligible to be a Committee member

A member is eligible to be elected or appointed as a committee member if the member –

- a) is 18 years or over; and
- b) is entitled to vote at a general meeting of the Association as prescribed under 10(1) of these Rules.

48. Term of office

- 1) All positions on the Committee will be declared vacant at the annual general meeting and elections held according to these Rules to fill all positions.
- 2) To ensure that all appropriate approvals (e.g. police checks, working with children certification) required to legally run the service have been obtained by the newly elected Committee, Committee members elected at an annual general meeting shall take office on the first day of Term One (1) of the Victorian school year and shall hold office for a period of 12 months.
- 3) No member of the Committee may serve in the same executive position for more than two (2) consecutive years.
- 4) No member of the Committee may serve on the Committee for more than four (4) consecutive years if there are sufficient nominations from new members to fill all committee positions. The membership of the Association may choose to waive the four (4) year maximum term at its discretion, to be determined by resolution at a general meeting.
- 5) Except as provided for in Rule 48(4) and Rule 9 all members shall be eligible for re-election at the annual general meeting.

49. Nominations

- 1) Prior to the election of each position, the Chairperson of the meeting must call for nominations to fill that position.
- 2) An eligible member of the Association may –
 - a) nominate himself or herself; or
 - b) with the member's consent, be nominated by another member.
- 3) A member who is nominated for a position and fails to be elected to that position may be nominated for any other position for which an election is yet to be held.

50. Election of committee members

- 1) If insufficient nominations are received to fill all vacancies on the Committee, the candidates nominated shall be deemed to be elected. All vacancies that exist on the Committee may be filled up as casual vacancies under Rule 52, and committee members so appointed shall hold office until the next annual general meeting.

- 2) If the number of nominations received is equal to the number of vacancies to be filled, the persons nominated shall be deemed to be elected.
- 3) If the number of nominations exceeds the number of vacancies to be filled, a ballot shall be held.
- 4) If a ballot is required it shall be conducted in a systematic and proper manner, as directed by the Chairperson.
- 5) A nomination of a candidate for election under this rule is still valid if that candidate has been nominated for another office at the same election. However, that candidate is only eligible to hold one office, and must choose or be assigned to one or another of the offices, as directed by the Committee.

51. Vacation of office

For the purposes of these rules, the office of a member of the Committee becomes vacant if that member:

- a) ceases to be a member of the Association; or
- b) resigns from the Committee by written notice addressed to the Committee; or
- c) fails to attend three (3) consecutive committee meetings (other than special or urgent committee meetings) without acceptable reason or leave of absence under Rule 62; or
- d) otherwise ceases to be a committee member by operation of section 78 of the Act;

and every such vacancy shall be deemed a casual vacancy.

52. Filling casual vacancies

- 1) The Committee may appoint an eligible member of the Association to fill a position on the Committee that –
 - a) Has become vacant under Rule 51; or
 - b) Was not filled by election at the last annual general meeting.
- 2) If the position of Secretary becomes vacant, the Committee must appoint a member to the position within 14 days after the vacancy arises.
- 3) Rule 9 applies to any committee member appointed by the Committee under Rules 52(1) or 52(2).
- 4) The Committee may continue to act despite any vacancy in its membership.

53. Removal of a member of the Committee

- 1) A general meeting of the Association
 - a) may by resolution remove any member of the Committee before the expiration of the member's term of office; and
 - b) elect an eligible member of the Association to fill the vacant position until the following annual general meeting.
- 2) A Committee member to whom a proposed resolution refers in Rule 53(1) may make representations in writing to the Secretary or President of the Association (not exceeding a reasonable length), and may request that these representations be provided to the members of the Association.
- 3) If the representations are not so provided, the member may require that they be read out at the meeting at which the special resolution is to be proposed.

Division 4 – Meetings of the Committee

54. Meetings of Committee

- 1) The Committee shall meet at least once (1) each month except the month of January, at a place determined by the Committee. Where it is not practical to meet in person, meetings may be conducted using available electronic methods such as phone/teleconference.
- 2) Special meetings of the Committee may be convened by the President or by any four (4) of the members of the Committee. If deemed necessary these meetings may occur with 24 hours' notice if a quorum is present.
- 3) Any recommendations of a special meeting must be approved by the Committee at the next scheduled ordinary committee meeting, with the exception of business conducted under Rule 56.

55. Notice of committee meetings

- 1) Notice of each committee meeting must be given to each committee member no later than seven (7) days before the date of the meeting. Notice of each committee meeting must be given to each member of the Committee, verbally, electronically or in written form.
- 2) Notice may be given of more than one committee meeting at the same time.
- 3) The notice must state the date, time and place of the meeting.
- 4) If a special committee meeting is convened, the notice must include the general nature of the business to be conducted
- 5) A member of the Association desiring to have any business raised with the Committee (other than that provided for in Rule 28(7)), may give notice of that business in writing to the Secretary five (5) days before the scheduled meeting for inclusion on the agenda of that meeting.

56. Urgent meetings

- 1) In cases of urgency, a committee meeting can be held without notice being given in accordance with Rule 55 provided that as much notice as practicable is given to each committee member by the quickest means practicable.
- 2) Any resolution made at the urgent meeting must be passed by an absolute majority of the Committee members present and voting.
- 3) The only business that may be conducted at an urgent meeting is the business for which the meeting is convened.

57. Quorum at committee meetings

- 1) No business may be conducted at a Committee meeting unless a quorum is present.
- 2) The quorum for a committee meeting is the presence (in person or as allowed under Rule 31) of any five (5) members including two (2) or more Executive members.
- 3) If a quorum is not present within 30 minutes after the notified commencement time of the committee meeting:
 - a) In the case of a special meeting – the meeting lapses
 - b) In any other case – the meeting must be adjourned to a date no later than 14 days after the adjournment and the notice of the time, date and place to which the meeting is adjourned must be given in accordance with Rule 55.

58. Presiding at committee meetings

- 1) The President, or in his/her absence the Vice-President, shall preside; or
- 2) In the event that the President and the Vice-President are absent or unable or unwilling to preside, the Chairperson of the meeting must be a committee member (or other appropriate person) elected by the other committee members present.

59. Voting

- 1) Each member present at a meeting of the Committee or of any subcommittee appointed by the Committee (including the person presiding at the meeting) is entitled to one (1) vote.
- 2) A motion is carried if a majority of committee members present at the meeting vote in favour of the motion.
- 3) Rule 59(2) does not apply to any motion or question which is required by these Rules to be passed by an absolute majority of the Committee.
- 4) Questions arising at a meeting of the Committee or of any subcommittee appointed by the Committee shall be determined on a show of hands, unless a member demands a poll.
- 5) If a poll is demanded, it shall be taken in a manner determined by the person presiding at the meeting.
- 6) In the event of an equality of votes on any question, the Chairperson may exercise a second or casting vote.

60. Conflict of interest

- 1) No member of the Committee shall be appointed to or retain any paid office of the Association while that person is a member of the Committee. This rule shall not apply in respect of a situation where the services of a relief staff member cannot be immediately obtained and a suitably qualified and working with children checked member of the Committee is appointed to that position for temporary relief purposes.

- 2) For the purposes of Rule 60(1) 'temporary relief' shall mean an appointment not exceeding a maximum of six (6) consecutive sessions. Appointment of a member of the Committee beyond six (6) consecutive sessions will require that member to resign from the Committee.
- 3) Any member of the Committee who has a financial interest in any contract or arrangement made or proposed to be made with the Association shall disclose their interest to the Committee and in the financial statements submitted to the next annual general meeting. This shall be done at the first meeting of the Committee at which the contract or arrangement is first taken into consideration, if that member's interest then exists. In any other case, the member shall disclose the interest at the first meeting of the Committee after the acquisition of that member's interest. If the member becomes interested in a contract or arrangement after it is made or entered into, the member shall disclose their interest at the first meeting after the member becomes interested.
- 4) A committee member who has a material personal interest in a matter being considered at a committee meeting must disclose the nature and extent of that interest to the Committee.
- 5) The member –
 - a) Must not be present while the matter is being considered at the meeting; and
 - b) Must not vote on the matter.
- 6) Failure of a member to reveal a financial interest in any contract or arrangement with the Association may result in the implementation of Rule 53 by the Committee.
- 7) This rule does not apply to a material personal interest –
 - a) That exists only because the member belongs to a class of person for whose benefit the Association is established; or
 - b) That the member has in common with all, or a substantial proportion of, the members of the Association.

61. Minutes of committee meetings

- 1) The Committee must ensure that minutes are taken and kept of each committee meeting.
- 2) The minutes must record the following –
 - a) the names of the members in attendance at the meeting; and
 - b) the business considered at the meeting; and
 - c) any resolution on which a vote is taken and the result of the vote; and
 - d) any material personal interest disclosed under Rule 60.

62. Leave of absence

- 3) The Committee may grant a committee member leave of absence from committee meetings for a period not exceeding three (3) months.
- 4) The Committee must not grant leave of absence retrospectively unless it is satisfied that it was not feasible for the committee member to seek the leave in advance.

PART 6 – FINANCIAL MATTERS

63. Source of funds

The funds of the Association may be derived from any fees, endowments, grants, subscriptions, donations, voluntary contributions, fund raising efforts, interest and any other source approved by the Committee.

64. Management of funds

- 1) The Association must open an account/s with a financial institution from which all expenditure of the Association is made and into which all of the Association's revenue is deposited as soon as it is received, but no later than five (5) working days after receipt.
- 2) Receipts, in the name of the Association, will be issued for all moneys paid to or received by the Association.
- 3) The committee may authorise committee members or staff and the Treasurer to expend funds on behalf of the Association (including by electronic funds transfer) up to a specified limit without requiring approval from the Committee for each item on which the funds are expended. All other payments shall only be made with the authority of the Committee.
- 4) All payments must
 - a) be made by cheques, electronic funds transfer, periodic debit or other negotiable instruments; and
 - b) cheques and/or other negotiable instruments must be signed by any two (2) of the Executive Committee all of whom will be registered with the financial institution; and
 - c) include the designation of the payee of all cheques before the cheque is signed
 - d) Electronic funds transfer must be authorised by any two (2) people authorised by the Committee, one (1) of whom must be an Executive Committee member.

65. Financial records

- 1) The Association must keep financial records that –
 - a) Correctly record and explain all its transactions, and the financial position and performance of the Association; and
 - b) Enable true and fair financial statements to be prepared as required by the Act.
- 2) The Association must retain the financial records for seven (7) years after the transactions covered by the records are completed.
- 3) A financial report must be submitted at each monthly Committee meeting.
- 4) At least one (1) committee member other than the Treasurer must have access to the accounts and financial records of the Association
- 5) The accounts and books referred to in Rules 65 and 66 shall be available for inspection by members of the Association in accordance with Rule 70(2).

66. Financial statements

- 1) For each financial year, the Committee must ensure that the requirements under the Act relating to the financial statements of the Association are met.
- 2) These requirements include, but are not limited to:
 - a) the preparation of financial statements;
 - b) if required under the Act, a review and auditing of the financial statements;
 - c) the submission of the financial statements to the annual general meeting of the Association;
 - d) the lodgement with the Registrar of the financial statements and accompanying reports, certificates, statements and fee.

PART 7 – GENERAL MATTERS

67. Common seal

- 1) The Association may have a common seal.
- 2) If the Association has a common seal –
 - a) The name of the Association must appear in legible characters on the common seal; and
 - b) A document may only be sealed with the common seal by the authority of the Committee and the sealing must be witnessed by the signatures of two (2) committee members; and
 - c) The common seal must be kept in the custody of the Secretary.

68. Registered address

The registered address of the Association is –

- d) The address determined from time to time by resolution of the Committee; or
- e) If the Committee has not determined an address to be the registered address – the postal address of the Secretary.

69. Notice requirements

- 1) Any notice required to be given to a member or a committee member under these Rules may be given by –
 - a) handing the notice to the member personally; or
 - b) utilising the internal notice arrangements such as 'notice pockets or pigeon holes'
 - c) sending it by post to the member at the address recorded for the member on the register of members; or
 - d) email, text or facsimile transmission.

Rule 69(1) does not apply to notice given under Rule 56 (urgent meetings).

- 2) Any notice required to be given to the Association or the Committee may be given –
 - a) by handing the notice to a member of the committee; or
 - b) by sending the notice by post to the registered address of the Association; or
 - c) by leaving a notice at the registered address of the association; or
 - d) if the Committee determines that it is appropriate in the circumstances –
 - i. by email to the email address of the Association or the Secretary; or
 - ii. by facsimile transmission to the facsimile number of the Association.

70. Custody and inspection of books and records

- 1) Except as otherwise provided in these Rules, the Secretary shall keep in his/her custody or under his/her control all books, documents and securities of the Association.
- 2) All accounts, books, securities and any other relevant documents (including accounting records and financial statements) of the Association shall be available for inspection free of charge, at the service by any member upon request to the secretary, with the exception of confidential documents relating to staff, parents and children of the service.
- 3) Association members are able to access minutes of committee meetings upon request to the secretary and at the discretion of the committee. Minutes of closed meetings, confidential discussions, commercially sensitive documents will not be available to members of the Association, other than committee members.
- 4) Minutes of general meetings will be freely available to all Association members.
- 5) Subject to the exceptions referred to in Rule 70(2), a member may make a copy of any of the records referred to in this rule and the Association may charge a reasonable fee for provision of a copy of such a record.
- 6) Copies of these rules are available to members and applicants for membership free of charge.
- 7) All documents belonging to the Association, being held by a member, must be returned to the Association within 28 days of that member ceasing to hold office or ceasing to be a member of the Association.
- 8) If such documents are not returned within 28 days, the Secretary or Statutory Manager of the Association shall send a written request, by registered mail to the person (or the person's estate).
- 9) If the documents are still not returned with 28 days of the request being sent, an application shall be made to the Magistrates Court regarding the matter.

For the purposes of this rule –

Relevant documents means the records and other documents, however compiled, recorded or stored, that relate to the incorporation and management of the Association and includes the following –

- a) Its membership records
- b) Its financial statements
- c) Its financial records
- d) Records and documents relating to transactions, dealings, business or property of the Association.

71. Auditor

- 1) Subject to the requirements under the Act, an Auditor or Auditors shall be appointed at the annual general meeting each year and shall hold office until the next annual general meeting. In the event of a casual vacancy in the office of Auditor the Committee may temporarily appoint to such office some person qualified to hold the same; and the person so appointed may continue in office until the next annual general meeting.
- 2) The Auditor shall have access to the books and accounts of the Association at all times and shall make such reports as he/she considers necessary direct to the Committee.
- 3) The Auditor shall be a qualified accountant and must be registered as a company auditor, a member of the Australian Society of Certified Practising Accountants or the Institute of Chartered Accountants.
- 4) The Auditor shall prepare a report to the members for the Annual General Meeting and shall state in his/her report whether in his/her opinion:
 - a) the balance sheet (with notes thereto) and statement of income and expenditure are properly drawn up so as to give a true and fair view of the state of the Association's financial affairs at the end of the financial year (or other date appropriate to the period covered by such balance sheet and statement) and of the financial results of its services for the period ended on that date;
 - b) the accounting and other records examined by him/her have been properly maintained as required by the Act.
- 5) The Auditor may, if he/she considered it desirable to do so, make a report direct to the members in general meeting and to the relevant government Departments on any other matter coming within the scope of his/her duties. If the Auditor makes such a report, he/she shall at the same time submit a copy thereof to the Committee for their information.
- 6) The Auditor may only be removed from office in accordance with the Act.

72. Winding up

- 1) The Association may be wound up voluntarily by special resolution in accordance with the Act.
- 2) If upon winding up or the cancellation of the Association there remains, after payment of all debts and liabilities, any surplus, assets or property whatsoever, the remaining assets shall not be paid or distributed to any member or former member of the Association.
- 3) Subject to the Act and any court order made under section 133 of the Act, these assets or properties shall be given or transferred to another organisation that:
 - a) has objectives and purposes similar to the objectives and purposes of the Association; and
 - b) which is not carried on for the profit or gain of its individual members.

Such organisation is to be decided by a special resolution of the members of the Association.

73. Alteration of rules

These Rules may only be altered by special resolution of a general meeting of the Association.

Note: An alteration of these Rules does not take effect unless or until it is approved by the Registrar of Incorporated Associations.

Committee of Management Operational Handbook

1. Preface

There are a variety of responsibilities that need to be taken into consideration when sitting on the Committee of Management. As an Incorporated Association, the Committee of Management's primary responsibility is to oversee the business and affairs of the association (Mount Martha Preschool Association). The Committee of Management holds the legal duties under the *Associations Incorporation Reform Act 2012* (the Act).

The chief functions of the committee are to maintain the preschool's financial viability, ensure compliance with all applicable regulations and internal operational policies as well as monitor all aspects of the running of the preschool. Additionally, the committee is responsible for employing qualified and experienced staff as well as supporting those staff wherever possible in offering a creative and stimulating program.

As outlined on the Consumer Affairs Victoria website^{*1}, duties of the committee and committee members include:

- Maintaining the association's financial viability;
- Ensuring the association's purposes are being achieved;
- Keeping up-to-date with legal requirements;
- Signing contracts on the association's behalf.

Specific committee members' functions under the Act include:

- Ensuring an Annual General Meeting (AGM) is held within five months after the end of the association's financial year;
- Submitting a financial statement that covers the full financial year, which gives a 'true and fair' view of the association's financial affairs to members at the annual general meeting;
- Appoint a new secretary within 14 days if the position becomes vacant.
(all documents must be returned in this scenario that belong to the association within 28 days of ceasing to be a committee member).

Overseeing the association's financial affairs includes:

- Ensuring the association does not continue to operate if insolvent.

^{*1}. (<https://www.consumer.vic.gov.au/clubs-and-fundraising/incorporated-associations/running-an-incorporated-association/secretary-committee-and-office-holders/committee-and-committee-members>)

2. Committee of Management Composition

The Mount Martha Preschool Association Committee of Management is comprised of the following:

Executive Committee:

- President;
- Vice-President;
- Treasurer;
- Secretary.

Administrative Roles:

- Policy and Compliance Officer;
- Enrolments Officer;
- Maintenance and Occupational Health and Safety (OH&S) Officer;
- Environmental Sustainability Officer;
- Grants Officer;
- Book Club Officer.

Communication and External Engagement Roles:

- Marketing and Communications Officer;
- Family Engagement Representatives.

General Role(s):

- General Committee Member(s) — **number of general roles is not limited.**

3. Subcommittees

The Mount Martha Preschool Association Committee of Management has established subcommittees tasked with specific Terms of Reference (ToR). Subcommittees operate as advisory, coordinating and development bodies only and do not have final decision-making authority. The established subcommittees include:

- Policy Development Subcommittee (PDSC);
- Complaints, Grievances and Human Resources (HR) Subcommittee (CG&HR).

4. Frequency of Meetings

The Mount Martha Preschool Association Committee of Management meets on the second Tuesday of every month between 7.30PM and 9.30PM, unless otherwise stated. Meetings commence in February and conclude in October, followed by the Annual General Meeting (AGM) in November of each year.

5. Types of Meetings

(Source: Consumer Affairs Victoria, 2019)

5.1 General Meetings

A general meeting is one that takes place in accordance with the rules. It includes both annual general meetings and special general meetings.

The Mount Martha Preschool Association may hold a general meeting if each member who is entitled to vote has been notified of the date, time and place, as specified in the rules.

The Association rules provide for voting by proxy using a Voting Proxy Form (available on SystemHub). Members must be given a copy of that form with the notice.

5.2 Annual General Meeting (AGM)

An annual general meeting is a meeting of all the members of an incorporated association that must be held once (1) during each calendar year.

The annual general meeting must be convened in accordance with law, using the procedures in the organisation's rules. For more information on rules, view: *Incorporated Association Rules Section (available on Consumer Affairs Victoria)*.

Procedures for carrying out an annual general meeting of an incorporated association vary between organisations; however the law sets out mandatory minimum rules for giving of notice and conducting an annual general meeting.

An association must hold its first annual general meeting within 18 months of becoming incorporated and all subsequent annual general meetings must be held within five months after the end of the association's financial year.

The association must hold its annual general meeting after its financial year-ends, to allow for the association's financial statements for that year to be presented to members.

Each association member who is entitled to vote must be:

- notified of the date, time and place of the general meeting in the manner specified in the association's rule; and
- given a proxy form, if the rules allow for proxy voting and there is a standard form.

5.3 What Happens at the Annual General Meeting?

At the annual general meeting, the association must present its members with the required financial statements (including additional statements or reports, depending on what tier the association is).

The members review the financial statements and decide whether to accept them as the association's financial statements for that financial year.

The committee must ensure the minutes of the annual general meeting include a copy of the:

- financial statements presented at the meeting;
- certification from two committee members that the financial statements give a 'true and fair' view of the association's financial position and performance.

After the annual general meeting, a committee member must certify that they attended the annual general meeting and that the financial statements were presented.

Members must provide certification, which they can do on the annual statement form. *For a copy of the form, visit the Annual Statement — Incorporated Associations Page (available on Consumer Affairs Victoria).*

5.4 Apply for an Extension of Time to Hold an Annual General Meeting

If there are exceptional circumstances preventing your association from holding its annual general meeting by the due date, you can complete and lodge an *application for extension of time to hold an annual general meeting or lodge financial statements (Word, 147KB)*. Lodgement details are on the form (available on Consumer Affairs Victoria).

Extensions of time are subject to approval from Consumer Affairs Victoria.

5.5 Special General Meetings

General meetings (other than the annual general meeting) are called special general meetings and must have a specific purpose.

Special general meetings are often called to deal with business that cannot wait until the organisation's annual general meeting. A range of matters may be considered, including those that must be decided by a special resolution. For more information, view the *Special resolutions section on this page (available on Consumer Affairs Victoria)*.

Your association may hold a special general meeting if each member who is entitled to vote has been notified of the date, time and place, as specified in the rules.

If your association's rules provide for voting by proxy using a standard form, members must be given a copy of that form with the notice.

5.6 Committee Meetings

A committee is a group of members of the incorporated association who are chosen to make decisions on specific matters on behalf of it.

Committee meetings are usually less formal than general meetings and the notice requirements to attend are also less formal. However, it is important to comply with the rules of your association and to take and store accurate minutes from committee meetings.

For more information on rules, view the *Incorporated association rules section (available on Consumer Affairs Victoria)*.

5.7 Attending and Voting

Unless a member has been suspended under the rules, your association cannot stop them from:

- attending; or
- voting at a general meeting (if entitled).

You may use any technology to help conduct general meetings. For example:

- teleconference;
- videoconference;
- online video communication.

A member who takes part in a general meeting through the use of technology has the same rights as the members who are present at the meeting, including voting rights.

5.8 Special Resolutions

A special resolution is a decision of particular importance made by the association.

Legally, an association can only make certain decisions by special resolution. This includes decisions to:

- change the association's name or rules;
- amalgamate with another association;
- voluntarily wind up.

Your association's rules may also require that other decisions be approved via a special resolution.

All voting members must be given at least 21 days' notice of the proposed special resolution. The notice must state the:

- time, date and place where the meeting to vote on the special resolution will be held;
- proposed resolution in full;
- intention to propose the resolution as a special resolution.

A special resolution will be passed if:

- at least 75 per cent of members voting at the meeting (either in person or, if the rules of the association allow, by proxy) vote in its favour, and
- any further relevant requirements from the rules have been met.

5.9 Inspecting Rules and Minutes

If a member asks, the association must, at a reasonable time, let them inspect its rules and the minutes (these are a written record of discussions and decisions) of general meetings.

If a member makes a written request for a copy of the rules or minutes, the association must give them a copy within 14 days.

Your association may also let a member inspect the minutes of committee meetings, but only if its rules allow it. A member does not have a general legal right to inspect minutes of committee meetings.

6. Committee Member Obligations

It is a mandatory requirement that all serving committee members complete, sign and returned the following to the Administration and Accounts Officer:

- Committee Member Declaration Form (see SystemHub — *Policies/Committee of Management Operational Handbook*);
- Committee Members' Code of Conduct (see SystemHub — *Policies/Committee of Management Operational Handbook*);
- A current Working With Children Check.
(This can be completed at <http://www.workingwithchildren.vic.gov.au/home/applications/apply+for+a+check/and+completed+at+Australia+Post>)

*Please note, Volunteer Working with Children checks are free. Nevertheless, passport photos will need to be purchased.

Are you a new member within the **Executive Team**? This includes the President, Vice-President, Treasurer and Secretary. If so, please ensure that you complete and return the following to the Administration and Accounts Officer:

- An online Police Check;
(a Volunteer Community Fee Number can be provided upon request to enable a reduced fee rate)
- Complete and sign the banking details form.
(100 points of ID is required for verification at the bank. Administration and Accounts Officer will assist in organisation)

7. Roles and Responsibilities of Support Staff (non-committee)

In addition to the teaching staff, the preschool also has a part-time Administration and Accounts Officer, Pauline, within the team. Please feel free to say hello to Pauline when visiting. At present, the Administration and Accounts Officer's role includes:

- Paying all supplier invoices;
- Issuing fee invoices;
- Process all receipts and debt reminders;
- Monthly bank reconciliations on all bank accounts;
- Processing quarterly Business Activity Statements (BAS);
- WorkCover;
- Update DET/KIM regularly for funding purposes;
- Update OHS annually (linked to above funding process);
- Update CAV and ACNC annually;
- Update DET through NTS-1S (linked to funding);
- Fortnightly payroll;
- Provide financial reports as required by the Committee Executive;
- Update staff files as required;
- General paperwork and administrative duties.

8. Roles and Responsibilities of Committee Members

8.1 President — Executive Position

One (1) Position Available

Role of the President:

The President assumes a leadership role of the Mount Martha Preschool Association and the Committee of Management. She or he is responsible for ensuring the effective and ongoing viable operation of the preschool. Moreover, she or he must ensure that tasks undertaken by the Committee of Management are done in an effective, timely and comprehensive manner.

Responsibilities:

- Management of the preschool on behalf of the Approved Provider;
- Official spokesperson of Mount Martha Preschool Association;
- Chairing Committee of Management meetings;
- Liaising with the Department of Education and Training (DET) and other parties on behalf of the Mount Martha Preschool Association;
- Oversee compliance in regards to legal requirements (ensure the policy framework is followed and maintained to a high standard) and funding criteria;
- Liaise with preschool administration staff, committee and subcommittees as well as the Financial Administrator on an as-needs basis;
- Responsible for human resources (HR) oversight, including staff reviews, approval for leave, professional development, salaries and entitlements;
- Approve a calendar of events.

Must have current Police and Working With Children Checks.

Skills required:

- Highly-organised;
- Attention to detail;
- Effective verbal and written communication skills.

Additional information specific to this role:

Approve a Calendar of Events

At the first Committee of Management meeting of the year, the Committee of Management decides on dates for the year ahead, including:

- A welcome BBQ
- Open tours;
- Working bees;
- Other major events that the Committee wishes to prioritise for the year.
(including a Bunnings BBQ fundraiser, end-of-year celebrations, etc.)

As soon as all events have been finalised, the Calendar of Events is to be published on the preschool website as well as sent to families via email, FlexiBuzz app, or other application methods of digital communication.

Staff Performance and Development Review

Ensure staff performance and development reviews are performed yearly as per the Mount Martha Preschool Association Staffing Policy

Annual General Meeting (AGM) Documentation

Documentation support used for the Annual General Meeting (AGM) is available from the Administration and Accounts Officer.

Account details, logins (including SystemHub) and passwords will be provided during the Committee of Management transition and final handover.

8.2 Vice-President — Executive Position

One (1) Position Available

Role of the Vice-President:

Provide support and shadow the President of the Mount Martha Preschool Association. The Vice-President is required to act in the role of President during the incumbent President's absence.

Responsibilities:

- Provide support to the President on an 'as-needs' basis;
- Act in the role of President during the incumbent President's absence;
- Organise the annual Survey of Families;
- Act as a liaison between the Committee of Management and preschool Education Staff;
- Manage the annual staff performance and development review process;
- Prepare documentation/correspondence for the Annual General Meeting (AGM) in coordination with the Secretary;
- Additional tasks and responsibilities may be delegated to the Vice-President from time-to-time to meet the operational needs of Mount Martha Preschool.

Must have current Police and Working With Children Checks.

Skills required:

- Organised;
- Attention to detail;
- Effective verbal and written communication skills.

Additional information specific to this role:

Annual Family Satisfaction Survey:

Account details, logins (including SystemHub) and passwords will be provided during the Committee of Management transition and final handover.

Each year the Committee of Management undertakes a Family Satisfaction Survey. Feedback is sought anonymously from parents and guardians about all aspects of the kinder, from both the educational and management perspectives. It is recommended to conduct the survey in July of each year.

Committees of Management are free to develop their own sets of questions. Previous surveys have comprised 30 quick-answer questions. The online platform (Survey Planet or Survey Monkey) previously utilised indicated that the average time users spent completing the survey was six (6) minutes. It is a beneficial target to keep the online survey to less than 10 minutes to ensure maximum feedback.

8.3 Treasurer — Executive Position

One (1) Position Available

Role of the Treasurer:

The treasurer monitors and oversees all aspects of financial management and operation in coordination with the Executive Committee and Committee of Management to safeguard the preschool's finances.

Responsibilities:

- The Treasurer ensures all aspects of the Association's Financial Policy 2019 (including all procedures, oversight, etc) are followed and maintained.

Note: The Financial Policy 2019 is comprehensive. It is the guiding document for the Treasurer.

Moreover, the Treasurer liaises with the preschool Administration and Accounts Officer in relation, but not limited to, the following (also outlined in the Financial Policy 2019):

- Accurate maintenance of financial accounts;
- Preparation of Business Activity Statements (BAS);
- Manage income and expenses including issuing invoices and receipts;
- Banking;
- Payroll;
- Payment of suppliers;

Must have current Police and Working With Children Checks.

Skills required:

- General understanding of financial statements;
- Possess good analytical and evaluation skills in order to scrutinise financial statements and provide insight and advice on the financial position and operation of the preschool.

Additional information specific to this role:

Account details, logins (including SystemHub) and passwords will be provided during the Committee of Management transition and final handover.

8.4 Secretary — Executive Position

One (1) Position Available

Role of the Secretary:

The Secretary supports the President to ensuring the smooth operation of the preschool Committee of Management. This is achieved through ensuring that general meetings (including Agenda documents) are organised and minutes are recorded accurately. The Secretary maintains the Association's administrative records.

Responsibilities:

- Set out the meeting dates for the year in advance via a calendar invitation;
(**Note:** meetings generally fall on the second Tuesday of each month. Nevertheless, the Committee of Management may agree to postpone meetings that fall during school holidays. The year's meeting dates are generally agreed upon at the first meeting of the year.)
- Send (via email, text message, or other means) out committee meeting reminders;
- Prepare General or Special Meeting Agendas for each meeting;
(**Note:** please check with committee members before each meeting to see what agenda items is required. Email a copy of the agenda document to committee members prior to each meeting.)
- Attend each meeting and take minutes;
(**Note:** if you the Secretary is unable to attend, it is imperative to organise another committee member to take the minutes.)
- Distribute (via email) copy of General and Special meeting minutes to committee members once they are finalised;
- Manage the Committee of Management Gmail account, Calendar invitations and committee correspondence;
(**Note:** the password for the Gmail account will be provided during handover)
- Keep all printed and digital committee correspondence collated and organised;
(**Note:** ensure all documents are backed up to an external hard drive or USB drive)
- Maintain a list of all committee members and their positions, including their phone numbers and email addresses.
(**Note:** it is imperative to keep this data secure as per the *Privacy and Confidentiality Policy*.)

Must have current Police and Working With Children Checks.

Skills required:

- Good communication;
- Attention to details and organisation;
- Efficient in note taking;
- Literate in using a computer and the Internet.

Additional information specific to this role:

Account details, logins (including SystemHub) and passwords will be provided during the Committee of Management transition and final handover.

8.5 Policy and Compliance Officer

One (1) Position Available

Role of the Policy and Compliance Officer:

The Policy and Compliance Officer's mandate is to oversee (write, amend, review) and ensure compliance with regard to the preschool's policy framework, *Committee of Management Constitution (Rules of Association)* and other committee operationally related documents.

Responsibilities:

- Establish a policy and document review schedule for each year;
(**Note:** the preceding Policy and Compliance Officer will provide the previous year's Policy Schedule.)
- Responsible for working in conjunction with Education Staff and the Executive Committee to prepare and respond to the policy review process that takes place every three (3) years;
- Make recommendations to committee regarding policy changes;
- Write, review, amend, and update policies and assesses procedures as required;
- Amends policies based on regulations contained in the National Quality Framework (NQF) and preschool philosophies, program and procedures;
- Update and maintain the preschool Policy and Procedure Manual;
- Assists staff and Committee of Management in updating philosophy;
- Establish, update (as required) and ensure the preschool has a cohesive Quality Improvement Plan (QIP) at the beginning of each calendar year;
(**Note:** this is accomplished in conjunction with the Committee of Management and preschool staff.)
- Assist the President in reviewing and updated the *Committee of Management Operation Manual*;
- Assist the Committee of Management and Education Staff in developing and updating the *Staff Manual*.
- Reviews, amends and updates the preschool *Rules of Association (Constitution)* as required;
- Required to sit on the Policy Development Subcommittee (PDSC);
(**Note:** see Policy Development Subcommittee [PDSC] Terms of Reference)
- Required to attend Committee of Management meetings.

Must have current a Working With Children Check.

Skills required:

- Organised;
- Attention to detail;
- Effective verbal and written communication skills.

Additional information specific to this role:

The Early Learning Association of Australia (ELAA) is where all policies can be accessed. From time-to-time, the ELAA send emails advising of any changes to policies. Similarly, policy updates and news is supplied via the Australian Children's Education and Care Quality Authority (ACECQA) — a federal body. To sign up to the newsletter, please visit:

- www.elaa.org.au
- www.acecqa.gov.au

Account details, logins (including SystemHub) and passwords will be provided during the Committee of Management transition and final handover.

8.6 Enrolments Officer

One (1) Position Available

Role of the Enrolments Officer:

The Enrolments Officer oversees and ensures compliance during the annual enrolment process for Mount Martha Preschool Association.

Responsibilities:

- Annual review of the Enrolments Policy;
- In conjunction with teaching staff, liaise with the Mornington Peninsula Shire Council to lobby for an expanded Enrolments Policy;
- Liaise with Council in relation to offers and enrolments;
- Handle enrolment enquiries in conjunction with teaching staff throughout the year;
- Prepare and distribute Information Kits for families;
- Assist to organise the Annual Open Day and other opportunities to visit the kinder;
- Attend and assist at the annual enrolments evening.

Must have current a Working With Children Check.

Skills required:

- General understanding of computers and websites.

Additional information specific to this role:

Account details, logins (including SystemHub) and passwords will be provided during the Committee of Management transition and final handover.

8.7 Maintenance and Occupational Health and Safety (OH&S) Officer

One (1) Position Available

Role of the Maintenance and Occupational Health and Safety (OH&S) Officer:

The Maintenance and Occupational Health and Safety (OH&S) Officer is responsible for managing and coordinating the maintenance and up-keep of the preschool and its grounds.

Responsibilities:

- Organise working bees (committee must determine how many working bees to schedule each year);
- Liaises with the Mornington Peninsula Shire Maintenance Department as required;
- Liaise with staff to determine whether any repairs and maintenance are required;
- Responsible for maintaining OH&S guidelines and updating policy as required;
- Required to attend Committee of Management meetings.

Must have current a Working With Children Check.

Skills required:

- Good organisational skills;
- Ability to become familiar with Occupational Health and Safety (OH&S) guidelines.

Additional information specific to this role:

Account details, logins (including SystemHub) and passwords will be provided during the Committee of Management transition and final handover.

8.8 Environmental Sustainability Officer

One (1) Position Available

Role of the Environmental Sustainability Officer:

The Environmental Sustainability Officer oversees a comprehensive suite of activities relating to reducing environmental impacts and applying sustainability principles. Moreover, the Sustainability Officer develops, implements and evaluates programs that support the preschool's social, environmental, and financial-feasible sustainability objectives.

Responsibilities:

- Creating an overarching strategy for sustainability.
- Develop, implement and evaluate short and long-term operational planning that incorporates sustainability practices.
- Acting as an internal sustainability consultant to educate colleagues on emerging trends, programs and issues in sustainability.
- Managing sustainable activities such as recycling, energy efficiency, and water conservation.
- Developing and implementing systems to measure the progress of sustainability initiatives.
- Working with the Quality Assurance officer, aid in conducting an analysis of any pending or planned environmental sustainability policy, including its implementation.
- Working with the Grants Officer, assist in applying for fundraising, through grants, to support sustainability projects.

Must have current a Working With Children Check.

Skills required:

- Organised;
- Attention to detail;
- Effective verbal and written communication skills.

Additional information specific to this role:

Account details, logins (including SystemHub) and passwords will be provided during the Committee of Management transition and final handover.

8.9 Grants Officer

One (1) Position Available

Role of the Fundraising Officer:

The Grants Officer identifies and applies for relevant grants, as they become available, coordination of quotes and obtaining council approval when/if required.

Responsibilities:

- Responsible for sourcing opportunities to raise funds externally for specific needs or improvements as identified and endorsed by the Committee of Management;
- Discuss needs/wants for upcoming grants at Committee of Management meetings;
- Where required, Council approval is to be sought in the first instance;
- Organise a quote for the project;
- Writes applications and submissions for relevant and appropriate grants on behalf of the Committee (typically online);
- Provides support and assistance to the Treasurer in assessing, analysing and complying with funding requirements.

Must have current a Working With Children Check.

Skills required:

- Be confident in preparing and submitting grant applications; Using online forms;
- General understanding of computers and websites;
- Can communicate effectively;
- Time management skills.

Additional information specific to this role:

- Free Grants Database: www.community.grantready.com.au
- Paid Grants Database: www.fundingcentre.com.au
(**Note:** subscriptions starts at \$85 per year. At the commencement of the year, the Grants Officer will need to discuss approval of this subscription with the preschool committee.)
- Mornington Peninsula Shire Grants Webpage:
<https://www.mornpen.vic.aov.au/Community-Services/Grants-Awards>
 - **Note 1:** it may be of benefit (in conjunction with the Marketing/Digital Marketing Officer) to liaise and collaborate with the Bendigo Bank and other local businesses regarding opportunities where the kinder can promote and market the business in return of financial support.
 - **Note 2:** examples of funding opportunities that will benefit the Kinder: a shade sail for the children's playground, solar panels to work towards creating a sustainable preschool, staff laptops (where appropriate).

Account details, logins (including SystemHub) and passwords will be provided during the Committee of Management transition and final handover.

8.10 Marketing and Communications Officer

One (1) Position Available

Role of the Marketing and Communications Officer:

The Marketing and Communications Officer is responsible for coordinating and leading all internal and external marketing and communicative programs (across all media platforms — traditional and emerging) and opportunities to increase community awareness of the preschool and its initiatives.

Responsibilities:

- Maintaining and updating the preschool website;
 - **Note 1:** liaise with other preschool volunteers and teaching staff regarding what content to put on the website. Such as new excursions, social meet ups, what the children are doing, timetable dates, etc.
- Responsible for posting information to FlexiBuzz (a messaging platform enabling all parents to receive notifications and updates about preschool related matters);
- Creating a quarterly newsletter regarding important committee works, updates, dates of significance as well as preschool activities and events;
- Planning and implement, in conjunction with the committee, new methods to increase awareness of the preschool's programmes and promote the preschool;
- Develop marketing and communicative opportunities, alongside the Fundraising Officer as well as in conjunction with preschool sponsors (such as Bendigo Bank and local businesses);
- Think of new ways that to aid to spread the word about our wonderful preschool and raise these at during monthly committee meetings;
- Maintain the integrity of the preschool branding as per the *Mount Martha Preschool Brand Book*.

Must have current a Working With Children Check.

Skills required:

- General understanding of computers and websites;
- Excellent written skills.

Additional information specific to this role:

Account details, logins (including SystemHub) and passwords will be provided during the Committee of Management transition and final handover.

8.11 Book Club Officer

One (1) Position Available

Role of the Book Club Officer:

The Book Club Officer coordinates the Scholastic Book Club Program on behalf of Mount Martha Preschool Association. This includes the distribution of Scholastic Book Club catalogues to each preschool class twice per term.

The Book Club Officer is also responsible for overseeing online ordering and ensuring orders are processed within the timeframe specified by Scholastic. Upon delivery to the Association, books must be placed in children's lockers to be taken home from the preschool.

Must have current a Working With Children Check.

Skills required:

- Literate in using the computer and Internet;
- Time management and organisational skills.

Additional information specific to this role:

Account details, logins (including SystemHub) and passwords will be provided during the Committee of Management transition and final handover.

Comprehensive instructions regarding Scholastic can be found on the their website: <http://www.scholastic.com.au/schools/bookclub>.

8.13 Family Engagement Representatives

Three (3) Positions Available

Role of Social Leaders:

Family Engagement Representatives organise, or aid in the arrangement of, social activities (such as the welcome barbeque, social functions, park catch-ups, trivia nights, African drumming nights, etc) that give families the opportunity to get to know each other and be involved in the preschool community. Additionally, representatives are responsible for organising keepsakes and fundraising activities and opportunities to raise additional funds for the Association.

Must have current a Working With Children Check.

Skills requires:

- Effective communicator; Enthusiasm;
- Sound organisation skills
- Social / team player skills;

Additional information specific to this role:

Account details, logins (including SystemHub) and passwords will be provided during the Committee of Management transition and final handover.

Log in details for Street Trader will be left in the fundraising folder along with instructions for the Bunnings sausage sizzle. Pauline (preschool Administration Officer) is the go to for insurance policies.

Tea towels and plate information: Pauline will pass on email details at the start of each year — or place the information in fundraising pocket.

Sporting clinic info will also be in the folder from *Sterling/Let Set Go Soccer*.

8.12 General Committee Member(s)

Number of Positions is Not Limited

Role of General Committee Member(s):

The role of a General Committee Member(s) is to support the Committee of Management by contributing and assisting with the running of Mount Martha Preschool Association. Other requirements are as follows:

- Attend & contribute to monthly Committee meetings;
- Participate in discussion and decision making of the committee;
- Play an active role on the committee and be prepared to take on additional tasks when allocated;
-
- Be prepared to be part of the Association's subcommittees;

Must have current a Working With Children Check.

Skills requires:

- Effective communicator;
- Sound organisation skills;
- Ability to work effectively in a team environment or individually.

Additional information specific to this role:

Account details, logins (including SystemHub) and passwords will be provided during the Committee of Management transition and final handover.

Policy & Procedure Framework:

Policy Review Table

MOUNT MARTHA PRESCHOOL ASSOCIATION

POLICY REVIEW TABLE 2020

Quality Area:	Policy:	Mandatory (M) or Best Practice (BP):	Review Frequency:	Date Last Reviewed:	Date of Next Review:
QA1					
1	Curriculum Development (v2)	BP	YEARLY	8/11/2019	1/9/2020
1	Inclusion and Equity (v3) (amended with Anti-Discrimination and Equal Opportunity Clauses 2019)	BP	3 Years	21/8/2019	21/9/2021
1	Inclusion and Equity Policy Addendum (2019/7): Aboriginal and Torres Strait Islander Recognition	BP	3 Years	18/9/2019	18/9/2023
QA2					
2	Acceptance and Refusal of Authorisations (v3)	M	3 Years	1/5/2018	1/5/2021
2	Administration of First Aid (v2)	M	2 Years	1/4/2018	1/4/2020
2	Administration of Medication (v4)	BP	3 Years	1/5/2018	1/5/2021
2	Anaphylaxis (v3)	M	3 Years	15/6/2018	1/6/2021
2	Animal on Premises	BP	2 Years	8/11/2019	8/11/2021
2	Asthma (v3)	M	3 Years	15/6/2018	15/6/2021
2	Child Safe Environment (v5)	M	2 Years	15/9/2018	15/9/2020
2	Dealing with Infectious Diseases (v5.1)	M	YEARLY	15/6/2019	15/6/2020
2	Dealing with Medical Conditions (v4)	M	YEARLY	15/8/2019	15/8/2020
2	Delivery and Collection of Children (v3)	M	3 Years	15/5/2018	15/5/2021
2	Diabetes (v3)	M	2 Years	15/4/2018	15/4/2020

Quality Area:	Policy:	Mandatory (M) or Best Practice (BP):	Review Frequency:	Date Last Reviewed:	Date of Next Review:
QA2 (cont'd)					
2	Emergency and Evacuation (v3)	M	2 Years	15/9/2018	15/9/2020
2	Epilepsy (v3)	BP	3 Years	15/11/2018	15/11/2021
2	Excursions and Service Events (v3)	M	2 Years	15/9/2018	15/9/2020
2	Food Safety Policy (v2)	BP	YEARLY	17/7/2019	17/7/2020
2	Hygiene (v2)	BP	3 Years	26/11/2018	26/11/2021
2	Incident, Injury, Trauma and Illness (v2)	M	YEARLY	16/10/2019	1/8/2020
2	Nutrition and Active Play (including Food, Beverages and Dietary Requirements) (v3)	M	2 Years	10/7/2018	10/7/2020
2	Relaxation and Sleep (v3)	M	4 years	18/8/2018	15/8/2022
2	Road Safety and Safe Road Transport Policy (Early Childhood Services) (v2)	BP	3 Years	15/9/2018	15/9/2021
2	Sun Protection (v3)	M	3 Years	15/7/2018	15/7/2021
2	Supervision of Children (v3)	BP	YEARLY	8/11/2019	15/9/2020
2	Water Safety (v2)	M	2 Years	15/9/2018	15/9/2020
QA3					
3	Occupational Health and Safety (v2)	M	YEARLY	16/10/2019	16/10/2020
3	Environmental Sustainability	BP	YEARLY	18/9/2019	18/9/2020
QA4					
4	Code of Conduct (v3)	M	YEARLY	1/6/2019	1/6/2020
4	Determining Responsible Person (v5)	M	2 Years	15/4/2018	15/4/2020
4	Participation of Volunteers and Students (v3)	M	3 Years	15/6/2018	15/6/2021

Quality Area:	Policy:	Mandatory (M) or Best Practice (BP):	Review Frequency:	Date Last Reviewed:	Date of Next Review:
QA4 (cont'd)					
4	Staffing (including Qualifications, Supervision and Working with Children Checks/Criminal History Record Checks) (v5)	M	2 Years	15/3/2018	15/3/2021
4	Staffing Policy Addendum (2019/4): Staff Leave	BP	3 Years	21/8/2019	21/8/2022
4	Staffing Policy Addendum (2019/5): Staff Grievances, Dispute Resolution and Disciplinary Action	BP	3 Years	21/8/2019	21/8/2023
4	Staffing Policy Addendum (2019/6): Workplace Bullying and Harassment	BP	3 Years	21/8/2019	21/8/2023
4	Staffing Policy Addendum (2019/9): Gross and Serious Misconduct	BP	3 Years	8/11/2019	8/11/2023
4	Staffing Policy Addendum (2019/10): Sexual Harassment	BP	3 Years	8/11/2019	8/11/2023
4	Staffing Policy Addendum (2019/11): Staff Health and Wellbeing	BP	3 Years	8/11/2019	8/11/2023
QA5					
5	Interactions with Children (v3)	M	3 Years	15/8/2018	15/8/2021
QA6					
6	Enrolment and Orientation (v3 – amended with Eligibility Clause 2019) (COMPLIANCE CHECK YEARLY)	M	2 Years	15/9/2018	15/9/2020
QA7					
7	Fees (v4 – amended with Early Start Clause 2019) (COMPLIANCE CHECK YEARLY)	M	2 Years	15/7/2018	15/7/2020
7	Financial	BP	2 Years	8/11/2019	15/7/2021
7	Governance and Management of the Service (v2)	M	2 Years	8/11/2019	25/10/2021

Quality Area:	Policy:	Mandatory (M) or Best Practice (BP):	Review Frequency:	Date Last Reviewed:	Date of Next Review:
QA7 (cont'd)					
7	Governance and Management of the Service Policy Addendum (2019/1): Complaints, Grievances and Human Resources Subcommittee: Terms of Reference	BP	YEARLY	20/2/2019	20/2/2020
7	Governance and Management of the Service Policy Addendum (2019/2): Policy Development Subcommittee: Terms of Reference	BP	YEARLY	20/2/2019	20/2/2020
7	Governance and Management of the Service Policy Addendum (2019/3): Branding Subcommittee: Terms of Reference	BP	YEARLY	20/3/2019	NOT REQUIRED USED FOR 2019 ONLY
	Governance and Management of the Service Policy Addendum (2019/8): Committee Transition	BP	3 Years	18/9/2019	18/9/2023
7	Complaints and Grievances	M	2 Years	26/11/2018	26/11/2020
7	Information Technology	BP	3 Years	16/10/2019	16/10/2022
7	Privacy and Confidentiality (including Confidentiality of Records)	M	YEARLY	8/11/2019	8/11/2020
7	Transparency and Accountability	BP	3 Years	16/10/2019	16/10/2022

Policies External to QA Structure

Quality Area:	Policy:	Mandatory (M) or Best Practice (BP):	Review Frequency:	Date Last Reviewed:	Date of Next Review:
	Constitution (Rules of Association) CAN ONLY BE AMENDED VIA SPECIAL RESOLUTION	Mandatory	AS REQUIRED	20/2/2019 Amend Rule 41 20/3/2019 Name Change. Rule 1	N/A
	Reportable Conduct Procedure	Mandatory	YEARLY	1/5/2019	1/5/2020

Policy & Procedure Framework:
Reportable Conduct Procedure (RCP)

REPORTABLE CONDUCT PROCEDURE

Mandatory

1.PURPOSE

The Reportable Conduct Procedure provides precise procedures for Mount Martha Preschool Association employees (educators, teachers, administration and others), members of the Committee of Management as well as families (parents, guardians and others) and other members of the Association regarding reportable conduct as set out under the *Victorian Reportable Conduct Scheme*.

2.POLICY STATEMENT

The Reportable Conduct Procedure uses the *Victorian Reportable Conduct Scheme* Information Sheets as master documents. Any changes must strictly adhere to the provisions and alterations as set out in future Information Sheets or other amendments made to the Scheme under the direction of the Commission for Children and Young People.

3.BACKGROUND

The Victorian Reportable Conduct Scheme seeks to improve organisations' responses to allegations of child abuse and neglect by their workers and volunteers. The scheme is established by the *Child Wellbeing and Safety Act 2005* (the Act).

The Commission for Children and Young People is responsible for administering the scheme. Our role includes:

- supporting and guiding organisations that receive allegations in order to promote fair, effective, timely and appropriate responses
- independently overseeing, monitoring and, where appropriate, making recommendations to improve the responses of those organisations.

The Reportable Conduct Scheme has been designed to ensure that the Commission will be aware of every allegation of certain types of misconduct involving children in relevant organisations that exercise care, supervision and authority over children.

The Commission will also be able to share information where appropriate, including with the Working with Children Check Unit, relevant regulators and Victoria Police, to better prevent and protect children from abuse.

Importantly, a finding that a person has engaged in reportable conduct can trigger an assessment of whether that person is suitable to continue to work or volunteer with children. In turn, this may lead the Working with Children Check Unit to revoke a person's Working with Children Check card.

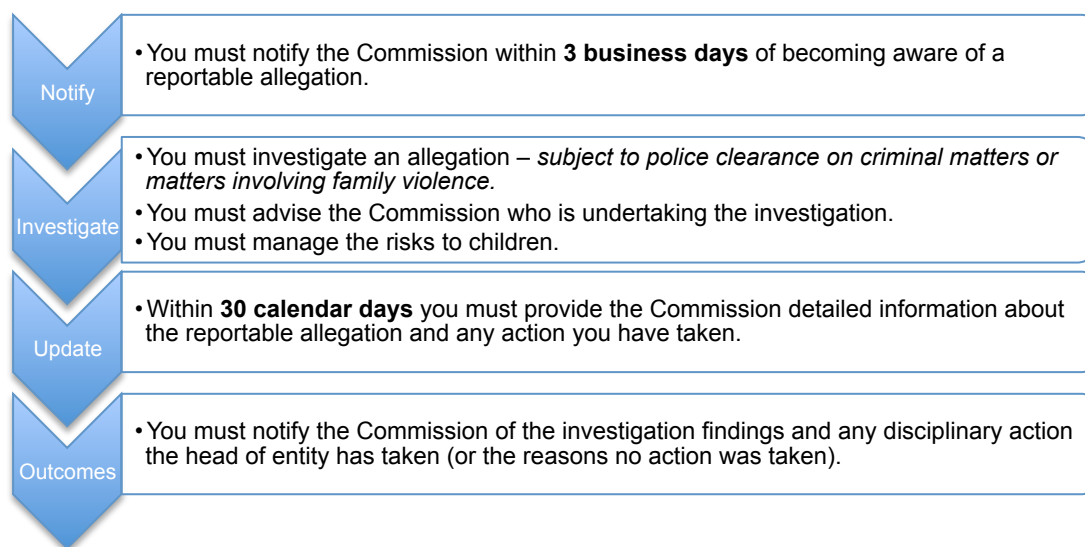
Requirements of heads of organisations

The Reportable Conduct Scheme imposes new obligations on heads of organisations that are within the scheme. This includes requirements to:

- have in place systems to prevent child abuse and, if child abuse is alleged, to ensure allegations can be brought to the attention of appropriate persons for investigation and response
- ensure that the Commission is notified and given updates on the organisation's response to an allegation.

The Reportable Conduct Scheme does not replace the need to report allegations of child abuse, including criminal conduct and family violence to Victoria Police.

A Snapshot of a head of organisation's obligations under reportable conduct



What does the Commission do with the allegations it receives?

The Commission will carefully consider each allegation that it receives under the Reportable Conduct Scheme. Based on the information available, the Commission may decide to:

- give the organisation responding to the allegation support and guidance
- check that the organisation is handling the allegation in a timely manner
- refer a substantiated allegation to Working With Children Check or a professional accreditation body.

Who can an allegation be made about under the scheme?

A reportable allegation can be made about certain workers or volunteers over 18 years of age who are or were:

- an employee of an organisation covered by the scheme
- a minister of religion, religious leader or officer of a religious body
- a foster or kinship carer
- a volunteer, contractor, office holder, officer or other position directly engaged by an organisation covered by the scheme to provide services.

A reportable allegation can only be made against a volunteer if they have been *engaged* by an organisation covered by the scheme. To 'engage' a volunteer means to enter into an agreement, either verbally or in writing, for a person to provide a service without that person (the volunteer) receiving financial gain. There is no minimum period for the engagement. For example, the following would be considered volunteers under the scheme:

- a community member who volunteers at a hospital for half a day each week, after submitting an application to the hospital, passing the screening requirements and undertaking an induction
- a parent who volunteers in a school canteen at lunch time once a month for a term, after responding to an email from the school calling out for helpers
- a university foreign language student who volunteers from time to time for a student exchange program by completing a monthly roster prepared and collected by the provider
- a parishioner who volunteers by assisting with one Sunday school activity at their church, after verbally offering the priest their help.

You should also consider the agreed duration of the volunteer's engagement. For example, did the volunteer and the entity reach an agreement that the volunteer would:

- perform services regularly for a year (in which case the volunteer would be 'engaged' for 12 months), or
- perform services for one day (in which case the volunteer would only be 'engaged' for that day).

An organisation is not required to notify the Commission about an allegation involving a volunteer who performed services without the organisation's knowledge.

People who are not employed or engaged by an organisation covered by the scheme may not be within scope of the scheme. You should take particular care when considering whether a reportable allegation can be made about a person who performs services for your organisation under a labour-hire arrangement, as an agency worker, a secondment agreement or as a subcontractor. This is because those people may be employed or directly engaged by a third party rather than your organisation.

Allegations must be reported about the conduct of the people described above, even if:

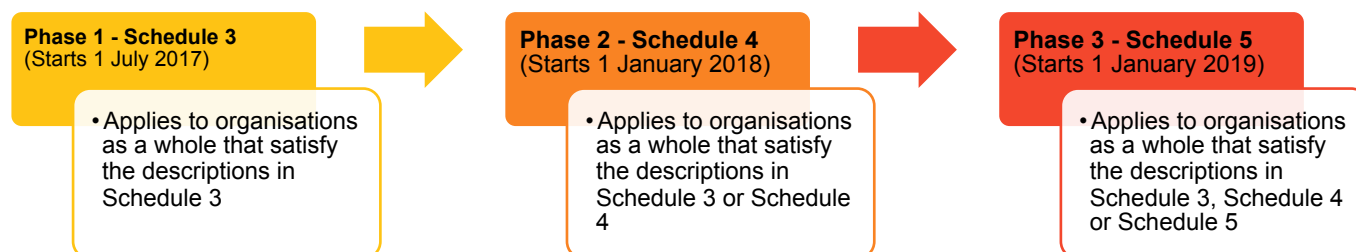
- they do not have direct contact with children
- the conduct occurred outside of their work.

If you are unclear whether a reportable allegation can be made about a person, please do not hesitate to contact the Commission.

Which organisations are covered by the scheme?

Organisations in scope are required to comply with the scheme in one of three phases over an 18 month period from 1 July 2017. The first phase focuses on organisations that operate schools and provide government services.

The following diagram shows how the phases work, as set out in Schedule 3, Schedule 4 and Schedule 5 of the *Child Wellbeing and Safety Act 2005* and the *Child Wellbeing and Safety Regulations 2017*:



Phase One (1): 1 July 2017 (Schedule 3)

- An organisation that operates a registered government or non-government school
- An organisation that is registered in respect of an accredited senior secondary course or registered senior secondary qualification
- An organisation that is approved to:
 - provide certain courses to students from overseas
 - operate an overseas student exchange program

- An organisation that is:
 - a disability service provider that provides residential services for children with a disability
 - a mental health service provider with in-patient beds
- An organisation that receives State Government funding and:
 - is a drug or alcohol treatment service with in-patient beds
 - is a housing service or other assistance to homeless persons with overnight beds for children and young people
 - provides child protection services
- An organisation that is an out-of-home care service
- Victorian Government departments

Phase Two (2): 1 January 2018 (Schedule 4)

- Religious bodies
- An organisation that:
 - operates a residential facility for a boarding school
 - provides overnight camps for children as part of its primary activity (except certain youth organisations)
 - is a public or denominational hospital or operates a private hospital
 - is a public health service

An organisation that provides disability services, including but not limited to, registered disability service providers

Phase Three (3): 1 January 2019 (Schedule 5)

- approved education and care services (e.g. kindergartens, after hours care services)
- children's services (e.g. occasional care providers)
- certain prescribed art centres, libraries, museums, zoos, parks and gardens

An organisation may provide services or activities that put it in more than one phase of the Reportable Conduct Scheme. If your organisation falls into more than one phase, your organisation **as a whole** is within the scheme from the earliest phase relevant to your organisation.

This means that once part of your organisation is within the scheme, your entire organisation is within the scheme, and you must notify the Commission and investigate reportable allegations across your whole organisation.

If you are unsure about whether or when your organisation is or will be within the Reportable Conduct Scheme, you can call us or email for further advice.

When must an allegation be reported to the Commission under the scheme?

Once the scheme applies to an organisation, the head of the organisation must notify the Commission of any reportable allegations made against their workers or volunteers within **three business days** of becoming aware of the allegation.

Heads of organisations are not required to notify the Commission of all reportable allegations that they were aware of before the scheme applied to their organisation, except if:

- a person communicates or conveys a reportable allegation again after the scheme applies to an organisation, or

- the head of an organisation becomes aware of new information that causes them to form a reasonable belief that reportable conduct has been committed.

The head of an organisation is required to notify the Commission of a reportable allegation made against one of their *current* workers or volunteers, regardless of whether the alleged conduct occurred before, during, or outside the worker or volunteer's role with the organisation.

The head of an organisation may notify the Commission about a reportable allegation they become aware of after the worker or volunteer has ceased employment or engagement with the organisation. Further information on reporting historical allegations can be found in Section 14 Historical Allegations ([Information Sheet 12 – Reportable Conduct Scheme – Historical allegations](#)).

Commission's regulatory approach

The Commission is focused on providing information, guidance and support to organisations to help them meet their obligations under the Reportable Conduct Scheme.

In the initial stages of the Reportable Conduct Scheme, the Commission expects that organisations will use their best endeavours to meet the requirements of the scheme. During this time the Commission's approach will focus on working with organisations to ensure they understand their obligations to report and investigate reportable allegations.

4. WHAT IS REPORTABLE CONDUCT

What types of conduct are reportable?

There are five types of 'reportable conduct' listed in the *Child Wellbeing and Safety Act 2005*:

- sexual offences (against, with or in the presence of, a child)
- sexual misconduct (against, with or in the presence of, a child)
- physical violence (against, with or in the presence of, a child)
- behaviour that causes significant emotional or psychological harm
- significant neglect.

A short description of the types of reportable conduct is provided below.

What are sexual offences?

In Victoria, it is an offence to engage in certain sexual behaviours against, with or in front of, a child. Many of these behaviours are reportable conduct under the Reportable Conduct Scheme. This includes:

- sexual assault
- indecent acts
- possession of child abuse material
- 'grooming' a child in order to commit a sexual offence.

A full list of the relevant sexual offences is set out in clause 1 of Schedule 1 to the *Sentencing Act 1991*.

A worker or volunteer does not need to be charged with, or found guilty of, a sexual offence for their behaviour to be reportable conduct.

The terms *worker* and *volunteer* are used to cover a range of people subject to the scheme. Further details are provided under BACKGROUND – About the Victorian Reportable Conduct Scheme, under the heading *Who Can a Reportable Allegation be Made About Under the Scheme?*

What is sexual misconduct?

'Sexual misconduct' captures a broader range of inappropriate behaviours of a sexual nature that are not necessarily criminal.

Sexual misconduct refers to conduct that:

- amounts to misconduct
- is of a sexual nature, and
- occurred against, with, or in the presence of, a child.

Please refer to Section 11 (Information Sheet 9) – Sexual Misconduct for further guidance.

What is physical violence?

Physical violence committed against, with or in the presence of a child can fall into two categories. Physical violence can be either:

- actual physical violence - a worker or volunteer intentionally or recklessly uses physical force against, with, or in the presence of a child without a lawful reason, which has the ability to cause injury or harm to the child. Actual physical violence can include hitting, punching, kicking, pushing or throwing something that strikes a child or another person.
- apprehended physical violence - a worker or volunteer intentionally or recklessly engages in conduct or behaviour against, with, or in the presence of a child that is capable of causing a child to think that physical force is about to be used against them or another person. This could include words, gestures or actions that cause a child to believe physical force is about to be used against them, regardless of whether or not the worker or volunteer actually intended that any physical force would be applied.

Please refer to Section 12 (Information Sheet 10) – Physical Violence for further guidance.

What is behaviour that causes emotional or psychological harm to a child?

You should consider each allegation carefully, keeping in mind the context in which the behaviour occurred and the child's circumstances.

To be reportable under this category:

- the allegation must concern the worker's or volunteer's behaviour
- there must be a clear link between the worker's or volunteer's alleged behaviour and the harm suffered by the child
- the harm must be significant.

Identifying the behaviour

A child can be significantly emotionally or psychologically harmed by behaviour, such as sexual offences, sexual misconduct, physical violence and significant neglect. However, other types of behaviours can also cause significant emotional and psychological harm to a child, for example, severe or sustained instances of:

- verbal abuse
- coercive or manipulative behaviour
- hostility towards, or rejection of, a child
- humiliation, belittling or scapegoating.

There must be a clear link between the behaviour and the harm

There must be a clear link between the alleged behaviour and the emotional or psychological harm. In deciding whether there is a clear link, it may be helpful to consider the likelihood that the child would have been harmed if the alleged behaviour had not occurred.

Emotional or psychological harm may also be caused where an existing mental health disorder, such as anxiety or depression, has been exacerbated.

A child may display physical or behavioural signs that suggest they may have experienced behaviour that has caused them significant emotional or psychological harm. These signs may include:

- suicidal action, suicidal ideation or self-harm
- patterns of out-of-character, self-destructive, antisocial, or anxious behaviour
- on-going sleep disturbance, nightmares or bedwetting
- regression in behaviour.

The harm must be 'significant'

Allegations that are reportable under this category must concern *significant* emotional or psychological harm. To be considered significant under the scheme, the alleged harm must be more than *trivial* or *temporary*.

We encourage organisations to consult with us if you need assistance to determine if the allegation involves significant emotional or psychological harm.

A professional psychological or medical assessment of the child may assist to determine whether they have suffered significant emotional or psychological harm. However, a clinical diagnosis will not be required in every case, for example where:

- the alleged behaviour is so serious and/or occurred over such a sustained period, that it can be reasonably inferred that the child has been harmed, or
- assessment may unreasonably re-traumatise or otherwise further harm the child.

Exceptions

An allegation will not be reportable if:

- the worker or volunteer has taken reasonable steps to protect a child from immediate harm
- the worker or volunteer has responsibility for discipline and has taken lawful and reasonable disciplinary action, such as sending a child to sit in 'time out' for a period of time, in line with organisational policy
- the worker or volunteer is an appropriately qualified worker or volunteer who has given medical treatment in good faith, such as a senior first aid officer administering first aid.

What is significant neglect?

Significant neglect occurs when there is a significant, deliberate or reckless failure to meet the basic needs of a child in circumstances where the adult understood the needs of the child, or could have understood those needs if they had turned their mind to the question, and had the opportunity to meet those needs but failed to do so.

Examples of different types of neglect could include:

- Supervisory neglect: This may occur when a person responsible for the care of a child is unable or unwilling to exercise adequate supervision or control of the child or young person, or fails to seek or comply with appropriate medical treatment.
- Physical neglect: This may occur where there is the failure to meet a child's physical needs including the provision of adequate and appropriate food, clothing, shelter or physical hygiene needs.

- Educational neglect: This may occur when there is a failure to ensure that a child's formal education needs are being met.
- Emotional neglect: This may occur where there is a failure to provide adequate nurturing, affection encouragement and support to a child.

'Significant' neglect

Neglect will be significant where there has been a deliberate or reckless omission or omissions that separately or together have had, or could have, considerable force or effect on the safety or wellbeing of the child who is the victim of the neglect. For detailed guidance on significant neglect together with some practical examples, please refer to Section 13 (Information Sheet 11).

What is a reasonable belief?

A reportable allegation is made where a person makes an allegation, based on a reasonable belief, that a worker or volunteer has committed reportable conduct or misconduct that **may** involve reportable conduct. This includes where a reportable allegation is made against the head of the organisation.

A reasonable belief is more than suspicion. There must be some objective basis for the belief. However, it is not the same as having proof and does not require certainty.

For example, a person is likely to have a reasonable belief if they:

- observed the conduct themselves
- heard directly from a child that the conduct occurred
- received information from another credible source (including another witness).

Heads of entity do not need to agree with or share the belief that the alleged conduct has occurred. However, they do not need to notify the Commission about the allegation if it is plainly wrong or has no basis at all in reality.

5. RESPONSIBILITIES OF THE HEAD OF AN ORGANISATION

Who is the head of an 'organisation'?

The head of an organisation is the person who is primarily responsible for an organisation's compliance with the Reportable Conduct Scheme. Depending on the particular structure or type of organisation, the head of the organisation may be:

- the Chief Executive Officer (CEO), principal officer or equivalent
- the Secretary of a Victorian Government department.

Determining who is the principal officer depends on each organisation's structure, governance arrangements and legal obligations. Some organisations may wish to obtain legal advice to identify their principal officer to ensure they fulfil their obligations under the scheme.

If the organisation does not have a CEO, principal officer or equivalent, they can nominate one. This can be done through a form available on our website. <https://ccyp.vic.gov.au/reportable-conduct-scheme/for-organisations/#TOC-1>

While heads of organisations are responsible for ensuring their organisations comply with the Scheme, the Commission does not expect heads to carry out their responsibilities alone. Heads of organisations can get help from other people within their organisation to fulfil their obligations under the Scheme. This may include creating and developing systems, sending approved notifications to the Commission, and conducting investigations on their behalf. While heads of organisations can seek internal support and assistance from within their organisations, it is ultimately their responsibility to ensure the Commission is notified of any reportable allegations they become aware of.

What does the head of an organisation need to have in place?

Section 16K of the *Children Wellbeing and Safety Act 2005* requires the head of an organisation to:

- Take a preventative approach to keeping children safe**

This includes acknowledging children are vulnerable to abuse and taking steps to reduce this risk in their organisation.

An organisation's response to meeting their obligations under Child Safe Standards will help the organisation take a preventative approach to child safety.
- Have systems in place to enable anyone to notify their concern or allegation that conduct in line with reportable conduct may have occurred**

This includes having clear and well-communicated systems to facilitate and support the reporting of concerns.

Your organisation's work to meet [Child Safe Standard 5 – Processes for responding to and reporting suspected child abuse](#) will mean you will have internal reporting processes in place to notify allegations.
- Have systems in place to allow other people to report to the Commission if the reportable allegation concerns the head of the organisation**

As there may be instances in which the actions of concern are alleged to have been taken by the head of your organisation, organisations must have policies and systems that enable other people in your organisation to notify the Commission of alleged reportable conduct.
- Have investigation processes clearly defined and developed**

Once an allegation has been made, organisations must have processes in place to investigate the matter.

In meeting [Child Safe Standard 5 – Processes for responding to and reporting suspected child abuse](#), your organisation should have developed systems and processes to respond to allegations and report the matter internally, to Victoria Police and other relevant authorities as required.

What the head of an organisation must report to the Commission

Section 16M requires the head of an organisation to initially notify the Commission of a reportable allegation within three business days and update the Commission of progress within 30 calendar days. They must also investigate the reportable allegation and provide the findings of the investigation to the Commission. The Commission will seek the following information at various milestones.

Three business day notification	30 calendar day update	Advice on investigation	Outcomes of investigation	Additional documents
<ul style="list-style-type: none"> Name of the worker or volunteer Date of birth Police report Organisation contact details Head of organisation's name Initial advice on the nature of the allegation 	<ul style="list-style-type: none"> Details of the allegation Details of your response to the allegation Details about any disciplinary or other action proposed Any written response from the worker or volunteer about the allegation and the proposed disciplinary or other 	<ul style="list-style-type: none"> Name of investigator Contact details As soon as practicable 	<ul style="list-style-type: none"> Copy of findings and reasons for the findings Details about any disciplinary or other action proposed Reasons for taking or not taking action As soon as practicable 	<ul style="list-style-type: none"> The Commission may request further documents from the head of the organisation



It is an offence to fail to notify and update the Commission about reportable allegations.

The Commission will also publish *Investigation Standards* to help guide the approach of organisations. An organisation's regulator or government funder may also have investigation requirements and supports.

The head of the organisation must provide information to the Commission about any of these systems described above, if the Commission requests this in writing.

The Commission may make recommendations to the organisation to improve their practices and processes.

6. INVESTIGATION OVERVIEW

This section gives a general overview of a reportable allegation investigation. The Commission for Children and Young People will also publish *Investigation Standards* to help guide the approach of organisations.

If you are unsure of your responsibilities under a reportable allegation investigation, the Commission recommends you obtain independent legal advice or consult with your organisation's human resources area before proceeding.

If an allegation is criminal in nature, you MUST get clearance from Victoria Police before beginning your investigation.

What is a reportable allegation investigation?

An investigation into a reportable allegation is a workplace investigation aimed at gathering and examining information to establish facts and make findings in relation to allegations of child abuse against an employee. The investigation may also make recommendations about what disciplinary or other action should be taken (if any).

An effective investigation requires a systematic approach to assessing and managing an allegation, followed by a sound decision-making framework that enables procedural fairness for all parties in the investigation process.

What rules govern an investigation process?

Your organisation should have its own policies and procedures in place to guide your investigation including a Code of Conduct, processes for managing and investigating complaints, misconduct, discipline, grievances, dispute resolution and employee welfare and supports.

Proof

A reportable conduct investigation should apply the 'balance of probabilities' as the standard of proof. This means that an investigation should consider whether it is more likely than not that reportable conduct has occurred. This may involve comparing conflicting versions of events given by different witnesses in order to decide which version is the more probable. However, investigations do not need to undertake a mathematical or mechanical assessment of probabilities. Rather, a person conducting an investigation and making findings should actually be persuaded, based on the available information that reportable conduct has occurred before making such a finding.

During a reportable conduct investigation, the subject of an allegation may choose, but is not required, to give information or documents that support their version of events. However, the subject of an investigation is not obliged to prove or disprove any fact or issue that is being investigated.

Procedural fairness

It is important that the procedures that you use when conducting an investigation are fair and reasonable. This will usually include ensuring that, before any findings are made or disciplinary action is taken, the subject of an allegation:

- is notified of any adverse information that is credible, relevant and significant
- has a reasonable opportunity to respond to that information.

Procedural fairness does not require that employees or others must be notified of allegations when the Commission is first notified or that are plainly false. Consideration should also be given to when the subject of the allegation should be first told about an allegation, in order to ensure the investigation is not compromised but remains procedurally fair.

The Commission will seek any response or submissions made by the employee in response to allegations or actions, preferably in writing.

Key steps in an investigation

Understanding the issues	<p>Think about:</p> <ul style="list-style-type: none">• the type of conduct alleged• the seriousness of the alleged conduct• the context in which the alleged conduct occurred• a history of previous reportable allegations against the employee• the potential for continuing risk to children• Is the allegation possibly criminal in nature and required to be reported to Police.
Planning an investigation	<p>To determine the most appropriate investigative approach for your organisation and the circumstances of the allegation, you may want to consider:</p> <ul style="list-style-type: none">• the powers necessary to investigate the allegation• the resources and skills that are required• the authorisation necessary to undertake the investigation• who will undertake the investigation and conflicts of interest• record keeping.
Coordinating an investigation	<ul style="list-style-type: none">• Develop an investigation plan setting out the tasks that you will undertake, and the order in which they will be undertaken• Be clear about the powers that you will exercise and your reasons for exercising them• Identify areas requiring legal advice or expert advice (such as a medical practitioner)• Will you use an investigation log or running sheet in which activities undertaken are entered and dated.

Information gathering

Throughout your investigation, other allegations or concerns may be identified. If this occurs, this additional information should be considered in the context of your investigation and may add or change the allegations put to the employee.

Information relevant to your investigation can be gained from a number of key sources:

Physical evidence

Documents such as policies, procedures, incident reports, records of employment, rosters, emails can provide vital evidence. Objects, such as mobile phones and computers, inspection of premises, or photographic records can also provide physical evidence.

Direct evidence

Speaking with people including witnesses, organisational management, other staff members and the person the allegation has been made against enables you to gather their direct observations, experience and recollections of events or actions. Particular care must be taken when it is proposed that an investigation involve children or the person who is the subject of the allegation.

Specialist knowledge

Information from people with specialist knowledge, such as a medical practitioner may be relevant to an investigation.

Reporting

The investigation report should document the terms of reference of the investigation, together with how the investigation was undertaken, what evidence and information was obtained, what conclusions were made and, if applicable, any recommendations for consideration.

The report should be provided to the head of the organisation or their delegate to inform a decision as to the appropriate disciplinary or other action to be taken.



You are required to advise the Commission of the findings and outcomes of the investigation as soon as practicable.

Welfare and support

A reportable conduct investigation can be stressful and demanding on all people involved. Vital to the intent of keeping children safe is the need to ensure appropriate support to an alleged victim. Steps must be taken to mitigate risks that the alleged victim is not re-traumatised by the investigation process.

Your organisation should have appropriate welfare and support systems to support staff and volunteers.

7. OTHER REPORTING OBLIGATIONS

Reportable Conduct Scheme and other reporting obligations

This section has been developed to help heads of organisations understand the range of legislative reporting responsibilities when providing services to children.

There are a number of pieces of legislation that all play a role to help keep Victorian children safe from abuse.

The *Child Wellbeing and Safety Act 2005 (Vic)* is the legislative basis for the Reportable Conduct Scheme, which requires heads of organisations with a high degree of responsibility for children to:

- have in place systems to prevent child abuse, and in case child abuse occurs, to ensure allegations can be brought to the attention of appropriate persons for investigation and response
- ensure that the Commission is notified of a reportable allegation and given updates on the organisation's response to that allegation
- report to Victoria Police as soon as they become aware that a reportable allegation may involve criminal conduct.

Any person can play a role in the Reportable Conduct Scheme by making an allegation to the Commission.

Other legislation contains reporting obligations in regard to child safety. These include:

- *Crimes Act 1958 (Vic)*
- *Children, Youth and Families Act 2005 (Vic)*
- *Family Law Act 1975 (Cth)*.

This legislation sets out certain reporting obligations relating to the safety of children, which are discussed below.

Crimes Act 1958 (Vic)

Failure to Disclose

Any adult who forms a reasonable belief that a sexual offence has been committed by an adult against a child under 16 must report that information to Victoria Police. It is a criminal offence to fail to disclose that information to Victoria Police.

Failure to Protect

If you are a staff member in a position of authority, and you become aware that an adult associated with your organisation (such as a worker or volunteer) poses a risk of sexual abuse to a child who is under the care, authority or supervision of the organisation, you must take all reasonable steps to remove or reduce the risk. If you fail to take reasonable steps in these circumstances, this may amount to a criminal offence.

Children, Youth and Families Act 2005 (Vic)

Doctors, nurses, midwives, teachers (including early childhood teachers), principals, and police are all 'mandatory reporters'. They must report to Child Protection if they form a reasonable belief that a child is in need of protection from physical injury or sexual abuse.

Family Law Act 1975 (Cth)

Family consultants, family counsellors, family dispute resolution practitioners or arbitrators, independent children's lawyers and certain other people whose work is related to the Family Court of Australia are also mandatory reporters. They must report to Child Protection if they suspect on reasonable grounds that a child has been abused or is at risk of being abused.

Other reporting requirements

Organisations operated, funded and/or regulated by Government may have separate obligations to comply with departmental standards, program requirements and policies on preventing, reporting and responding to child sexual abuse.

Reporting crimes to Victoria Police

Any suspected criminal behaviour should be reported to police.

If a reportable allegation involves suspected criminal behaviour, both Victoria Police and the Commission must be notified.

A police investigation into any matter takes priority over a reportable conduct investigation, and may require an organisation's investigation to be put on hold until the police investigation is complete.

Heads of organisations should consult with Victoria Police before beginning an investigation to gain their advice and find out if police are, or will be, conducting an investigation.

- If you want to report a child in **immediate** risk or danger of a sexual offence please call Triple Zero (000).
- If the report is not in relation to an immediate risk, please contact your [local police station](#).
- If you have general concerns about the safety of wellbeing of a child or young person, please contact the Child Protection Crisis Line on 13 12 78.

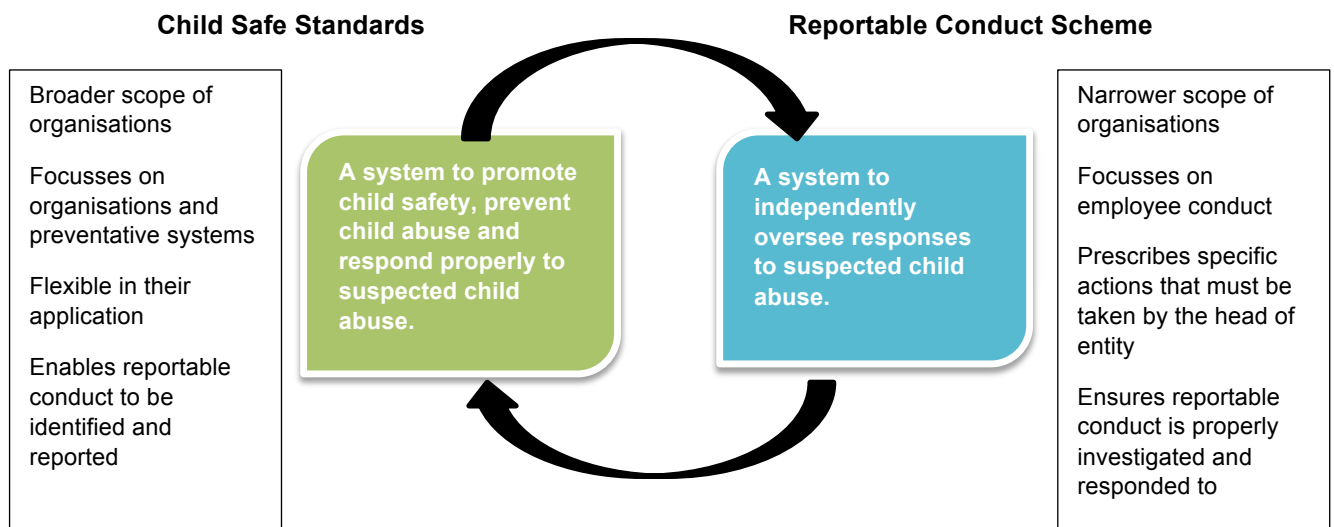
8.CHILD SAFE STANDARDS AND REPORTABLE CONDUCT SCHEME

How Child Safe Standards and the Reportable Conduct Scheme work together to keep children safe from abuse

In 2012, the Victorian Government initiated an inquiry into the handling of child abuse allegations within religious and other non-government organisations. The *Betrayal of Trust* Report, which detailed the inquiry findings, was tabled in parliament in 2013.

The *Betrayal of Trust* Report made a range of recommendations, including the need to better protect children from child abuse when they access services provided by organisations. Child Safe Standards and the Reportable Conduct Scheme are part of the Victorian Government's commitment to implementing these recommendations.

Child Safe Standards and the Reportable Conduct Scheme create distinct sets of responsibilities for organisations, but have been designed to complement one another. Together, Child Safe Standards and the Reportable Conduct Scheme strengthen the capacity of organisations to prevent and respond properly to allegations of child abuse.



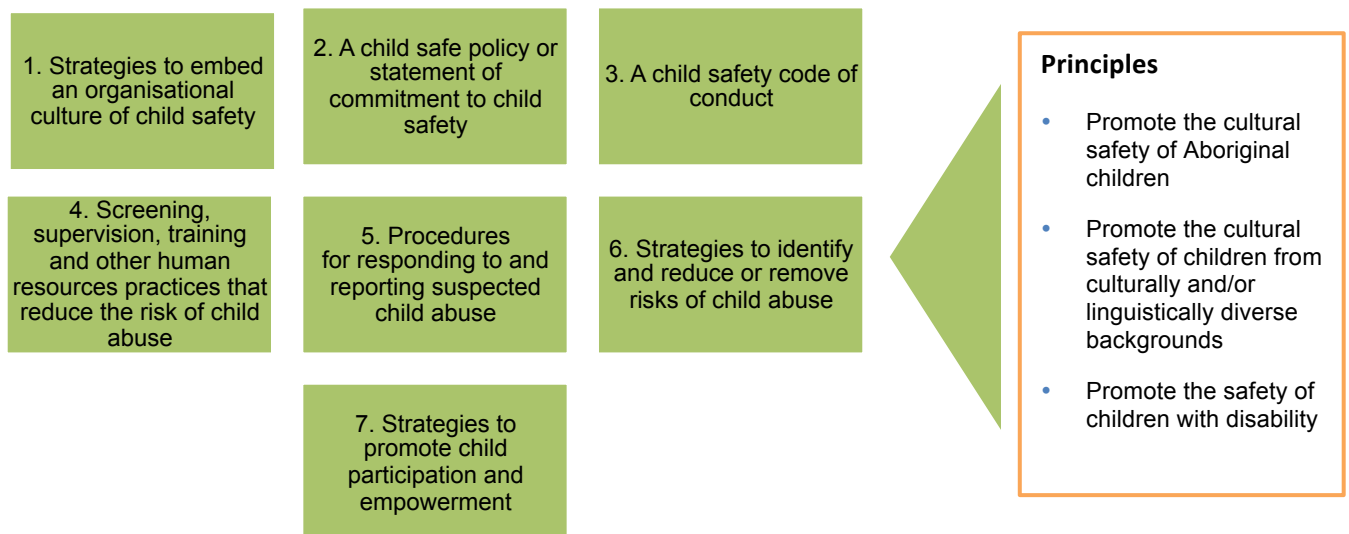
The Commission for Children and Young People has oversight and regulatory responsibility for both Child Safe Standards and the Reportable Conduct Scheme.

Where organisations have an existing funding and/or regulatory relationship with the Victorian Government or statutory bodies, the Commission will work collaboratively with and through these bodies. The Commission will work closely with those sectors not currently subject to regulation.

Child Safe Standards

Child Safe Standards focus on organisations and what they do to promote child safety, prevent child abuse and respond to suspected child abuse. They apply to a broad range of organisations and businesses that provide services to children, or engage children to produce goods or services. The standards provide a framework for organisations to develop policies, procedures and strategies that embed a culture of child safety into everyday thinking and practice, and reduce the risk of child abuse being perpetrated by an employee, volunteer or contactor. They are flexible, allowing organisations to develop an approach to compliance that is relevant and sustainable. The Commission is able to monitor and enforce compliance with the standards.

There are seven standards and three principles that organisations must consider.



The Reportable Conduct Scheme

The Reportable Conduct Scheme is focussed on worker and volunteer conduct and how organisations investigate and respond to suspected child abuse. The scheme aims to improve organisational responses to suspected child abuse and to facilitate the identification of individuals who pose a risk of harm to children, but do not have a criminal record.

The scheme applies to some organisations required to meet the Child Safe Standards – those with a high level of responsibility for children – and sets out specific obligations for the heads of these organisations.

The head of the organisation must ensure that there are systems in place that:

- prevent reportable conduct from being committed
- enable reportable allegations to be made to the head of the organisation
- enable reportable allegations that involve the head of the organisation to be reported to the Commission.

Adopting a continuous improvement approach to keeping children safe from child abuse

An allegation of reportable conduct may reveal information about the effectiveness of the systems used by an organisation to prevent child abuse and respond to allegations of child abuse. This information can be used to improve your systems and better protect children from child abuse.⁹

9.REPORTING TO THE COMMISSION

When does the Commission need to be told about a reportable allegation?

Three-business day notification

When the head of an organisation becomes aware of a reportable allegation against a worker or volunteer, they must notify the Commission for Children and Young People within three business days.

30-calendar day update

Within 30 calendar days after becoming aware of a reportable allegation, a head of an organisation must provide the Commission with detailed information about the allegation, disciplinary or other actions undertaken, and the response of the worker or volunteer to the allegation.

It is a criminal offence for a head of an organisation to fail to comply with the three business day and 30 calendar

Advice on investigation

The allegation must be investigated as soon as practicable after the head of organisation becomes aware of it. The organisation, their regulator or an independent investigator may conduct the investigation. The head must inform the Commission of who will conduct the investigation.

Outcomes of investigation

At the conclusion of an investigation into a reportable allegation, a final investigation report must be prepared. The final investigation report should set out the findings, reasons for the findings and recommendations made at the conclusion of the investigation. A copy of the final investigation report should be provided to the Commission as soon as practicable.

What information does the Commission need?

The types of information that the Commission will seek are set out in the diagram below.

Three business day notification	30 calendar day update	Advice on investigation	Outcomes of investigation	Additional documents
<ul style="list-style-type: none"> • Name of the worker or volunteer • Date of birth • Police report • Organisation contact details • Head of organisation's name • Initial advice on the nature of the allegation 	<ul style="list-style-type: none"> • Details of the allegation • Details of your response to the allegation • Details about any disciplinary or other action proposed • Any written response from the worker or volunteer about the allegation and the proposed disciplinary or other 	<ul style="list-style-type: none"> • Name of investigator • Contact details • As soon as practicable 	<ul style="list-style-type: none"> • Copy of findings and reasons for the findings • Details about any disciplinary or other action proposed • Reasons for taking or not taking action • As soon as practicable 	<ul style="list-style-type: none"> • The Commission may request further documents from the head of the organisation

How do I give the Commission information?

The Commission will operate an online form for heads of organisations to notify of a reportable allegation, which will guide them through the notification process. Supporting documentation can be submitted through the online form. The Commission requires that heads of organisations use the online form.

If you are not the head of an organisation you can still tell the Commission about a reportable allegation by using the online form, calling or writing to the Commission.

If you are in doubt about how to complete the online form, we encourage you to contact the Commission for advice and support.

What matters should be reported to Victoria Police?

All suspected criminal behaviour should be reported to Victoria Police.

If the reportable allegation involves suspected criminal behaviour, both Victoria Police and the Commission must be notified.

If you are unsure of how to proceed, contact the Commission or Victoria Police for guidance.

If an organisation becomes aware that Victoria Police will investigate a reportable allegation, they must not begin or continue their own investigation. Organisations should wait until police advice that its investigation has concluded or that the organisation's investigation may be conducted simultaneously.

10. INVESTIGATION FINDINGS

Making a finding after a reportable conduct investigation

At the end of a reportable conduct investigation, a finding must be made about whether or not the reportable conduct happened. Different organisations will have different systems in place for deciding who will be responsible for making findings (the decision maker). Before making a finding, the decision maker must review and assess the evidence and make a finding on the *balance of probabilities*.

The balance of probabilities

In an investigation into a reportable allegation, a finding needs to be made by the decision maker that, on the balance of probabilities, reportable conduct either did or did not happen. This is a lower standard than is needed in criminal cases, where an allegation must be proved beyond reasonable doubt. The balance of probabilities means that it must be more likely than not.

A decision maker should not fail to make a finding that reportable conduct happened just because there might be serious consequences for the subject of the allegation.

Assessing the evidence

In assessing the evidence, a decision maker must make a judgment about how strong the evidence is, or in other words, how much weight can be given to each piece of evidence. The more weight that can be placed on a piece of evidence, the more it will influence the decision maker.

To decide how much weight to place on the evidence, the decision maker should consider a range of factors. For example, decision makers might ask themselves:

- how reliable is the evidence?
- is there another piece of evidence that either supports or contradicts the evidence in question?
- how convincing is the evidence in all of the circumstances; does it have a 'ring of truth' about it?
- where did the evidence come from? Does the evidence speak for itself such as CCTV footage or is it less reliable such as a rumour?
- do the most reliable witnesses tell very similar stories about what happened including what they saw or what they heard?
- was the employee who is the subject of the allegation given an opportunity to give an explanation about the evidence and tell their side of the story?
- is the evidence being assessed relevant to the reportable allegation?

A decision maker should base their findings on strong evidence of weight that relates specifically to the reportable allegation and not on suspicion, rumours or hunches.

What findings can be made?

For the purposes of the Reportable Conduct Scheme, the different findings that can be made are:

- *Substantiated* - This finding should be used when a decision-maker has decided that the reportable conduct has been proven to have happened on the balance of probabilities. **The evidence suggests it is more likely than not that the reportable conduct happened because there is enough reliable, convincing, evidence of weight.**
- *Unsubstantiated - insufficient evidence* - This finding should be used when there was some evidence of weight to support the allegation, but not enough for the decision maker to make a substantiated finding. **The evidence does not suggest that it is more likely than not that the reportable conduct happened.**
- *Unsubstantiated - lack of evidence of weight* - This finding should be used when there is not enough evidence to properly investigate the allegation, or the small amount of evidence available is contradictory or confusing. **There is not enough evidence to establish whether the reportable conduct did, or did not happen.**
- *Unfounded* - This finding should be used when there is strong evidence that the reportable conduct did not happen. **The evidence suggests that it is more likely than not that the reportable conduct did not happen.**
- *Conduct outside scheme* - This finding should be used when the decision maker has investigated the conduct and, although the conduct occurred, **it does not fit any of the types of reportable conduct listed in the Act.** An example of this might be slapping a child's hand away from a hot stove.



The Commission can be contacted to provide help to a decision maker about making an appropriate finding.

What are the reasons for the finding?

The head of an organisation must give the Commission the findings and the reasons for those findings as soon as possible after a reportable conduct investigation has finished. The reasons for the findings should explain:

- how the investigation was done
- the evidence that was collected and how it was assessed. This should include the evidence given by the subject of the allegation and the alleged victim where appropriate
- whether the evidence was relevant and reliable
- how the evidence supported or contradicted the allegation of reportable conduct
- how convincing the evidence was in all of the circumstances.

After a finding is made

Once a decision maker has assessed the evidence and made a finding, that finding should then be used to make a decision about:

- what, if any, action should be taken in relation to the employee who was the subject of the reportable allegation to make sure that children are kept safe both now and in the future
- whether the organisation needs to do anything else to manage risks to children
- reporting any findings to relevant professional regulators in addition to reporting to the Commission.

11. SEXUAL MISCONDUCT

Sexual misconduct

The *Child Wellbeing and Safety Act (2005)* states that 'sexual misconduct, committed against, with or in the presence of, a child' is a type of reportable conduct. This section provides guidance to assist organisations in deciding whether conduct or behaviour is considered as sexual misconduct under the Reportable Conduct Scheme (the scheme). As this guidance is of a general nature, it may not cover all possible situations. If further guidance is required, please contact the Commission to discuss your individual situation. This type of reportable conduct is intended to capture a broad range of misconduct of a sexual nature that can pose a significant risk to children, even if it falls below the criminal threshold.

Each allegation should be considered individually in order to determine whether the alleged conduct is sexual misconduct under the scheme. In deciding whether alleged conduct is sexual misconduct, it may be helpful to consider whether that conduct:

- amounts to misconduct
- is of a sexual nature, and
- occurred against, with or in the presence of, a child.

Misconduct

Conduct can be misconduct if it involves a departure from the accepted standards of the role performed by the worker or volunteer and the misconduct is intentional or seriously negligent.

It is important to note misconduct can be evidenced by a variety of behaviours including physical actions, in person communication and online communication (including email, social media, telephone, SMS, etc.).

Accepted standards

In order to identify the accepted standards of a role, it is important to identify the role that was being performed by the worker or volunteer at the time the alleged conduct took place.

Applicable laws, policies, procedures, rules, professional standards and other guidelines might inform the accepted standards of a role. However, where there is no written guidance, it may be appropriate to take into account the commonly understood practices and responsibilities within a profession as well as community standards.

Importantly, a 'one off' incident that occurs as the result of an innocent mistake or poor judgment will not usually amount to misconduct. However, it is possible that a single instance can amount to misconduct. For example, if the conduct involves a substantial departure from the accepted standards or has serious consequences. Similarly, persistent less serious breaches can amount to misconduct, especially if the conduct continues to occur even though the worker or volunteer was aware, or should have been aware, that their behaviour was unacceptable.

Intention or serious negligence

'Intentionally' means to perform the conduct in a deliberate and voluntary way.

'Seriously negligent', in this context, means that:

- the conduct falls short of the standard of care exercised by a reasonable person with the characteristics of the worker or volunteer in all the circumstances; and
- the worker or volunteer was indifferent as to the wellbeing of those affected by their conduct.

Sexual nature

While it is not possible to list all of the different types of conduct of a sexual nature, it may be helpful to have regard to following factors including:

- the area of the body involved in the conduct,
- whether at least one of the reasons for the conduct was for sexual arousal or gratification, or
- whether the conduct was overly personal or intimate.

Area of the body

If the misconduct involves the genital or anal region, the buttocks, or breasts (either a child's or any other person's) this can indicate that the misconduct was of a sexual nature. However, it may be that another area of the body is involved in the conduct but, having regard to the circumstances of that body part's involvement, the conduct is considered sexual. It is not necessary that the misconduct involves an area of the alleged victim's body, but may involve an area of the body of the worker or volunteer or any other person or animal. For example:

- unwanted and inappropriate touching
- inappropriate conversations or communication about an area of the body or a sexual activity (including a desire to act in a sexual manner)
- exposure to sexual activity by others
- undressing or watching someone else undress.

If the conduct involves discussion or communication about a sex act then it is reasonable to conclude that that conversation concerns an area of the body that is sexual in nature.

Sexual arousal or gratification

If at least one of the reasons for the misconduct was for potential or actual sexual arousal or gratification, this can indicate that the misconduct was of a sexual nature. Such a finding should be made having regard not only to any reasons given by the worker or volunteer for their behaviour, but to all of the circumstances.

Grooming behaviour can be sexual misconduct. Grooming can involve the use of a variety of manipulative and controlling techniques used to build trust or normalise sexually harmful behaviour with the overall aim of facilitating exploitation or preventing disclosure (or both). Grooming can target those involved in gaining access to the child's life, including parents and other caregivers, colleagues and others in an organisation.

Some examples of some grooming behaviours include:

- initiating opportunities for unsupervised contact with a child or group of children
- spending inappropriate special time with a child
- inappropriately showing special favours to one child over others
- inappropriately allowing a child to overstep rules
- inappropriately giving gifts, money, alcohol or drugs
- asking the child not to tell anyone else about their conversations, activities or interactions.

Just because (for example) a worker or volunteer appears to favour one-child or gives gifts to a child, does not necessarily mean that the conduct was grooming. To make a finding of sexual misconduct based on such behaviours, it will be necessary to find at least one reason for the behaviour was for potential or actual sexual arousal or gratification.

Grooming behaviour can also be a sexual offence. For example, communications intended to facilitate a sexual offence with a child under the age of 16 can be a sexual offence. If you are uncertain as to whether an allegation of grooming behaviour is a sexual offence, you should contact Victoria Police and the Commission for Children and Young People for guidance.

Overly personal or intimate

Even if the misconduct does not involve a part of the body, and the reasons for the misconduct did not involve potential or actual sexual arousal or gratification, misconduct may still be misconduct if it is overly personal or intimate.

Workers or volunteers from organisations that exercise care, supervision or authority over children can exercise power, influence or control over children. Mindful of this power imbalance, these workers and volunteers should always ensure that they maintain appropriate boundaries with children and not act in a manner that is overly personal or intimate.

Organisations investigating allegations of misconduct that is overly personal or intimate are encouraged to consider whether the misconduct was so personal or intimate in nature that:

- the alleged victim considered that the misconduct was sexual; or
- a reasonable person would regard the misconduct as sexual.

For example conduct that may be overly personal or intimate may include:

- communicating with a child outside of the usual channels of communication i.e. personal correspondence (including emails, social media and web forums) rather than sending letters home or talking with the parents
- having inappropriate conversations about former sexual partners or crushes
- inappropriately touching a child (even where the body part involved may not be overtly sexual, for example massaging a child in circumstances where that would not be part of the worker or volunteer's role).

Against, with or in the presence of a child

The sexual misconduct must either be:

- against a child (for example, a child is the victim or subject of the sexual misconduct), or
- with a child (for example, where the child is a participant in the sexual misconduct, but is not the subject of the sexual misconduct), or

- in the presence of a child (for example, a child witnesses sexual misconduct against an adult, where it was reasonably foreseeable that the sexual misconduct could be observed by a child).

12. PHYSICAL VIOLENCE

Physical violence

The *Child Wellbeing and Safety Act 2005* (Vic) states that physical violence committed against, with, or in the presence of a child is a type of reportable conduct.

This section provides guidance to assist organisations in deciding whether conduct or behaviour is physical violence under the Reportable Conduct Scheme (the scheme). As this guidance is of a general nature, it may not cover all possible situations. If further guidance is required, please contact the Commission to discuss your individual situation.

What is physical violence?

Physical violence has two elements that need to be satisfied in order to make a substantiated finding of reportable conduct. These elements are:

- the conduct or behaviour that the worker or volunteer engaged in **meets the definition of physical violence**, and
- the worker or volunteer either **intentionally** carried out the conduct or behaviour, or else was **reckless** in not having thought about the likely consequences of their behaviour for a child.

If a decision maker does not find that both of these elements are met, then the conduct or behaviour will not be physical violence under the scheme.

The definition of physical violence

There are two types of physical violence under the scheme:

- **actual physical violence** a worker or volunteer **intentionally** or **recklessly** uses physical force against, with, or in the presence of a child without a **lawful reason**, which has the ability to cause injury or harm to the child. **Actual physical violence** can include hitting, punching, kicking, pushing or throwing something that strikes a child or another person.
- **apprehended physical violence** a worker or volunteer **intentionally** or **recklessly** engages in conduct or behaviour against, with, or in the presence of a child that is capable of causing a child to think that physical force is about to be used against them or another person. This could include words, gestures or actions that cause a child to believe physical force is about to be used against them, regardless of whether or not the worker or volunteer actually intended that any physical force would be applied. For example, a worker angrily punches the wall next to a child's head causing the child to fear they were about to be punched might constitute physical violence.

What is a 'lawful reason' for physical contact?

There are a number of situations where a worker or volunteer may make physical contact with a child for lawful reasons. This would mean the conduct or behaviour does not satisfy the definition of physical violence under the scheme. An example of lawful physical contact includes physically restraining a child to stop them from hurting another person or themselves, or from destroying property.

Any force used by the worker or volunteer must be reasonable in all of the circumstances and no more force should be used than is absolutely necessary. If the force used is not reasonable, or is more than is needed, the act could be physical violence under the scheme.

In very limited circumstances, physical force against a child might be lawful because the child has consented to the conduct or behaviour by the worker or employee. An example might be when a child helps a teacher demonstrate a block in a martial arts class. The child would be consenting to some degree of physical force in demonstrating the block but would not be consenting to, for example,

being punched in the face.

For consent to be valid, the child must be capable of understanding what they are consenting to and the possible consequences. In assessing the ability of the child to consent, consideration is needed of the age of the child, their stage of development, and whether there is any other characteristic of the child that affects their ability to understand, for example, an intellectual disability.

What is 'intentional' and 'reckless'?

For conduct or behaviour to be physical violence under the scheme, the actions of the worker or volunteer must be either **intentional** or **reckless**.

Intentional means that the worker or volunteer engaged in the behaviour or conduct deliberately.

In the case of **actual physical violence**, this applies where the worker or volunteer intentionally carries out the conduct or behaviour when physical contact was made with the child. An example of actual physical violence is a situation where a volunteer intentionally kicks a child in an attempt to have the child stop talking in bible class.

In the case of **apprehended physical violence**, this applies where the worker or volunteer intentionally carries out the conduct or behaviour, with an intention of making a child believe there would be actual physical force that could injure or harm the child. An example might be where a child care worker raises an open hand above their head as if about to hit a child, while yelling a threat at the child that they need to be quiet or they will get a smack and the child cringes believing they are about to be smacked.

Reckless means the worker or volunteer might not have intended to use actual physical force, or to make a child believe actual physical force would be used, but was reckless about the impact their conduct or behaviour could have on a child. Investigations will often need to be undertaken before it is possible to determine whether or not the conduct or behaviour was reckless as it will frequently require an examination of all of the circumstances surrounding the incident.

In cases of recklessness, the worker or volunteer will often know it was likely their conduct or behaviour could lead to physical force being applied to a child, or make the child afraid that physical force was about to be used, but engages in the conduct or behaviour anyway.

Recklessness can occur when the worker or volunteer:

- does not stop to think about the potential consequences of their conduct or behaviour, but if they had, they would have realised the impact their actions were likely to have, or
- has some understanding of the possible impact their actions were likely to have, but goes ahead with the conduct or behaviour anyway.

An example of recklessness resulting in actual physical violence is a situation where a physical education teacher is demonstrating archery by having a student hold an aluminium can up as a target and the student gets hit in the hand by the arrow.

An example of recklessness causing a child to apprehend they would suffer physical violence could include a teacher playing a joke on a student by threatening a student with a fake gun but the student believed it to be a real gun and thought he was about to be shot. The teacher was reckless as to the consequences of her conduct, and therefore this could be physical violence under the reportable conduct scheme.

An example of conduct that might not meet the definition of recklessness is a situation where a teacher is walking with a student over a muddy football oval when the teacher slips in the mud and knocks the child to the ground.

Does the child have to be injured or harmed?

Where physical contact is made with a child, the contact must be **capable** of causing some type of injury or harm to the child.

It is not necessary that this injury or harm actually happened, and the injury or harm does not have to be serious or permanent.

The evidence of the actual impact, or lack of impact, of the conduct or behaviour on the alleged victim

will be highly relevant, but may not be conclusive.

An example is where a child is slapped on the face by a carer, but the slap does not leave a visible mark and the child is too upset to provide evidence about whether the slap hurt. If the slap was capable of injuring or harming the child, it may be physical violence under the reportable conduct scheme.

Another example is where a volunteer at a park pokes a child's shoulder to get their attention. If the poke was not capable of causing injury or harm to the child and the child gives evidence that the poke was uncomfortable but didn't hurt, it may not be physical violence under the reportable conduct scheme.

Where there has been no physical contact with a child, and the conduct or behaviour has caused a child to fear that physical contact will be made with them, the apprehended physical contact must be capable of causing some type of injury or harm.

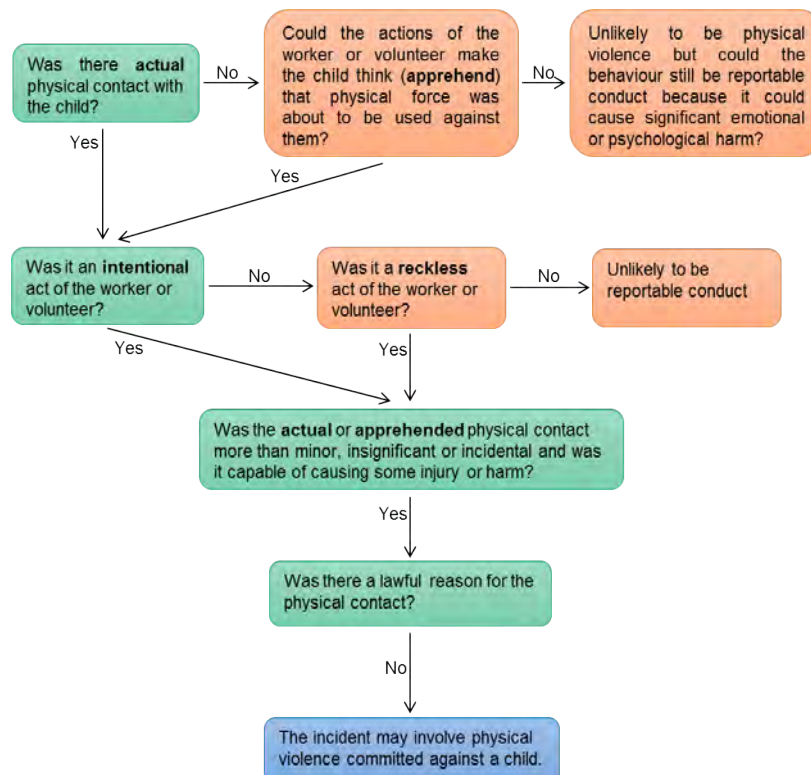
Conduct or behaviour that is **not** physical violence under the reportable conduct scheme includes:

- where the contact is minor, trivial or negligible
- where the physical contact is a part of normal social interactions such as touching a child to gain their attention, to guide or to comfort a child
- actions involved in caring for a child having regard to their age, maturity, health or any other relevant characteristics.

For conduct or behaviour to be physical violence under the reportable conduct scheme, it is not necessary for the worker or volunteer to act with hostility or aggression. However, the worker or volunteer's demeanour, including whether or not they were hostile or aggressive, might help in deciding if the conduct or behaviour was **intentional** or **reckless**. It could also be relevant, together with other factors, to whether the conduct or behaviour had the potential to cause injury or harm.

If the conduct or behaviour of the worker or volunteer does not meet the definition of physical violence, it may be another type of reportable conduct, for example conduct that causes significant psychological or emotional harm. For more information please refer to Section 4 ([Information Sheet 2](#)) - [What is reportable conduct?](#)

Flow chart of physical violence committed against a child



Physical violence committed 'with' a child

The reportable conduct scheme only applies to the conduct or behaviour of workers or volunteers aged 18 years and over. However, there is a type of reportable conduct where an adult worker or volunteer is involved in an act of physical violence **with** a child.

Physical violence committed **with** a child applies where a child is involved in the act of physical violence together with the worker or volunteers. It uses the same definition of physical violence as outlined above, but with the added need to identify whether a child voluntarily took part in the conduct or behaviour with the adult worker or volunteer, and whether the child could understand that their behaviour was wrong. The victim of the physical violence can be an adult or a child in this situation.

Generally, a child aged 14 years or older will have the maturity and understanding to know when their behaviour is wrong and to choose to voluntarily participate. This might not be the case, however, for some children aged 14 years and older with an intellectual disability or some other characteristic meaning they are less mature or less able to understand the consequences of their actions.

It can also be generally assumed that a child who is younger than 14 years will not have the maturity and understanding to voluntarily participate, or to know when their behaviour is very wrong. This will not always be the case though and some children younger than 14 years of age will have the understanding and maturity.

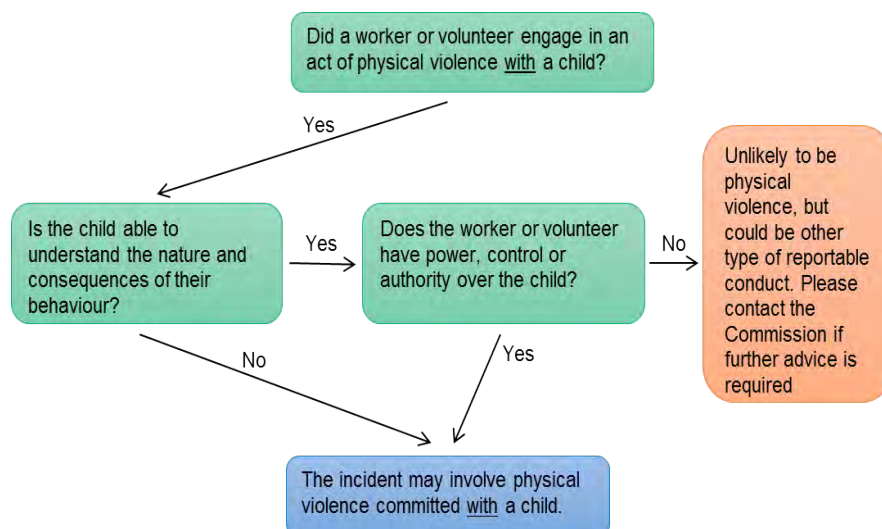
Another important factor to consider is the relationship between the worker or volunteer and the child that they are alleged to have engaged in physical violence '**with**'. If the worker is able to exercise any power or authority over the child, the child may feel they have no choice or are too afraid to disobey the worker even if they understand that their behaviour is wrong. This may mean the child did not voluntarily participate.

Physical violence committed with a child may include situations where:

- a worker or volunteer encourages a child aged less than 14 years to participate in an act of physical violence, but the worker or volunteer does not use any physical force
- a child who is 14 years of age (or older) participates in an act of physical violence with a worker or volunteer but the child does not have the ability to understand that their behaviour is wrong
- a worker or volunteer encourages a child aged 14 years or more to participate in physical violence but because the worker or volunteer has authority or power over the child, the child feels they must do what the worker or volunteer wants. The child might also feel too afraid to disobey the worker or volunteer even if they know the behaviour is wrong.

If a child is able to understand the nature and consequences of their behaviour, and the worker or volunteer has no power, control and authority over the child, it is unlikely that physical violence **with** a child will be substantiated. However, there could be other types of reportable conduct involved.

Flow chart of physical violence committed with a child



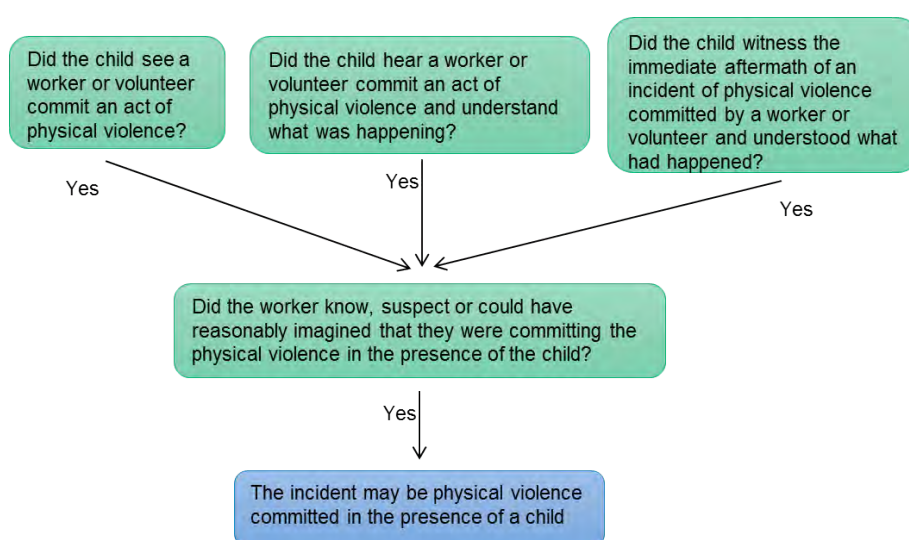
Physical violence 'in the presence' of a child

Physical violence committed **in the presence** of a child will include situations where the child sees a worker or volunteer commit an act of physical violence. The victim could be another child or an adult.

Physical violence **in the presence** of a child will also include situations where a child can't see, but can hear, an act of physical violence. The child might be in the next room. In this situation, it will be necessary to establish that the child was likely to know that the noises they heard were physical violence.

It will also include situations where a child witnesses the immediate aftermath of an act of physical violence. The child might see a room in disarray where items may have been knocked over or broken, or see a victim injured or very upset as a result of the physical violence. In this situation, it will be necessary to establish that the child was likely to know that the disarray they saw, or the injuries or distress of the victim they observed, were caused by physical violence.

Flow chart of physical violence committed in the presence of a child



13.SIGNIFICANT NEGLECT

What is significant neglect?

The *Child Wellbeing and Safety Act 2005* (the Act) states that a form of reportable conduct is significant neglect. This section provides guidance to assist organisations in deciding whether conduct or behaviour is significant neglect under the Reportable Conduct Scheme. As this guidance is general in nature, it may not cover all situations. If further guidance is required, please contact the Commission to discuss the specific situation.

Neglect is a failure to meet the basic needs of a child (such as their wellbeing or safety). In deciding whether alleged conduct is significant neglect, it may be helpful to consider whether:

- there was a failure to meet the basic needs of a child
- the failure was deliberate or reckless
- the worker or volunteer could have met the child's needs but failed to do so
- the neglect was significant
- there was a sufficient connection between the child and the worker or volunteer who failed to meet the basic needs of a child.

A failure to meet a child's basic needs

There are a number of different types of neglectful behaviour that may result in a failure to meet a child's basic needs. The examples of different types of neglect set out below are provided for guidance and to help organisations identify significant neglect. The types of neglect can be summarised as follows:

Type	Description and examples
Supervisory neglect	<p>A failure to appropriately exercise adequate supervision or control of a child or young person. Examples include:</p> <ul style="list-style-type: none"> • leaving a child alone or unsupervised for an extended period of time • exposing a child to inappropriate material or environments such as drug use or pornography • leaving a child in the care of an inappropriate person such as a young child or someone who has a history of child abuse • exposure to hazards such as allowing a young child to walk the streets at night alone • a failure to acknowledge the seriousness of a medical condition or illness and therefore not seeking or complying with appropriate treatment.
Physical neglect	<p>A failure to meet a child's physical needs including the provision of adequate and appropriate food, clothing, shelter or physical hygiene needs. Examples include:</p> <ul style="list-style-type: none"> • inadequate food or food that is not of appropriate nutritional value such that the child is hungry, malnourished or fails to thrive = • clothing that is in a poor state of repair, such as shoes with holes in the soles, or clothing that is inappropriate to the season • a child being extremely dirty or suffering from a skin condition due to poor hygiene • not being provided with a toothbrush and toothpaste resulting in dental decay.
Educational neglect	<p>A failure to ensure that a child's formal educational needs are being met. Examples include:</p> <ul style="list-style-type: none"> • failing to register a child in school • condoning truancy.
Emotional neglect	<p>A failure to provide adequate nurturing, affection, encouragement and support to a child. This could include situations where a worker or volunteer:</p> <ul style="list-style-type: none"> • rejects a child, abandons, belittles, or calls a child names • shames a child, isolates them or demeans them • permits or encourages a child to engage in criminal behaviour, inappropriate sexual behaviour or other maladaptive behaviours.

It is possible that there might be some overlap between significant neglect and another type of reportable conduct, that is, behaviour that causes significant psychological or emotional harm. Neglect can often arise from a series or range of behaviours. This can sometimes make it difficult to prove a link between one or more of those behaviours and the significant psychological or emotional harm the child has suffered to be able to substantiate this type of reportable conduct. It is important to remember that, for the Reportable Conduct Scheme, significant neglect does not require that the neglect caused any specific kind of harm to the child.

Cumulative neglect

Significant neglect can arise as a result of a single recurring adverse circumstance or event, such as a child never being given enough food.

Cumulative neglect can also occur through a combination of different adverse circumstances or events such as a child who is not regularly attending school, who is not consistently supervised appropriately and is not given sufficient care or attention by parents or carers.

Cumulative neglect recognises the compounding or combined impact that numerous less significant failures can have on a child.

Intentional or reckless

In deciding whether significant neglect has been committed for the purpose of the Reportable Conduct Scheme, it may be useful to consider whether there has been either an intentional (deliberate) or reckless failure to meet a child's basic needs in circumstances where the worker or volunteer could have chosen to meet the needs of the child but didn't.

A reckless failure to meet a child's needs could occur when a worker or volunteer:

- engaged in their behaviour even though he or she was aware that the behaviour could result in a failure to meet the needs of the child, or
- engaged in their behaviour without caring whether the child's needs would not be met as a consequence.

Recklessness may also arise when the worker or volunteer did not consider the question of the child's needs in circumstances where those needs would have been obvious if the worker or volunteer had thought about it.

The worker or volunteer could have met the child's needs

An important consideration in determining whether alleged behaviour could be neglect is whether or not a worker or volunteer responsible for the care of a child lacked the means to meet the child's needs such that their actions were not a matter of choice. To decide whether a substantiated finding of significant neglect should be made, it is helpful to consider whether it is possible to be satisfied on the balance of probabilities that there was a deliberate or reckless failure to meet a child's basic needs in circumstances where the worker or volunteer understood the needs of the child, or could have understood those needs if they had thought about the question, had the opportunity to meet them but failed to do so.

When is neglect 'significant'?

Significant is an ordinary word that is used according to its common meaning. Its meaning includes 'important', 'notable', and 'of consequence'. The Act defines 'significant' neglect to be something that is more than trivial or insignificant, but need not be as high as serious, and need not have a lasting or permanent effect.

The use of the word 'significant' refers to the quality of the failure to act, not to the duration, severity or gravity of the outcome of the neglect. It is not necessary to establish whether any harm was actually suffered or whether any harm that did result could be treated and/or resolved or cured. It is the failure (or failures) itself, which will generally be assessed for significance when considering reportable conduct. The Commission defines 'significant' as a deliberate or reckless failure or failures that separately or together have had, or could have, considerable detrimental force or effect on the safety or wellbeing of the child who is the victim of the neglect.

While actual harm is not required, there will be times where it will be helpful to give some thought to the possible harm or damage a child might suffer because of the neglect in order to assess how significant the neglect is. The possible harm in question will be a consequence that a reasonable person could imagine being a likely result of the neglect. For example, if a young child is locked in a hot car in summer, a reasonable person could imagine that this neglect could lead to the child suffering serious harm or possibly even death. Neglect that could lead to such serious harm is likely to be significant neglect.

Sufficient connection

A sufficient connection between the worker or volunteer who is the subject of the allegation and the child or children who have been significantly neglected is necessary for reportable conduct to be substantiated. A worker or volunteer will likely have sufficient connection to a child where that person has some degree of direct care, supervision or responsibility for the child.

There will sometimes be situations in which a worker or volunteer who does not have a degree of direct responsibility for the day to day care, supervision or responsibility for a child has taken action, or failed to take action, that has resulted in a child's basic needs not being met (including being kept safe from some harm or abuse). Deciding whether such a worker or volunteer, who is often a more senior worker or volunteer, can be said to have a sufficient connection to that child to have committed reportable conduct can be assisted by giving consideration of the following factors:

Factors relevant to a sufficient connection	Considerations
Knowledge of the risk	<ul style="list-style-type: none">• Does the worker or volunteer have information about a specific risk that a child's (or group of children's) basic needs have not been, or may not be, met?• Is the worker or volunteer aware, or should reasonably have been aware, of the risk?
Vulnerability of the child	<ul style="list-style-type: none">• Is there a degree of vulnerability in the child or children so that they depend on the worker or volunteer using their power to make sure their basic needs are met?
Consistency with role	<ul style="list-style-type: none">• Is a responsibility to take action to meet the needs of the child or children consistent with the worker or volunteer's role and function within the organisation?
Power and/or authority to act	<ul style="list-style-type: none">• Is the degree and nature of control or authority exercised by the worker or volunteer over the risk that the child's needs will not be met such that they are able to remove the risk or otherwise place the child out of harm's way?
Assigning responsibility	<ul style="list-style-type: none">• Is it fair to make the worker or volunteer responsible for taking action given that they have the power to take action, added to the fact that if action is not taken, it is imaginable that the child's needs will not be met?

The above factors point to circumstances where it might be fair and reasonable to decide that a worker or volunteer who does not have the day to day care, supervision or authority over a child is responsible for a failure to meet that child's needs. As this guidance is general in nature, it may not cover all situations. If further assistance is required, please contact the Commission to discuss the individual situation.

14.HISTORICAL ALLEGATIONS

The Reportable Conduct Scheme (scheme) requires certain allegations of past or historical reportable conduct to be reported to the Commission.

This section will help organisations to consider whether the Commission needs to be notified about an allegation that concerns conduct, which occurred before the scheme covered your organisation. This is a complex part of the scheme and organisations are encouraged to contact the Commission to discuss individual cases if advice is needed.

This section provides information about how the timing of the:

- alleged conduct
- making (or remaking) of allegations, and

- periods of employment or engagement.

May affect whether an allegation needs to be reported to the Commission.

The Reportable Conduct Scheme's phases

A reportable allegation can be made about certain workers or volunteers over 18 years of age who are or were:

- an employee of an organisation covered by the scheme
- a minister of religion, religious leader or officer of a religious body
- a foster or kinship carer
- a volunteer, contractor, office holder, officer or other position directly engaged by an organisation covered by the scheme to provide services.

The scheme increases its coverage of organisations over three phases:

- the scheme has covered Phase 1 organisations since 1 July 2017
- the scheme has covered Phase 2 organisations since 1 January 2018
- the scheme will cover Phase 3 organisations from 1 January 2019.

A summary of Phase 1, Phase 2 and Phase 3 organisations is shown in the diagram below. More detailed lists of the organisations covered by the scheme are set out in Schedules 3, 4 and 5 of the *Child Wellbeing and Safety Act 2005* (Vic).



An organisation may provide services or activities that put it in more than one phase of the scheme. If your organisation falls into more than one phase, your organisation as a whole is within the scheme from the earliest phase relevant to your organisation.

Once part of your services or functions are covered by the scheme, all of your organisation is covered by the scheme. This means that you may need to report to the Commission and investigate reportable allegations made against any of your workers or volunteers, regardless of whether they perform services for or in relation to children.

If you are unsure about whether your organisation is covered by the scheme, or which phase your organisation belongs to, you can call or email us for further advice.

Timing of conduct

Under the scheme, an allegation made about the conduct of a worker or volunteer who has been employed or engaged by an organisation covered by the scheme may need to be reported and

investigated regardless of when the alleged conduct occurred. This includes conduct that allegedly occurred before the scheme covered the organisation. The timelines below illustrate how this may be relevant for a Phase 1 organisation.

Type of allegation	Timeline	Could a report be required?
Allegation concerns conduct after the scheme covered Phase 1 organisations	<p>A horizontal timeline with an arrow pointing right. Three vertical tick marks are labeled: 1 April 2017, 1 July 2017, and 1 October 2017. A red dot representing an allegation is placed on the timeline between 1 October 2017 and 1 July 2017. A bracket above the timeline spans from 1 July 2017 to the right, labeled '1 July 2017 Scheme applies to Phase 1 organisations'. Another bracket above the timeline spans from 1 October 2017 to the red dot, labeled '10 November 2017 Reportable conduct allegedly on this date'.</p>	✓
Allegation concerns conduct before the scheme covered Phase 1 organisations	<p>A horizontal timeline with an arrow pointing right. Three vertical tick marks are labeled: 1 April 2017, 1 July 2017, and 1 October 2017. A red dot representing an allegation is placed on the timeline between 1 April 2017 and 1 July 2017. A bracket above the timeline spans from 1 July 2017 to the right, labeled '1 July 2017 Scheme applies to Phase 1 organisations'. Another bracket above the timeline spans from the red dot to 1 April 2017, labeled '10 March 2017 Reportable conduct allegedly on this date'.</p>	✓

It is possible that a reportable allegation may be about alleged conduct from many decades before the scheme commenced. In these cases, it can be more difficult to conduct an investigation. The scope and nature of such an investigation should be carefully considered and the Commission can assist in advising on this.

The Commission does not require heads of organisations to report and investigate allegations concerning workers or volunteers who are deceased.

The head of an organisation could be required to report to the Commission an allegation that one of their workers or volunteers committed reportable conduct, regardless of whether that conduct is said to have occurred before or after the scheme covered that organisation. The next issue to consider is timing of allegations.

Timing of allegations

Allegations made before the Reportable Conduct Scheme covered an organisation

Many organisations covered by the scheme will have been in operation long before the scheme. Some of those organisations may be aware of, or have records of, allegations about reportable conduct by their workers or volunteers that were made before the scheme's commencement.

The scheme does not require organisations to report to the Commission every allegation that has ever been known to an organisation prior to the scheme's commencement. Rather, the scheme only requires that allegations be reported to the Commission if that allegation was made once the scheme covered that organisation. An allegation will be made, for the purposes of the scheme, when either:

- the allegation is conveyed or communicated to another person or organisation, or
- the head of an organisation forms a reasonable belief that reportable conduct or misconduct that may involve reportable conduct has occurred, including by having personally witnessed relevant conduct.

In other words, if an allegation of reportable conduct has only ever been made before the scheme covered a worker's or volunteer's organisation, it does not need to be reported to the Commission. The timelines below illustrate how this may be relevant for a Phase 1 organisation.

Type of allegation	Timeline	Could a report be required?
Allegation made after scheme covered Phase 1 organisations	<p>1 July 2017 Scheme applies to Phase 1 organisations</p> <p>10 November 2017 Allegation of reportable conduct is made</p> <p>1 April 2017 1 July 2017 1 October 2017</p>	✓
Allegation made before scheme covered Phase 1 organisations	<p>10 March 2017 Allegation of reportable conduct is made</p> <p>1 July 2017 Scheme applies to Phase 1 organisations</p> <p>1 April 2017 1 July 2017 1 October 2017</p>	✗

Remaking allegations

If, after the scheme covered an organisation, an allegation is 'remade' or repeated (for example, an allegation previously made before the scheme covered the organisation is again conveyed or communicated after the scheme covered the organisation) that allegation may need to be reported to the Commission. Remade allegations may need to be reported to the Commission even if the allegation concerns the same or substantially the same conduct that was alleged before the scheme covered the organisation. The timeline below illustrates how this may be relevant for a Phase 1 organisation.

Type of allegation	Timeline	Could a report be required?
Allegation was made before the scheme covered Phase 1 organisations, but is remade after the scheme covered that organisation	<p>10 March 2017 Allegation of reportable conduct is made</p> <p>1 July 2017 Scheme applies to Phase 1 organisations</p> <p>10 November 2017 Previous allegation of reportable conduct is remade</p> <p>1 April 2017 1 July 2017 1 October 2017</p>	✓

In cases where allegations are remade, an organisation will not always need to conduct a fresh investigation. For example, if an organisation is satisfied that it has already properly investigated and made findings about the alleged reportable conduct, it may submit the findings from its previous investigation to the Commission. In cases where allegations are remade and new relevant evidence comes to light, organisations are encouraged to contact the Commission for guidance on whether a

If an allegation has only ever been made before the scheme covered your organisation, a head of an organisation may choose to report the allegation to the Commission. Once that allegation has been reported to the Commission by the head of an organisation, that head must investigate the allegation and give the Commission the required updates.

fresh investigation should be conducted.

Accordingly, the head of an organisation could be required to report to the Commission an allegation that one of their workers or volunteers committed reportable conduct that was ‘made’ or ‘remade’ while the scheme covered their organisation. If an allegation has only ever been made before the scheme covered an organisation, that allegation can be disclosed to the Commission, but a report will only be required if that allegation has been remade or repeated while the scheme covered an organisation.

Timing of employment or engagement

The scheme only applies to those workers or volunteers who have been employed or engaged by an organisation covered by the scheme, while the scheme covered that organisation. The timelines below illustrate how this may be relevant for a Phase 1 organisation.

Type of allegation	Timeline	Could a report be required?
Allegation concerns worker who was employed by a Phase 1 organisation after the scheme covered that organisation	<p>The diagram shows a horizontal timeline with three vertical markers: 1 April 2017, 1 July 2017, and 1 October 2017. A red callout above the timeline states '1 July 2017 Scheme applies to Phase 1 organisations'. A yellow box representing the 'Employment period' is positioned between 10 August 2017 and 1 January 2018, which is entirely to the right of the 1 July 2017 date.</p>	✓
Allegation concerns worker who was employed by a Phase 1 organisation before and after the scheme covered that organisation	<p>The diagram shows a horizontal timeline with three vertical markers: 1 April 2017, 1 July 2017, and 1 October 2017. A red callout above the timeline states '1 July 2017 Scheme applies to Phase 1 organisations'. A yellow box representing the 'Employment period' is positioned between 10 April 2017 and 1 January 2018, overlapping with the 1 July 2017 date.</p>	✓
Allegation concerns worker who was employed by a Phase 1 organisation before the scheme covered that organisation	<p>The diagram shows a horizontal timeline with three vertical markers: 1 April 2017, 1 July 2017, and 1 October 2017. A red callout above the timeline states '1 July 2017 Scheme applies to Phase 1 organisations'. A yellow box representing the 'Employment period' is positioned between 10 January 2017 and 1 June 2017, which is entirely to the left of the 1 July 2017 date.</p>	✗

Accordingly, the head of an organisation could be required to report to the Commission an allegation that one of their workers or volunteers committed reportable conduct, if that worker or volunteer was employed or engaged by their organisation when the scheme covered that organisation.

15. WORKERS AND VOLUNTEERS

This section provides guidance to workers and volunteers about the Reportable Conduct Scheme (the scheme), particularly if you are the subject of a reportable allegation.

About the Reportable Conduct Scheme

The scheme seeks to improve organisations’ responses to allegations of child abuse and neglect by their workers and volunteers. The scheme is established by the *Child Wellbeing and Safety Act 2005*.

Under the scheme, heads of organisations must notify the Commission for Children and Young People (the Commission) about allegations of certain types of conduct involving a child by their workers and volunteers.

Allegations must be reported about workers and volunteers even if:

- they do not have direct contact with children as part of their work
- the conduct occurred within or outside the course of employment.

Heads of organisations then have to investigate these allegations.

What types of workers and volunteers are covered by the Reportable Conduct scheme?

The scheme applies to the conduct of any person over the age of 18 years who is employed or engaged by an organisation covered by the scheme including:

- those directly engaged by an organisation covered by the scheme to provide services, including as a volunteer, contractor, office holder, officer or other position
- foster or kinship carers
- ministers of religion, religious leaders or officers of a religious body.

The Commission uses the term 'workers and volunteers' to describe these people above.

If the organisation that you work or volunteer for is covered by the scheme then your conduct is covered by the scheme.

More information about organisations covered by the scheme can be found on the [Commission's website](#).

What is reportable conduct?

There are five types of reportable conduct:

1. sexual offences
2. sexual misconduct
3. physical violence
4. behaviour that causes significant emotional or psychological harm to a child
5. significant neglect of a child.

Sexual offences, sexual misconduct, and physical violence are covered by the scheme if they are committed with, against or in the presence of a child.



A child is a person under the age of 18.



Reportable conduct covers more than just criminal offences.

What is the role of the Commission?

The Commission's role is to:

- provide an organisation responding to a reportable allegation with support and guidance to promote a fair and appropriate response
- independently oversee and monitor organisations' responses to reportable allegations and, when appropriate, make recommendations to improve responses
- in certain circumstances, notify the Secretary to the Department of Justice and Regulation of a finding that reportable conduct has been committed for the purposes of a Working with Children Check reassessment under the *Working with Children Act 2005*)

- in certain circumstances, notify other regulators (such as Victorian Government Departments and the Australian Health Practitioner Regulation Agency), that reportable conduct has been committed and provide other relevant information
- notify the Victorian Institute of Teaching (VIT) if an allegation is made and the findings of reportable conduct investigations are about a registered teacher.

What is a reportable allegation?

A reportable allegation is an allegation based on information that has led any person to form a reasonable belief that a worker or volunteer has committed:

- reportable conduct, or
- misconduct that may involve reportable conduct.

A reasonable belief is more than suspicion. There must be some objective basis for the belief. It does not require proof but must be more than rumour or speculation.



The head of the organisation is required to notify the Commission of a reportable allegation even if they do not believe it.

What happens when a reportable allegation is made?

If the head of an organisation becomes aware of a reportable allegation against one of their workers or volunteers, they must:

- notify the Commission (and Victoria Police if they suspect criminal behaviour) and Child Protection in some cases
- ensure the allegation is investigated (after obtaining clearance from Victoria Police, if necessary)
- make findings and take actions, based on the outcome of that investigation
- provide the findings to the Commission.

Reportable allegation process

An investigation of a reportable allegation should have these steps:

- receive and assess the allegation
- establish and conduct an investigation
- assess the evidence
- finalise the investigation and prepare a report
- make findings
- take actions in response to the findings.

Conducting an investigation

A reportable allegation may be investigated by:

- an internal staff member (for example, by Human Resources)
- an external independent investigator
- a regulator
- the Commission.

An investigation into a reportable allegation will usually involve:

- the collection of relevant physical evidence

- interviews with relevant witnesses, which may include children
- an interview with the subject of the allegation.

Are you the subject of an allegation?

The following sections provide guidance if you become the subject of a reportable allegation.

Procedural fairness

One of the fundamental principles of the scheme is that if you are the subject of a reportable allegation, you are entitled to receive natural justice in investigations into your behaviour. Natural justice is often called procedural fairness.

It is important that the reportable allegation process is conducted in a *fair* and *reasonable* manner and without undue delay.

Procedural fairness does not require that you be notified, straight away, that a reportable allegation has been made about you.

The investigator will need to consider the most appropriate and earliest opportunity to notify you, while ensuring the integrity of that investigation and the wellbeing of everyone involved.

There should not be an unreasonable delay in giving you notice about a reportable allegation.

In limited cases, for example, when an allegation is plainly false and can be dealt with and resolved in your favour without your involvement, it may be that you are not told about that allegation.

You may be notified of the allegation via a letter of allegation. A letter of allegation is a written document that clearly tells you the details of the reportable allegations made against you.

If a letter of allegation is provided, the letter should clearly set out each allegation and should contain enough information for you to understand exactly what the allegation(s) are so that you can respond to them.

A letter of allegation may include:

- what conduct allegedly occurred
- when and where the alleged conduct occurred
- who was involved in the alleged conduct.

What happens once a reportable allegation is made against me?

Regardless of whether you received a letter of allegation or if you are notified of a reportable allegation in some other way, you should generally expect to:

- be told about the details of the allegation
- have an appropriate amount of time to consider the allegation, including so that you may suggest persons you believe should be interviewed as part of the allegation
- be able to ask that an appropriate support person is present if you are interviewed
- be invited to respond, either verbally or in writing, to the reportable allegation and any adverse information that is credible, relevant and significant
- have an investigator who is impartial.

You may also have rights to seek advice and/or representation from a lawyer, union or other representative body as part of the investigation.



Putting your version in writing and/or attending an interview enables you to respond to the allegation. You may choose to seek advice before putting forward your version as there can be some serious consequences if the allegation is substantiated.

Stand down, suspension and other actions

The Mount Martha Preschool Association Committee of Management, or those tasked with the investigation, may consider if it should stand down or suspend a member of staff or volunteer while it investigates.

The head of your organisation considers different issues, such as the risks to children and other people in their organisation, when making this decision.

Organisations might also:

- prevent you from having contact with children
- transfer you to other duties
- ensure that you have additional support and supervision at work
- direct you not to discuss the matter with other workers or volunteers
- request that you hand over equipment or remove document access.

Each organisation will have to apply different laws and policies about these actions. Ask your organisation for more information if you need it.

Assessing the evidence

Balance of probabilities – Measure of proof

The level of certainty and degree of evidence required to establish proof for reportable allegations is called the 'balance of probabilities'. This is a lower standard than is required for criminal cases in which an allegation must be proved beyond reasonable doubt. Therefore, when conducting an investigation, the investigator thinks about whether it is **more likely than not** that the reportable conduct occurred.

Finalising the investigation

Opportunity for you to respond

Before any adverse findings are made or disciplinary action is taken against you, the organisation should ensure that you are given an opportunity to comment on and respond to the allegation. That response should be carefully considered before the investigation is finalised.

Notification to the Commission

After considering your response, the organisation will prepare its investigation findings (and reasons for the findings). These are given to the Commission.

You should also be told about the outcome, particularly if that outcome is unfavourable. However, you may not always receive the full detailed investigation findings, report and reasons. This could be because these include sensitive information about children or private information.

Potential findings and action

There are different potential findings that can be made at the end of an investigation. Refer to the Section 10 Investigation Findings (Commission's Information Sheet 8 – [Investigation Findings](#)) for detailed information on this.

In summary, if:

- the evidence suggests it was more likely than not that the reportable conduct happened, then a **substantiated** finding may be made
- there is not enough evidence to suggest that it was more likely than not that the reportable conduct happened, then an **unsubstantiated – insufficient evidence** finding may be made
- there is not enough evidence to establish whether the reportable conduct did or did not happen, then an **unsubstantiated – lack of evidence of weight** finding may be made

- there is strong evidence that reportable conduct did not happen, then an **unfounded** finding may be made
- if the conduct occurred but it does not fit any of the types of reportable conduct listed above, then a finding **conduct outside scheme** may be made.

Organisations may take a range of actions on the basis of these findings.

Disagreeing with a finding and action

If you disagree with a finding or action taken by an organisation in response to a finding, you should refer to your internal organisational dispute resolution procedures.

You should also consider obtaining advice, support or guidance from:

- your trade union by calling [Australian Unions](#) on 1300 486 466 or the [Victorian Trades Hall Council](#) on (03) 9659 3511
- a lawyer via:
 - the [Law Institute of Victoria](#), who can refer you to a lawyer
 - [JobWatch Employment Rights Legal Centre](#) on 1800 331 617 (Country Victoria) or (03) 9662 1933 (Melbourne Metro), who provide a free and confidential telephone information and referral service for workers
 - the [Federation of Community Legal Centres](#), who can help you find a Community Legal Centre near you
- the [Fair Work Ombudsman](#), who can give you information and advice about your workplace rights and obligations
- the [Fair Work Commission](#), who can provide assistance for employees that have been dismissed from their employment and who are considering making an unfair dismissal, general protections dismissal or unlawful termination application.

Working with Children Check and Victorian Institute of Teaching referrals

In addition to any action that your organisation may take, if you are found to have committed reportable conduct, the Commission may, in certain circumstances, refer the conduct to the Working with Children Check Unit for reassessment of your Working with Children Check. The referral can occur even if you do not hold a Working with Children Check card. If you are a registered teacher, VIT will be notified of the findings of all reportable conduct allegations.



The Commission is required to advise VIT when they receive a reportable allegation about a registered teacher.

Reports by workers or volunteers

If you form a reasonable belief that someone in an organisation has committed reportable conduct or misconduct that may involve reportable conduct, you may notify your head of organisation or the Commission. Reporting to the Commission does not replace your existing reporting obligations.

For example, you may still be required to:

- report to Child Protection if you form a reasonable belief that a child is in need of protection from physical injury or sexual abuse.
- report to Victoria Police if a criminal offence may have occurred
- take all reasonable steps to remove or reduce risks of sexual abuse, especially if you are in a position of authority.

Note: The scheme provides certain legal protections to any person who makes a reportable allegation to the Commission in good faith.

15.COMMISSION'S OWN MOTION INVESTIGATION

This section outlines some of the Commission for Children and Young People's (**Commission**) powers in relation to investigating reportable allegations under the Victorian Reportable Conduct Scheme (**the scheme**) set out in the *Child Wellbeing and Safety Act 2005* (**the Act**). It will also provide guidance on some of the review rights available to organisations to review certain decisions of the Commission.

The Reportable Conduct Scheme

The Commission has a variety of functions under the scheme, including to:

- oversee the investigation of reportable allegations
- make recommendations to organisations in relation to the findings of investigations
- share information about substantiated findings with the Working with Children Check unit and other regulators
- monitor compliance with the scheme.

Heads of organisations have an obligation to investigate reportable allegations about the conduct of their workers or volunteers.

In limited circumstances, the Commission may investigate allegations of reportable conduct itself.

Own motion investigations

The Commission may, on its own motion, investigate an allegation of reportable conduct by a volunteer or worker who is engaged by an organisation subject to the scheme.

The Commission may commence an own motion investigation if the Commission:

- receives information about a reportable allegation from any person, the Commission reasonably believes the reportable conduct may have been committed and the Commission considers it is in the public interest for the Commission to investigate, or
- is advised by an organisation or regulator that the organisation or regulator will not, or is unable to investigate the reportable allegation or engage an independent investigator, or
- considers it is in the public interest to investigate any inappropriate handling of, or response to, a reportable allegation by an organisation or regulator (whether a complaint has been received or not).

In order to conduct an investigation, the Commission has a number of powers to gather information.

What is in the public interest?

Before making a decision to conduct an Own Motion Investigation, the Commission needs to be satisfied that the investigation is in the public interest. The 'public interest' can relate to the interests of the community as a whole, or at least to a large part of the community, or it can relate to individual interests, a small group or a part of the total population.

Some questions the Commission might ask when considering what is in the public interest include, but are not limited to:

- What are the best interests of the alleged victim likely to involve?
- What are the interests of any other children involved?
- What are the interests of the organisation involved?
- Does the organisation have any particular qualities that make their needs unique?
- If the organisation has indicated it will use an investigator, is the investigator, nominated by the organisation, an 'independent investigator' who is free from any bias or conflict of interest?
- Is there evidence that suggests an investigator appointed by the organisation or a decision-maker could have pre-judged an allegation?
- Is there evidence to suggest the organisation will not conduct a thorough investigation process?
- Has the organisation previously demonstrated an unwillingness to apply a thorough investigative process?
- Is the organisation's decision-maker in charge of making findings at the end of the investigation free from any bias or conflict of interest?

Once the own motion investigation has concluded, the Commission, can:

- make findings and give reasons for the findings
- make recommendations for actions to be taken (if any)
- provide the organisation with the findings, reasons and any recommendations, and
- if required, for example if the individual's employment is regulated by another body such as VIT or AHPRA, provide the relevant regulator with any recommended actions to be taken by the regulator.

If the own motion investigation finds that reportable conduct is substantiated, the Commission may notify the Secretary to the Department of Justice and Regulation for the purposes of a Working with Children Check Assessment or Reassessment.

Reviewing the Commission's decisions following an investigation

Internal Review

A worker or volunteer who is the subject of a reportable allegation may seek an internal review by the Commission of a finding made by the Commission at the conclusion of an own motion investigation.

An internal review is a process for reviewing a decision of the Commission. The review is undertaken by a senior person within the Commission who was not involved in making the original decision. Internal review involves taking a fresh look at the evidence that was available to the original decision maker, considering any new evidence that has become available, and considering any other available information that is relevant. This process aims to test the merits of the original decision. Once the internal review is complete, the internal reviewer will either confirm the original decision or make a different one. The Commission's internal review procedure is designed to be inexpensive, timely and informal.

Review by VCAT

If the Commission has made a finding that a worker or volunteer has committed reportable conduct, the worker or volunteer may seek a review by the Victorian Civil and Administrative Tribunal (**VCAT**), but **only** if that worker or volunteer has exhausted all internal review avenues first.

The application for review must be made to VCAT within 28 days after the following, whichever is the later:

- the day the decision is made by the Commission; or
- the day on which a worker or volunteer is given a statement of reasons requested under VCAT's legislation or they are informed that a statement of reasons will not be given.

Further information on VCAT's processes can be found on the VCAT website: www.vcat.vic.gov.au

WHERE TO GET HELP

Organisations covered by the Reportable Conduct Scheme should contact the Commission for clarification and guidance, and to talk through any issues of concern.

- Telephone: 8601 5281
- Email: contact@ccyp.vic.gov.au

Further information is also available on the Commission for Children and Young People's website at www.ccyp.vic.gov.au

OTHER RELEVANT SERVICE AND SUPPORT

Family Safety Victoria <http://www.vic.gov.au/familyviolence.html>

Domestic Violence Victoria <http://dvvic.org.au/>

SOURCES AND RELATED POLICIES

Reportable Conduct Scheme Information Sheets 1-14

(Commission For Children and Young People 2017 [SOURCE MATERIAL])

Child Wellbeing and Safety Act 2005 Juries Act 2000 (Vic)

Sentencing Act 1991

Crimes Act 1958 (Vic)

Children, Youth and Families Act 2005 (Vic)

Family Law Act 1975 (Cth).

ATTACHMENTS

Reportable Conduct Scheme Notification Form: *Three-Day Notification*
(Heads of Organisation/Department Delegates)

Reportable Conduct Scheme Update Form A: *30-day Update*

Reportable Conduct Scheme Update Form C: *Investigations Outcome Form*

EVALUATION

The Committee of Management will review this procedure and enact amendments or entire replacement upon knowledge of any changes to the *Reportable Conduct Scheme* made by the Commission for Children and Young People.

AUTHORISATION

This procedure was adopted by the Approved Provider of Mount Martha Preschool 1/5/2019.

REVIEW DATE: 1/5/2020



COMMISSION FOR CHILDREN
AND YOUNG PEOPLE

Reportable Conduct Scheme Notification

Form: Three-day notification (heads of organisation/Department delegates)

By completing this eform you will meet the minimum requirement for the mandatory 3 business day notification by heads of entity. You can preview and print the information before you submit.

Once you submit the information, you will be given a case number and password which will be required for subsequent updates. The case number and password will also be emailed to you.

NOTE: if this report involves family violence or criminal conduct please ensure that you have reported the matter to Police. You cannot commence your investigation until you have contacted the Police.

Details of the head of organisation

1. First name
2. Last name
3. Phone number
4. Email

Is the person completing this form the head of the organisation?

If no, provide:

1. Organisation contact's first name
2. Organisation contact's last name
3. Phone number
4. Email

Details of your organisation

The law sets out the types of organisations that are required to notify us of reportable allegations. For more information on organisations, refer to our [For organisations](#) page.

1. Organisation name
2. Address line 1
3. Address line 2

4. Town/suburb
5. State
6. Postcode
7. What type of organisation are you?
This helps us identify if your organisation is in scope. Select the category that best describes your organisation's primary function.
 - a. A department
 - b. A public hospital
 - c. Child care centres
 - d. Child protection services
 - e. Denominational hospital
 - f. Disability service provider that provides residential services for children with a disability
 - g. Drug or alcohol services that provide in-patient beds for children and young people
 - h. Government school
 - i. Homelessness service
 - j. Kindergarten
 - k. Non-government school
 - l. Other disability service provider
 - m. Out-of-home care services
 - n. Overnight camps for children as its primary activity
 - o. Registered overseas student exchange organisations
 - p. Registered schools that provide education and training courses to overseas students
 - q. Registered secondary providers that provide approved education courses to students from overseas
 - r. Religious body
 - s. Residential facilities
 - t. Statutory bodies.

Details of the allegation(s)

1. Was the allegation(s) reported to the head of organisation by another person ? (if yes, question 2 below)
 - a. Yes
 - b. No
2. When was the allegation(s) reported to the head of organisation?
3. First name of employee
This is the employee who is alleged to have committed the reportable conduct. The scheme applies to allegations about adult employees as well as any other adults engaged directly to provide services (such as volunteers, contractors, office holders and officers). The scheme also applies to ministers of religion, religious leaders and some foster and kinship carers. It does not apply to people engaged indirectly, such as agency staff, labour-hire workers or subcontractors.
4. Middle name of employee (if known)
5. Last name of employee
6. Former names or aliases (if known)
7. Is the person over 18 years of age?



The Commission can only accept allegations made about persons who are 18 years or older. If the allegation is about a person younger than 18, please call the Commission on (03) 8601 5281 for further advice.

- a. Yes (if selected, question 8 below)
 - b. No
 - c. Don't know
8. Employee's date of birth
9. Working with Children Check
If you know the employee's Working with Children Check number, please enter it here
10. Teacher registration number
If you know the employee's teacher registration number, please enter it here

Details of the alleged victim(s)

Please complete details of each alleged victim separately. You may add as many alleged victims as required by selecting 'Add alleged victim' below.

1. First name
2. Surname
3. Date of birth
4. Is the alleged victim from a Culturally and linguistically diverse (CALD) community?
5. Is the alleged victim from a Koori community?

Details of the alleged conduct

1. When did the alleged conduct occur?
2. Where did the alleged conduct occur?
The law encompasses reportable conduct whether or not it occurred within the course of the person's employment.
 - a. In the course of employment
 - b. Outside the course of employment
 - c. Unknown
3. Allegation type (check boxes)
Please select all relevant types of conduct. For more information about the types of reportable conduct, see [What is reportable conduct?](#)
 - a. Sexual offence committed against a child
 - b. Sexual offence committed with a child
 - c. Sexual offence committed in the presence of a child
 - d. Sexual misconduct committed against a child
 - e. Sexual misconduct committed with a child
 - f. Sexual misconduct committed in the presence of a child
 - g. Physical violence committed against a child
 - h. Physical violence committed with a child
 - i. Physical violence committed in the presence of a child
 - j. Behaviour that causes significant emotional or psychological harm to a child
 - k. Significant neglect of a child
4. Summary of allegation
Please outline the details of the allegation as you currently understand them, including where it occurred. You can also indicate, if known, who will conduct the



investigation and what steps the organisation has taken to mitigate risks of harm to children.

Police report

1. Has this matter been reported to police? (if yes, further questions below)
This includes reports you, your organisation, or any other person has reported.
 - a. Yes
 - b. No
2. When was the police report made?
3. Please provide the police report reference number (if known)
4. Name of police station, officer and rank the report was made to (if known)

Supporting documentation

Please upload any documents that you think are relevant to this report, such as incident reports and any risk management plans for the children or young people.

You may attach files of type pdf, doc, docx, rtf, zip up to a maximum total size of 10MB.

If you need to provide any large multimedia files such as videos, photos or audio, please email these to the Commission at Reportable.Conduct@ccyp.vic.gov.au.

Review report

Please check the details of your submission carefully. Once you have submitted, you will not be able to edit your submission. You will be sent a receipt of your submission by email, but it will not contain any information contained in the submission.

If you want to retain a copy of your submission you **must** print a copy of this page using the print button below.

By pressing submit you agree that the information you are providing is true and correct to the best of your knowledge.

If you have any issues with submitting this form, please call the Commission on (03) 8601 5281 or email Reportable.Conduct@ccyp.vic.gov.au.

Confirmation

Thank you for your submission.

Your case number is RCS-2017/0000 [example only]

Your password is 874bf7cc-0645-43e9-af12-ff7c6f131343 [example only]

Make sure you keep these numbers safe – you will need them to provide the Commission with updates about the allegation. We have also emailed you a receipt of your submission, which contains these reference numbers.

As head of an organisation to which the reportable conduct scheme applies, you have a legal obligation to provide information and updates to the Commission at different stages. For more information about your reporting obligations and timeframes, see [Reporting and Investigating Allegations](#).

To provide the Commission with further updates to this matter, including any investigation outcomes, please use the case number and password quoted above when filling out the form.





Reportable Conduct Scheme Update Form A

Form A: 30 day update

By completing this eform you will meet the requirements for the mandatory update within 30 calendar days by heads of entity. You can preview, review and print the information before you submit.

You will require the case number and password provided when you submitted your 3 day notification in order to make the update. The case number and password will have been emailed to you.

You can submit the update at any time (including when making the 3 day notification).

Note: If you have completed your investigation within 30 days (including making findings) go to the Investigation Outcomes form instead.

Information about the allegation

1. Please provide detailed information about the allegation(s)
The Commission requires details of any further information you have gathered. This may include: more information about the nature of the allegation/s made, any specifics about the date/s when reportable conduct happened, any specifics about the location/s where the conduct is alleged to have happened, more information about the employee, if known.
2. What type of reportable conduct is alleged to have happened?
Please select all types of conduct. For more information about the types of reportable conduct, see [What is reportable conduct?](#)
 - a. Sexual offence committed against a child
 - b. Sexual offence committed with a child
 - c. Sexual offence committed in the presence of a child
 - d. Sexual misconduct committed against a child
 - e. Sexual misconduct committed with a child
 - f. Sexual misconduct committed in the presence of a child
 - g. Physical violence committed against a child
 - h. Physical violence committed with a child
 - i. Physical violence committed in the presence of a child
 - j. Behaviour that causes significant emotional or psychological harm to a child
 - k. Significant neglect of a child

Further information

1. IF sexual offence:
 - a. Rape or sexual assault
 - b. Grooming or encouraging a child to engage in sexual activity
 - c. Offence relating to child abuse material
 - d. Sexual activity in the presence of a child
 - e. Other
2. IF sexual misconduct, secondary radio buttons will appear:
 - a. Crossing professional boundaries
 - b. Sexually explicit comments
 - c. Other sexual behaviour
3. IF physical violence:
 - a. Hitting/kicking/punching
 - b. Pushing/shoving/grabbing/throwing/shaking
 - c. Use of object
 - d. Inappropriate restraint/excess force
 - e. Other
4. IF psychological harm:
 - a. Exposure to violence or threats of violence
 - b. Self- destructive behaviour
 - c. Antisocial behaviour
 - d. Persistent hostility/rejection
 - e. Humiliation/belittling
 - f. Scapegoating
 - g. Other
5. IF significant neglect:
 - a. Clothing or food
 - b. Medical care
 - c. Shelter
 - d. Supervision
 - e. Provision of drugs/alcohol
 - f. Other

Actions proposed or taken

1. Do you propose to take or have you taken any disciplinary or other action in relation to the employee?

These actions may be part of your risk management plan to ensure the safety of children.

 - a. No action proposed or taken
 - b. Action proposed or taken
 - c. Unsure
2. Please provide reasons why you intend to take action or not
3. IF action proposed or taken: What action do you propose to take or have you taken toward the employee?
 - a. Termination of employment
 - b. Suspension with pay
 - c. Suspension without pay



- d. Limitations on the employee's work practices or activities
 - e. Demotion
 - f. Transfer to different duties
 - g. Written warning
 - h. Education or training
 - i. Other
4. Has the employee made a submission about the allegation?
Natural justice and procedural fairness ordinarily requires that your organisation should fairly consider any submission made by the employee before determining any action. If 'yes' please attach a copy of any written submissions that have been made on the last page of this form.
- a. Yes
 - b. No
5. Have you advised any regulator or government funder of the allegation?
- a. Yes (if yes, question 6 below)
 - b. No
6. Which regulator(s) have you advised?
- a. Department of Health and Human Services
 - b. Department of Education and Training
 - c. Victorian Registration and Qualifications Authority
 - d. Victorian Institute of Teaching
 - e. Department of Justice and Regulation
 - f. Department of Environment, Land, Water and Planning
 - g. Australian Health Practitioners Regulation Agency
 - h. National Health Practitioner Board
 - i. Suitability Panel
 - j. Other

Any other information

1. Is there any other information you would like to provide at this time?
Please provide information such as progress on the investigation and any additional details about the child or young person that were not included in your 3-day notification.

Supporting documents

Please provide any further documents you think relevant. This should include your investigation plan, any steps you are taking to manage risks to children and young people and any written submissions from the employee (formats: PDF, doc, docx, rtf).

If you need to provide any large multimedia files such as videos, photos or audio, please email these to the Commission at Reportable.Conduct@ccyp.vic.gov.au

Review report

Please check the details of your submission carefully. Once you have submitted, you will not be able to edit your submission. You will be sent a receipt of your submission by email, but it will not contain any information contained in the submission.



If you want to retain a copy of your submission you **must** print a copy of this page using the print button below.

By pressing submit you agree that the information you are providing is true and correct to the best of your knowledge.

Confirmation

Thank you for providing your 30 day update. Should the Commission have any queries in relation to your update, we will contact you.

As head of an organisation to which the reportable conduct scheme applies, you have a legal obligation to provide information and updates to the Commission at different stages. For more information about your reporting obligations and timeframes, see [Reporting and Investigating Allegations](#).

Please make sure you keep the case number and password that you used for this update. You will need it to provide other updates relating to this reportable allegation.





Reportable Conduct Scheme Update Form C

Form C: Investigation outcomes form

By completing this eform you will meet the mandatory requirement of informing the Commission of the final outcomes of the workplace investigation into the reportable allegation. The form will allow you to preview, review and print the information before you submit.

You will need the case number and password provided when you submitted your 3 day notification in order to make the update. The case number and password will have been emailed to you.

You can submit the update at any time (including when making the 3 day notification), or instead of the 30 day update if the investigation has been completed.

Outcomes

1. Summary of the investigation

Please outline the details of the allegation(s) you are making. You will have an opportunity to attach additional documents later in this form.

2. Date of the investigation report or conclusion of investigation

Allegation number 1

Please complete the details of each allegation separately. You may add as many allegations as required by selecting 'Add another allegation' below. This information should correspond to the information in your investigation report.

3. Type of allegation

- a. Sexual offence committed against a child
- b. Sexual offence committed with a child
- c. Sexual offence committed in the presence of a child
- d. Sexual misconduct committed against a child
- e. Sexual misconduct committed with a child
- f. Sexual misconduct committed in the presence of a child
- g. Physical violence committed against a child
- h. Physical violence committed with a child
- i. Physical violence committed in the presence of a child
- j. Behaviour that causes significant emotional or psychological harm to a child
- k. Significant neglect of a child

4. Outcomes of the investigation
For more information about the outcomes available, view our [Information sheet 8: Investigation findings](#). Please note the category names were updated in March 2018
 - a. Substantiated
 - b. Unsubstantiated – insufficient evidence
 - c. Unsubstantiated – lack of evidence of weight
 - d. Unfounded
 - e. Conduct outside scheme
5. Findings
Please outline the finding for this allegation. There will be an option to upload supporting documents at the end of this form.

Status of the investigation

1. Has the employee made a submission about the findings
Natural justice and procedural fairness ordinarily requires that your organisation should fairly consider any submission made by the employee before determining any action. If 'yes' please attach a copy of any written submissions that have been made on the last page of this form.
 - a. Yes
 - b. No
2. Do you propose to take or have you taken any disciplinary or other action toward the employee?
These actions may be part of your risk management plan to ensure the safety of children.
 - a. No action proposed or taken
 - b. Action proposed or taken
 - c. Unsure
3. IF action proposed or taken: What action do you propose or have you taken toward the employee?
 - a. Termination of employment
 - b. Suspended with pay
 - c. Suspended without pay
 - d. Employee to be supervised
 - e. Limitations placed on the employee's work practices or activities
 - f. Demotion
 - g. Transferring to different duties
 - h. Written warning
 - i. Education or training
 - j. Other
4. IF no action proposed or taken or unsure: Please provide further information
If not action has been taken include the reason(s) for your decision.

Further information

1. Is there any other information you would like to provide at this time?
Please provide information such as progress on the investigation and any additional details about the child or young person that were not included in your 3-day notification.



Supporting documents

Please provide details of the findings associated with each allegation. You can upload any supporting written documents if you need, such as a written submission by your employee and copies of any evidence you relied upon (formats: PDF, doc, docx).

If you need to provide any large multimedia files such as videos, photos or audio, please email these to the Commission at Reportable.Conduct@ccyp.vic.gov.au.

Review report

Please check the details of your submission carefully. Once you have submitted, you will not be able to edit your submission. You will be sent a receipt of your submission by email, but it will not contain any information contained in the submission.

If you want to retain a copy of your submission you **must** print a copy of this page using the print button below.

By pressing submit you agree that the information you are providing is true and correct to the best of your knowledge.

Confirmation

Thank you for providing your investigation outcome update. Should the Commission have any queries in relation to your update, we will contact you.

As head of an organisation to which the reportable conduct scheme applies, you have a legal obligation to provide information and updates to the Commission at different stages. For more information about your reporting obligations and timeframes, see [Reporting and Investigating Allegations](#).

Please make sure you keep the case number and password that you used for this update. You will need it to provide other updates relating to this reportable allegation.



Quality Area 1:
Educational Program & Practice

CURRICULUM DEVELOPMENT POLICY

Best Practice – Quality Area 1

PURPOSE

This policy will provide guidelines to ensure that the educational program (curriculum) and practice at Mount Martha Preschool is:

- based on an approved learning framework
- underpinned by critical reflection and careful planning
- stimulating, engaging and enhances children’s learning and development.

POLICY STATEMENT

1. VALUES

Mount Martha Preschool is committed to:

- providing an educational program that is based on reflective practice, critical analysis and planning
- supporting each child to achieve learning outcomes consistent with the national *Early Years Learning Framework* and/or the *Victorian Early Years Learning and Development Framework* (refer to *Sources*)
- providing an educational program where children can learn through play and are supported to make decisions, problem-solve and build relationships with others
- creating an environment that supports, reflects and promotes equitable and inclusive behaviours and practices
- involving families in the development and review of educational program and practice.

2. SCOPE

This policy applies to the Approved Provider, Persons with Management or Control, Nominated Supervisor, Persons in day to day charge, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Mount Martha Preschool.

3. BACKGROUND AND LEGISLATION

Background

The *Education and Care Services National Law Act 2010* (National Law) requires services to deliver an educational program (curriculum) that is based on an approved learning framework. In Victoria, approved learning frameworks for the early childhood sector are the *Early Years Learning Framework (Belonging, Being & Becoming)* (refer to *Sources*) and the *Victorian Early Years Learning and Development Framework* (refer to *Sources*). These documents are underpinned by practices and principles that encourage reflection and provide educators with a thorough understanding of the pedagogy of early childhood curriculum in a contemporary context.

Part 4.1 of the *Education and Care Services National Regulations 2011* (National Regulations) outlines the operational requirements for educational program and practice within services, including the requirements for documentation of assessments in relation to the educational program. There is no prescribed method in the National Law or National Regulations for documenting assessment of children’s learning. Each service must determine a method that suits their individual circumstances. To meet the documentation requirements of the National Regulations, the assessment must include an analysis of children’s learning. Collecting this information enables educators to plan effectively for each child’s learning and development. It can also be used by educators to stimulate reflection on their own values, beliefs and teaching practices, and to communicate about children’s learning with children and their families.

The National Regulations require the appointment of an Educational Leader to lead the development and implementation of the educational program (or curriculum) at the service (Regulation 118). This person will have suitable qualifications and experience, as well as a thorough understanding of the *Early Years Learning Framework* and/or the *Victorian Early Years Learning and Development Framework*, enabling them to guide other educators in planning and reflection, and to mentor colleagues in implementation practices (*Guide to the Education and Care Services National Law and the Education and Care Services National Regulations*, p85 – refer to *Sources*).

The *National Quality Standard* is linked to the approved learning frameworks. Quality Area 1: Educational Program and Practice focuses on “enhancing children’s learning and development through the:

- pedagogical practices of educators and co-ordinators
- development of programs that promote children’s learning across five learning outcomes” (*Guide to the National Quality Standard* – refer to *Sources*).

The educational program must also be underpinned by the service’s philosophy.

Legislation and standards

Relevant legislation and standards include but are not limited to:

- *Education and Care Services National Law Act 2010*: Sections 168, 301(3)(d), 323
- *Education and Care Services National Regulations 2011*: Regulations 73–76, 118, 148
- *National Quality Standard*, Quality Area 1: Educational Program and Practice
 - Standard 1.1: The educational program enhances each child’s learning and development
 - Standard 1.2: Educators facilitate and extend each child’s learning and development

4. DEFINITIONS

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

Approved learning framework: A document that outlines practices that educators and co-ordinators must use to support and promote children’s learning. The *Early Years Learning Framework (Belonging, Being & Becoming)* and the *Victorian Early Years Learning and Development Framework* are approved learning frameworks for use in Victoria (refer to *Sources*).

Critical reflection: Reflective practices that focus on implications for equity and social justice (*Early Years Learning Framework* – refer to *Sources*).

Curriculum: All interactions, experiences, activities, routines and events, planned and unplanned, that occur in an environment designed to foster children’s learning and development (*Early Years Learning Framework*– refer to *Sources*; adapted from Te Whariki).

Each child: A phrase used in the *National Quality Standard* when an individualised approach is warranted and educators are required to modify their response to meet the needs of an individual child. An example is ‘each child’s current knowledge, ideas, culture and interests provide the foundation for the program’.

Educational Leader: The Approved Provider of an education and care service must designate, in writing, a suitably qualified and experienced educator, co-ordinator or other individual to lead the development and implementation of educational programs at the service (Regulation 118). This person must have a thorough understanding of the *Early Years Learning Framework* (or other approved learning framework), be able to guide other educators in their planning and reflection, and mentor colleagues in the implementation of their practice.

Learning: A natural process of exploration that children engage in from birth, as they expand their intellectual, physical, social, emotional and creative capacities. Early learning is closely linked to early development.

Learning framework: Refer to **approved learning framework** above.

Learning outcome: A skill, knowledge or disposition that educators can actively promote in early childhood settings, in collaboration with children and families.

Learning relationships: Relationships that further children's learning and development. Both adult and child have intent to learn from one another.

Play-based learning: A context for learning through which children organise and make sense of their social world as they engage actively with people, objects and representations.

5. SOURCES AND RELATED POLICIES

Sources

- *Belonging, Being & Becoming – The Early Years Learning Framework for Australia:*
<http://education.gov.au/early-years-learning-framework>
- *Educators' Guide to the Early Years Learning Framework for Australia:*
<http://education.gov.au/early-years-learning-framework>
- *Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011, ACECQA:* www.acecqa.gov.au
- *Guide to the National Quality Standard, ACECQA:* www.acecqa.gov.au
- *National Quality Standard Professional Learning Program:*
www.earlychildhoodaustralia.org.au/nqsplp
- *Victorian Early Years Learning and Development Framework – Resources for Professionals:*
<https://www.education.vic.gov.au/childhood/professionals/learning/Pages/veyldf.aspx>
- *Marrung – Aboriginal Education Plan 2016 – 2026*
<https://www.education.vic.gov.au/about/programs/Pages/marrung.aspx>

Service policies

- *Code of Conduct Policy*
- *Environmental Sustainability Policy*
- *Inclusion and Equity Policy*
- *Interactions with Children Policy*
- *Nutrition and Active Play Policy*
- *Participation of Volunteers and Students Policy*
- *Road Safety and Safe Transport Policy*
- *Sun Protection Policy*
- *Supervision of Children Policy*
- *Water Safety Policy*

PROCEDURES

The Approved Provider and persons with management or control are responsible for:

- ensuring that the educational program is stimulating and engaging, enhances children's learning and development, and is based on an approved learning framework (refer to *Definitions*) (Section 168)
- ensuring the developmental needs, interests and experiences, and the individual differences of each child are accommodated in the educational program (Section 168) (refer to *Inclusion and Equity Policy*)

- ensuring the educational program contributes to each child:
 - developing a strong sense of identity
 - being connected with, and contributing to, his or her world
 - having a strong sense of wellbeing
 - being a confident and involved learner
 - being an effective communicator (Regulation 73)
- designating a suitably qualified and experienced Educational Leader to direct the development and implementation of educational programs at the service (Regulation 118)
- ensuring the staff record includes the name of the Educational Leader at the service (Regulation 148)
- ensuring that the service’s philosophy guides educational program and practice
- ensuring that assessments of the child’s developmental needs, interests, experiences and participation in the educational program are documented (Regulation 74(1)(a)(i))
- ensuring that assessments of the child’s progress against the outcomes of the educational program are documented (Regulation 74(1)(a)(ii))
- ensuring documentation of assessments includes reflection on the period of time the child is at the service, and how documented information will be used by educators at the service (Regulation 74(2)(a)(i)&(ii))
- ensuring documentation is written in plain language and is easy to understand by both educators and parents/guardians (Regulation 74(2)(b))
- ensuring a copy of the educational program is displayed at the service and accessible to parents/guardians (Regulation 75)
- ensuring that parents/guardians are provided with information about the content and implementation of the educational program, their child’s participation in the program and documentation relating to assessments or evaluations of their child (Regulation 76)
- developing and evaluating the educational program in collaboration with the Nominated Supervisor, educators, children and families.

The Nominated Supervisor and Persons in Day to Day Charge are responsible for:

- ensuring that the educational program is stimulating and engaging, enhances children's learning and development, and is based on an approved learning framework (refer to *Definitions*) (Section 168)
- ensuring the developmental needs, interests and experiences, and the individual differences of each child are accommodated in the educational program (Section 168) (refer to *Inclusion and Equity Policy*)
- displaying a copy of the educational program at the service in a location accessible to parents/guardians
- ensuring that each child's learning and development is assessed as part of an ongoing cycle of planning, documentation and evaluation
- ensuring that there is a record of learning and development for each child, and that it is updated and maintained on an ongoing basis
- developing and evaluating the educational program in collaboration with the Approved Provider, educators, children and families
- ensuring regular communication is established between the service and parents/guardians in relation to their child's learning and development.

Educators and other staff are responsible for:

- delivering an educational program that is stimulating and engaging, enhances children’s learning and development, and is based on an approved learning framework (refer to *Definitions*)

- considering the developmental needs, interests and experiences, and the individual differences of each child in the educational program (refer to *Inclusion and Equity Policy*)
- assessing and documenting each child's needs, interests, experiences, participation and progress in relation to the educational program in a way that is easy to understand for parents/guardians
- making information available to parents/guardians about their child's participation in the educational program
- communicating regularly with parents/guardians in relation to their child's learning and development
- developing and evaluating the educational program in collaboration with the Approved Provider, Nominated Supervisor, children and families.

Parents/guardians are responsible for:

- communicating regularly with the service in relation to their child's learning and development
- providing input to the development of the educational program in collaboration with the Approved Provider, Nominated Supervisor, educators and children.

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

EVALUATION

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

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

ATTACHMENTS

Nil

AUTHORISATION

This policy was adopted by the Approved Provider of Mount Martha Preschool on 8 November 2019.

REVIEW DATE: 1 SEPTEMBER 2020

INCLUSION AND EQUITY POLICY

Best Practice – Quality Areas 1-7

PURPOSE

This policy will provide guidelines to:

- ensure all adults and children at Mount Martha Preschool are treated equitably and with respect, regardless of their background, ethnicity, culture, language, beliefs, gender, age, socioeconomic status, level of ability, additional needs, family structure or lifestyle
- promote inclusive practices and ensure the successful participation of all children at Mount Martha Preschool.

POLICY STATEMENT

1. VALUES

Mount Martha Preschool is committed to:

- acknowledging and respecting the rights of all children to be provided with and participate in a quality early childhood education and care program
- creating an environment that supports, reflects and promotes equitable and inclusive behaviours and practices
- creating a sense of belonging for all children, families and staff, where diverse identities, backgrounds, experiences, skills and interests are respected, valued and given opportunities to be expressed/developed
- ensuring that programs are reflective of, and responsive to, the values and cultural beliefs of families using the service, and of those within the local community and broader society
- working to ensure children are not discriminated against on the basis of background, ethnicity, culture, language, beliefs, gender, age, socioeconomic status, health status, level of ability or additional needs, family structure or lifestyle.

2. SCOPE

This policy applies to the Approved Provider, Persons with Management or Control, Nominated Supervisor, Person in day-to-day Charge, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Mount Martha Preschool.

3. BACKGROUND AND LEGISLATION

Background

The National Quality Framework (NQF) recognises all children's capacity and right to succeed regardless of diverse circumstances, cultural background and abilities. Education and care services must hold high expectations for the learning and development of all children, and at the same time recognise that every child follows an individual learning path and will progress in different and equally meaningful ways. Inclusion involves taking into account children's social, cultural and linguistic diversity (including learning styles, abilities, disabilities, gender, family circumstances and geographic location) in curriculum decision-making processes. Early childhood education and care services must implement responsive, equitable, individualised opportunities and additional support whenever barriers are identified.

The NQF is underpinned by a commitment to 'Closing the Gap' and acknowledges Australia is a nation of great diversity, and an ancient land that has been cared for by Indigenous Australians for many thousands of years. Education and care services have a shared responsibility to support children, families, colleagues and the local community to understand, respect and value diversity.

State and Commonwealth laws prohibit discrimination based on personal characteristics, including race, age, gender, religious belief, disability or illness and parental status.

Under the Child Safe Standards, services are expected to provide environments and activities that encourage all children to participate in and celebrate their identity. The standards are underpinned by three overarching principles which require services to take into consideration the increased vulnerability of Aboriginal children, children from culturally and linguistically diverse backgrounds and children with disabilities.

The Victorian Government requires funded organisations to ensure that their policies and procedures promote equality of opportunity for all children to enable their full participation in kindergarten. A service's philosophy should reflect the values of inclusion and equity which are supported by developing and implementing an inclusion and equity policy. Developing professional knowledge and skills, and using family-centred practice (refer to *Definitions*) to work in partnership with children, families, communities, and other services and agencies, will assist services to identify, include and support children with additional needs and their families.

Legislation and standards

Relevant legislation and standards include but are not limited to:

- *Age Discrimination Act 2004*
- *Charter of Human Rights and Responsibilities Act 2006* (Vic)
- Charter for Children in Out-of-home Care (Vic)
- *Children, Youth and Families Act 2005* (Vic)
- *Child Wellbeing and Safety Act 2005* (Vic)
- Child Safe Standards (Vic)
- Dardee Boorai: the Victorian Charter of Safety and Wellbeing for Aboriginal Children and Young People (Vic)
- *Disability Act 2006* (Vic)
- *Disability Discrimination Act 1992* (Cth)
- *Education and Care Services National Law Act 2010*
- *Education and Care Services National Regulations 2011*
- *Equal Opportunity Act 2010* (Vic)
- *Fair Work Act 2009* (Cth)
- *Health Records Act 2001* (Vic)
- *Privacy and Data Protection Act 2014* (Vic)
- *National Quality Standards Quality Areas 1-7*
- *Occupational Health and Safety Act 2004*
- *Privacy Act 1988* (Cth)
- *Racial and Religious Tolerance Act 2001* (Vic)
- *Racial Discrimination Act 1975* (Cth)
- *Sex Discrimination Act 1984* (Cth)

4. DEFINITIONS

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

'Additional needs': A broad term relating to challenges experienced across a number of areas including physical health, mental health, disability, developmental concern, or emotional need (resulting from trauma, abuse or grief), family displacement (due to war or refugee status), domestic violence, mental illness, family separation or divorce, which affects a person's ability to participate or learn.

‘Culture’: The values and traditions of groups of people that are passed from one generation to another.

‘Culturally and linguistically diverse (CALD)’: Refers to individuals and groups who are from diverse racial, religious, linguistic and/or ethnic backgrounds.

‘Developmental delay’: A delay in the development of a child under the age of 6 years that:

- a) is attributable to a mental or physical impairment, or a combination of mental and physical impairments, and
- b) is manifested before the child attains the age of 6 years, and
- c) results in substantial functional limitations in one or more of the following areas of major life activity:
 - i) self-care
 - ii) receptive and expressive language
 - iii) cognitive development
 - iv) motor development, and
- d) reflects the child's need for a combination and sequence of special interdisciplinary or generic care, treatment or other services that are of extended duration and are individually planned and co-ordinated (*Disability Act 2006 (Vic)*).

‘Disability’: In relation to a person, refers to:

- a sensory, physical or neurological impairment or acquired brain injury, or any combination thereof, that:
 - i) is, or is likely to be, permanent, and
 - ii) causes a substantially reduced capacity in at least one of the areas of self-care, self-management, mobility or communication, and
 - iii) requires significant ongoing or long-term episodic support, and
 - iv) is not related to ageing, or
- an intellectual disability, or
- a developmental delay (*Disability Act 2006 (Vic)*).

‘Diversity’: Refers to all characteristics that make individuals different from one another, including race, religion, language, ethnicity, beliefs, age, gender, sexual orientation, level of ability, additional needs, socioeconomic status, educational attainment, personality, marital and/or parental status, family structure, lifestyle and general life/work experience.

‘Early Start Kindergarten’: A funding program that enables three-year-old Aboriginal and Torres Strait Islander children, and children known to Child Protection, to attend a free kindergarten program that is planned and delivered by an early childhood teacher for a specific number of hours.

‘Equity’: (In the context of human rights) is the behaviour of acting in a fair and just manner towards others.

‘Family-centred practice’: Practice which:

- uses families’ understanding of their children to support shared decision-making about each child’s learning and development
- creates a welcoming and culturally-inclusive environment, where all families are encouraged to participate in and contribute to children’s learning and development
- actively engages families and children in planning children’s learning and development
- provides feedback to families on each child’s learning, and provide information about how families can further advance children’s learning and development at home and in the community.

‘Inclusion’: The engagement and involvement of children and families to ensure that all individuals have an equal opportunity to participate and achieve their maximum potential.

‘Kindergarten Fee Subsidy (KFS)’: A state government subsidy paid directly to the funded service to enable eligible families to attend a funded kindergarten program or funded three-year-old place at no cost (or minimal cost) to promote participation. Details are available in *The Kindergarten Guide* (refer to *Sources*).

‘Kindergarten Inclusion Support Packages’: A package of support for children with a disability and high support needs and/or with complex medical needs..

‘Mental health’: in early childhood can be understood as a young child’s ability to experience, regulate and express emotions; form close and secure interpersonal relationships; and explore the environment and learn – all in the context of family, community and cultural expectations for young children. Infant mental health is synonymous with healthy social and emotional development (from *KidsMatter* – refer to *Sources*).

‘Out-of-Home Care’: Is the term used in Victoria when a child or young person is placed in care away from their parents. It includes placement in kinship care, home-based care such as foster care and residential care. For these children, the State of Victoria is their legal their parent, and with this comes the responsibilities of a parent to care for and protect them, and to ensure that they have access to all the services they need for their immediate and longer term benefit (*Early Childhood Agreement on Out-of-Home Care* – refer to *Sources*).

5. ANTI-DISCRIMINATION

Mount Martha Preschool does not and shall not discriminate under any circumstances on the basis of race, colour, religion, creed, gender, gender expression, age, national origin or ancestry, disability, marital status, sexual orientation or any other attributing dynamic in any of its activities, programs or operations. These activities include, but are not limited to, hiring or dismissal of staff, the selection of volunteers or provisioning of services or programs. The Association is committed to providing an inclusive and welcoming environment for all staff, volunteers, children, families, subcontractors, vendors or clients.

6. EQUAL OPPORTUNITY EMPLOYER

Mount Martha Preschool is an equal opportunity employer. The Association will not discriminate and will ensure equal opportunity measures to safeguard against discrimination in employment, recruitment, advertisements for employment, compensation, termination, promotions, and other conditions of employment against any employee or job applicant on the basis of race, colour, religion, creed, gender, gender expression, age, national origin or ancestry, disability, marital status, sexual orientation or any other attributing dynamic.

7. SOURCES AND RELATED POLICIES

Sources

- *Early Childhood Agreement for Children in Out-of-Home Care* (March 2014). Signed by the Department of Education and Early Childhood Development, the Department of Human Services, Municipal Association of Victoria and Early Learning Association Australia. www.education.vic.gov.au
- Early Childhood Australia (ECA) and Early Childhood Intervention Australia’s (ECIA) *Position Statement on the Inclusion of Children with a Disability in Early Childhood Education and Care* – available at: Search ‘statement on inclusion of children with disability’ at: www.earlychildhoodaustralia.org.au/our-work/inclusion-resources/
- fka Children’s Services www.fka.com.au
- *Guide to the National Quality Framework*: www.acecqa.gov.au
- *Guide to the National Quality Standard*: www.acecqa.gov.au
- KidsMatter: www.kidsmatter.edu.au
- *The Kindergarten Funding Guide* (DET): www.education.vic.gov.au

- *Victorian Early Years Learning and Development Framework Principle Practice Guide 1: Family-centred and Practice Guide Four: Equity and Diversity*: www.education.vic.gov.au

Service policies

- *Anaphylaxis Policy*
- *Asthma Policy*
- *Child Safe Environment Policy*
- *Code of Conduct Policy*
- *Complaints and Grievances Policy*
- *Curriculum Development Policy*
- *Dealing with Infectious Diseases Policy*
- *Dealing with Medical Conditions Policy*
- *Diabetes Policy*
- *Enrolment and Orientation Policy*
- *Epilepsy Policy*
- *Excursions and Service Events Policy*
- *Fees Policy*
- *Interactions with Children Policy*
- *Nutrition and Active Play Policy*
- *Privacy and Confidentiality Policy*
- *Staffing Policy*

PROCEDURES

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

- ensuring that service programs are available and accessible to families from a variety of backgrounds (refer to *Curriculum Development Policy*)
- encouraging collaborative, family-centred practice (refer to *Definitions*) at the service which facilitates the inclusion and active participation of both the child and the family at the service
- providing families with information about the support options available for children attending Mount Martha Preschool
- ensuring that educational programs are delivered in accordance with an approved learning framework, are based on the developmental needs, interests and experiences of each child, and take into account the individual differences of each child (*Victorian Early Years Learning and Development Framework Practice Guide Four: Equity and Diversity* – refer to *Sources*)
- ensuring that the enrolment process is fair and equitable, and facilitates access for all children (refer to *Enrolment and Orientation Policy*)
- tailoring the orientation process to meet the individual needs of children and families (refer to *Enrolment and Orientation Policy*)
- identifying the barriers to participation in service programs and activities, and developing strategies to overcome these barriers
- ensuring that facilities are designed or adapted to support access by every child, family, educator and staff member, including adaptive equipment to support the inclusion of all children
- ensuring that staff have access to appropriate and accredited professional development activities that promote a positive understanding of diversity, inclusion and equity, and provide skills to assist in implementing this policy (refer to *Staffing Policy*)
- ensuring that the Nominated Supervisor and all staff are aware of the service's expectations regarding positive, respectful and appropriate behaviour when working with children and families (refer to *Code of Conduct Policy* and *Interactions with Children Policy*)

- considering any issues regarding fees that may be a barrier to families enrolling at Mount Martha Preschool, and removing these barriers wherever possible (refer to *Fees Policy*)
- ensuring that all eligible families are supported to access the Kindergarten Fee Subsidy (refer to *Definitions* and *Fees Policy*), including families with concession cards, Aboriginal and Torres Strait Islander families, and refugee and asylum seeker families
- providing service information in various community languages wherever possible
- using language services (refer to *Sources*) to assist with communication where required and considering the employment of a multilingual worker/s to meet the needs of culturally and linguistically diverse (CALD) families
- working with the Nominated Supervisor and educators to ensure appropriate program planning and resourcing for children with additional needs (refer to *Definitions*)
- where practicable, accessing resources, support and professional development to facilitate inclusion of children with additional needs who are ineligible for specific support packages
- ensuring collaborative relationships with specialised services and professionals to provide support and services for families and children with a disability, complex medical needs and/or developmental delay
- ensuring that all eligible three-year-old Aboriginal and Torres Strait Islander children and children known to Child Protection are supported to access the Early Start Kindergarten program (refer to *Definitions*)
- implementing appropriate programs and practices to support vulnerable children and families, including working co-operatively with relevant services and/or professionals, where required (refer to *Child Safe Environment Policy*)
- ensuring that service programs are inclusive of all children with medical conditions
- ensuring that no employee, prospective employee, parent/guardian, child, volunteer or student at the service is discriminated against
- ensuring that any behaviour or circumstances that may constitute discrimination or prejudice are dealt with in an appropriate manner (refer to *Complaints and Grievances Policy*)
- ensuring that all policies of Mount Martha Preschool, including the *Privacy and Confidentiality Policy*, are adhered to at all times.

The Nominated Supervisor and Persons in Day to Day Charge are responsible for:

- ensuring that the service provides a safe, inclusive and empowering environment which celebrates diversity through positive, respectful and appropriate behaviour when working with children and families (refer to *Code of Conduct Policy* and *Interactions with Children Policy*)
- ensuring the diversity and interests of the children, families and staff are reflected in the physical environment
- ensuring that cultural values and expectations about health and wellbeing are respected
- providing an educational program that is reflective of the service's values, beliefs and philosophy, and embraces the principles of fairness, equity, diversity and inclusion (*Victorian Early Years Learning and Development Framework Practice Guide Four: Equity and Diversity* – refer to *Sources*)
- identifying children with additional needs
- being aware of support and resources available to ensure that children are included in service programs
- ensuring that service programs are inclusive of all children with medical conditions
- using family-centred practice (refer to *Definitions*) and working collaboratively with staff, parents/guardians, specialist services and other professionals to implement the program at the service and provide individualised support for children
- providing information to families about the support available to assist children
- providing opportunities for families to contribute to the program as key partners
- ensuring that parents/guardians are consulted, kept informed and provide written consent, where individualised programs, action, support or intervention are planned and provided for their child

- responding to the needs and concerns of parents/guardians, and providing support and guidance, where appropriate
- working with educators to ensure appropriate program planning and resourcing for children with additional needs (refer to *Definitions*)
- providing support and guidance to educators/staff
- organising appropriate resources and accredited professional development for staff to enable all children to be included at the service
- developing links with other services and/or professionals to support children with additional needs and where required have referral pathways in place
- ensuring that the program provides opportunities for all children to participate and interact with one another
- using language services (refer to *Sources*) to assist with communication, where required
- ensuring that individualised programs incorporate opportunities for regular review and evaluation, in consultation with all people involved in the child's education and care
- providing information to families about local parenting and family services, and other resources that are available to support the health and wellbeing of children and families
- developing partnerships with other education and care settings and schools to enable children to move successfully from one setting to another
- notifying the Approved Provider of any behaviour or circumstances that may constitute discrimination, bullying, harassment or prejudice
- ensuring that no employee, prospective employee, parent/guardian, child, volunteer or student at the service is discriminated against
- ensuring that any behaviour or circumstances that may constitute discrimination or prejudice are dealt with in an appropriate manner (refer to *Complaints and Grievances Policy*)
- ensuring that all policies of Mount Martha Preschool, including the *Privacy and Confidentiality Policy*, are adhered to at all times.

All other staff are responsible for:

- supporting the participation and inclusion of all children in the program at the service
- being aware of the service's expectations regarding positive, respectful and appropriate behaviour when working with children and families (refer to *Code of Conduct Policy* and *Interactions with Children Policy*)
- using family-centred practice (refer to *Definitions*) and working collaboratively with other staff, parents/guardians, specialist services and professionals to implement the program at the service and provide individualised support for children, where required
- delivering an educational program that is reflective of the service's values, beliefs and philosophy, and embraces the principles of fairness, equity, diversity and inclusion (*Victorian Early Years Learning and Development Framework Practice Guide Four: Equity and Diversity* – refer to *Sources*)
- embedding social and emotional learning in the service program and practice
- providing a range of opportunities in the outdoor and indoor spaces and the natural environment, for all children to engage in physical, explorative and creative experiences
- encouraging and supporting educators, staff and families as role models to demonstrate positive and respectful relationships
- undertaking appropriate, accredited professional development to support the inclusion of all children at the service
- using language services to assist with communication, where required
- understanding and respecting different cultural child-rearing and social practices
- working with the Approved Provider and Nominated Supervisor to ensure appropriate program planning and resourcing for children with additional needs (refer to *Definitions*)
- meeting any specialised medical and nutritional needs of children on a day-to-day basis (refer to *Dealing with Medical Conditions Policy* and *Nutrition and Active Play Policy*)

- providing information to families about the support available to assist children
- discussing any concerns regarding individual children with the Nominated Supervisor or Approved Provider, and parents/guardians
- responding to the needs and concerns of parents/guardians, and providing support and guidance, where appropriate
- reviewing and evaluating individualised support programs in consultation with all people involved in the child's education and care
- critically reflecting on practice to ensure that interactions and programs embrace an approach in which children and families feel valued and respected, and that their contributions are welcomed
- notifying the Nominated Supervisor or Approved Provider of any behaviour or circumstances that may constitute discrimination or prejudice
- adhering to the policies of Mount Martha Preschool, including the *Privacy and Confidentiality Policy*, at all times.

Parents/guardians are responsible for:

- adhering to the policies of Mount Martha Preschool, including the *Inclusion and Equity Policy* and the *Privacy and Confidentiality Policy*, at all times
- communicating with the service to ensure awareness of their child's specific needs
- raising any issues or concerns regarding their child's participation in the program
- responding to requests from educators for written permission to arrange for an assessment or collect reports on their child from service providers
- being involved in, keeping fully informed about, and providing written consent for any individualised intervention or support proposed/provided for their child.

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

EVALUATION

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

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

ATTACHMENTS

Nil

AUTHORISATION

This policy was adopted by the Approved Provider of Mount Martha Preschool on 21/8/2019.

REVIEW DATE: 21 SEPTEMBER 2021

Inclusion and Equity Policy Addendum (2019/7): Aboriginal and Torres Strait Islander Recognition

Best Practice – Quality Area 1

1. POLICY STATEMENT

The Mount Martha Preschool Association is located on the tradition lands of the Boon Wurrung and Boonarong peoples of the Greater Kulin Nation. The preschool recognises and values the Boon Wurrung and Boonarong peoples of the Greater Kulin Nation as the tradition owners, ongoing custodians and protectors of the lands and waters that the preschool is situated.

The Mount Martha Preschool affirms the importance of the Boon Wurrung and Boonarong peoples' historical, spiritual and cultural connection to the land upon which we work and play each day. The preschool is committed to nurturing a strong, positive and reciprocal relationship with the Boon Wurrung and Boonarong peoples — a relationship that inspires pride, solidarity, as well as fostering and building mutual respect through reconciliation.

2. PURPOSE

The purpose of this policy addendum is to define Mount Martha Preschool Association's commitment, priorities as well as broader values and goals regarding Aboriginal and Torres Strait Islander recognition. Moreover, this policy addendum outlines in detail the principles of recognition as well as the shared responsibility of all Committee of Management, staff, volunteers and families in working towards and enhancing community pride, value and understanding of Aboriginal and Torres Strait Islander culture.

3. PRINCIPLES

3.1 Acknowledgement

The Mount Martha Preschool takes pride in its connection, recognition and value of Aboriginal and Torres Strait Islander peoples.

During Committee of Management meetings (both general and special), as well as significant events, the President or designated representative(s) will recognise the traditional custodians of the land through an Acknowledgement of Country.

Acknowledgement of Country:

'We would like to acknowledge the traditional custodians of the land upon which we are meeting, the Boon Wurrung and Boonarong peoples, and pay our respects to Elders past, present and future.'

3.2 Shared Responsibility

The responsibility for implementing this policy addendum is shared across the Mount Martha Preschool. It is imperative that all Committee of Management and staff members understand and take to heart the intentions of this policy addendum, and provide cultural, moral and ethical leadership within the Mount Martha Community.

3.3 Identity, Respect and Recognition

The Mount Martha Preschool acknowledges Aboriginal and Torres Strait Islanders peoples as the original Australians. They are the continuing custodians of Country who occupy an irreplaceable place within Australian societies and cultures.

The preschool seeks to develop an institutional identity that takes pride in its relationship with the Boon Wurrung people and seeks to identify with Aboriginal and Torres Strait islander peoples.

3.4 Cultural Safety and Competency

The Mount Martha Preschool is committed to an environment that is welcoming, respectful, culturally safe, non-discriminatory, as well as free of harassment for Aboriginal and Torres Strait Islander peoples. This is achieved through cultural competency.

Cultural competence ‘...are the principles of trust, respect for diversity, equity, fairness, and social justice... Culture is the fundamental building block of identity and the development of a strong cultural identity is essential to an individual’s healthy sense of who they are and where they belong.’

‘It is more than being respectful of the cultures represented in the service or even the community. It is much more than awareness of cultural differences, more than knowledge of the customs and values of those different to our own. Cultural competency is the ability to understand, communicate with and effectively interact with people across cultures.’

Cultural competence encompass involves:

- a) being aware of one’s own world view
- b) developing positive attitudes towards cultural differences
- c) gaining knowledge of different cultural practices and world views
- d) developing skills for communication and interaction across cultures.

Cultural proficiency ‘...requires more than becoming culturally aware or practicing tolerance”. Rather, it is the ability to “identify and challenge one’s own cultural assumptions, values and beliefs, and to make a commitment to communicating at the cultural interface.’

‘Principles relevant to cultural competence include fostering secure, respectful and reciprocal relationships, partnerships, high expectations and equity and respect for diversity’ (Centre for Research and Education on Violence Against Women and Children, 2017).

The preschool is committed to understand, communicating with and effectively interacting with people from different cultural backgrounds and viewpoints.

3.5 Self-Determination

The Mount Martha Preschool is committed to the principle of self-determination for all Aboriginal and Torres Strait Islander peoples. Self-determination is recognised internationally as a right of all peoples to ‘...freely determine their political status and freely pursue their economic, social and cultural development’ (United Nations, 2017).

3.6 Equitable Outcomes

The Mount Martha Preschool is committed to equitable outcomes for all Aboriginal and Torres Strait Islander peoples. In the context of preschool education, the Association believes passionately that Indigenous Australians have the exact same rights as their non-Indigenous counterparts that allow children to ‘...be strong in their own cultures, and to be strong in the skills that allows them equal choice from the same range of opportunities and futures’ (Ministerial Council on Education, Employment, Training and Youth Affairs, 2000), to become active, positive and respectful citizens.

The Association also affirms its commitment to equal employment opportunities for all Aboriginal and Torres Strait Islander peoples. This includes employment opportunities at the Mount Martha Preschool.

3.7 Constitutional Recognition

The Australian Constitution is the '...founding document of our nation and is the pre-eminent source of law. The Constitution was drafted at a time when Australia was considered a land that belonged to no one before European settlement and when Aboriginal and Torres Strait Islander peoples were considered a 'dying race' not worthy of citizenship or humanity' (Australian Human Rights Commission, 2014).

As Richard Flanagan exclaims during his 2018 Garma Festival speech, 'At the heart of the Uluru Statement is a single terrible, haunting sentence, which reads, 'This is the torment of our powerlessness.' To end that terrible torment there is finally only one remedy: it is to accord Indigenous Australia a measure of power through constitutional recognition of its sovereignty' (Reconciliation Australia, 2019).

The Australian Constitution does not currently reference Aboriginal or Torres Strait Islander peoples. This disparity ensures a system that is predisposed towards non-indigenous Australians. The Mount Martha Preschool believes adamantly in fair and equal rights for all Australians under national and state laws. Constitutional Recognition for all Aboriginal and Torres Strait Islander peoples provides the capacity to develop strong relationships of trust and mutual respect between all Australians, as well as strive toward a shared future.

3.9 Reconciliation Action Plan

The Mount Martha Preschool's Reconciliation Action Plan provides a framework for the Association to support the national reconciliation movement.

3.8 Significant Dates and Events

We at the Mount Martha Preschool recognise the significant dates in Aboriginal and Torres Strait Islander culture. We commit to acknowledge, celebrate, support our Aboriginal community during these significant occasions:

- a) NAIDOC Week
- b) Reconciliation Week
- c) Sorry Day
- d) Mabo Day
- e) National Aboriginal and Torres Strait Islander Children's Day.

4. DEFINITIONS

'Indigenous, First Peoples/Australians'	With the exception of reference to international Indigenous peoples, the term 'Indigenous' specifically refers to the Indigenous people of Australia who are known more broadly as 'Aboriginal' and/or 'Torres Strait Islanders' or 'Aboriginal' and/or 'Torres Strait people'. Indigenous may also mean Indigenous people or a thing pertaining to Indigenous people.
'Aboriginal, Torres Strait Islander, First Australians'	An 'Aboriginal' and/or 'Torres Strait Islander' person(s) is defined as anyone who: <ol style="list-style-type: none">a) is of Aboriginal and/or Torres Strait Islander descentb) identifies as Aboriginal and/or Torres Strait Islander, andc) is recognised by the Indigenous community in which they live as an Aboriginal and/or Torres Strait Islander person.
'Custodians'	A custodian is a caretaker or land carer belonging to the peoples of a specific 'Country' or land.
'Respect'	Respect is about acknowledging the sense of worth and value of something or someone such as: the individual, culture or diversity.

‘Protocols’	Protocols are an understood and accepted behaviour. There are distinct differences between bureaucratic protocols and cultural protocols.
‘Reconciliation’	Reconciliation is about acceptance, respect and understanding one another.
‘Recognition’	Recognition is the confirmation and acknowledgment of the existence of something or the action of someone.
‘Reconciliation Action Plan (RAP)’	A Reconciliation Action Plan (RAP) is a strategic document that supports an organisation’s programs and philosophies. It includes practical actions that will drive an organisation’s contribution to reconciliation both internally and in the communities in which it operates.
‘Partnerships’	A partnership is a working commitment towards common goals.
‘Cultural Safety’	‘Cultural safety is an environment that is spiritually, socially and emotionally safe, as well as physically safe for people; where there is no assault, challenge or denial of their identity, of who they are and what they need. It is about shared respect, shared meaning, shared knowledge and experience of learning together’ (Williams, 1999).
‘Elder’	An Aboriginal Elder is a person who is respected and recognised by their community as being a person who leads or guides the community. Being recognised as an Elder is not based upon an individual’s age.
‘Acknowledge’	To acknowledge something or someone is to recognise and accept.
‘Welcome to Country’	‘A Welcome to Country is a ceremony performed by Aboriginal or Torres Strait Islander people to welcome visitors to their traditional land’ (Reconciliation Victoria).
‘Acknowledgement of Country’	‘Unlike a ‘Welcome to Country’, an ‘Acknowledgement of Country’ can be performed by a non-Indigenous person. It is a way of showing awareness of and respect for the traditional Aboriginal or Torres Strait Islander custodians of the land on which a meeting or event is being held’ (Reconciliation Victoria).
‘NAIDOC’	NAIDOC was originally an acronym for the National Aboriginal and Islanders Day Observance Committee.
‘NAIDOC Week’	NAIDOC is a celebration of Aboriginal and Torres Strait Islander cultures. It is an opportunity to recognise the contributions of Indigenous Australians. NAIDOC is celebrated during the first week of July each year.
‘Reconciliation Week’	National Reconciliation Week (NRW) is celebrated across Australia each year from May 27–3 June. The dates commemorate two significant milestones in the reconciliation journey: the anniversaries of the successful 1967 referendum and the Mabo High Court decision.
‘National Sorry Day’	Held on May 26 annually. This day provides people a chance to come together and share the steps towards healing for the Stolen Generations, their families and communities. Stolen generations refer to Indigenous Australians who were forcibly removed from their families and communities.

‘Survival Day’	This day is also known as Survival Day and Australia Day. Held on 26 January annually. This date is marked as a day of mourning amongst Indigenous peoples. This day in 1788, the British ‘...proclaimed a colonial outpost of the British Empire in Port Jackson, later Sydney Cove (NITV, 2017). This day marks the marginalization of the Aboriginal and Torres Strait Islander peoples.
‘Mabo Day’	Held on 3 June annually, this day commemorates Eddie Koiki Mabo, a Torres Strait Islander whose campaign for Indigenous land rights led to a landmark High Court decision on 3 June 1992, which overturned the legal fiction of Terra Nullius.
‘National Aboriginal and Islander Children’s Day’	Held on 4 August annually, this day celebrates ‘...promoting the importance of early years education and care for’ children (Aboriginal and Torres Strait Islander Corporation, 2017)

5. INFORMED POLICY DEVELOPMENT AND IMPLEMENTATION

The Mount Martha Preschool Association will consider this document when developing, implementing and reviewing all preschool policies, procedures and programs.

6. RELATED DOCUMENTS AND FURTHER READINGS

- Australian Human Rights Commission Publications 2019: <https://www.humanrights.gov.au/our-work/aboriginal-and-torres-strait-islander-social-justice/publications>
- 1Voice Uluru 2019: *The Uluru Statement from the Heart*. <https://www.1voiceuluru.org/the-statement>
- Parliament of Australia 2019. *Aboriginal and Torres Strait Islander Peoples Recognition Bill 2012*. https://www.aph.gov.au/Parliamentary_Business/Bills_Legislation/bd/bd1213a/13bd074
- Reconciliation Australia 2019: www.reconciliation.org.au
- The Lowitja Institute: <https://www.lowitja.org.au>

Note: the above links are a small sample of available documentation regarding Aboriginal and Torres Strait Islander recognition and social reform.

7. RELATED POLICIES, PROCEDURES AND LEGISLATION

- Inclusion and Equity Policy

8. MONITORING AND REVIEW

The Committee of Management will review this policy addendum once every year three (3) years, or any intervening period if necessary, to both affirm its standing as part of the Mount Martha Preschool’s shared philosophies and as part of the policy review schedule.

AUTHORISATION

This policy was adopted by the Approved Provider of Mount Martha Preschool on 18/9/2019.

REVIEW DATE: 18 SEPTEMBER 2023

Quality Area 2:
Children's Health & Safety

ACCEPTANCE AND REFUSAL OF AUTHORISATIONS POLICY

Mandatory – Quality Area 2

PURPOSE

This policy outlines procedures to be followed when:

- obtaining written authorisation from a parent/guardian or person authorised and named in the enrolment record
- refusing written authorisation from a parent/guardian or person authorised and named in the enrolment record.

POLICY STATEMENT

1. VALUES

Mount Martha Preschool is committed to:

- ensuring the safety and wellbeing of all children attending the service
- meeting its duty of care obligations under the law.

2. SCOPE

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

3. BACKGROUND AND LEGISLATION

Background

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

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

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

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

Legislation and standards

Relevant legislation and standards include but are not limited to:

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

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: <http://www.legislation.vic.gov.au/>
- Commonwealth Legislation – ComLaw: <http://www.comlaw.gov.au/>

4. DEFINITIONS

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

Attendance record: Kept by the service to record details of each child attending the service including name, time of arrival and departure, signature of person delivering and collecting the child or of the Nominated Supervisor or educator (Regulation 158(1)).

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

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

Duty of care: A common law concept that refers to the responsibilities of organisations to provide people with an adequate level of protection against harm and all reasonable foreseeable risk of injury.

Inappropriate person: A person who may pose a risk to the health, safety or wellbeing of any child attending the education and care service, or whose behaviour or state of mind make it inappropriate for him/her to be on the premises e.g. a person under the influence of drugs or alcohol (Act 171(3)).

Medication record: Contains details for each child to whom medication is to be administered by the service. This includes the child's name, signed authorisation to administer medication and a record of the medication administered, including time, date, dosage, manner of administration, name and signature of person administering the medication and of the person checking the medication, if required (Regulation 92). A sample medication record is available on the ACECQA website.

5. SOURCES AND RELATED POLICIES

Sources

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

Service policies

- *Administration of Medication Policy*
- *Child Safe Environment Policy*
- *Dealing with Medical Conditions Policy*
- *Delivery and Collection of Children Policy*

- *Enrolment and Orientation Policy*
- *Excursions and Service Events Policy*
- *Incident, Injury, Trauma and Illness Policy*

PROCEDURES

The Approved Provider is responsible for:

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

The Nominated Supervisor is responsible for:

- following the policy and procedures of the service
- ensuring that medication is not administered to a child without the authorisation of a parent/guardian or authorised nominee, except in the case of an emergency, including an asthma or anaphylaxis emergency (refer to *Administration of Medication Policy*, *Dealing with Medical Conditions Policy*, *Incident, Injury, Trauma and Illness Policy*, *Emergency and Evacuation Policy*, *Asthma Policy* and *Anaphylaxis Policy*)
- ensuring a child only departs from the service with a person who is the parent/guardian or authorised nominee, or with the written authorisation of one of these, except in the case of a medical or other emergency (refer to *Delivery and Collection of Children Policy* and *Child Safe Environment Policy*)

- ensuring a child is not taken outside the service premises on an excursion except with the written authorisation of a parent/guardian or authorised nominee including details required under Regulation 102(4)&(5) (refer to *Excursions and Service Events Policy*)
- informing the Approved Provider when a written authorisation does not meet the requirements outlined in service policies.

Certified Supervisors and other educators are responsible for:

- following the policies and procedures of the service
- checking that parents/guardians sign and date permission forms for excursions
- checking that parents/guardians or authorised nominees sign the attendance record (refer to *Definitions*) as their child arrives at and departs from the service
- administering medication only with the written authorisation of a parent/guardian or authorised nominee, except in the case of an emergency, including an asthma or anaphylaxis emergency (refer to *Administration of Medication Policy, Dealing with Medical Conditions Policy, Incident, Injury, Trauma and Illness Policy* and *Emergency and Evacuation Policy*)
- allowing a child to participate in an excursion only with the written authorisation of a parent/guardian or authorised nominee including details required under Regulation 102(4)&(5) (refer to *Excursions and Service Events Policy*)
- allowing a child to depart from the service only with a person who is the parent/guardian or authorised nominee, or with the written authorisation of one of these, except in the case of a medical or other emergency (refer to *Delivery and Collection of Children Policy* and *Child Safe Environment Policy*)
- following procedures if an inappropriate person (refer to *Definitions*) attempts to collect a child from the service (refer to *Delivery and Collection of Children Policy* and *Child Safe Environment Policy*)
- informing the Approved Provider when a written authorisation does not meet the requirements outlined in service policies.

Parents/guardians are responsible for:

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

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

EVALUATION

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

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

ATTACHMENTS

- Attachment 1: Procedures for refusing a written authorisation

AUTHORISATION

This policy was adopted by the Approved Provider of Mount Martha Preschool on 1/5/2018.

REVIEW DATE: 1 MAY 2021

ATTACHMENT 1

Procedures for refusing a written authorisation

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

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

ADMINISTRATION OF FIRST AID POLICY

Mandatory – Quality Area 2

PURPOSE

This policy will provide guidelines for the administration of first aid at Mount Martha Preschool.

POLICY STATEMENT

1. VALUES

Mount Martha Preschool is committed to:

- providing a safe and healthy environment for all children, educators, staff and others attending the service
- providing a clear set of guidelines in relation to the administration of first aid at the service
- ensuring that the service has the capacity to deliver current approved first aid, as required.

2. SCOPE

This policy applies to the Approved Provider, Nominated Supervisor, Certified Supervisor, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Mount Martha Preschool, including during offsite excursions and activities.

3. BACKGROUND AND LEGISLATION

Background

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

Legislation that governs the operation of approved children's services is based on the health, safety and welfare of children, and requires that children are protected from hazards and harm. The *Education and Care Services National Regulations 2011* state that an Approved Provider must ensure that at least one educator with current approved first aid qualifications is in attendance and immediately available at all times that children are being educated and cared for by the service. Under the *Education and Care Services National Law Act 2010*, the Australian Children's Education and Care Quality Authority (ACECQA) are required to publish lists of approved first aid qualifications. These lists are available at: www.acecqa.gov.au/qualifications/approved-first-aid-qualifications. As a demonstration of duty of care and best practice ELAA recommends **all educators** have current approved first aid qualifications.

It is also a requirement that employers have appropriate first aid arrangements in place, including first aid training, first aid kits and first aid facilities, to meet their obligations under the *Occupational Health and Safety Act 2004*. WorkSafe Victoria has developed a compliance code *First aid in the workplace* (refer to *Sources*) that provides guidance on how these obligations can be met.

Legislation and standards

Relevant legislation and standards include but are not limited to:

- *Child Wellbeing and Safety Act 2005* (Vic) (Part 2: Principles for Children)
- *Education and Care Services National Law Act 2010*: Sections 167, 169
- *Education and Care Services National Regulations 2011*: Regulations 87, 89, 136, 137(1)(e), 168(2)(a), 245

- *National Quality Standard*, Quality Area 2: Children’s Health and Safety
 - Standard 2.3: Each child is protected
 - Element 2.3.2: Every reasonable precaution is taken to protect children from harm and any hazard likely to cause injury
- *Occupational Health and Safety Act 2004*

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: <http://www.legislation.vic.gov.au/>
- Commonwealth Legislation – ComLaw: <http://www.comlaw.gov.au/>

4. DEFINITIONS

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

Approved first aid qualification: A list of approved first aid qualifications, anaphylaxis management and emergency asthma management training is published on the ACECQA website:

www.acecqa.gov.au

AV How to Call Card: A card that the service has completed containing all the information that Ambulance Victoria will request when phoned. A sample card can be downloaded from:

<http://www.ambulance.vic.gov.au/Education/Calling-Triple-0.html>

Duty of care: A common law concept that refers to the responsibilities of organisations to provide people with an adequate level of protection against harm and all reasonable foreseeable risk of injury.

First aid: The provision of initial care in response to an illness or injury. It generally consists of a series of techniques to preserve life, protect a person (particularly if unconscious), prevent a condition worsening and promote recovery. First aid training should be delivered by approved first aid providers, and a list is published on the ACECQA website: www.acecqa.gov.au/qualifications/approved-first-aid-qualifications

First aid kit: The Compliance Code *First aid in the workplace*, developed by WorkSafe Victoria, lists the minimum requirements for a first aid kit. *First aid in the workplace* is available at:

www.worksafe.vic.gov.au

Incident, Injury, Trauma and Illness Record: Contains details of any incident, injury, trauma or illness that occurs while the child is being educated and cared for by the service. Any incident, injury, trauma or illness must be recorded as soon as is practicable but not later than 24 hours after the occurrence. Details required include the:

- 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 by the service including any medication administered, first aid provided or medical personnel contacted
- details of any witnesses
- names of any person the service 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.

These details need to be kept for the period of time specified in Regulation 183. A sample *Incident, Injury, Trauma and Illness Record* is available on the ACECQA website.

Medication record: Contains details for each child to whom medication is to be administered by the service. This includes the child's name, signed authorisation to administer medication and a record of the medication administered, including time, date, dosage, manner of administration, name and signature of person administering the medication and of the person checking the medication, if required (Regulation 92). A sample medication record is available on the ACECQA website.

Resuscitation flowchart: Outlines the six steps involved in resuscitation: danger, response, airways, breathing, compression and defibrillation. The Australian Resuscitation Council provides flowcharts for the resuscitation of adults and children free of charge at: www.resus.org.au/flowcharts.htm

Serious incident: An incident resulting in the death of a child, or an injury, trauma or illness for which the attention of a registered medical practitioner, emergency services or hospital is sought or should have been sought. This also includes an incident in which a child appears to be missing, cannot be accounted for, is removed from the service in contravention of the regulations or is mistakenly locked in/out of the service premises (Regulation 12). A serious incident should be documented in an *Incident, Injury, Trauma and Illness Record* (sample form available on the ACECQA website) as soon as possible and within 24 hours of the incident. The Regulatory Authority (DEECD) must be notified within 24 hours of a serious incident occurring at the service (Regulation 176(2)(a)). Records are required to be retained for the periods specified in Regulation 183.

5. SOURCES AND RELATED POLICIES

Sources

- Ambulance Victoria: www.ambulance.vic.gov.au
- Australian Children's Education and Care Quality Authority (ACECQA): www.acecqa.gov.au
- Australian Red Cross: www.redcross.org.au
- St John Ambulance Australia (Vic): www.stjohnvic.com.au
- *First aid in the workplace*: www.worksafe.vic.gov.au

Service policies

- *Administration of Medication Policy*
- *Anaphylaxis Policy*
- *Asthma Policy*
- *Dealing with Infectious Diseases Policy*
- *Dealing with Medical Conditions Policy*
- *Diabetes Policy*
- *Emergency and Evacuation Policy*
- *Epilepsy Policy*
- *Excursions and Service Events Policy*
- *Incident, Injury, Trauma and Illness Policy*
- *Staffing Policy*

PROCEDURES

The Approved Provider is responsible for:

- ensuring that every reasonable precaution is taken to protect children at the service from harm and hazards that are likely to cause injury (Section 167)
- assessing the first aid requirements for the service. A first aid risk assessment can assist with this process (refer to Attachment 1 – Sample first aid risk assessment form)
- ensuring that at least one educator with current approved first aid qualifications (refer to *Definitions*) is in attendance and immediately available at all times that children are being educated and cared for by the service (Regulation 136(1)(a)). This can be the same person who has anaphylaxis

management training and emergency asthma management training, also required under the Regulations

- appointing an educator to be the **nominated first aid officer**. This is a legislative requirement where there are 10 or more employees but is also considered best practice where there are fewer than 10 employees
- advising families that a list of first aid and other health products used by the service is available for their information, and that first aid kits can be inspected on request
- providing and maintaining an appropriate number of up-to-date, fully-equipped first aid kits that meet Australian Standards (refer to *Definitions*). The appropriate number of kits will depend on the number of children in the service, the number of rooms and their proximity to each other, and distances from outdoor spaces to the nearest kit
- ensuring a risk assessment is conducted prior to an excursion to identify risks to health, safety, or wellbeing and specifying how these risks will be managed and minimised (Regulations 100, 101)
- providing and maintaining a portable first aid kit that can be taken offsite for excursions and other activities
- ensuring that first aid training details are recorded on each staff member's record
- ensuring safety signs showing the location of first aid kits are clearly displayed
- ensuring there is an induction process for all new staff, casual and relief staff, that includes providing information on the location of first aid kits and specific first aid requirements
- ensuring that parents are notified within 24 hours if their child is involved in an incident, injury, trauma or illness at the service and recording details on the *Incident, Injury, Trauma and Illness Record* (refer to *Definitions*)
- ensuring that staff are offered support and debriefing following a serious incident requiring the administration of first aid (refer to *Incident, Injury, Trauma and Illness Policy*)
- ensuring a resuscitation flow chart (refer to *Definitions*) 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.

The Nominated Supervisor is responsible for:

- ensuring that every reasonable precaution is taken to protect children at the service from harm and hazards that are likely to cause injury (Section 167)
- ensuring that the prescribed educator-to-child ratios are met at all times (refer to *Supervision of Children Policy*)
- ensuring that all educators' approved first aid qualifications, anaphylaxis management training and emergency asthma management training are current, meet the requirements of the National Act (Section 169(4)) and National Regulations (Regulation 137), and are approved by ACECQA (refer to *Sources*)
- ensuring a risk assessment is conducted prior to an excursion to identify risks to health, safety or wellbeing and specifying how these risks will be managed and minimised (Regulations 100, 101)
- ensuring a portable first aid kit is taken on all excursions and other offsite activities (refer to *Excursions and Service Events Policy*)
- ensuring that the Ambulance Victoria *AV How to Call Card* (refer to *Sources*) is displayed near all telephones.

The nominated first aid officer is responsible for:

- maintaining a current approved first aid qualification (refer to *Definitions*)
- monitoring the contents of all first aid kits and arranging with the Approved Provider for replacement of stock, including when the use-by date has been reached
- disposing of out-of-date materials appropriately

- ensuring a portable first aid kit is taken on all excursions and other offsite activities (refer to *Excursions and Service Events Policy*)
- keeping up to date with any changes in the procedures for the administration of first aid.

Certified Supervisors and other educators are responsible for:

- implementing appropriate first aid procedures when necessary
- maintaining current approved first aid qualifications, and qualifications in anaphylaxis management and emergency asthma management, as required
- practicing CPR and administration of an auto-injector at least annually (in accordance with other service policies)
- ensuring that all children are adequately supervised (refer to the *Supervision of Children Policy*) while providing first aid and comfort for a child involved in an incident or suffering trauma
- ensuring that the details of any incident requiring the administration of first aid are recorded on the *Incident, Injury, Trauma and Illness Record* (refer to *Definitions*)
- notifying the Approved Provider or Nominated Supervisor six months prior to the expiration of their first aid, asthma or anaphylaxis accredited training
- conducting a risk assessment prior to an excursion to identify risks to health, safety or wellbeing and specifying how these risks will be managed and minimised (Regulations 100, 101).

Parents/guardians are responsible for:

- providing the required information for the service's medication record (refer to *Definitions*)
- providing written consent (via the enrolment record) for service staff to administer first aid and call an ambulance, if required
- being 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.

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

EVALUATION

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

- regularly check staff files to ensure details of approved first aid qualifications have been recorded and are current
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- review the first aid procedures following an incident to determine their effectiveness
- regularly seek feedback from the nominated first aid officer and everyone affected by the policy regarding its effectiveness
- keep the policy up to date with current legislation, research, policy and best practice
- consider the advice of relevant bodies or organisations such as Australian Red Cross and St John Ambulance when reviewing this policy
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notify parents/guardians at least 14 days before making any changes to this policy or its procedures.

ATTACHMENTS

- Attachment 1: Sample first aid risk assessment form

AUTHORISATION

This policy was adopted by the Approved Provider of Mount Martha Preschool on 1/4/2018.

REVIEW DATE: 1 APRIL 2020

ATTACHMENT 1

Sample first aid risk assessment form

This template can be used to assess the first aid requirements for the service. Consultation is an important aspect of first aid risk assessment and management. The Approved Provider and educators should use this as a guide only and may identify other areas specific to their service.

1.	How many people work at the service (estimate for most days)?		
2.	How many children are enrolled at the service (write the number)?		
3.	Do people regularly work in the service after hours?		
4.	Do people work on their own after hours, including on weekends? If yes, approximately how many, how often and for how long at any one time?		
5.	Describe the nature of incidents, injuries or illnesses that have occurred in the service over the last 12 months (if possible, attach a summary of the incident reports)		
6.	Where is the nearest medical service and how long would it take to get an injured person to this service?		
7.	Where is the nearest major hospital with a 24-hour accident and emergency service? How long would it take to get an injured person to this hospital?		
8.	What type of, and how many, first aid kits are available at the service?		
9.	Are the contents of first aid kits complete and up to date as per the contents list?		
10.	Where are the first aid kits located?		
11.	How many current first aid officers are there at the service? (List the number, approved first aid qualifications and qualification expiry dates)		
12.	Identify and list specific hazards and where they may be located	Hazards Cleaning products	Location Storeroom

13.	Are there any specific hazards or health concerns that require specific first aid kits or treatment (such as anaphylaxis, asthma etc.)? If yes, list the particular hazards or health concerns and where the specific first aid requirements are kept	Hazards /health concerns	Specific first aid requirements	Specific training required	Staff have appropriate training	Location of first aid equipment
14.	Is there an induction process for all new staff that includes location of first aid kits, specific first aid requirements and so on?					

Recommendations

Reference number	Recommendation	Responsibility and time frame
e.g. 3 & 4	Develop safety procedures for staff working on their own/after hours	Approved Provider within 2 months

Names of those responsible for completing this form

Name: _____ Signed: _____ Date: _____

Name: _____ Signed: _____ Date: _____

Date for next review: _____

ADMINISTRATION OF MEDICATION POLICY

Best Practice – Quality Area 2

PURPOSE

This policy will clearly define the:

- procedures to be followed when a child requires medication while attending Mount Martha Preschool
- responsibilities of staff, parents/guardians and the Approved Provider to ensure the safe administration of medication at Mount Martha Preschool.

POLICY STATEMENT

1. VALUES

Mount Martha Preschool is committed to:

- providing a safe and healthy environment for all children, educators, staff and other persons attending the service
- responding immediately to the needs of a child who is ill or becomes ill while attending the service
- ensuring safe and appropriate administration of medication in accordance with legislative and regulatory requirements.

2. SCOPE

This policy covers the administration of both prescribed and non-prescribed medication at Mount Martha Preschool, including during offsite excursions and activities.

This policy applies to the Approved Provider, Persons with Management or Control, Nominated Supervisor, Persons in day-to-day Charge, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Mount Martha Preschool.

3. BACKGROUND AND LEGISLATION

Authorisation to administer medication

As a rule, medication (including prescription, non-prescription, over-the-counter and homeopathic medications) must not be administered to a child at a service without the authorisation of a parent/guardian or person with the lawful authority to consent to the administration of medical attention to the child.

In the case of an anaphylaxis or asthma emergency, where the child does not have a medical management plan or other form of authorisation, first aid treatment is provided as described in the Anaphylaxis Policy and Asthma Policy. In this circumstance, the child's parent/guardian and emergency services must be contacted as soon as possible after first aid has commenced (Regulation 94).

In the case of all other emergencies, it is acceptable to obtain verbal consent from a parent/guardian, or to obtain consent from a registered medical practitioner or medical emergency services if the child's parent/guardian cannot be contacted.

Administration of medication

The Approved Provider must ensure that when staff administer medication, they must follow the guidelines of this policy and the procedures outlined in Attachment 1 – Procedures for the safe administration of medication.

A medication record¹ must be completed with the following information:

- a) the name of the child
- b) the authorisation to administer medication (including self-administration, if applicable) signed by a parent/guardian or a person named in the child's enrolment record as authorised to consent to administration of medication
- c) the name of the medication to be administered
- d) the time and date the medication was last administered
- e) the time and date or the circumstances under which the medication should be next administered
- f) the dosage of the medication to be administered
- g) the manner in which the medication is to be administered
- h) if the medication is administered to the child:
 - i) the dosage that was administered
 - ii) the manner in which the medication was administered
 - iii) the time and date the medication was administered
 - iv) the name and signature of the person who administered the medication
 - v) the name and signature of the person who checked the dosage, if another person is required under Regulation 95 to check the dosage and administration of the medication.

Services which provide education and care to a child over preschool age (as defined in the *Education and Care Services National Regulations 2011*) may allow a child over preschool age to self-administer medication. Where a service chooses to allow self-administration of medication, the Approved Provider must consider the risks associated with this practice and their duty of care, and develop appropriate guidelines to clearly specify the circumstances under which such permission would be granted and the procedures to be followed by staff at the service.

Legislation and standards

Relevant legislation and standards include but are not limited to:

- *Education and Care Services National Law Act 2010*
- *Education and Care Services National Regulations 2011*
- *Health Records Act 2001* (Vic)
- *National Quality Standard*, Quality Area 2: Children's Health and Safety
- *Occupational Health and Safety Act 2004* (Vic)
- *Public Health and Wellbeing Act 2008* (Vic)
- *Public Health and Wellbeing Regulations 2009* (Vic)
- *Therapeutic Goods Act 1989* (Cth)

4. DEFINITIONS

Approved first aid qualification: The list of approved first aid qualifications, anaphylaxis management and emergency asthma management training is published on the ACECQA website: www.acecqa.gov.au

Illness: Any sickness and/or associated symptoms that affect the child's normal participation in the activities or program at the service.

Infectious disease: A disease that can be spread, for example, by air, water or interpersonal contact. An infectious disease is designated under Victorian Law or by a health authority (however described)

¹ A template of a medication record can be downloaded from: www.acecqa.gov.au

as a disease that would require the infected person to be excluded from an education and care service.

Injury: Any harm or damage to a person.

Medication: Prescribed and non-prescribed medication as defined below.

Non-prescribed medication: Over-the-counter medication including vitamins and cultural herbs or homeopathic medications that may have been recommended by an alternative health care professional such as a naturopath.

Prescribed medication: Medicine, as defined in the *Therapeutic Goods Act 1989* (Cth), that is:

- authorised by a health care professional
- dispensed by a health care professional with a printed label that includes the name of the child being prescribed the medication, the medication dosage and expiry date.

Medication record: Contains details for each child to whom medication is to be administered by the service. This includes the child's name, signed authorisation to administer medication and a record of the medication administered, including time, date, dosage, manner of administration, name and signature of person administering the medication and of the person checking the medication, if required (Regulation 92). A sample medication record is available on the ACECQA website.

5. SOURCES AND RELATED POLICIES

Sources

- VMIA Insurance Guide and FAQs, Community Service Organisations insurance program: www.vmia.vic.gov.au
- *Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011* www.acecqa.gov.au
- *Guide to the National Quality Standard* (ACECQA) www.acecqa.gov.au
- Allergy & Anaphylaxis Australia: www.allergyfacts.org.au Asthma Australia: www.asthmaaustralia.org.au
- Healthdirect: www.healthdirect.gov.au

Service policies

- *Administration of First Aid Policy*
- *Anaphylaxis Policy*
- *Asthma Policy*
- *Dealing with Infectious Diseases Policy*
- *Dealing with Medical Conditions Policy*
- *Enrolment and Orientation Policy*
- *Excursions and Service Events Policy*
- *Incident, Injury, Trauma and Illness Policy*
- *Privacy and Confidentiality Policy*

PROCEDURES

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

- ensuring that medication is only administered to a child being educated and cared for by the service when it is authorised, except in the case of an anaphylaxis or asthma emergency (Regulations 93, 94)
- ensuring that the medication is administered in accordance with Attachment 1 – Procedures for the safe administration of medication (Regulation 95)

- ensuring that if a child over preschool age at the service is permitted to self-administer medication (Regulation 96), an authorisation for the child to self-administer medication is recorded in the medication record for the child
 - ensuring that a medication record that meets the requirements set out in Regulation 92(3) is available at all times for recording the administration of medication to children at the service (Regulation 92). (Refer to the template *Medication Record*: www.acecqa.gov.au)
 - ensuring that parents/guardians are given written notice as soon as is practicable if medication has been administered in an emergency and where authorisation has been given verbally (Regulation 93(2))
 - ensuring that the parent/guardian of the child and emergency services are notified as soon as is practicable when medication has been administered in an anaphylaxis or asthma emergency (Regulation 94(2))
 - ensuring that at least one educator on duty has a current approved first aid qualification, anaphylaxis management training and asthma management training (Regulation 136). (Note: this is a minimum requirement. As a demonstration of duty of care and best practice, ELAA recommends that **all educators** have current approved first aid qualifications and anaphylaxis management training and asthma management training.)
 - developing and reviewing procedures for the authorisation and administration of medication required for the treatment or management of long-term conditions (see Attachment 1 – Procedures for the safe administration of medication)
 - ensuring that all staff are familiar with the procedures for the administration of medication (see Attachment 1 – Procedures for the safe administration of medication)
 - ensuring that medication records are kept and stored securely until the end of 3 years after the last date on which the child was educated and cared for by the service (Regulation 183(2)(d))
- determining under what circumstances a child over preschool age will be allowed to self-administer their own medication, and ensuring there are appropriate procedures in place for staff to follow in these instances (Regulation 96).

The Nominated Supervisor and Persons in Day-to-Day Charge are responsible for:

- ensuring that medication is only administered to a child where authorisation has been provided, except in the case of an anaphylaxis or asthma emergency (Regulations 93, 94)
- ensuring that the medication is administered in accordance with Attachment 1 – Procedures for the safe administration of medication (Regulation 95)
- ensuring that the parent/guardian of the child and emergency services are notified as soon as is practicable when medication has been administered in an anaphylaxis or asthma emergency (Regulation 94(2))
- ensuring that medication is not accessible to children and is stored in a childproof container (including in the refrigerator for medications requiring refrigeration)
- being aware of children who require medication for ongoing conditions or in emergencies, and ensuring that the medical management plans are completed and attached to the child's enrolment form (Regulation 162), and displayed for use by those caring for children (being sensitive to privacy requirements)
- documenting situations in which an authorised person has provided verbal authorisation but has refused to confirm the authorisation in writing (these notes are to be kept with the child's enrolment record)
- informing parents/guardians as soon as is practicable if an incident occurs in which the child was administered the incorrect medication or incorrect dose, staff forgot to administer the medication or the medication was administered at the wrong time. Staff must also ensure that any medication that is accidentally dropped is not administered to a child or returned to the original container, and that parents/guardians are informed if an incident of this nature occurs

- informing parents/guardians that non-prescribed medication (with the exception of sunscreen) will only be administered for a maximum of 48 hours, after which a medical management plan from a doctor will be required for its continued use
- informing parents/guardians that paracetamol is not supplied by Mount Martha Preschool and that the administration of paracetamol will be in line with the administration of all other medication (refer to Attachment 2 – Administration of paracetamol).

All staff are responsible for:

- ensuring that each child's enrolment form provides details of the name, address and telephone number of any person who is authorised to consent to medical treatment of, or to authorise administration of medication to the child (Regulation 160(3)(iv))
- administering medication in accordance with Regulation 95 and the guidelines set out in Attachment 1 – Procedures for the safe administration of medication
- communicating with parents/guardians about the procedures outlined in this policy and the parent/guardian responsibilities when requesting medication be administered to their child, and making the medication record available for parents/guardians to record information during operational hours
- ensuring that all details in the medication record have been completed by parents/guardians/authorised persons in accordance with Regulation 92(3) prior to administering medication
- obtaining verbal authorisation for the administration of medication from the child's parents/guardians/authorised person (as recorded in the child's enrolment record), or a registered medical practitioner or medical emergency services when an authorised person cannot reasonably be contacted in an emergency (Regulation (93)(5)(b))
- ensuring that two staff members, one of whom must be an educator, are present when verbal permission to administer medication is received, and that details of this verbal authorisation are completed in the medication record
- ensuring that verbal permission is followed up with a written authorisation as soon as is practicable
- ensuring that parents/guardians take all medication home at the end of each session/day.

Parents/guardians are responsible for:

- ensuring that any medication to be administered is recorded in the medication record kept at the service premises
- providing a current medical management plan when their child requires long-term treatment of a condition that includes medication, or their child has been prescribed medication to be used for a diagnosed condition in an emergency
- ensuring that prescribed medications to be administered at the service are provided in their original container with the label intact, bearing the child's name, dosage, instructions and the expiry date (Regulation 95(a)(i))
- ensuring that medications to be administered at the service are within their expiry date
- physically handing the medication to a staff member and informing them of the appropriate storage and administration instructions for the medication provided
- clearly labelling non-prescription medications and over-the-counter products (for example sun block and nappy cream) with the child's name. The instructions and use-by dates must also be visible
- ensuring that no medication or over-the-counter products are left in their child's bag or locker
- taking all medication home at the end of each session/day
- informing the service if any medication has been administered to the child before bringing them to the service, and if the administration of that medication is relevant to or may affect the care provided to the child at the service
- ensuring that their child's enrolment details are up to date, and providing current details of persons who have lawful authority to request or permit the administration of medication.

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

EVALUATION

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

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

ATTACHMENTS

- Attachment 1: Procedures for the safe administration of medication
- Attachment 2: Administration of paracetamol

AUTHORISATION

This policy was adopted by the Approved Provider of Mount Martha Preschool on 1/5/2018.

REVIEW DATE: 1 MAY 2021

ATTACHMENT 1

Procedures for the safe administration of medication

Two staff, one of whom must be an educator, are responsible for the administration of any medication². At least one of these persons must hold a current approved first aid qualification. One person will check the details (including dosage and the identity of the child who is given the medication) and witness its administration, while the other person will administer the medication (Regulation 95(c)). Before administering any medication to a child, it is extremely important for staff to check if the child has any allergies to the medication being administered.

Procedure for administration of medication

1. Wash and dry hands thoroughly before administering any medication. If appropriate, gloves are recommended wherever possible.
2. Check the medication record to confirm date, time, dosage and the child to whom the medication is to be administered.
3. Check that *prescription medication*:
 - is in its original container, bearing the original label and instructions
 - is the correct medication, as listed in the medication record
 - has the child's name on it (if the medication was prescribed by a registered medical practitioner)
 - is the required dosage, as listed in the medication record
 - has not passed its expiry date.
4. Check that *non-prescription medication*:
 - is in the original container, bearing the original label and instructions
 - is the correct medication, as listed in the medication record
 - has the child's name on it
 - is the required dosage, as listed in the medication record
 - has not passed its expiry date.
5. When administering the medication, ensure that:
 - the identity of the child is confirmed and matched to the specific medication
 - the correct dosage is given
 - the medication is administered in accordance with the instructions attached to the medication, or any written or verbal instructions provided by a registered medical practitioner
 - both staff members complete the medication record (Regulation 92(3)(h)) and store any remaining medication appropriately, such as in the refrigerator if required
 - the Nominated Supervisor or Certified Supervisor informs the parent/guardian on arrival to collect the child that medication has been administered and ensures that the parent/guardian completes the required details in the medication record.

Administration of medication for ongoing medical conditions

Where a child is diagnosed with a condition that requires ongoing medication or medication to be administered in emergencies, parents/guardians may authorise the administration of the medication for a defined period. In these cases:

- a medical management plan completed by the child's doctor should be provided and attached to the child's enrolment form (and on display, where appropriate)

² Note: under Regulation 95(c), this is not a requirement in an education and care service that is permitted to have only one educator to educate and care for children.

- the medical management plan should define:
 - the name of the medication, dosage and frequency of administration
 - conditions under which medication should be administered
 - what actions, if any, should be taken following the administration of the medication
 - when the plan will be reviewed.
- when medication is required under these circumstances, staff should:
 - follow the procedures listed above
 - ensure that the required details are completed in the medication record
 - notify the parents as soon as is practicable.

Refer to the *Dealing with Medical Conditions Policy* for further information.

ATTACHMENT 2

Administration of paracetamol

There may be times when a child develops a fever while at the service. A high fever in a young child can be a sign of infection and must be investigated to find the cause. However, fever itself is not necessarily an indicator of serious illness. The normal temperature range for a child is up to 38°C. Fevers are common in children and if the child appears happy and well, there is no need to treat a fever, but it is important to watch the child for signs that the fever is a symptom of an illness that may worsen.

In the case of a high fever, parents/guardians will be notified and asked to collect the child as soon as possible to take the child to a doctor/hospital, or an ambulance will be called to the service. While the service is waiting for the child to be collected by the parent/guardian, staff will use measures, such as removing clothing and encouraging the intake of fluids, to keep the child cool, comfortable and well hydrated.

Paracetamol is not appropriate first aid or emergency treatment, and will be treated as any other medication, including requiring prior written and signed consent for its administration.

If parents/guardians request that educators/staff administer paracetamol, educators/staff should:

- administer only to a child who has a temperature above 38.5°C and is in discomfort or pain
- administer only one dose of paracetamol in any instance and ensure that the child has not had any other medicine containing paracetamol in the last four hours
- use preparations that contain paracetamol only, not a 'cold and flu' or combined preparation
- use only single doses, disposable droppers or applicators and only use once per child
- be aware that there are numerous dose forms and concentrations in paracetamol for children and administer the most appropriate concentration and dose for the child who is being administered the paracetamol.

References

Royal Children's Hospital Melbourne (2016), *Fever in children*:
www.rch.org.au/kidsinfo/factsheets.cfm?doc_id=5200

Royal Children's Hospital Melbourne (2013), *Pain relief for children*:
https://www.rch.org.au/kidsinfo/fact_sheets/Pain_relief_for_children_-_Paracetamol_and_Ibuprofen/

ANAPHYLAXIS POLICY

Mandatory – Quality Area 2

ELAA acknowledges the contribution of the Department of Allergy and Immunology at The Royal Children's Hospital Melbourne, Allergy & Anaphylaxis Australia Inc and Department of Education and Training (DET) in the development of this policy.

PURPOSE

This policy will provide guidelines to:

- minimise the risk of allergic reaction resulting in anaphylaxis occurring while children are in the care of Mount Martha Preschool
- ensure that service staff respond appropriately to anaphylaxis by following the child's ASCIA action plan for anaphylaxis
- raise awareness of anaphylaxis and its management amongst all at the service through education and policy implementation.

This policy should be read in conjunction with the *Dealing with Medical Conditions Policy*.

POLICY STATEMENT

1. VALUES

Mount Martha Preschool believes that the safety and wellbeing of children who are at risk of anaphylaxis is a whole-of-community responsibility, and is committed to:

- providing a safe and healthy environment in which children at risk of anaphylaxis can participate fully in all aspects of the program
- raising awareness of families, staff, children and others attending the service about allergies and anaphylaxis
- actively involving the parents/guardians of each child at risk of anaphylaxis in assessing risks, and in developing risk minimisation and risk management strategies for their child
- ensuring all staff members and other adults at the service have adequate knowledge of allergies, anaphylaxis and emergency procedures
- facilitating communication to ensure the safety and wellbeing of children at risk of anaphylaxis.

2. SCOPE

This policy applies to the Approved Provider, Nominated Supervisor, Certified Supervisor, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Mount Martha Preschool. This policy will apply regardless of whether a child diagnosed by a registered medical practitioner as being at risk of anaphylaxis is enrolled at the service.

3. BACKGROUND AND LEGISLATION

Background

Anaphylaxis is a severe and potentially life-threatening allergic reaction. Up to two per cent of the general population and up to ten per cent of children are at risk. The most common causes of allergic reaction in young children are eggs, peanuts, tree nuts, cow's milk, fish, shellfish, soy, wheat and sesame, bee or other insect stings, and some medications. A reaction can develop within minutes of exposure to the allergen and young children may not be able to identify or articulate the symptoms of

anaphylaxis. With planning and training, a reaction can be treated effectively by using an adrenaline autoinjector, often called an EpiPen® or an Anapen®.

In any service that is open to the general community it is not possible to achieve a completely allergen-free environment. A range of procedures and risk minimisation strategies, including strategies to minimise the presence of allergens in the service, can reduce the risk of anaphylactic reactions.

Legislation that governs the operation of approved children's services is based on the health, safety and welfare of children, and requires that children are protected from hazards and harm. The Approved Provider will ensure that there is at least one educator on duty at all times who has current approved anaphylaxis management training in accordance with the *Education and Care Services National Regulations 2011* (Regulation 136(1)(b)). As a demonstration of duty of care and best practice, ELAA recommends all educators have current approved anaphylaxis management training (refer to *Definitions*).

Approved anaphylaxis management training is listed on the ACECQA website (refer to *Sources*).

Legislation and standards

Relevant legislation and standards include but are not limited to:

- *Education and Care Services National Law Act 2010*: Sections 167, 169
- *Education and Care Services National Regulations 2011*: Regulations 90–96, 102, 136, 137, 146, 147, 160–162, 168(2)(d), 173, 177, 181, 183, 184, 246
- *Health Records Act 2001* (Vic)
- *National Quality Standard*, Quality Area 2: Children's Health and Safety
 - Standard 2.1: Each child's health is promoted
 - Element 2.1.1: Each child's health needs are supported
 - Element 2.1.4: Steps are taken to control the spread of infectious diseases and to manage injuries and illness, in accordance with recognised guidelines
 - Standard 2.3: Each child is protected
 - Element 2.3.3: Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented
- *Occupational Health and Safety Act 2004* (Vic)
- *Privacy and Data Protection Act 2014* (Vic)
- *Privacy Act 1988* (Cth)
- *Public Health and Wellbeing Act 2008* (Vic)
- *Public Health and Wellbeing Regulations 2009* (Vic)

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: <http://www.legislation.vic.gov.au/>
- Commonwealth Legislation – ComLaw: <http://www.comlaw.gov.au/>

4. DEFINITIONS

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

Adrenaline autoinjector: An intramuscular injection device containing a single dose of adrenaline designed to be administered by people who are not medically trained. This device is commonly called an EpiPen® or an Anapen®. As EpiPen® and Anapen® products have different administration techniques, only one brand should be prescribed per individual and their ASCIA action plan for anaphylaxis (refer to *Definitions*) must be specific for the brand they have been prescribed.

Used adrenaline autoinjectors should be placed in a rigid sharps disposal unit or another rigid container if a sharps container is not available.

Adrenaline autoinjector kit: An insulated container with an unused, in-date adrenaline autoinjector, a copy of the child's ASCIA action plan for anaphylaxis, and telephone contact details for the child's parents/guardians, doctor/medical personnel and the person to be notified in the event of a reaction if the parents/guardians cannot be contacted. If prescribed, an antihistamine should also be included in the kit. Autoinjectors must be stored away from direct heat and cold.

Allergen: A substance that can cause an allergic reaction.

Allergy: An immune system response to something in the environment which is usually harmless, eg: food, pollen, dust mite. These can be ingested, inhaled, injected or absorbed.

Allergic reaction: A reaction to an allergen. Common signs and symptoms include one or more of the following:

- **Mild to moderate signs & symptoms:**
 - hives or welts
 - tingling mouth
 - swelling of the face, lips & eyes
 - abdominal pain, vomiting and/or diarrhoea are mild to moderate symptoms, however these are severe reactions to insects.
- **Signs & symptoms of anaphylaxis are:**
 - difficult/noisy breathing
 - swelling of the tongue
 - swelling/tightness in the throat
 - difficulty talking and/or hoarse voice
 - wheeze or persistent cough
 - persistent dizziness or collapse (child pale or floppy).

Anapen®: A type of adrenaline autoinjector (refer to *Definitions*) containing a single dose of adrenaline. The administration technique in an Anapen® is different to that of the EpiPen®. Two strengths are available: an Anapen® and an Anapen Jr®, and each is prescribed according to a child's weight. The Anapen Jr® is recommended for a child weighing 10–20kg. An AnaPen® is recommended for use when a child weighs more than 20kg. The child's ASCIA action plan for anaphylaxis (refer to *Definitions*) must be specific for the brand they have been prescribed.

Anaphylaxis: A severe, rapid and potentially life threatening allergic reaction that affects normal functioning of the major body systems, particularly the respiratory (breathing) and/or circulation systems.

Anaphylaxis management training: Training that includes recognition of allergic reactions, strategies for risk minimisation and risk management, procedures for emergency treatment and facilitates practise in the administration of treatment using an adrenaline autoinjector (refer to *Definitions*) trainer. Approved training is listed on the ACECQA website (refer to *Sources*).

Approved anaphylaxis management training: Training that is approved by the National Authority in accordance with Regulation 137(e) of the *Education and Care Services National Regulations 2011*, and is listed on the ACECQA website (refer to *Sources*).

ASCIA action plan for anaphylaxis: An individual medical management plan prepared and signed by the child's treating, registered medical practitioner that provides the child's name and confirmed allergies, a photograph of the child, a description of the prescribed anaphylaxis medication for that

child and clear instructions on treating an anaphylactic episode. The plan must be specific for the brand of autoinjector prescribed for each child. Examples of plans specific to different adrenaline autoinjector brands are available for download on the Australasian Society of Clinical Immunology and Allergy (ASCIA) website:

www.allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-for-anaphylaxis

At risk child: A child whose allergies have been medically diagnosed and who is at risk of anaphylaxis.

AV How to Call Card: A card that the service has completed containing all the information that Ambulance Victoria will request when phoned on 000. Once completed, this card should be kept within easy access of all service telephone/s. A sample card can be downloaded from:

<http://www.ambulance.vic.gov.au/Education/Calling-Triple-0.html>

Communication plan: A plan that forms part of the policy outlining how the service will communicate with parents/guardians and staff in relation to the policy. The communication plan also describes how parents/guardians and staff will be informed about risk minimisation plans and emergency procedures to be followed when a child diagnosed as at risk of anaphylaxis is enrolled at a service.

Duty of care: A common law concept that refers to the responsibilities of organisations to provide people with an adequate level of protection against harm and all reasonable foreseeable risk of injury.

EpiPen®: A type of adrenaline autoinjector (refer to *Definitions*) containing a single dose of adrenaline which is delivered via a spring-activated needle that is concealed until administration is required. Two strengths are available: an EpiPen® and an EpiPen Jr®, and each is prescribed according to a child's weight. The EpiPen Jr® is recommended for a child weighing 10–20kg. An EpiPen® is recommended for use when a child weighs more than 20kg. The child's ASCIA action plan for anaphylaxis (refer to *Definitions*) must be specific for the brand they have been prescribed.

First aid management of anaphylaxis course: Accredited training in first aid management of anaphylaxis including competency in the use of an adrenaline autoinjector.

Intolerance: Often confused with allergy, intolerance is an adverse reaction to ingested foods or chemicals experienced by the body but not involving the immune system.

No food sharing: A rule/practice in which a child at risk of anaphylaxis only eats food that is supplied/permitted by their parents/guardians and does not share food with, or accept food from, any other person.

Nominated staff member: (In relation to this policy) a staff member nominated to be the liaison between parents/guardians of a child at risk of anaphylaxis and the Approved Provider. This person also checks regularly to ensure that the adrenaline autoinjector kit is complete and that the device itself is unused and in date, and leads practice sessions for staff who have undertaken anaphylaxis management training.

Risk minimisation: The practice of developing and implementing a range of strategies to reduce hazards for a child at risk of anaphylaxis, by removing, as far as is practicable, major allergen sources from the service.

Risk minimisation plan: A service-specific plan that documents a child's allergy, practical strategies to minimise risk of exposure to allergens at the service and details of the person/s responsible for implementing these strategies. A risk minimisation plan should be developed by the Approved Provider/Nominated Supervisor in consultation with the parents/guardians of the child at risk of anaphylaxis and service staff. The plan should be developed upon a child's enrolment or initial diagnosis, and reviewed at least annually and always on re-enrolment. A sample risk minimisation plan is provided as Attachment 3.

Staff record: A record which the Approved Provider of a centre-based service must keep containing information about the Nominated Supervisor, staff, volunteers and students at a service, as set out under Division 9 of the National Regulations.

5. SOURCES AND RELATED POLICIES

Sources

- ACECQA provides lists of approved first aid training, approved emergency asthma management training and approved anaphylaxis management training on their website: <http://acecqa.gov.au/qualifications/approved-first-aid-qualifications/>
- Allergy & Anaphylaxis Australia Inc is a not-for-profit support organisation for families of children with food-related anaphylaxis. Resources include a telephone support line and items available for sale including storybooks, and EpiPen® trainers: www.allergyfacts.org.au
- Australasian Society of Clinical Immunology and Allergy (ASCIA): www.allergy.org.au provides information and resources on allergies. Action plans for anaphylaxis can be downloaded from this site. Also available is a procedure for the First Aid Treatment for anaphylaxis (refer to Attachment 4). Contact details of clinical immunologists and allergy specialists are also provided.
- Department of Education and Training (DET) provides information related to anaphylaxis and anaphylaxis training: <http://www.education.vic.gov.au/childhood/providers/health/Pages/anaphylaxis.aspx>
- Department of Allergy and Immunology at The Royal Children's Hospital Melbourne (www.rch.org.au/allergy) provides information about allergies and services available at the hospital. This department can evaluate a child's allergies and provide an adrenaline autoinjector prescription. Kids Health Info fact sheets are also available from the website, including the following:
 - *Allergic and anaphylactic reactions:* www.rch.org.au/kidsinfo/factsheets.cfm?doc_id=11148
 - *Autoinjectors (EpiPens) for anaphylaxis – an overview:* www.rch.org.au/kidsinfo/factsheets.cfm?doc_id=11121

The Royal Children's Hospital has been contracted by the Department of Education and Training (DET) to provide an Anaphylaxis Advice & Support Line to central and regional DET staff, school principals and representatives, school staff, children's services staff and parents/guardians wanting support. The Anaphylaxis Advice & Support Line can be contacted on 1300 725 911 or 9345 4235, or by email: carol.whitehead@rch.org.au

Service policies

- *Administration of First Aid Policy*
- *Administration of Medication Policy*
- *Asthma Policy*
- *Dealing with Medical Conditions Policy*
- *Diabetes Policy*
- *Enrolment and Orientation Policy*
- *Excursions and Service Events Policy*
- *Food Safety Policy*
- *Hygiene Policy*
- *Incident, Injury, Trauma and Illness Policy*
- *Inclusion and Equity Policy*
- *Nutrition and Active Play Policy*
- *Privacy and Confidentiality Policy*
- *Supervision of Children Policy*

PROCEDURES

The Approved Provider is responsible for:

- ensuring that an anaphylaxis policy, which meets legislative requirements and includes a risk minimisation plan (refer to Attachment 3) and communication plan, is developed and displayed at the service, and reviewed regularly
- providing approved anaphylaxis management training (refer to *Definitions*) to staff as required under the National Regulations
- ensuring that at least one educator with current approved anaphylaxis management training (refer to *Definitions*) is in attendance and immediately available at all times the service is in operation (Regulations 136, 137)
- ensuring the Nominated Supervisor, educators, staff members, students and volunteers at the service are provided with a copy of the *Anaphylaxis Policy* and the *Dealing with Medical Conditions Policy*
- ensuring parents/guardians and others at the service are provided with a copy of the *Anaphylaxis Policy* and the *Dealing with Medical Conditions Policy* (Regulation 91)
- ensuring that staff practice administration of treatment for anaphylaxis using an adrenaline autoinjector trainer at least annually, and preferably quarterly, and that participation is documented on the staff record
- ensuring the details of approved anaphylaxis management training (refer to *Definitions*) are included on the staff record (refer to *Definitions*), including details of training in the use of an autoinjector (Regulations 146, 147)
- ensuring that parents/guardians or a person authorised in the enrolment record provide written consent to the medical treatment or ambulance transportation of a child in the event of an emergency (Regulation 161), and that this authorisation is kept in the enrolment record for each child
- ensuring that parents/guardians or a person authorised in the child's enrolment record provide written authorisation for excursions outside the service premises (Regulation 102) (refer to *Excursions and Service Events Policy*)
- identifying children at risk of anaphylaxis during the enrolment process and informing staff
- following appropriate reporting procedures set out in the *Incident, Injury, Trauma and Illness Policy* in the event that a child is ill, or is involved in a medical emergency or an incident at the service that results in injury or trauma.

In services where a child diagnosed as at risk of anaphylaxis is enrolled, the Approved Provider is also responsible for:

- displaying a notice prominently at the service stating that a child diagnosed as at risk of anaphylaxis is being cared for and/or educated by the service (Regulation 173(2)(f))
- ensuring the *Enrolment checklist for children diagnosed as at risk of anaphylaxis* (refer to Attachment 2) is completed
- ensuring an ASCIA action plan for anaphylaxis, risk management plan (refer to Attachment 3) and communications plan are developed for each child at the service who has been medically diagnosed as at risk of anaphylaxis, in consultation with that child's parents/guardians and with a registered medical practitioner (Attachment 3)
- ensuring that all children diagnosed as at risk of anaphylaxis have details of their allergy, their ASCIA action plan for anaphylaxis and their risk minimisation plan filed with their enrolment record (Regulation 162)
- ensuring a medication record is kept for each child to whom medication is to be administered by the service (Regulation 92)

- ensuring parents/guardians of all children at risk of anaphylaxis provide an unused, in-date adrenaline autoinjector at all times their child is attending the service. Where this is not provided, children will be unable to attend the service
- ensuring that the child's ASCIA action plan for anaphylaxis is specific to the brand of adrenaline autoinjector prescribed by the child's medical practitioner
- implementing a procedure for first aid treatment for anaphylaxis consistent with current national recommendations (refer to Attachment 4) and ensuring all staff are aware of the procedure
- ensuring adequate provision and maintenance of adrenaline autoinjector kits (refer to *Definitions*)
- ensuring the expiry date of the adrenaline autoinjector is checked regularly and replaced when required and the liquid in the EpiPen/EpiPen Jnr is clear
- ensuring that a sharps disposal unit is available at the service for the safe disposal of used adrenaline autoinjectors
- implementing a communication plan and encouraging ongoing communication between parents/guardians and staff regarding the current status of the child's allergies, this policy and its implementation
- identifying and minimising allergens (refer to *Definitions*) at the service, where possible
- ensuring measures are in place to prevent cross-contamination of any food given to children diagnosed as at risk of anaphylaxis (refer to *Nutrition and Active Play Policy* and *Food Safety Policy*)
- ensuring that children ~~with~~ at risk of anaphylaxis are not discriminated against in any way
- ensuring that children ~~with~~ at risk of anaphylaxis can participate in all activities safely and to their full potential
- immediately communicating any concerns with parents/guardians regarding the management of children diagnosed as at risk of anaphylaxis attending the service
- ensuring that medication is not administered to a child at the service unless it has been authorised and administered in accordance with Regulations 95 and 96 (refer to *Administration of Medication Policy* and *Dealing with Medical Conditions Policy*)
- ensuring that parents/guardians of a child and emergency services are notified as soon as is practicable if medication has been administered to that child in an anaphylaxis emergency without authorisation from a parent/guardian or authorised nominee (Regulation 94)
- ensuring that a medication record is kept that includes all details required by Regulation 92(3) for each child to whom medication is to be administered
- ensuring that written notice is given to a parent/guardian as soon as is practicable if medication is administered to a child in the case of an emergency
- responding to complaints and notifying Department of Education and Training, in writing and within 24 hours, of any incident or complaint in which the health, safety or wellbeing of a child may have been at risk
- displaying the Australasian Society of Clinical Immunology and Allergy (ASCI) (refer to *Sources*) generic poster *Action Plan for Anaphylaxis* in key locations at the service
- displaying Ambulance Victoria's *AV How to Call Card* (refer to *Definitions*) near all service telephones
- complying with the risk minimisation procedures outlined in Attachment 1
- ensuring that educators/staff who accompany children at risk of anaphylaxis outside the service carry a fully equipped adrenaline autoinjector kit (refer to *Definitions*) along with the ASCIA action plan for anaphylaxis for each child diagnosed as at risk of anaphylaxis.

Risk assessment

The National Law and National Regulations do not require a service to maintain a stock of adrenaline autoinjectors at the service premises to use in an emergency. However, ELAA recommends that the Approved Provider undertakes a risk assessment in consultation with the Nominated Supervisor, Certified Supervisors and other educators, to inform a decision on whether the service should carry its own supply of these devices. This decision will also be informed by considerations such as distance to the nearest medical facility and response times required for ambulance services to reach the service premises etc.

If the Approved Provider decides that the service should maintain its own supply of adrenaline autoinjectors, it is the responsibility of the Approved Provider to ensure that:

- adequate stock of the adrenaline autoinjector is on hand, and that it is unused and in date
- appropriate procedures are in place to define the specific circumstances under which the device supplied by the service will be used
- the autoinjector is administered in accordance with the written instructions provided on it and with the generic ASCIA action plan for anaphylaxis
- the service follows the procedures outlined in the *Administration of Medication Policy*, which explains the steps to follow when medication is administered to a child in an emergency
- parents/guardians are informed that the service maintains a supply of adrenaline autoinjectors, of the brand that the service carries and of the procedures for the use of these devices in an emergency.

The Nominated Supervisor is responsible for:

- ensuring the *Enrolment checklist for children diagnosed as at risk of anaphylaxis* (refer to Attachment 2) is completed
- ensuring that all educators' approved first aid qualifications, anaphylaxis management training and emergency asthma management training are current, meet the requirements of the National Act (Section 169(4)) and National Regulations (Regulation 137), and are approved by ACECQA (refer to *Sources*)
- ensuring that medication is not administered to a child at the service unless it has been authorised and administered in accordance with Regulations 95 and 96 (refer to *Administration of Medication Policy* and *Dealing with Medical Conditions Policy*)
- ensuring that parents/guardians of a child and emergency services are notified as soon as is practicable if medication has been administered to that child in an anaphylaxis emergency without authorisation from a parent/guardian or authorised nominee (Regulation 94)
- ensuring educators and staff are aware of the procedures for first aid treatment for anaphylaxis (refer to Attachment 4)
- ensuring an adrenaline autoinjector kit (refer to *Definitions*) is taken on all excursions and other offsite activities (refer to *Excursions and Service Events Policy*)
- compiling a list of children at risk of anaphylaxis and placing it in a secure but readily accessible location known to all staff. This should include the ASCIA action plan for anaphylaxis for each child
- ensuring that all staff, including casual and relief staff, are aware of children diagnosed as at risk of anaphylaxis, their allergies and symptoms, and the location of their adrenaline autoinjector kits and ASCIA action plans for anaphylaxis
- ensuring measures are in place to prevent cross-contamination of any food given to children diagnosed as at risk of anaphylaxis (refer to *Nutrition and Active Play Policy* and *Food Safety Policy*)
- organising anaphylaxis management information sessions for parents/guardians of children enrolled at the service, where appropriate

- ensuring that all persons involved in the program, including parents/guardians, volunteers and students on placement are aware of children diagnosed as at risk of anaphylaxis
- ensuring programmed activities and experiences take into consideration the individual needs of all children, including children diagnosed as at risk of anaphylaxis
- following the child's ASCIAS action plan for anaphylaxis in the event of an allergic reaction, which may progress to an anaphylactic episode
- practising the administration of an adrenaline autoinjector using an autoinjector trainer and 'anaphylaxis scenarios' on a regular basis, at least annually and preferably quarterly
- ensuring staff dispose of used adrenaline autoinjectors appropriately in the sharps disposal unit provided at the service by the Approved Provider
- ensuring that the adrenaline autoinjector kit is stored in a location that is known to all staff, including casual and relief staff, is easily accessible to adults both indoors and outdoors (not locked away) but inaccessible to children, and away from direct sources of heat and cold
- ensuring that parents/guardians or an authorised person named in the child's enrolment record provide written authorisation for children to attend excursions outside the service premises (Regulation 102) (refer to *Excursions and Service Events Policy*)
- providing information to the service community about resources and support for managing allergies and anaphylaxis
- complying with the risk minimisation procedures outlined in Attachment 1.

Certified Supervisors, other educators and staff are responsible for:

- reading and complying with the *Anaphylaxis Policy* and the *Dealing with Medical Conditions Policy*
- maintaining current approved anaphylaxis management qualifications (refer to *Definitions*)
- practising the administration of an adrenaline autoinjector using an autoinjector trainer and 'anaphylaxis scenarios' on a regular basis, at least annually and preferably quarterly
- ensuring they are aware of the procedures for first aid treatment for anaphylaxis (refer to Attachment 4)
- completing the *Enrolment checklist for children diagnosed as at risk of anaphylaxis* (refer to Attachment 2) with parents/guardians
- knowing which children are diagnosed as at risk of anaphylaxis, their allergies and symptoms, and the location of their adrenaline autoinjector kits and medical management action plans
- identifying and, where possible, minimising exposure to allergens (refer to *Definitions*) at the service
- following procedures to prevent the cross-contamination of any food given to children diagnosed as at risk of anaphylaxis (refer to *Nutrition and Active Play Policy* and *Food Safety Policy*)
- assisting with the development of a risk minimisation plan (refer to Attachment 3) for children diagnosed as at risk of anaphylaxis at the service
- following the child's ASCIA action plan for anaphylaxis in the event of an allergic reaction, which may progress to an anaphylactic episode
- disposing of used adrenaline autoinjectors in the sharps disposal unit provided at the service by the Approved Provider
- following appropriate first aid procedures in the event that a child who has not been diagnosed as at risk of anaphylaxis appears to be having an anaphylactic episode (refer to Attachment 4)
- informing the Approved Provider and the child's parents/guardians following an anaphylactic episode
- taking the adrenaline autoinjector kit (refer to *Definitions*) for each child at risk of anaphylaxis on excursions or to other offsite service events and activities

- providing information to the service community about resources and support for managing allergies and anaphylaxis
- complying with the risk minimisation procedures outlined in Attachment 1
- contacting parents/guardians immediately if an unused, in-date adrenaline autoinjector has not been provided to the service for a child diagnosed as at risk of anaphylaxis. Where this is not provided, children will be unable to attend the service
- discussing with parents/guardians the requirements for completing the enrolment form and medication record for their child
- consulting with the parents/guardians of children diagnosed as at risk of anaphylaxis in relation to the health and safety of their child, and communicating any concerns
- ensuring that children diagnosed as at risk of anaphylaxis are not discriminated against in any way and are able to participate fully in all activities.

Parents/guardians of a child at risk of anaphylaxis are responsible for:

- informing staff, either on enrolment or on initial diagnosis, of their child's allergies
- completing all details on the child's enrolment form, including medical information and written authorisations for medical treatment, ambulance transportation and excursions outside the service premises
- assisting the Approved Provider and staff to develop an anaphylaxis risk minimisation plan (refer to Attachment 3)
- providing staff with an ASCIA action plan for anaphylaxis signed by a registered medical practitioner and with written consent to use medication prescribed in line with this action plan
- providing staff with an unused, in-date and complete adrenaline autoinjector kit
- ensuring that the child's ASCIA action plan for anaphylaxis is specific to the brand of adrenaline autoinjector prescribed by the child's medical practitioner
- regularly checking the adrenaline autoinjector's expiry date and colour of EpiPen adrenaline
- assisting staff by providing information and answering questions regarding their child's allergies
- notifying staff of any changes to their child's allergy status and providing a new anaphylaxis medical management action plan in accordance with these changes
- communicating all relevant information and concerns to staff, particularly in relation to the health of their child
- complying with the service's policy where a child who has been prescribed an adrenaline autoinjector is not permitted to attend the service or its programs without that device
- complying with the risk minimisation procedures outlined in Attachment 1
- ensuring they are aware of the procedures for first aid treatment for anaphylaxis (refer to Attachment 4).

Parents/guardians are responsible for:

- reading and complying with this policy and all procedures, including those outlined in Attachment 1
- bringing relevant issues and concerns to the attention of both staff and the Approved Provider

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

EVALUATION

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

- selectively audit enrolment checklists (for example, annually) to ensure that documentation is current and complete
- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle or following an anaphylactic episode at the service, or as otherwise required
- notify parents/guardians at least 14 days before making any changes to this policy or its procedures.

ATTACHMENTS

- Attachment 1: Risk minimisation procedures
- Attachment 2: Enrolment checklist for children diagnosed as at risk of anaphylaxis
- Attachment 3: Sample risk minimisation plan
- Attachment 4: First Aid Treatment for Anaphylaxis – download from the Australasian Society of Clinical Immunology and Allergy:
<http://www.allergy.org.au/health-professionals/anaphylaxis-resources/first-aid-for-anaphylaxis>

AUTHORISATION

This policy was adopted by the Approved Provider of Mount Martha Preschool on 15/6/2018.

REVIEW DATE: 15 JUNE 2021

ACKNOWLEDGEMENT

This policy has been reviewed by the Department of Allergy and Immunology at The Royal Children's Hospital Melbourne on 25 February 2015.

ATTACHMENT 1

Risk minimisation procedures

The following procedures should be developed in consultation with the parents/guardians of children in the service who have been diagnosed as at risk of anaphylaxis, and implemented to protect those children from accidental exposure to allergens. These procedures should be regularly reviewed to identify any new potential for accidental exposure to allergens.

In relation to the child diagnosed as at risk of anaphylaxis:

- the child should only eat food that has been specifically prepared for him/her. Some parents/guardians may choose to provide all food for their child
- ensure there is no food sharing (refer to *Definitions*), or sharing of food utensils or containers at the service
- where the service is preparing food for the child:
 - ensure that it has been prepared according to the instructions of parents/guardians
 - parents/guardians are to check and approve the instructions in accordance with the risk minimisation plan
- bottles, other drinks, lunch boxes and all food provided by parents/guardians should be clearly labelled with the child's name
- consider placing a severely allergic child away from a table with food allergens. However, be mindful that children with allergies should not be discriminated against in any way and should be included in all activities
- provide an individual high chair for very young children to minimise the risk of cross-contamination of food
- where a child diagnosed as at risk of anaphylaxis is allergic to milk, ensure that non-allergic children are closely supervised when drinking milk/formula from bottles/cups and that these bottles/cups are not left within reach of children
- ensure appropriate supervision of the child diagnosed as at risk of anaphylaxis on special occasions such as excursions and other service events
- children diagnosed as at risk of anaphylaxis who are allergic to insect/sting bites should wear shoes and long-sleeved, light-coloured clothing while at the service.

In relation to other practices at the service:

- ensure tables, high chairs and bench tops are thoroughly cleaned after every use
- ensure that all children and adults wash hands upon arrival at the service, and before and after eating
- supervise all children at meal and snack times, and ensure that food is consumed in specified areas. To minimise risk, children should not move around the service with food
- do not use food of any kind as a reward at the service
- ensure that children's risk minimisation plans inform the service's food purchases and menu planning
- ensure that staff and volunteers who are involved in food preparation and service undertake measures to prevent cross-contamination of food during the storage, handling, preparation and serving of food, including careful cleaning of food preparation areas and utensils (refer to *Food Safety Policy*)
- request that all parents/guardians avoid bringing food to the service that contains specified allergens or ingredients as outlined in the risk minimisation plans of children diagnosed as at risk of anaphylaxis

- restrict the use of food and food containers, boxes and packaging in crafts, cooking and science experiments, according to the allergies of children at the service
- ensure staff discuss the use of foods in children's activities with parents/guardians of at risk children. Any food used at the service should be consistent with the risk management plans of children diagnosed as at risk of anaphylaxis
- ensure that garden areas are kept free from stagnant water and plants that may attract biting insects.

ATTACHMENT 2

Enrolment checklist for children diagnosed as at risk of anaphylaxis

- A risk minimisation plan is completed in consultation with parents/guardians prior to the attendance of the child at the service, and is implemented including following procedures to address the particular needs of each child diagnosed as at risk of anaphylaxis.
- Parents/guardians of a child diagnosed as at risk of anaphylaxis have been provided with a copy of the service's *Anaphylaxis Policy* and *Dealing with Medical Conditions Policy*.
- All parents/guardians are made aware of the service's *Anaphylaxis Policy*.
- An ASCIA action plan for anaphylaxis for the child is completed and signed by the child's registered medical practitioner and is accessible to all staff.
- A copy of the child's ASCIA action plan for anaphylaxis is included in the child's adrenaline autoinjector kit (refer to *Definitions*).
- An adrenaline autoinjector (within a visible expiry date) is available for use at all times the child is being educated and cared for by the service.
- An adrenaline autoinjector is stored in an insulated container (adrenaline autoinjector kit) in a location easily accessible to adults both indoors and outdoors (not locked away) but inaccessible to children, and away from direct sources of heat and cold.
- All staff, including casual and relief staff, are aware of the location of each adrenaline autoinjector kit which includes each child's ASCIA action plan for anaphylaxis.
- All staff have undertaken approved anaphylaxis management training (refer to *Definitions*), which includes strategies for anaphylaxis management, risk minimisation, recognition of allergic reactions and emergency first aid treatment. Details regarding qualifications are to be recorded on the staff record (refer to *Definitions*).
- All staff have undertaken practise with an autoinjector trainer at least annually and preferably quarterly. Details regarding participation in practice sessions are to be recorded on the staff record (refer to *Definitions*).
- A procedure for first aid treatment for anaphylaxis is in place and all staff understand it (refer to Attachment 4).
- Contact details of all parents/guardians and authorised nominees are current and accessible.
- Information regarding any other medications or medical conditions in the service (for example asthma) is available to staff.
- If food is prepared at the service, measures are in place to prevent cross-contamination of the food given to the child diagnosed as at risk of anaphylaxis.

ATTACHMENT 3

Sample risk minimisation plan

The following information is not a comprehensive list but contains some suggestions to consider when developing/reviewing your service's risk minimisation plan in consultation with parents/guardians.

How well has the service planned for meeting the needs of children with allergies and those who have been diagnosed as at risk of anaphylaxis?	
Who are the children?	<input type="checkbox"/> List names and room locations of each child diagnosed as at risk.
What are they allergic to?	<input type="checkbox"/> List all known allergens for each child at risk. <input type="checkbox"/> List potential sources of exposure to each known allergen and strategies to minimise the risk of exposure. This will include requesting certain foods/items not be brought to the service.
Do staff (including casual and relief staff), volunteers and visiting staff recognise the children at risk?	<input type="checkbox"/> List the strategies for ensuring that all staff, including casual and relief staff, recognise each at risk child, are aware of the child's specific allergies and symptoms and the location of their adrenaline autoinjector kit including their ASCIA action plan for anaphylaxis.
Do families and staff know how the service manages the risk of anaphylaxis?	<input type="checkbox"/> Record the date on which each family of a child diagnosed as at risk of anaphylaxis is provided a copy of the service's <i>Anaphylaxis Policy</i> . <input type="checkbox"/> Record the date that parents/guardians provide an unused, in-date and complete adrenaline autoinjector kit. <input type="checkbox"/> Test that all staff, including casual and relief staff, know the location of the adrenaline autoinjector kit and ASCIA action plan for anaphylaxis for each at risk child. <input type="checkbox"/> Ensure that there is a procedure in place to regularly check the expiry date of each adrenaline autoinjector. <input type="checkbox"/> Ensure a written request is sent to all families at the service to follow specific procedures to minimise the risk of exposure to a known allergen. This may include strategies such as requesting specific items not be sent to the service, for example: <ul style="list-style-type: none"> • food containing known allergens or foods where transfer from one child to another is likely e.g. peanut/nut products, whole egg, sesame or chocolate • food packaging where that food is a known allergen e.g. cereal boxes, egg cartons.
	<input type="checkbox"/> Ensure a new written request is sent to all families if food allergens change. <input type="checkbox"/> Ensure all families are aware of the service policy that no child who has been prescribed an adrenaline autoinjector is permitted to attend the service without that device.

	<ul style="list-style-type: none"> <input type="checkbox"/> Display the ASCIA generic poster <i>Action Plan for Anaphylaxis</i> in key locations at the service and ensure a completed Ambulance Victoria <i>AV How to Call Card</i> is next to all telephone/s. <input type="checkbox"/> The adrenaline autoinjector kit, including a copy of the ASCIA action plan for anaphylaxis, is carried by an educator when a child diagnosed as at risk is taken outside the service premises e.g. for excursions.
<p>Has a communication plan been developed which includes procedures to ensure that:</p> <ul style="list-style-type: none"> • all staff, volunteers, students and parents/guardians are informed about the policy and procedures for the management of anaphylaxis at Mount Martha Preschool • parents/guardians of a child diagnosed as at risk of anaphylaxis are able to communicate with service staff about any changes to the child's diagnosis or anaphylaxis medical management action plan • all staff, including casual, relief and visiting staff, volunteers and students are informed about, and are familiar with, all ASCIA action plan for anaphylaxis and the Mount Martha Preschool risk management plan. 	<ul style="list-style-type: none"> <input type="checkbox"/> All parents/guardians are provided with a copy of the <i>Anaphylaxis Policy</i> prior to commencing at Mount Martha Preschool. <input type="checkbox"/> A copy of this policy is displayed in a prominent location at the service. <input type="checkbox"/> Staff will meet with parents/guardians of a child diagnosed as at risk of anaphylaxis prior to the child's commencement at the service and will develop an individual communication plan for that family. <input type="checkbox"/> An induction process for all staff and volunteers includes information regarding the management of anaphylaxis at the service including the location of adrenaline autoinjector kits, ASCIA action plans for anaphylaxis, risk minimisation plans and procedures, and identification of children at risk.

Do all staff know how the service aims to minimise the risk of a child being exposed to an allergen?

Think about times when the child could potentially be exposed to allergens and develop appropriate strategies including identifying the person responsible for implementing them (refer to the following section for possible scenarios and strategies).

- Menus are planned in conjunction with parents/guardians of children diagnosed as at risk of anaphylaxis:
 - Food for the at risk child is prepared according to the instructions of parents/guardians to avoid the inclusion of food allergens.
 - As far as is practical, the service's menu for all children should not contain food with ingredients such as milk, egg, peanut/nut or sesame, or other products to which children are at risk.
 - The at risk child should not be given food where the label indicates that the food may contain traces of a known allergen.
- Hygiene procedures and practices are followed to minimise the risk of cross-contamination of surfaces, food utensils or containers by food allergens (refer to *Hygiene Policy* and *Food Safety Policy*).
- Consider the safest place for the at risk child to be served and to consume food, while ensuring they are not discriminated against or socially excluded from activities.
- Develop procedures for ensuring that each at risk child only consumes food prepared specifically for him/her.
- Do not introduce food to a baby/child if the parents/guardians have not previously given this food to the baby/child.
- Ensure each child enrolled at the service washes his/her hands upon arrival at the service, and before and after eating.
- Employ teaching strategies to raise the awareness of all children about anaphylaxis and the importance of *no food sharing* (refer to *Definitions*) at the service.
- Bottles, other drinks, lunch boxes and all food provided by the family of the at risk child should be clearly labelled with the child's name.

Do relevant people know what action to take if a child has an anaphylactic episode?

- Know what each child's ASCIA action plan for anaphylaxis contains and implement the procedures.
- Know:
 - who will administer the adrenaline autoinjector and stay with the child
 - who will telephone the ambulance and the parents/guardians of the child
 - who will ensure the supervision of other children at the service
 - who will let the ambulance officers into the service and take them to the child.
- Ensure all staff have undertaken approved anaphylaxis management training and participate in regular practise sessions.
- Ensure a completed Ambulance Victoria *AV How to Call Card* is located next to all telephone/s.

Potential exposure scenarios and strategies

How effective is the service's risk minimisation plan?

- Review the risk minimisation plan of each child diagnosed as at risk of anaphylaxis with parents/guardians at least annually, but always on enrolment and after any incident or accidental exposure to allergens.

Scenario	Strategy	Who is responsible?
Food is provided by the service and a food allergen is unable to be removed from the service's menu (e.g. milk).	Menus are planned in conjunction with parents/guardians of children diagnosed as at risk, and food is prepared according to the instructions of parents/guardians. Alternatively, the parents/guardians provide all food for the at risk child.	Cook, Nominated Supervisor and parents/guardians
	Ensure separate storage of foods containing the allergen.	Approved Provider and Cook
	Cook and staff observe food handling, preparation and serving practices to minimise the risk of cross-contamination. This includes implementing good hygiene practices and effective cleaning of surfaces in the kitchen and children's eating area, food utensils and containers.	Cook, staff and volunteers
	There is a system in place to ensure the child diagnosed as at risk of anaphylaxis is served only food prepared for him/her.	Cook and staff
	A child diagnosed as at risk of anaphylaxis is served and consumes their food in a location considered to be at low risk of cross-contamination by allergens from another child's food. Ensure this location is not separate from all children and allows social inclusion at meal times.	Staff
	Children are regularly reminded of the importance of not sharing food.	Staff
	Children are closely supervised during eating.	Staff

Party or celebration	Give parents/guardians adequate notice of the event.	Approved Provider, Nominated Supervisor and educators
	Ensure safe food is provided for the child diagnosed as at risk of anaphylaxis.	Parents/guardians and staff
	Ensure the child diagnosed as at risk of anaphylaxis only eats food approved by his/her parents/guardians.	Staff
	Specify a range of foods that all parents/guardians may send for the party and note particular foods and ingredients that should not be sent.	Approved Provider and Nominated Supervisor
Protection from insect bite allergies	Specify play areas that are lowest risk to the child diagnosed as at risk and encourage him/her and peers to play in that area.	Educators
	Decrease the number of plants that attract bees or other biting insects.	Approved Provider
	Ensure the child diagnosed as at risk of anaphylaxis wears shoes at all times they are outdoors.	Educators
	Respond promptly to any instance of insect infestation. It may be appropriate to request exclusion of the child diagnosed as at risk during the period required to eradicate the insects.	Approved Provider/Nominated Supervisor
Latex allergies	Avoid the use of party balloons or latex gloves.	Staff
Cooking with children	Ensure parents/guardians of the child diagnosed as at risk of anaphylaxis are advised well in advance and included in the planning process. Parents/guardians may prefer to provide the ingredients themselves.	Approved Provider, Nominated Supervisor and educators
	Ensure activities and ingredients used are consistent with risk minimisation plans.	

ATTACHMENT 4

First Aid Treatment for Anaphylaxis

Download this attachment from the Australasian Society of Clinical Immunology and Allergy:
<http://www.allergy.org.au/health-professionals/anaphylaxis-resources/first-aid-for-anaphylaxis>

ANIMALS ON PREMISES POLICY

Best Practice – Quality Areas 1, 2, 5 and 6

PURPOSE

This policy outlines procedures to provide children and preschool pets a safe environment for all of which will ensure everyone's safety, health and wellbeing while teaching children safe pet handling practises. It will also teach children how to nurture, care and have respect for all living things.

POLICY STATEMENT

1. VALUES

Mount Martha Preschool is committed to:

- Providing a safe secure environment for children and educators to participate in safe pet handling practises.
- Ensuring that the safety and wellbeing of both children and animals is paramount at all times.
- Encouraging children to build relationships with animals and learn new skills.
- Maintain safe pet handling practises and incorporate connection between living things.
- Assisting children in building connections with nature and the environment to increase children's confidence and empathy with the needs of animals and humans.

2. SCOPE

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

3. BACKGROUND AND LEGISLATION

Background

Exposing and educating children about care, respect and safe pet handling practises is crucial. Moreover, it is important that children, educators and parents are aware of the recommended behaviour around animals and that appropriate communication and training is undertaken to minimise injury. It is recognised that animals provide a positive experience for children; playing a significant role in the child's learning, development and sense of wellbeing and as well as connecting them to their community and environment.

Legislation and standards

- *Education and Care Services National regulations 2011*
- *Education and Care services National law 2010*
- *Early Years Learning Framework 2009*
- *Occupational Health and Safety Oct 2004*
- *Occupational Health and Safety regulations 2007.*
- *National Quality Standard, Quality Areas 1,2,5,6*

4. DEFINITIONS

Definitions of terms regularly used in policies for the early childhood education and care sector – e.g. Approved Provider, Nominated Supervisor, and Regulatory Authority etc. are provided in the *General Definitions* section of this manual and can be referred to as required.

Safe Behaviour Around Dogs

The following rules are recommended by the Department of Environment and Primary Industries 'Living safely with dogs' program and reinforced by the Victorian Governments Better Health Channel Website:

- Always supervise children and dogs
- Separate children from dogs even if you are unable to supervise for a short time period
- Never approach a strange dog
- When approaching, always ask the permission of the owner
- Always let the dog smell the back of your hand first
- Pat dog gently and calmly from the collar to the tail
- Do not pat a dog on its head
- Stand still if a dog approaches (do not make direct eye contact, hands in fists by your side with thumbs on inside).
- Never intervene between dogs that are fighting
- Never disturb a dog that is eating or sleeping.

5. SOURCES AND RELATED POLICIES

Sources

Better Health Channel Website – Child Safety 'Children and Animals' www.betterhealth.vic.gov.au

Victorian Department of Environment and Primary industries 'Living Safely with Dogs' Education Program and Responsible Pet Ownership (RPO) Program www.agriculture.vic.gov.au/pets/community-and-education/responsible-pet-ownership-for-children

Service policies

- *Curriculum development Policy*
- *Child Safe Environment Policy*
- *Hygiene Policy*
- *Incident, Injury, Trauma and Illness Policy*
- *Supervision of Children Policy*
- *Occupational health and safety Policy*

PROCEDURES

The Approved Provider is responsible for:

Supply of a first aid kit on site to administer first aid in response to dog bites or any other purpose. The Nominated Supervisor and other educators are and other educators are responsible for:

- Running a 'Living safely with Dogs' education session for the attending preschool groups. Particular attention in the session is given to recognising the warnings signs given by dogs, the correct way to approach a dog and what to do if approached by an aggressive dog.
- Ensuring discussions is had with families regarding any allergies, fears or phobias that children may have in regard to animals/pets.
- Continually educating children on the care, respect and appropriate behaviours around dogs, including recognising warnings signs, the correct way to approach a dog, and what to do if approached by an aggressive dog.
- Ensuring the dog is kept on a lead at all times when in direct contact with children.
- Ensuring any direct contact with animals is actively supervised by an educator.

- Ensuring good hygiene practices are in place by having children wash their hands thoroughly after touching the animals.
- Ensuring all animals in the service will be kept clean and healthy with regular worming and Vaccinations where appropriate.
- Ensuring play areas, food preparation area, sleep/rest areas and outdoor play and garden areas within the service are free from animal hair and excrement.
- Ensuring animals are kept separate to and apart from areas used by children unless involved in a specific activity that is directly supervised by educators.
- Ensure enclosures and protective runs are kept clean and in good order.
- Ensuring that animal food, bowls and litter trays, etc. are inaccessible to children and are kept in a hygienic condition. Children will be supervised closely if involved with providing food and/or water for the animal.
- Taking into account the ages, experience and skills of the children when including animals into the children's learning environment.

Parents/guardians are responsible for:

- Practising safe dog behaviours at home and outside of the preschool.
- Teaching children on an ongoing basis how to behave around dogs to minimise risk of dog bites.
- Collecting their child as soon as possible when notified of an incident or medical emergency involving their child (such as a dog bite).
- Parents bringing dogs on to preschool property during drop-off or pick-up times **must keep** said dog(s) outside the gated area (also refer to disorderly dogs).
- Ensure that disorderly dogs **are not** brought on to preschool property.
- Reading and being familiar with this policy.
- Bringing relevant issues to the attention of both educators and committee.

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

EVALUATION

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

- Regularly seek feedback from educators, parents/guardians, children, management and all affected by the policy regarding its effectiveness.
- Monitor the implementation, compliance, complaints and incidents in relation to this policy
- Keep the policy up-to-date with current legislation, research, policy and best practice
- Revise the policy and procedures as part of the service's policy review cycle, or as required

ATTACHMENTS

NIL

AUTHORISATION

This policy was adopted by the Approved Provider of Mount Martha Preschool Association on 8/11/19.

REVIEW DATE: 8 NOVEMBER 2021

ASTHMA POLICY

Mandatory – Quality Area 2

This policy was written in consultation with The Asthma Foundation of Victoria. The Foundation's *Asthma & the Child in Care Model Policy* has been incorporated into this policy by ELAA. For more detailed information, visit The Asthma Foundation of Victoria's website: www.asthma.org.au

PURPOSE

This policy will outline the procedures to:

- ensure educators, staff and parents/guardians are aware of their obligations and the best practice management of asthma at Mount Martha Preschool
- ensure that all necessary information for the effective management of children with asthma enrolled at Mount Martha Preschool is collected and recorded so that these children receive appropriate attention when required
- respond to the needs of children who have not been diagnosed with asthma and who experience breathing difficulties (suspected asthma attack) at the service.

This policy should be read in conjunction with the *Dealing with Medical Conditions Policy*.

POLICY STATEMENT

1. VALUES

Mount Martha Preschool is committed to:

- providing a safe and healthy environment for all children enrolled at the service
- providing an environment in which all children with asthma can participate to their full potential
- providing a clear set of guidelines and procedures to be followed with regard to the management of asthma
- educating and raising awareness about asthma among educators, staff, parents/guardians and any other person(s) dealing with children enrolled at the service.

2. SCOPE

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

Asthma management should be viewed as a shared responsibility. While Mount Martha Preschool recognises its duty of care towards children with asthma during their time at the service, the responsibility for ongoing asthma management rests with the child's family and medical practitioner.

3. BACKGROUND AND LEGISLATION

Background

Asthma is a chronic, treatable health condition that affects approximately one in 10 Australian children and is one of the most common reasons 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. With this in mind, a service must recognise the need to educate staff and parents/guardians about asthma and promote responsible asthma management strategies.

Legislation that governs the operation of approved children's services is based on the health, safety and welfare of children, and requires that children are protected from hazards and harm. The Approved Provider will ensure that there is at least one educator on duty at all times who has current approved emergency asthma management training in accordance with the *Education and Care Services National Regulations 2011* (Regulation 136(c)). As a demonstration of duty of care and best practice, ELAA recommends **all educators** have current approved emergency asthma management training (refer to *Definitions*).

Legislation and standards

Relevant legislation and standards include but are not limited to:

- *Education and Care Services National Law Act 2010*: Sections 167, 169, 174
- *Education and Care Services National Regulations 2011*: Regulations 90, 92, 93, 94, 95, 96, 136, 137
- *Health Records Act 2001* (Vic)
- *National Quality Standard*, Quality Area 2: Children's Health and Safety
 - Standard 2.1: Each child's health is promoted
 - Element 2.1.1: Each child's health needs are supported
 - Standard 2.3: Each child is protected
 - Element 2.3.3: Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented
- *Privacy Act 1988* (Cth)
- *Privacy and Data Protection Act 2014* (Vic)
- *Public Health and Wellbeing Act 2008* (Vic)
- *Public Health and Wellbeing Regulations 2009* (Vic)

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: <http://www.legislation.vic.gov.au/>
- Commonwealth Legislation – ComLaw: <http://www.comlaw.gov.au/>

4. DEFINITIONS

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

Approved Emergency Asthma Management (EAM) training: Training that is approved by the National Authority in accordance with Division 7 of the National Regulations, and is listed on the ACECQA website: <http://www.acecqa.gov.au>. EAM training provides knowledge about the underlying causes of asthma, asthma triggers, and the recognition and treatment of an asthma attack.

Asthma Friendly Children's Services Program: A program developed by The Asthma Foundation of Victoria to provide a safer environment for children in kindergarten, childcare, family day care and out-of-school hours care. This program also gives staff the confidence and skills to care for a child with asthma and gives parents/guardians peace of mind. To be recognised as an Asthma Friendly Children's Service, services must address and fulfil five essential criteria, which will be assessed by The Asthma Foundation of Victoria. Upon accreditation, the service will receive a certificate and window sticker. This accreditation is valid for three years.

Asthma Care Plan: A record of information on an individual child's asthma and its management, including contact details, what to do when the child's asthma worsens and the treatment to be administered in an emergency. An Asthma Care Plan template specifically for use in children's services can be downloaded from the *Resources* section of The Asthma Foundation of Victoria website: www.asthma.org.au

Asthma emergency: The onset of unstable or deteriorating asthma symptoms requiring immediate treatment with reliever medication.

Asthma first aid kit: Kits should contain:

- reliever medication
- 2 small volume spacer devices
- 2 compatible children's face masks (for children under the age of four)
- record form
- asthma first aid instruction card.

The Asthma Foundation of Victoria recommends that spacers and face masks are for single-use only. It is essential to have at least two spacers and two face masks in each first aid kit, and these should be replaced once used.

Asthma triggers: Things that may induce asthma symptoms, for example, pollens, colds/viruses, dust mites, smoke and exercise. Asthma triggers will vary from child to child.

Duty of care: A common law concept that refers to the responsibilities of organisations to provide people with an adequate level of protection against harm and all reasonable foreseeable risk of injury.

Medication record: Contains details for each child to whom medication is to be administered by the service. This includes the child's name, signed authorisation to administer medication and a record of the medication administered, including time, date, dosage, manner of administration, name and signature of person administering the medication and of the person checking the medication, if required (Regulation 92). A sample medication record is available on the ACECQA website.

Metered dose inhaler (puffer): A common device used to administer reliever medication.

Puffer: The common name for a metered dose inhaler.

Reliever medication: This comes in a blue/grey metered dose inhaler containing salbutamol, a chemical used to relax the muscles around the airways to relieve asthma symptoms. This medication is always used in an asthma emergency. Reliever medication is commonly sold by pharmacies as Airomir, Asmol, or Ventolin.

Risk minimisation plan: Provides information about child-specific asthma triggers and strategies to avoid these in the service. A risk minimisation plan template specifically for use in children's services can be downloaded from the *Resources* section of The Asthma Foundation of Victoria website: www.asthma.org.au

Spacer device: A plastic chamber device used to increase the efficiency of delivery of reliever medication from a puffer. It should always be used in conjunction with a puffer device and may be used in conjunction with a face mask.

Staff record: Must be kept by the service and include details of the Nominated Supervisors, the educational leader, other staff members, volunteers and the Responsible Person. The record must include information about qualifications, training and details of the *Working with Children* Check (Regulations 146–149). A sample staff record is available on the ACECQA website: www.acecqa.gov.au

5. SOURCES AND RELATED POLICIES

Sources

- Asthma Australia: www.asthmaaustralia.org.au
- The Asthma Foundation of Victoria: www.asthma.org.au or phone (03) 9326 7088 or 1800 278 462 (toll free)
- Australian Children's Education and Care Quality Authority (ACECQA): www.acecqa.gov.au
- *Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011*, ACECQA.

Service policies

- *Administration of Medication Policy*
- *Anaphylaxis Policy*
- *Dealing with Medical Conditions Policy*
- *Emergency and Evacuation Policy*
- *Excursions and Service Events Policy*
- *Incident, Injury, Trauma and Illness Policy*
- *Privacy and Confidentiality Policy*
- *Staffing Policy.*

PROCEDURES

The Approved Provider is responsible for:

- providing the Nominated Supervisor and all staff with a copy of the service's *Asthma Policy*, and ensuring that they are aware of asthma management strategies (refer to Attachment 1) upon employment at the service
- providing approved Emergency Asthma Management (EAM) training (refer to *Definitions*) to staff as required under the National Regulations
- ensuring at least one staff member with current approved Emergency Asthma Management (EAM) training (refer to *Definitions*) is on duty at all times
- ensuring the details of approved Emergency Asthma Management (EAM) training (refer to *Definitions*) are included on the staff record (refer to *Definitions*)
- providing parents/guardians with a copy of the service's *Asthma Policy* upon enrolment of their child (Regulation 91)
- identifying children with asthma during the enrolment process and informing staff
- providing parents/guardians with an Asthma Care Plan (refer to *Definitions and Attachment 2*) to be completed in consultation with, and signed by, a medical practitioner
- developing a Risk Minimisation Plan (refer to *Definitions and Attachment 4*) for every child with asthma, in consultation with parents/guardians
- ensuring that all children with asthma have an Asthma Care Plan and Risk Minimisation Plan filed with their enrolment record
- ensuring a medication record is kept for each child to whom medication is to be administered by the service (Regulation 92)
- ensuring parents/guardians of all children with asthma provide reliever medication and a spacer (including a child's face mask, if required) at all times their child is attending the service
- implementing an asthma first aid procedure (refer to Attachment 1) consistent with current national recommendations
- ensuring that all staff are aware of the asthma first aid procedure
- ensuring adequate provision and maintenance of asthma first aid kits (refer to *Definitions*)
- ensuring the expiry date of reliever medication is checked regularly and replaced when required, and that spacers and face masks are replaced after every use
- facilitating communication between management, educators, staff and parents/guardians regarding the service's *Asthma Policy* and strategies
- identifying and minimising asthma triggers (refer to *Definitions*) for children attending the service, where possible
- ensuring that children with asthma are not discriminated against in any way
- ensuring that children with asthma can participate in all activities safely and to their full potential
- immediately communicating any concerns with parents/guardians regarding the management of children with asthma at the service

- ensuring that the service meets the requirements to be recognised as an Asthma Friendly Children’s Service (refer to *Definitions*) with The Asthma Foundation of Victoria
- displaying Asthma Australia’s *Asthma First Aid* poster (refer to *Sources* and Attachment 3) in key locations at the service
- ensuring that medication is administered in accordance with the *Administration of Medication Policy*
- ensuring 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 (Regulation 94)
- following appropriate reporting procedures set out in the *Incident, Injury, Trauma and Illness Policy* in the event that a child is ill, or is involved in a medical emergency or an incident at the service that results in injury or trauma.

The Nominated Supervisor is responsible for:

- ensuring 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 (Section 169(4)) and National Regulations (Regulation 137), and are approved by ACECQA
- ensuring that medication is administered in accordance with the *Administration of Medication Policy*
- ensuring 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 (Regulation 94)
- ensuring an asthma first aid kit (refer to *Definitions*) is taken on all excursions and other offsite activities (refer to *Excursions and Service Events Policy*)
- compiling a list of children with asthma and placing it in a secure, but readily accessible, location known to all staff. This should include the Asthma Care Plan for each child
- ensuring that induction procedures for casual and relief staff include information about children attending the service who have been diagnosed with asthma, and the location of their medication and action plans
- organising asthma management information sessions for parents/guardians of children enrolled at the service, where appropriate
- ensuring programmed activities and experiences take into consideration the individual needs of all children, including any children with asthma.

Certified Supervisor/s and other educators are responsible for:

- ensuring that they are aware of the service’s *Asthma Policy* and asthma first aid procedure (refer to Attachment 1)
- ensuring that they can identify children displaying the symptoms of an asthma attack and locate their personal medication, Asthma Care Plans and the asthma first aid kit
- maintaining current approved Emergency Asthma Management (EAM) (refer to *Definitions*) qualifications
- identifying and, where possible, minimising asthma triggers (refer to *Definitions*) as outlined in the child’s Asthma Care Plan
- taking the asthma first aid kit, children’s personal asthma medication and Asthma Care Plans on excursions or other offsite events
- administering prescribed asthma medication in accordance with the child’s Asthma Care Plan and the *Administration of Medication Policy* of the service
- developing a Risk Minimisation Plan (refer to *Definitions* and Attachment 4) for every child with asthma in consultation with parents/guardians
- discussing with parents/guardians the requirements for completing the enrolment form and medication record for their child
- consulting 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

- communicating any concerns to parents/guardians if a child's asthma is limiting his/her ability to participate fully in all activities
- ensuring that children with asthma are not discriminated against in any way
- ensuring that children with asthma can participate in all activities safely and to their full potential.

Parents/guardians are responsible for:

- reading the service's *Asthma Policy*
- informing staff, either on enrolment or on initial diagnosis, that their child has asthma
- providing a copy of their child's Asthma Care Plan to the service and ensuring it has been prepared in consultation with, and signed by, a medical practitioner. The Asthma Care Plan should be reviewed and updated at least annually
- ensuring all details on their child's enrolment form and medication record (refer to *Definitions*) are completed prior to commencement at the service
- working with staff to develop a Risk Minimisation Plan (refer to *Definitions* and Attachment 4) for their child
- providing an adequate supply of appropriate asthma medication and equipment for their child at all times and ensuring it is appropriately labelled with the child's name
- notifying staff, in writing, of any changes to the information on the Asthma Care Plan, enrolment form or medication record
- communicating regularly with educators/staff in relation to the ongoing health and wellbeing of their child, and the management of their child's asthma
- encouraging their child to learn about their asthma, and to communicate with service staff if they are unwell or experiencing asthma symptoms.

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

EVALUATION

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

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

ATTACHMENTS

- Attachment 1: Asthma First Aid Procedure
- Attachment 2: Sample Asthma Care Plan – download from the *Resources* section of The Asthma Foundation of Victoria website: www.asthma.org.au:
- Attachment 3: Asthma First Aid poster – download from the Asthma Australia website: <http://asthmaaustralia.org.au/First-aid.aspx>
- Attachment 4: Asthma Risk Minimisation Plan – download from the *Resources* section of The Asthma Foundation of Victoria website: www.asthma.org.au

AUTHORISATION

This policy was adopted by the Approved Provider of Mount Martha Preschool on 15/6/2018.

REVIEW DATE: 15 JUNE 2021

ACKNOWLEDGEMENT

Early Learning Association Australia (ELAA) acknowledges the contribution of The Asthma Foundation of Victoria in developing this policy. If your service is considering changing any part of this model policy please contact The Asthma Foundation of Victoria to discuss your proposed changes (refer to *Sources*).

ATTACHMENT 1

Asthma First Aid Procedure

This Asthma First Aid Procedure has been reproduced from The Asthma Foundation of Victoria's *Asthma & the Child in Care Model Policy*, Version 2, March 2014.

ASTHMA FIRST AID PROCEDURE

Follow the written first aid instructions on the child's Asthma Care Plan, if available and signed by a medical practitioner. If no specific and signed instructions are available, the instructions are unclear, or the child does not have an Asthma Care Plan, **begin the first aid procedure outlined below.**

Reliever medication is safe to administer to children, even if they do not have asthma, however if there is no Asthma Care Plan you must also **call emergency assistance to attend (000)** and notify the parent/carer of the child as soon as possible.

Call emergency assistance immediately (Dial 000)

- If the person is not breathing
- If the person's asthma suddenly becomes worse, or is not improving
- If the person is having an asthma attack and a blue reliever puffer is not available
- If you are not sure it is asthma.

Step 1. Sit the person upright

- Be calm and reassuring
- Do not leave them alone.

(Send someone else to get the asthma first aid kit)

(Sitting the child in an upright position will make it easier for them to breathe).

Step 2. Give 4 separate puffs of blue reliever puffer medication

- Use a spacer if there is one
- Shake the puffer
- Put 1 puff into the spacer
- Take 4 breaths from spacer
- Repeat until 4 puffs have been taken.

Remember: Shake, 1 puff, 4 breaths

(This medication is safe to administer and may be lifesaving).

Step 3. Wait 4 minutes

If there is no improvement, give 4 more separate puffs as above.

Step 4. If there is still no improvement call emergency assistance (000)

- Say ambulance and that someone is having an asthma attack
- Keep giving 4 puffs every 4 minutes until emergency assistance arrives.

CHILD SAFE ENVIRONMENT POLICY

Mandatory – Quality Area 2

PURPOSE

This policy provides a clear set of guidelines and procedures for Mount Martha Preschool to:

- provide a safe environment for all children which ensures their safety, health and wellbeing
- promote the cultural safety of all children
- identify, reduce and remove risks of child abuse
- intervene when a child may be at risk of abuse or neglect
- involve children in child safety including listening to children and incorporating their views about how to provide a safe environment
- make staff aware of their legal and duty of care obligations to report child abuse and neglect

POLICY STATEMENT

1. VALUES

Mount Martha Preschool:

- is committed to the rights of all children to feel safe, and be safe at all times, including:
 - a. promoting the cultural safety of Aboriginal children
 - b. promoting the cultural safety of children from culturally and linguistically diverse backgrounds
 - c. promoting the safety of children with a disability
- values, respects and cares for children
- fosters opportunities for each child to participate, express their views and to learn and develop
- always acts in the best interests of each child and has zero tolerance of child abuse
- takes all reasonable steps to ensure the health, safety and wellbeing of children at all times, whilst also promoting their learning and development
- actively manages the risks of abuse or harm to each child, including fulfilling our duty of care (refer to *Definitions*) and legal obligations to protect children and prevent any reasonable, foreseeable risk of injury or harm
- continuously improves the way our service identifies risks of and responds to child abuse, and encourages reporting and improved responses to allegations of abuse.

2. SCOPE

This policy applies to the Approved Provider, Persons with Management or Control, Nominated Supervisor, Persons in day-to-day Charge, staff, contractors, volunteers, students on placement, parents/guardians, children and others attending the programs and activities of Mount Martha Preschool, including during offsite excursions and activities.

RESPONSIBILITIES

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

- providing leadership for an organisational culture of accountability for child safety which is open to scrutiny and is continuously reviewed and improved
- advising staff of current child protection legislation, and their legal and duty of care obligations (Regulation 84)
- undertaking child safety reviews and developing an action plan in consultation with staff, parents/guardians and children to maintain Child Safe Standards at Mount Martha Preschool (refer to *Sources*)

- conducting recruitment and induction processes for staff in line with this policy (refer to Attachment 2 – Guidelines for incorporation of child safety into the recruitment and management of staff)
- screening contractors, volunteers and students in line with their roles (refer to Attachment 3 – Guidelines for incorporation of child safety into recruitment and management of contractors, volunteers and students)
- ensuring that contractors, volunteers, students, parents/guardians and other visitors to the service are not left with sole supervision of individual children or groups of children
- ensuring that contact is prevented or responding if it has occurred, when the service has been notified of a court order prohibiting an adult from contacting an enrolled child
- ensuring staff, and where appropriate, contractors, volunteers and students undertake appropriate training on child safety, including recognising the signs and symptoms of child abuse (refer to *Definitions*), knowing how to respond, and understanding responsibilities and processes for reporting (refer to Attachment 4 – Processes for responding to and reporting suspected child abuse)
- ensuring procedures for reporting and responding to suspected child abuse or neglect are promoted across the service and regularly reviewed in partnership with staff and parents/guardians, and where appropriate contractors, volunteers, students and children (refer to Attachment 4: Processes for responding to and reporting suspected child abuse)
- offering support to the child and their family, and to staff in response to concerns or reports relating to the safety, health and wellbeing of a child at Mount Martha Preschool
- maintaining co-operative relationships with appropriate services and/or professionals (including Child FIRST) in the best interests of children and their families
- ensuring processes for responding to and reporting are followed when there are significant concerns for the safety, health or wellbeing of a child at the service (refer to Attachment 4 – Processes for responding to and reporting suspected child abuse)
- notifying DET within 24 hours of a serious incident (refer to *Definitions*) occurring at the service
- notifying DET within 24 hours in writing of becoming aware of a notifiable complaint (refer to *Definitions*) or allegation regarding the safety, health and/or welfare of a child at the service
- notifying the Commission for Children and Young People within 3 business days of becoming aware of a reportable allegation (refer to *Definitions*)
- investigating an allegation (subject to police clearance on criminal matters or matters involving family violence), advising the Commission for Children and Young People who is undertaking the investigation
- managing the risks to children whilst undertaking the investigation
- updating the Commission for Children and Young People within 30 calendar days with detailed information about the reportable allegation and any action
- notifying the Commission for Children and Young People of the investigation findings and any disciplinary action taken (or the reasons no action was taken)
- maintaining confidentiality at all times (refer to *Privacy and Confidentiality Policy*)
- reviewing this policy in consultation with staff, volunteers, parents/guardians, and children
- providing appropriate resources and training to assist staff, contractors, volunteers and students to implement this policy (refer to *Sources*)
- protecting the rights of children and families, and encouraging their participation in decision-making
- keeping staff, contractors, parents/guardian, volunteers and students informed of any relevant changes in legislation and practices in relation to this policy
- ensuring all staff, students, contractors, parents/guardians, volunteers and visitors abide by the *Code of Conduct Policy*
- ensuring an explicit statement of Mount Martha Preschool's commitment to child safety is included in all advertising promotion for the organisation.

The Nominated Supervisor and Persons in Day-to-Day Charge are responsible for:

- keeping up to date and complying with any relevant changes in legislation and practices in relation to this policy
- ensuring continuous improvement in the implementation of the Child Safe Standards in Mount Martha Preschool promoting an organisational culture of accountability for child safety which is open to scrutiny and is continuously reviewed and improved (refer to *Sources*)
- ensuring the implementation of strategies to prevent child abuse in consultation with the Approved Provider and staff
- providing appropriate resources and training to assist staff, contractors, volunteers and students to implement this policy (refer to *Sources*)
- ensuring processes for responding to and reporting are followed when there are significant concerns for the safety, health or wellbeing of a child at the service (refer to Attachment 4 – Processes for responding to and reporting suspected child abuse)
- notifying the Approved Provider or Person with Management or Control immediately on becoming aware of a concern, complaint or allegation regarding the safety, health and welfare of a child at Mount Martha Preschool
- offering support to the child and their family, and to educators and staff in response to concerns or reports relating to the safety, health and wellbeing of a child at Mount Martha Preschool
- making all staff aware of this policy, the Code of Conduct Policy and the Interactions with Children Policy and holding them to account for the behavioural expectations identified.
- implementing and reviewing this policy in consultation with the Approved Provider or Person with Management or Control, educators, staff, contractors and parents/guardians and children
- planning so that no child is left alone (or is out of sight) with a contractor, volunteer, student, parent/guardian or visitor, at the service.

All staff are responsible for:

- fulfilling their legal responsibilities and duty of care to protect children and to keep children safe and to maintain their rights
- keeping up to date and complying with any relevant changes in legislation and practices in relation to this policy
- contributing to an organisational culture of child safety
- identifying the potential for child abuse at Mount Martha Preschool, and developing and implementing effective prevention strategies in consultation with the Approved Provider and Person with Management or Control and the Nominated Supervisor and Person in day to day Charge
- following processes for responding to and reporting suspected child abuse (Attachment 4: Processes for responding to and reporting suspected child abuse)
- undertaking appropriate training on child protection, including recognising the signs and symptoms of child abuse (refer to *Definitions*), knowing how to respond, and understanding responsibilities and processes for reporting (refer to Attachment 4 – Processes for responding to and reporting suspected child abuse)
- supporting the maintenance of Child Safe Standards in Mount Martha Preschool in consultation with the Approved Provider and Person with Management or Control and Nominated Supervisor and Person in day to day Charge at the service
- notifying the Nominated Supervisor, Person in day to day Charge, the Approved Provider or the Person with Management or Control immediately on becoming aware of any concerns, complaints or allegations regarding the safety, health and welfare of a child at Mount Martha Preschool
- offering support to the child and their family in response to concerns or reports relating to the safety, health and wellbeing of a child at Mount Martha Preschool
- co-operating with other services and/or professionals (including Child FIRST) in the best interests of children and their families
- informing families of support services available to them (such as Child FIRST), and of the assistance these services can provide

- conducting activities so that no child is left alone (or is out of sight) with a contractor, visitor, volunteer, student or parent/guardian at the service
- following the Mount Martha Preschool's processes where the service has been notified of a court order prohibiting an adult from contacting an enrolled child
- maintaining confidentiality at all times (refer to *Privacy and Confidentiality Policy*)
- contributing to a review of this policy in consultation with the Approved Provider, Person with Management or Control, Nominated Supervisor and Person in day to day Charge
- educating and empowering children to talk about events and situations that make them feel uncomfortable
- ensuring that children at the service are not subjected to any form of corporal punishment, or any discipline that is unreasonable or excessive in the circumstances
- using appropriate resources and undertaking training to assist with the implementation of this policy (refer to *Sources*)
- abiding by the service's *Code of Conduct Policy* and *Interactions with Children Policy*.

Parents/guardians are responsible for:

- reading and complying with this policy
- reporting any concerns, including in relation to potential child abuse, to the appropriate child protection authorities or the police if immediate police attention is required
- abiding by the service's *Code of Conduct*.

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

REPORTABLE CONDUCT PROCEDURE (RCA)

The Reportable Conduct Procedure (RCA) provides precise procedures for Mount Martha Preschool Association employees (educators, teachers, administration and others), members of the Committee of Management as well as families (parents, guardians and others) and other members of the Association regarding reportable conduct as set out under the Victorian Reportable Conduct Scheme.

As specified in the Victoria Reportable Conduct Scheme, the head of the Mount Martha Preschool Association is required to notify the Commission for Children and Young People (CCYP) of all allegations of reportable conduct by employees and volunteers.

Reportable conduct is:

- a sexual offence (even prior to criminal proceedings commencing), sexual misconduct or physical violence committed against, with or in the presence of a child
- behaviour causing significant emotional or psychological harm
- significant neglect of a child.

A reportable allegation means information that leads a person to form a reasonable belief that a worker or volunteer has committed:

- reportable conduct or
- misconduct that may include reportable conduct.

REVIEW

To assess whether the values and purposes of the policy have been achieved, the Approved Provider or Persons with Management or Control will:

- regularly seek feedback from everyone affected by the policy regarding its effectiveness, particularly in relation to identifying and responding to child safety concerns
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notify parents/guardians at least 14 days before making any changes to this policy or its procedures (Regulation 172(2)) unless a lesser period is necessary because of a risk.

ATTACHMENTS

- Attachment 1: Background, definitions, sources and service policies
- Attachment 2: Guidelines for incorporation of child safety into recruitment and management of staff
- Attachment 3: Guidelines for incorporation of child safety into recruitment of contractors, volunteers and students
- Attachment 4: Processes for responding to and reporting suspected child abuse

AMMENDMENTS

- Reportable Conduct Procedure (RCA) approved and enacted 1/5/2019.
 - a. Reportable Conduct Clause included as part this policy 1/5/2019.

AUTHORISATION

This policy was adopted by the Approved Provider of Mount Martha Preschool on 15/9/2018.

REVIEW DATE: 15 SEPTEMBER 2020

ATTACHMENT 1: BACKGROUND, DEFINITIONS, SOURCES AND SERVICE POLICIES

BACKGROUND AND LEGISLATION

Background

Under the *Education and Care Services National Regulations 2011*, the Approved Provider or Person with Management or Control must ensure that all staff are familiar with current policies and procedures with regard to child safety and protection, including state and territory legislative responsibilities and their obligations under these laws (Regulation 84).

The Approved Provider, Persons with Management Control, Nominated Supervisor, Persons in Day-to-Day Charge, staff, contractors and volunteers of early childhood services have legal and duty of care obligations to protect children under their supervision and care.

Duty of care obligations (refer to *Definitions*) require the Approved Provider, Person with Management or Control, Nominated Supervisor, Persons in Day-to-Day Charge, and staff to take reasonable steps to protect children from injury that is reasonably foreseeable.

In addition, organisations have a duty of care to take reasonable precautions to prevent the abuse of a child by an individual associated with the organisation while the child is under its care, supervision or authority (refer to Organisational duty of care in *Definitions*).

The duty will relate to individuals associated with an organisation, including but not limited to committee members, employees, volunteers and contractors.

The Children, Youth and Families Act 2005 provides the legislative basis for the provision of services to vulnerable children, young people and their families, and places children's best interests at the heart of decision-making and service delivery.

Any person who forms a reasonable belief (refer to *Definitions*), that a child is in need of protection may report their concerns to the Child Protection (refer to *Definitions*).

Early childhood teachers are required to be registered with the Victorian Institute of Teaching and are mandatory reporters (refer to *Definitions*). All mandatory reporters must make a report to Victoria Police and/or Child Protection (refer to *Definitions*) as soon as practicable if, during the course of their roles and responsibilities they form a reasonable belief that:

- A child is likely to suffer, or has suffered, significant harm as a result of physical abuse and/or sexual abuse, **and**
- The child's parents have not protected, or are unlikely protect, the child from harm of that type.

Victorian organisations that provide services to children are required under the *Child Safety and Wellbeing Act 2005* to ensure that they implement compulsory minimum Child Safe Standards to protect children from harm. The standards aim to drive continuous improvement in the way services prevent and report child abuse and respond to allegations of child abuse. Standard 2 requires services to have a child safe policy or statement of commitment to child safety.

Three **criminal offences** in the *Crimes Amendment (Protection of Children) Act 2014* protect children from child abuse:

- Failure to disclose: All adults (not just those working with children) have a legal duty to report information about child sexual abuse to Victoria Police. The offence applies to any adult who forms a reasonable belief that a sexual offence has been committed by an adult against a child under 16 and fails to report that information to the Victoria Police.
- Failure to protect: The offence applies to people within organisations who hold positions of authority within an education and care service, such as the Approved Provider, Person with Management or Control, the Nominated Supervisor or the Person in day to day Charge and who know of the substantial risk that another adult associated with the organisation may commit a sex

offence and they have the power or responsibility to remove or reduce the risk but negligently fail to do so.

- Grooming offence: The offence targets predatory conduct by an adult with the intent of committing child sexual abuse. Conduct may include communication, including online communication, with a child under the age of 16 or their parents.

Legislation and standards

Relevant legislation and standards include but are not limited to:

Children, Youth and Families Act 2005 (Vic)

Child Safety and Wellbeing Act 2005 (Vic)

Charter of Human Rights and Responsibilities Act 2006 (Vic)

Child Safe Standards (Vic)

Crimes Amendment (Protection of Children) Act 2014 (Vic)

Education and Care Services National Law Act 2010 (Vic): including but not limited to Sections 165, 166, 167

Education and Care Services National Regulations 2011 (Vic): including but not limited to Regulations 84, 85, 86, 99, 100, 101, 102, 168(2)(h)

Education Training and Reform Act 2006 (Vic) (As amended in 2014)

Family Law Act 1975 (Cth)

National Quality Standard, including Quality Area 2: Children's Health and Safety

Reportable Conduct Scheme administered by the Commission for Children and Young People (Vic)

Working with Children Act 2005 (Vic)

Working with Children Regulations 2006 (Vic)

Wrongs Act 1958 (Vic)

DEFINITIONS

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

Abuse: see Child abuse definition below.

Child: A child or young person is a person under 18 years of age.

Child abuse: (In the context of this policy) refers to an act or omission by an adult that endangers or impairs a child's physical and/or emotional health or development. Child abuse can be a single incident but often takes place over time. Abuse, neglect and maltreatment (refer to *Definitions*) are generic terms used to describe situations in which a child may need protection. Child abuse includes any and all of the following:

Physical abuse: When a child suffers or is likely to suffer significant harm from an injury inflicted by a parent/guardian, caregiver or other adult. The injury may be inflicted intentionally, or be the consequence of physical punishment or the physically aggressive treatment of a child. Physical injury and significant harm to a child can also result from neglect by a parent/guardian, caregiver or other adult. The injury may take the form of bruises, cuts, burns or fractures, poisoning, internal injuries, shaking injuries or strangulation.

Sexual abuse: When a person uses power or authority over a child, or inducements such as money or special attention, to involve the child in sexual activity. It includes a wide range of sexual behaviour from inappropriate touching/fondling of a child or exposing a child to pornography, to having sex with a child and grooming with the intent of committing child sexual abuse.

Emotional and psychological abuse: When a child's parent or caregiver repeatedly rejects the child or uses threats to frighten the child. This may involve name calling, put downs or continual coldness from the parent or caregiver, to the extent that it significantly damages the child's physical, social, intellectual or emotional development.

Neglect: The failure to provide a child with the basic necessities of life, such as food, clothing, shelter, medical attention or supervision, to the extent that the child's health and development is, or is likely to be, significantly harmed.

Family violence: When children and young people witness or experience the chronic, repeated domination, coercion, intimidation and victimisation of one person by another through physical, sexual and/or emotional means within intimate relationships. Contrary to popular belief, witnessing episodes of violence between people they love can affect young children as much as if they were the victims of the violence. Children who witness regular acts of violence have greater emotional and behavioural problems than other children.

Racial, cultural, religious abuse: Conduct that demonstrates contempt, ridicule, hatred or negativity towards a child because of their race, culture or religion. It may be overt, such as direct racial vilification or discrimination, or covert, such as demonstrating a lack of cultural respect (attitude and values) and awareness (knowledge and understanding) or failing to provide positive images about another culture.

Bullying: Repeated verbal, physical, social or psychological behaviour that is harmful and involves the misuse of power by an individual or group towards one or more persons. Bullying occurs when one or more people deliberately and repeatedly upset or hurt another person, damage their property, reputation or social acceptance.

Child FIRST: A Victorian community-based intake and referral service linked with Family Services. Child FIRST ensures that vulnerable children, young people and their families are effectively linked to relevant services, including Child Protection.

Child sex offender: Someone who sexually abuses children, and who may or may not have prior convictions.

Child protection: The term used to describe the whole-of-community approach to the prevention of harm to children. It includes strategic action for early intervention, for the protection of those considered most vulnerable and for responses to all forms of abuse.

Child protection notification: A notification to the Child Protection Service by a person who believes that a child is in need of protection.

Child Protection Service (also referred to as Child Protection): The statutory child protection service provided by the Victorian Department of Health and Human Services, to protect children and young people at risk of abuse and neglect. This service also works closely with Family Services (including Child FIRST) to support the assessment and engagement of vulnerable children and families in community-based services. **Code of conduct:** A set of rules or practices that establish a standard of behaviour to be followed by individuals and organisations. A code of conduct defines how individuals should behave towards each other and towards other organisations and individuals in the community (refer to *Code of Conduct Policy*).

Contractor: A person or company that undertakes a contract to provide materials or labour to perform a service or do a job. Examples include photographer, tradesperson, people contracted to provide an incursion.

Disclosure: (In the context of this policy) refers to a statement that a child or young person makes to another person that describes or reveals abuse.

Duty of care: A common law concept that refers to the responsibilities of organisations and staff to provide people with an adequate level of protection against harm and all reasonable foreseeable risk of injury. In the context of this policy, duty of care refers to the responsibility of education and care services and their staff to provide children with an adequate level of care and protection against foreseeable harm and injury.

Maltreatment: (In the context of this policy) refers to physical and/or emotional mistreatment, and/or lack of care of the child. Examples include sexual abuse, the witnessing of family violence and any non-accidental injury to a child.

Mandatory reporting: The legal obligation of certain professionals and community members to report when they believe, on reasonable grounds, that a child is in need of protection from harm.

A broad range of professional groups are identified in the *Children, Youth and Families Act 2005* as 'mandatory reporters'. From 30 September 2015 this list includes VIT registered early childhood teachers. Mandated staff members must make a report to Victoria Police and/or Child Protection as soon as is practicable if, during the course of acting out their professional roles and responsibilities, they form a belief on reasonable grounds (refer to *Definitions*) that:

- a child has suffered, or is likely to suffer, significant harm as a result of physical and/or sexual abuse (refer to *Definitions*) **and**
- the child's parents/guardians have not protected, or are unlikely to protect, the child from harm of that type.

Mandatory reporters must also follow processes for responding to incidents, disclosures or suspicions of child abuse to fulfil all their legal obligations (refer to Attachment 4: Processes for responding to and reporting suspected child abuse).

Neglect: see Child abuse definition above.

Negligence: Doing, or failing to do something that a reasonable person would, or would not do in a certain situation, and which causes another person damage, injury or loss as a result.

Notifiable complaint: A complaint that alleges a breach of the Act or Regulation, or alleges that the safety, health or wellbeing of a child at the service may have been compromised. Any complaint of this nature must be reported by the Approved Provider to the secretary of DET within 24 hours of the complaint being made (Section 174(2)(b), Regulation 176(2)(b)).

Written notification of complaints must be submitted via the ACECQA portal [National Quality Agenda \(NQA\) IT System](#). If the Approved Provider is unsure whether the matter is a notifiable complaint, it is good practice to contact DET for confirmation.

Organisational duty of care: The statutory duty organisations have to take reasonable precautions to prevent sexual and/or physical abuse of a child.

Offender: A person who mistreats and/or harms a child or young person.

Perpetrator: A person who mistreats and/or harms a child or young person.

Reasonable belief/reasonable grounds: A person may form a belief on reasonable grounds that a child or young person is in need of protection after becoming aware that the child or young person's safety, health or wellbeing is at risk and the child's parents/guardians are unwilling or unable to protect them. There may be reasonable grounds for forming such a belief if:

- a child or young person states that they have been physically or sexually abused
- a child or young person states that they know someone who has been physically or sexually abused (sometimes the child may be referring to themselves)
- someone who knows the child or young person states that the child or young person has been physically or sexually abused
- a child shows signs of being physically or sexually abused
- the person is aware of persistent family violence or parental substance misuse, psychiatric illness or intellectual disability or other factors that are impacting on the child or young person's safety, stability or development
- the person observes signs or indicators of abuse, including non-accidental or unexplained injury, persistent neglect, poor care or lack of appropriate supervision
- a child's/young person's actions or behaviour may place them at risk of significant harm and the parents/guardians are unwilling or unable to protect the child.

Reportable allegation: any allegation that an employee, volunteer or student has committed child abuse (refer to *Definitions*)

Serious incident: A serious incident (regulation 12) is defined as any of the following:

- the death of a child while being educated and cared for at the service or following an incident at the service
- any incident involving serious injury or trauma while the child is being educated and cared for, which
 - a reasonable person would consider required urgent medical attention from a registered medical practitioner; or
 - the child attended or ought reasonably to have attended a hospital e.g. a broken limb*
- any incident involving serious illness of a child while that child is being educated and cared for by a service for which the child attended, or ought reasonably to have attended, a hospital e.g. severe asthma attack, seizure or anaphylaxis*.
 - *NOTE: In some cases (for example rural and remote locations) a General Practitioner conducts consultation from the hospital site. Only treatment related to serious injury or illness or trauma are required to be notified, not other health matters.
- any emergency for which emergency services attended. NOTE: This means an incident, situation or event where there is an imminent or severe risk to the health, safety or wellbeing of a person/s at an education and care service. It does not mean an incident where emergency services attended as a precaution.
- a child appears to be missing or cannot be accounted for at the service
- a child appears to have been taken or removed from the service in a manner that contravenes the National Regulations
- a child was mistakenly locked in or out of the service premises or any part of the premises.

Examples of serious incidents include amputation (e.g. removal of fingers), anaphylactic reaction requiring hospitalisation, asthma requiring hospitalisation, broken bone/fractures, bronchiolitis, burns, diarrhoea requiring hospitalisation, epileptic seizures, head injuries, measles, meningococcal infection, sexual assault, witnessing violence or a frightening event.

If the approved provider is not aware that the incident was serious until sometime after the incident, they must notify the regulatory authority within 24 hours of becoming aware that the incident was serious.

Notifications of serious incidents should be made through the NQA IT System portal (www.acecqa.gov.au). If this is not practicable, the notification can be made initially in whatever way is best in the circumstances.

Volunteer: Parent/guardian, family member or community member who attends the service to assist the service in some capacity.

Young person: In Victoria, under the *Children, Youth and Families Act 2005*, a child or young person is a person under 18 years of age.

SOURCES AND RELATED POLICIES

Sources

Australian Human Rights Commission: <https://www.humanrights.gov.au/>

Betrayal of Trust Implementation: www.justice.vic.gov.au

Better Health Channel: www.betterhealth.vic.gov.au/

Charter of Human Rights and Responsibilities Act 2006 (Vic): www.legislation.vic.gov.au

Choose With Care: Child Protection – an information and training program: www.childwise.net

Commission for Children and Young People (CCYP): www.ccyp.vic.gov.au

National Children's Commissioner: www.humanrights.gov.au

Department of Education and Training's Protect Portal: www.education.vic.gov.au

Safe Supportive Schools Community Working Group: www.bullyingnoway.gov.au
Service Agreement Information Kit for Funded Organisations: www.fac.dhhs.vic.gov.au
The United Nations Convention on the Rights of the Child: www.unicef.org
Victorian Institute of Teaching: www.vit.vic.edu.au

Working with Children (WWC) Check: www.workingwithchildren.vic.gov.au

Service policies

Acceptance and Refusal of Authorisations Policy

Code of Conduct Policy

Complaints and Grievances Policy

Delivery and Collection of Children Policy

Incident, Injury, Trauma and Illness Policy

Inclusion and Equity Policy

Interactions with Children Policy

Participation of Volunteers and Students Policy

Privacy and Confidentiality Policy

Staffing Policy

Supervision of Children Policy

ATTACHMENT 2

Guidelines for incorporation of child safety into the recruitment and management of staff

The following guidelines and processes for the incorporation of child safety into the recruitment and management of staff demonstrate Mount Martha Preschool's commitment to maximising the safety of children and deterring unsuitable and inappropriate persons from attempting to work at our service.

Preparation for recruitment

- Include a statement of Mount Martha Preschool's commitment to maintaining a child safe environment in the job description
- Job description clearly outlines responsibilities and accountability
- Job advertisements clearly state our commitment to child safety
- Include requirement for a current Working with Children Check (WWCC) or Victorian Institute of Teaching registration
- The template letter of offer includes a statement about what is expected of the staff member in terms of commitment and responsibilities for child safety.

Selection process

- At least three people are on the interview panel including, where possible, a gender mix and a person external to the service or someone with human resource/interviewing experience
- Questions are behaviour-based and ask the interviewee to provide examples of their past behaviour in specific situations relevant to the job being applied for
- Questions regarding relationships with children are values-based and include a consideration of issues such as professional boundaries, resilience and motivation, teamwork, accountability and ethics
- Questions are based on key selection criteria
- More detail is asked for when answers seem incomplete
- Confirm identity by sighting (and taking a copy of) a driver's licence or a passport
- Verify qualifications and, where relevant, Working with Children Check or Victorian Institute of Teaching registration
- Thorough reference checks:
 - a. at least two referees are contacted (including the current or most recent employer or direct line manager) in person or via telephone
 - b. all referees must have observed the applicant working with children first-hand
 - c. referees are asked about the candidate's past behaviour including relationships with children, professional boundaries, resilience and motivation, teamwork, accountability and ethics.
- Orientation and induction covers information about values, attitudes, expectations and workplace practices in relation to maintaining a child safe environment
- Information provided to the new staff member on commencing work at the service includes *Child Safe Environment Policy*, *Code of Conduct Policy*, *Complaints and Grievances Policy* and *Staffing Policy*
- Regular meetings are held between staff members and the Approved Provider or the Person with Management or Control
- A mentoring or buddy system for staff members is in place
- Training and education with regard to child safety and child protection is provided for all staff
- Resources and support are provided for all staff to ensure a child safe environment.

Ongoing Management

- Regular meetings are held between staff and the Approved Provider or Person with Management or Control and child safety is a regular item on the agenda
- Provide supervision to ensure clear expectations about the role, adequate support as well as on-the-job monitoring of their performance
- Performance reviews consider the staff member's contribution to creating a child safe environment
- Regular training and education with regard to child safety, child protection and inclusive practices is provided for all staff
- Resources and support are provided for all staff to ensure a child safe environment
- Have a process to ensure that the registration of all early childhood teachers with Victorian Institute of Training remains current
- Maintain a register of all staff with a WWCC card and regularly check the status of the WWCC cards of all staff to ensure that no one has been given a Negative Notice or had their card revoked or suspended or that it has expired
- Develop processes to deal with a staff member who is given a Negative Notice including ensuring that they do not do any child-related work.

ATTACHMENT 3

Guidelines for incorporation of child safety into the recruitment and management of contractors, volunteers and students

The following guidelines and processes for the recruitment and management of contractors (refer to *Definitions*), volunteers (refer to *Definitions*) and students demonstrates Mount Martha Preschool's commitment to maximising the safety of children and deterring unsuitable and inappropriate persons from attempting to work, volunteer or be on student placement at our service.

- Assess the nature of the work or task being undertaken by contractors, volunteers and students to determine whether a position description is required
- Consider whether a screening or recruitment process is relevant to the role and the risks to children
- Ensure a valid Working With Children Check or an exemption applies for people engaged in 'direct contact' in child-related work, including physical contact, face to face contact, oral, written or electronic communication.
- Inform contractors, volunteers and students of policies relevant to their role as part of their orientation to the service
- Provide supervision to ensure clear expectations about the role and responsibilities
- Do not leave contractors, volunteers or students (or visitors) alone with children
- Have conversations about child safety and wellbeing and how the service maintains and responds to issues of safety with contractors, volunteers and students.

ATTACHMENT 4

Processes for responding to and reporting suspected child abuse

Overview

- The Approved Provider or staff **must act** when they form a reasonable belief or have a suspicion that a child has been, or is at risk of being abused.
- Staff **must seek advice** from the Approved Provider or Person with Management or Control or DHHS Child Protection, Child First and/or Victoria Police if they are uncertain about whether they have sufficient grounds to form a reasonable belief.
- If staff hold a reasonable belief that a child has been or is at risk of being abused, regardless of the advice of the Approved Provider or Person with Management or Control, or any other staff member, they must **still** make a report to Child Protection and/or Victoria Police.
- The steps outlined in the Department of Education and Training's flowchart: *Four critical actions for early childhood services: Responding to Incidents, Disclosures and Suspicions of Child Abuse*, provides a summary of the critical actions which are to be followed: www.education.vic.gov.au
- Records are kept about all child safety concerns or complaints. These records contain comprehensive descriptions of incidents/ issues of concern and provide evidence for actions taken, including reports made to statutory authorities or professional bodies and follow-up actions to be completed. The records are stored in accordance with the service's Privacy and Confidentiality Policy.
- Privacy is maintained, and information is only disclosed on a need-to-know basis.
- Permission is not required from parents/guardians of a child to make a report where abuse is suspected.

Managing a disclosure

It is very important to validate a child's disclosure, by listening to the child, taking them seriously and responding and acting on the disclosure by implementing the Mount Martha Preschool's reporting procedures.

Strategies include:

- Let the child talk about their concerns in their own time and in their own words
- Give them your full attention, the time and a quiet space in which to do this and be a supportive and reassuring listener
- Remain calm and use a neutral non-judgmental tone
- Comfort the child if they are distressed
- Record the child's disclosure using the child's words.
- Tell the child that telling you is the right thing to do and that what has happened is not their fault
- Let them know that you will act on this information and that you will need to let other people know so that they can help the child
- It is the role of DHHS Child Protection and Victoria Police to investigate. DO NOT taking any steps to investigate. Avoid asking investigative or invasive questions which may cause the child to withdraw and may interfere with an investigation. Avoid going over information repeatedly.

Reporting to authorities

- If a child is in immediate danger ensure their safety and call emergency services on 000 for urgent medical and/or police assistance.
- If there is a suspicion of sexual abuse of a child (including grooming) contact Victoria Police.
- If there is an allegation of abuse by a proprietor, staff member, contractor, volunteer, student or visitor within the service, the matter must be immediately reported directly to Victoria Police.

- To report concerns about the immediate safety of a child within their family or the community, call the nearest DHHS office in your region during business hours or after hours the Child Protection Crisis Line on 13 12 78 (24 hours, 7 days a week and toll free within Victoria). Note: this is an emergency service for weekends and after hours only, and cases reported to the Child Protection Crisis Line will be referred to the relevant DHHS office on the following working day
- Provide the following information:
 - a. the child's name, age and address
 - b. the reason for believing that the injury or behaviour is the result of abuse or neglect
 - c. an assessment of immediate danger to the child/ren (the person making the report may be questioned regarding knowledge of the current location of the alleged abuser/s)
 - d. a description of the injury or behaviour observed
 - e. the current location of the child
 - f. knowledge of other services that support or are involved with the family
 - g. any other information about the family
 - h. any specific details that will help the child, such as cultural background, need for an interpreter or disability support requirements.
- A notification should be made, even if the notifier does not have all the necessary information. There are two types of notifications to be made in relation to significant concerns for the safety or wellbeing of a child: a referral to Child FIRST (Family Services) or a report to Child Protection (see below).
- Staff must notify the Approved Provider or Person with Management or Control of all incidents, suspicions and disclosures of child abuse
- The Approved Provider or Person with Management or Control must notify DET (through the NQA IT System portal (www.acecqa.gov.au)) of any circumstance arising at the service that poses a risk to the health, safety or wellbeing of a child or children attending the service (Regulation 175 (2) (c) including:
 - a. occurrences of sexualised play between children
 - b. where children are being or may be at risk of being subjected to physical, emotional or sexual abuse including instances where children are observed displaying concerning behaviour that may indicate they are being subject to abuse
- Report to the Commission for Children and Young People in line with the requirements of the Reportable Conduct Scheme (see below).

Making a referral to Child FIRST

A referral to **Child FIRST** should be considered if, after taking into account the available information, the Approved Provider/staff member has significant concerns for a child's wellbeing and the child is not in immediate need of protection. This may include circumstances when there are:

- significant parenting problems that may be affecting the child's development
- family conflict, including family breakdown
- families under pressure, due to a family member's physical or mental illness, substance misuse, disability or bereavement
- young, isolated and/or unsupported families
- families experiencing significant social or economic disadvantage that may adversely impact on a child's care or development.

Child FIRST provides a consolidated intake service to Family Services within sub-regional catchments. Child FIRST ensures that vulnerable children, young people and their families are linked effectively into relevant services, and this may be the best way to connect children, young people and their families with the services they need.

Making a report to Child Protection

A report to **Child Protection** should be made if, after taking into account the available information, the staff member forms a view that the child **is** in need of protection because:

- the harm or risk of harm has a serious impact on the child's immediate safety, stability and/or development
- the harm or risk of harm is persistent and entrenched, and is likely to have a serious impact on the child's safety, stability and/or development
- the child's parents/guardians are unwilling or unable to protect the child or young person from harm.

Upon receipt of a credible report, Child Protection will seek further information, often from professionals who may already be involved with the child or family, to determine whether further action is required. In determining what steps to take, Child Protection will also consider any concerns previously reported with regard to the child or young person. In most circumstances, Child Protection will inform the notifier of the outcome of investigations.

When reporting concerns of child abuse and/or neglect, it is important to remember that:

- a failure to notify the Department of Health and Human Services is an offence under section 182 of the *Children, Youth and Families Act 2005*
- Child Protection must be notified as soon as practicable
- it is not necessary to prove that abuse has taken place, only to provide reasonable grounds (refer to Definitions) for the belief
- permission from parents/guardians or caregivers is **not required** to make a notification, nor do they need to be informed that a notification is being or has been made
- if a notification is made in good faith, the notifier cannot be held legally liable for any consequences, regardless of the outcome of the notification
- the identity of the notifier will remain confidential unless the notifier chooses to inform the child and/or family, or if the notifier consents in writing to the disclosure of their identity, or if the court decides that this information must be disclosed
- the notifier may have an ongoing role, including:
 - acting as a support person in interviews with the child or young person
 - attending a case conference
 - participating in case-planning meetings
 - continuing to monitor the child's behaviour and their interactions with others
 - observing/monitoring the conditions of a protective court order that may relate to access or contact with a parent/guardian and following [Mount Martha Preschool]'s procedures where the conditions are breached
 - liaising with other professionals and child protection officers in relation to a child or young person's wellbeing
 - providing written reports for case-planning meetings or court proceedings in relation to the child's wellbeing or progress.

Contacting Parents/Carers

Parents/guardians should only be advised that a notification has been made after discussion with DHHS Child Protection or Victoria Police to determine what information can be shared.

The Reportable Conduct Scheme

The Approved Provider must initially notify the Commission for Children and Young People of a reportable allegation (refer to *Definitions*) within three business days and update the Commission of progress within 30 calendar days. '

The Approved Provider must also investigate the reportable allegation and provide the findings of the investigation to the Commission. The service must also respond to the Commission when contacted for information.

Support when making a report

Making the decision to report can be a challenging and it is important to make use of available supports to guide your practice. Support is available from:

- Approved Provider, Person with Management or Control, Nominated Supervisor or Person in day to day Charge
- DHHS Child Protection and Child First
- Department of Education and Training staff
- Commission for Children and Young People
- Early Learning Association Australia for member organisations

Resources

Department of Education and Training PROTECT Portal: www.education.vic.gov.au

The Department of Education and Training's PROTECT portal provides tools and resources to assist professionals and early years services to respond to child abuse or potential child abuse, including:

- Early Childhood Guidance: This section supports early childhood providers to take action if they suspect, or are witness to, any form of child abuse.
- The flowchart: *Four critical actions for early childhood services: Responding to Incidents, Disclosures and Suspicions of Child Abuse*, provides a summary of the critical actions to take:
- Early Childhood Online Learning: This eLearning Module supports all professionals in early childhood settings to increase their capacity to respond effectively to children whose safety, health or wellbeing may be at risk.

Commission for Children and Young People: www.ccyp.vic.gov.au

The Reportable Conduct Scheme is being phased in from 1 July 2017 and is administered by the Commission for Children and Young People.

DEALING WITH INFECTIOUS DISEASES POLICY

Mandatory – Quality Area 2

1.PURPOSE

This policy will provide clear guidelines and procedures to follow when:

- a child attending Mount Martha Preschool shows symptoms of an infectious disease
- a child at Mount Martha Preschool has been diagnosed with an infectious disease
- managing and minimising the spread of infectious diseases, illnesses and infestations (including head lice)
- managing and minimising infections relating to blood-borne viruses.

Note: This policy includes information on child immunisation.

2.POLICY STATEMENT

2.1 VALUES

Mount Martha Preschool is committed to:

- providing a safe and healthy environment for all children, staff and any other persons attending the service
- responding to the needs of the child or adult who presents with symptoms of an infectious disease or infestation while attending the service
- complying with current exclusion schedules and guidelines set by the Department of Health
- providing up-to-date information and resources for families and staff regarding protection of all children from infectious diseases and blood-borne viruses, management of infestations and immunisation programs.

Mount Martha Preschool supports the Immunise Australia Program and National Immunisation Program (NIP), which is currently recommended by the National Health and Medical Research Council (NHMRC) and supported by the Commonwealth Government. All educators/staff at Mount Martha Preschool are committed to preventing the spread of vaccine-preventable diseases through simple hygiene practices such as hand washing, effective cleaning procedures and assessing acceptable immunisation documentation and complying with recommended exclusion guidelines and timeframes for children and educators/staff.

2.2 SCOPE

This policy applies to the Approved Provider, Persons with Management or Control, Nominated Supervisor, Persons in day-to-day Charge staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Mount Martha Preschool, including during offsite excursions and activities.

2.3 BACKGROUND AND LEGISLATION

Background

Infectious diseases are common in children. Children are at a greater risk of exposure to infections in a children's service than at home due to the amount of time spent with a large number of other children. Infectious diseases are divided into four categories (A, B, C, D) on the basis of the method of notification and the information required. The Department of Health publishes the *Minimum Period of Exclusion from Primary Schools and Children's Services Centres for Infectious Diseases Cases and Contacts*, to assist in protecting the public by preventing, or containing, outbreaks of infectious conditions common in schools and other children's services and is regulated by the *Public Health and Wellbeing Regulations 2009*.

An approved service must take reasonable steps to prevent the spread of infectious diseases at the service, and ensure that the parent/guardian, authorised nominee or emergency contact of each child enrolled at the service is notified of the occurrence of an infectious disease as soon as possible. The service must have policies and procedures in place for dealing with infectious diseases (Regulation 88). The service has a duty of care to ensure that everyone attending the service is provided with a high level of protection during all hours that the service is in operation. Protection can include:

- notifying children, families and educators/staff when an excludable illness/disease is detected at the service
- complying with relevant health department exclusion guidelines
- increasing educator/staff awareness of cross-infection through physical contact with others.

The Victorian Government offers an immunisation program for children to assist in preventing the spread of infectious diseases.

Early childhood education and care services that are regulated under the *Education and Care Services National Law Act 2010* have legislative responsibilities under the *Public Health and Wellbeing Act 2008* to only offer a confirmed place in their programs to children with acceptable immunisation documentation (refer to *Definitions*).

Legislation and standards

Relevant legislation and standards include but are not limited to:

- *Education and Care Services National Law Act 2010*
- *Education and Care Services National Regulations 2011: Regulation 88*
- *Family Assistance Legislation Amendment (Child Care Rebate) Act 2011*
- *Health Records Act 2001*
- *Information Privacy Act 2000 (Vic)*
- *National Quality Standard, Quality Area 2: Children's Health and Safety*
- *National Quality Standard, Quality Area 6: Collaborative Partnerships with Families and Communities*
- *Occupational Health and Safety Act 2004*
- *Privacy Act 1988 (Cth)*
- *Public Health and Wellbeing Act 2008*
- *Public Health and Wellbeing Amendment (No Jab, No Play) Regulations 2015 (Vic)*
- *Public Health and Wellbeing Regulations 2009*

2.4 DEFINITIONS

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

Acceptable immunisation documentation: documentation as defined by the *Immunisation Enrolment Toolkit for early childhood education and care services* as acceptable evidence that a child is fully vaccinated for their age, or is on a recognised catch-up schedule if their child has fallen behind their vaccinations; or has a medical reason not to be vaccinated; or has been assessed as being eligible for a 16 week grace period.

Blood-borne virus (BBV): A virus that is spread when blood from an infected person enters another person's bloodstream. Examples of blood-borne viruses include human immunodeficiency virus (HIV), hepatitis B, hepatitis C and viral haemorrhagic fevers. Where basic hygiene, safety, infection control and first aid procedures are followed, the risks of contracting a blood-borne virus are negligible.

Communicable Disease and Prevention Control Unit: Responsibility for communication and advice in relation to infectious diseases on behalf of the Secretary of the Victorian Department of Health and Human Services. The unit must be contacted by telephone on 1300 651 160.

Exclusion: Inability to attend or participate in the program at the service.

Illness: Any sickness and/or associated symptoms that affect the child's normal participation in the program at the service.

Infection: The invasion and multiplication of micro-organisms in bodily tissue.

Infestation: The lodgement, development and reproduction of arthropods (such as head lice), either on the surface of the body of humans or animals, or in clothing.

Infectious disease: An infectious disease designated by the Communicable Disease and Prevention Control Unit (refer to *Definitions*), Victorian Department of Health and Human Services in Schedule 7 of the *Public Health and Wellbeing Regulations 2009*, the Minimum Period of Exclusion from Primary Schools and Children's Services Centres for Infectious Diseases Cases and Contacts.

Medication: Any substance, as defined in the *Therapeutic Goods Act 1989* (Cth), that is administered for the treatment of an illness or medical condition.

Minimum exclusion period: The period recommended by the Communicable Disease and Prevention Control Unit (see *Definitions*) Victorian Department of Health and Human Services for excluding any person from attending a children's service to prevent the spread of infectious diseases as specified in Schedule 7 of the *Public Health and Wellbeing Regulations 2009*, the Minimum Period of Exclusion from Primary Schools and Children's Services Centres for Infectious Diseases Cases and Contacts. The exclusion period table, published by the Department of Health and Human Services, can be accessed at (<http://docs.health.vic.gov.au/docs/doc/Minimum-Period-of-Exclusion-from-Primary-Schools-and-Childrens-Services-Centres-for-Infectious-Diseases-Cases-and-Contacts>).

Pediculosis: Infestation of head lice that is transmitted by having head-to-head contact with another person who has head lice. Pediculosis does not contribute to the spread of any infectious diseases, and outbreaks of this condition are common in schools and childcare facilities.

Serious incident: A serious incident (regulation 12) is defined as any of the following:

- the death of a child while being educated and cared for at the service or following an incident at the service
- any incident involving serious injury or trauma while the child is being educated and cared for, which
 - a reasonable person would consider required urgent medical attention from a registered medical practitioner; or
 - the child attended or ought reasonably to have attended a hospital e.g. a broken limb*
- any incident involving serious illness of a child while that child is being educated and cared for by a service for which the child attended, or ought reasonably to have attended, a hospital e.g. severe asthma attack, seizure or anaphylaxis*.
 - *NOTE: In some cases (for example rural and remote locations) a General Practitioner conducts consultation from the hospital site. Only treatment related to serious injury or illness or trauma are required to be notified, not other health matters.
- any emergency for which emergency services attended. NOTE: This means an incident, situation or event where there is an imminent or severe risk to the health, safety or wellbeing of a person/s at an education and care service. It does not mean an incident where emergency services attended as a precaution.
- a child appears to be missing or cannot be accounted for at the service
- a child appears to have been taken or removed from the service in a manner that contravenes the National Regulations
- a child was mistakenly locked in or out of the service premises or any part of the premises.

Examples of serious incidents include amputation (e.g. removal of fingers), anaphylactic reaction requiring hospitalisation, asthma requiring hospitalisation, broken bone/fractures, bronchiolitis, burns, diarrhoea requiring hospitalisation, epileptic seizures, head injuries, measles, meningococcal infection, sexual assault, witnessing violence or a frightening event.

If the approved provider is not aware that the incident was serious until sometime after the incident, they must notify the regulatory authority within 24 hours of becoming aware that the incident was serious.

Notifications of serious incidents should be made through the NQA IT System portal (<http://www.acecqa.gov.au>). If this is not practicable, the notification can be made initially in whatever way is best in the circumstances.

2.5 SOURCES AND RELATED POLICIES

Sources

- Communicable Diseases Section, Public Health Group, Victorian Department of Human Services (2005) *The Blue Book: Guidelines for the control of infectious diseases*. Available at: <https://www2.health.vic.gov.au>
- Communicable Disease Prevention and Control Unit, Victorian Department of Health (2010) *A guide for the management and control of gastroenteritis outbreaks in children's centres*. Victorian Government, Melbourne: <https://www2.health.vic.gov.au>
- Immunise Australia Program, Department of Health: www.immunise.health.gov.au
- Department of Health, Victoria (2012) *Head lice management guidelines*: <https://www2.health.vic.gov.au>
- *Immunisation Enrolment Toolkit for early childhood education and care services*: <https://www2.health.vic.gov.au>
- *Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011*, ACECQA
- *Guide to the National Quality Standard*, ACECQA
- National Health and Medical Research Council (2013) *Staying Healthy: Preventing infectious diseases in early childhood education and care services* (5th edition): <https://www.nhmrc.gov.au>
- Information about immunisations, including immunisation schedule, Victorian Department of Health: www.health.vic.gov.au/immunisation
- WorkSafe Victoria (2008) *First aid in the workplace compliance code*: <https://www.worksafe.vic.gov.au/>

Service policies

- *Administration of First Aid Policy*
- *Administration of Medication Policy*
- *Dealing with Medical Conditions Policy*
- *Enrolment and Orientation Policy*
- *Hygiene Policy*
- *Incident, Injury, Trauma and Illness Policy*
- *Inclusion and Equity Policy*
- *Occupational Health and Safety Policy*
- *Privacy and Confidentiality Policy*

3.PROCEDURES

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

- ensuring that where there is an occurrence of an infectious disease at the service, reasonable steps are taken to prevent the spread of that infectious disease (Regulation 88(1))
- ensuring that where there is an occurrence of an infectious disease at the service, a parent/guardian or authorised emergency contact of each child at the service is notified of the occurrence as soon as is practicable (Regulation 88(2))

- ensuring that information from the Department of Health about the recommended minimum exclusion periods (refer to *Definitions*) is displayed at the service and is available to all stakeholders including staff, parents/guardians, students and volunteers
- contacting the parent/guardian and Communicable Disease Prevention and Control Unit (refer to *Definitions*) within 24 hours if on reasonable grounds, the Approved Provider believes that a child enrolled at the service is suffering from a vaccine-preventable disease being:
 - a) Pertussis, or
 - b) Poliomyelitis, or
 - c) Measles, or
 - d) Mumps, or
 - e) Rubella, or
 - f) Meningococcal C,

as required under Regulation 84(2) of the *Public Health and Wellbeing Regulations 2009*

- ensuring that a child is excluded from the service in accordance with the recommended minimum exclusion periods (refer to *Definitions*) when informed that the child is infected with an infectious disease (refer to *Definitions*) or has been in contact with a person who is infected with an infectious disease (refer to *Definitions*) as required under Regulation 85(1) of the *Public Health and Wellbeing Regulations 2009*
- contacting the Communicable Disease Prevention and Control Unit (refer to *Definitions*) if there is an outbreak of two or more cases of gastrointestinal illness in a 48 hour period
- ensuring children who are offered a confirmed place have acceptable immunisation documentation (refer to *Definitions*)
- ensuring when directed by the Secretary, that a child who is not immunised against a vaccine-preventable disease does not attend the service until the Communicable Disease Prevention and Control Unit (refer to *Definitions*) directs that such attendance can be resumed (Regulation 85(2) of the *Public Health and Wellbeing Regulations 2009*)
- notifying DET within 24 hours of a serious incident (refer to *Definitions*)
- supporting the Nominated Supervisor and the educators/staff at the service to implement the requirements of the recommended minimum exclusion periods
- ensuring information about immunisation legislation is displayed and is available to all stakeholders (refer to: www.health.vic.gov.au/immunisation/factsheets/schedule-victoria.htm)
- conducting a thorough inspection of the service on a regular basis, and consulting with educators/staff to assess any risks by identifying the hazards and potential sources of infection
- ensuring that the Nominated Supervisor, staff and everyone at the service adheres to the *Hygiene Policy* and the procedures for infection control relating to blood-borne viruses (refer to Attachment 4)
- ensuring that appropriate and current information and resources are provided to educators/staff and parents/guardians regarding the identification and management of infectious diseases, blood-borne viruses and infestations
- keeping informed about current legislation, information, research and best practice
- ensuring that any changes to the exclusion table or immunisation laws are communicated to educators/staff and parents/guardians in a timely manner.

The Nominated Supervisor and Persons in Day-to-Day Charge are responsible for:

- ensuring that where there is an occurrence of an infectious disease at the service, reasonable steps are taken to prevent the spread of that infectious disease (Regulation 88(1))
- ensuring that where there is an occurrence of an infectious disease at the service, a parent/guardian or authorised emergency contact of each child at the service is notified of the occurrence as soon as is practicable (Regulation 88(2))

- ensuring that information from the Department of Health Services about the recommended minimum exclusion periods (refer to *Definitions*) is displayed at the service and is available to all stakeholders including staff, parents/guardians, students and volunteers
- contacting the parent/guardian and Communicable Disease Prevention and Control Unit (refer to *Definitions*) within 24 hours if on reasonable grounds, the Approved Provider believes that a child enrolled at the services is suffering from a vaccine-preventable disease being:
 - g) Pertussis, or
 - h) Poliomyelitis, or
 - i) Measles, or
 - j) Mumps, or
 - k) Rubella, or
 - l) Meningococcal C,

as required under Regulation 84(2) of the *Public Health and Wellbeing Regulations 2009*

- ensuring that a child is excluded from the service in accordance with the recommended minimum exclusion periods (refer to *Definitions*) when informed that the child is infected with an infectious disease (refer to *Definitions*) or has been in contact with a person who is infected with an infectious disease (refer to *Definitions*) as required under Regulation 85(1) of the *Public Health and Wellbeing Regulations 2009*
- contacting the Communicable Disease Prevention and Control Unit (refer to *Definitions*) if there is an outbreak of two or more cases of gastrointestinal illness in a 48 hour period
- ensuring that a minimum of one educator with current approved first aid qualifications is in attendance and immediately available at all times the service is in operation (refer to *Administration of First Aid Policy*). (As a demonstration of duty of care and best practice, ELAA recommends that **all educators** have current approved first aid qualifications and anaphylaxis management training and asthma management training.)
- establishing good hygiene and infection control procedures, and ensuring that they are adhered to by everyone at the service (refer to *Hygiene Policy* and Attachment 4 – Procedures for infection control relating to blood-borne viruses)
- ensuring the exclusion requirements for infectious diseases are adhered to as per the recommended minimum exclusion periods (refer to *Definitions*), notifying the Approved Provider and parents/guardians of any outbreak of infectious disease at the service, and displaying this information in a prominent position
- contacting the advising parents/guardians on enrolment that the recommended minimum exclusion periods will be observed in regard to the outbreak of any infectious diseases or infestations (refer to: <http://docs.health.vic.gov.au/docs/doc/Minimum-Period-of-Exclusion-from-Primary-Schools-and-Childrens-Services-Centres-for-Infectious-Diseases-Cases-and-Contacts>)
- advising the parents/guardians of a child who is not fully immunised on enrolment that they will be required to keep their child at home when an infectious disease is diagnosed at the service, and until there are no more occurrences of that disease and the exclusion period has ceased
- requesting that parents/guardians notify the service if their child has, or is suspected of having, an infectious disease or infestation
- providing information and resources to parents/guardians to assist in the identification and management of infectious diseases and infestations
- ensuring all families have completed a *Consent form to conduct head lice inspections* (Attachment 1) on enrolment
- conducting regular head lice inspections, at least once per term and whenever an infestation is suspected, which involves visually checking children's hair and notifying the Approved Provider and parents/guardians of the child if an infestation of head lice is suspected
- providing a *Head lice action form* (Attachment 2) to the parents/guardians of a child suspected of having head lice

- providing a head lice notification letter (Attachment 3) to all parents/guardians when an infestation of head lice has been detected at the service
- maintaining confidentiality at all times (refer to *Privacy and Confidentiality Policy*).

All other educators are responsible for:

- encouraging parents/guardians to notify the service if their child has an infectious disease or infestation
- observing signs and symptoms of children who may appear unwell, and informing the Nominated Supervisor
- providing access to information and resources for parents/guardians to assist in the identification and management of infectious diseases and infestations
- monitoring that all parents/guardians have completed a *Consent form to conduct head lice inspections* (Attachment 1) on enrolment
- monitoring any symptoms in children that may indicate the presence of an infectious disease and taking appropriate measures to minimise cross-infection
- complying with the *Hygiene Policy* of the service and the procedures for infection control relating to blood-borne viruses (refer to Attachment 4)
- maintaining confidentiality at all times (refer to *Privacy and Confidentiality Policy*).

Parents/guardians are responsible for:

- keeping their child/ren at home if they are unwell or have an excludable infectious disease (refer to *Definitions*)
- informing the Approved Provider, Nominated Supervisor or Persons in Day-to-Day Charge as soon as practicable if their child has an infectious disease (refer to *Definitions*) or has been in contact with a person who has an infectious disease (Regulation 84(1) of the *Public Health and Wellbeing Regulations 2009*) and providing acceptable immunisation documentation for their child
- complying with the recommended minimum exclusion periods (refer to *Definitions*) or as directed by the Approved Provider or Nominated Supervisor in consultation with the Communicable Disease Prevention and Control Unit (refer to *Definitions*)
- where a child is on an immunisation catch-up schedule, ensuring that the child's immunisations are updated in line with the schedule and providing acceptable immunisation documentation to the service
- regularly checking their child's hair for head lice or lice eggs, regularly inspecting all household members, and treating any infestations as necessary
- notifying the service if head lice or lice eggs have been found in their child's hair and when treatment was commenced
- complying with the *Hygiene Policy* and the procedures for infection control relating to blood-borne viruses (refer to Attachment 4) when in attendance at the service.

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

EVALUATION

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

- regularly seek feedback from educators, staff, parents/guardians, children, management and all affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- ensure that all information related to infectious diseases on display and supplied to parents/guardians is current
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required

- notify parents/guardians at least 14 days before making any change to this policy or its procedures, unless a lesser period is necessary because of a risk.

ATTACHMENTS

- Attachment 1: Consent form to conduct head lice inspections
- Attachment 2: Head lice action form
- Attachment 3: Head lice notification letter
- Attachment 4: Procedures for infection control relating to blood-borne viruses

AUTHORISATION

This policy was adopted by the Approved Provider of Mount Martha Preschool on 15/6/2019.

REVIEW DATE: 15 JUNE 2020

ATTACHMENT 1
Consent form to conduct head lice inspections

"[Place on service letterhead]"

Dear parents/guardians,

Mount Martha Preschool is aware that head lice infestation can be a sensitive issue, and is committed to maintaining children's confidentiality and avoiding stigmatisation at all times. However, management of head lice infestation is most effective when all children and their families actively support our policy and participate in our screening program.

All inspections will be conducted in a culturally-appropriate and sensitive manner, and information about why the inspections are conducted and the benefits of preventing infestations will be explained to children prior to conducting the inspections.

Only the Nominated Supervisor or an external person approved by the service, such as a nurse employed by the local council, will be permitted to carry out inspections on children at the service. Each child's hair will be inspected for the presence of head lice or lice eggs.

Where live head lice are found, Mount Martha Preschool will notify the parents/guardians and will provide them with relevant information about the treatment of head lice. Other families will be provided with a notice to inform them that head lice has been detected in the group and to encourage them to be vigilant and carry out regular inspections of their own child.

Please note that while head lice do not spread disease, they are included in the *Minimum Period of Exclusion from Primary Schools and Children's Services Centres for Infectious Diseases Cases and Contacts* published by the Department of Health which defines the minimum period of exclusion from a children's service for children with infectious diseases. According to this table, where a child has head lice, that child must be excluded until the day after appropriate treatment has commenced.

Child's name: _____ Group: _____

I hereby give my consent for Mount Martha Preschool, or a person approved by Mount Martha Preschool, to inspect my child's head once per term or when an infestation of head lice is suspected in the service.

Full name of parent/guardian: _____

Signature of parent/guardian: _____ Date: _____

I do not give consent for my child's head to be inspected. I request that staff contact me when an infestation of head lice is suspected at the service, and I agree to come to the service to complete the inspection myself.

Full name of parent/guardian: _____

Signature of parent/guardian: _____ Date: _____

ATTACHMENT 2
Head lice action form

"[Place on service letterhead]"

Dear parents/guardians,

We have detected head lice or lice eggs on your child and it is very important for you to treat your child as soon as possible, using safe treatment practices. Please read the attached pamphlet *Treating and controlling head lice* from the Department of Health. This contains guidelines regarding detecting and treating head lice and lice eggs.

Please note that while head lice do not spread disease, they are included in the *Minimum Period of Exclusion from Primary Schools and Children's Services Centres for Infectious Diseases Cases and Contacts* published by the Department of Health which defines the minimum period of exclusion from a children's service for children with infectious diseases. According to this table, where a child has head lice, that child must be excluded until the day after appropriate treatment has commenced.

Please keep your child at home until appropriate treatment has commenced and use the form provided below to notify Mount Martha Preschool, when your child returns to the service, of the action taken by you to treat the head lice/eggs.

Head lice treatment – action taken

Parent/guardian response form

To Mount Martha Preschool

CONFIDENTIAL

Child's name: _____ Group: _____

I understand that my child must not attend the service with untreated head lice or lice eggs.

I have used the following recommended treatment for head lice or lice eggs for my child:

_____ "[write name of treatment used]" .

Treatment commenced on: _____ [write date treatment was first used].

Signature of parent/guardian: _____ Date: _____

ATTACHMENT 3

Head lice notification letter

"[Place on service letterhead]"

Dear parents/guardians,

It has come to our attention that head lice or lice eggs have been detected in your child's group at Mount Martha Preschool and we seek your co-operation in checking your child's hair regularly throughout this week, [Date] .

Head lice are common in children and are transmitted by having head-to-head contact with someone who has head lice, but they do not transmit infectious diseases.

What can you do?

We seek your co-operation in checking your child's hair and, in instances where head lice or lice eggs are found, treating your child's hair.

While head lice do not spread disease, they are included in the Department of Health's exclusion table which defines the minimum period of exclusion from a children's service for children with infectious diseases. According to this table, where a child has head lice, that child must be excluded until the day after appropriate treatment has commenced.

We request that you observe these exclusion periods if head lice or lice eggs are detected on your child.

How do I treat my child for head lice?

Please read the attached pamphlet *Treating and controlling head lice* from the Department of Health. This contains guidelines regarding detecting and treating head lice and lice eggs. Additional information is also available by contacting the service.

Who do I contact if my child has head lice?

If head lice or lice eggs are found in your child's hair, you must inform:

- the service, and use the attached form to advise when treatment has commenced
- parents/guardians and carers of your child's friends so that they can also check these children for head lice or lice eggs and commence treatment if necessary.

When can my child return to the service?

Department of Health regulations require that where a child has head lice, that child must be excluded until the day after appropriate treatment has commenced.

Mount Martha Preschool is aware that head lice can be a sensitive issue and is committed to maintaining your confidentiality.

Kind regards,

"[Signature of Nominated Supervisor]"

"[Name of Nominated Supervisor]"

ATTACHMENT 4

Procedures for infection control relating to blood-borne viruses

This procedure is based on information available from the Department of Education and Training (DET), the Victorian Government's Better Health Channel and the National Health and Medical Research Council.

Important note on blood spills

A person responding to an incident involving blood at the service must first cover any cuts, sores or abrasions on their own hands and arms with waterproof dressings.

Equipment and procedures for responding to incidents that present blood-borne virus hazards

PROVIDING FIRST AID FOR CHILDREN WHO ARE BLEEDING

Equipment (label clearly and keep in an easily accessible location)

- Disposable plastic bags/zip lock bags/bio hazard container (if available)
- Disposable gloves
- Waterproof dressings
- Disposable towels
- Detergent
- Access to warm water

Procedure

1. Put on disposable gloves.
2. When cleaning or treating a child's face that has blood on it, ensure you are not at eye level with the child as blood can enter your eyes/mouth if the child cries or coughs. If a child's blood enters your eyes, rinse them while open, gently but thoroughly for at least 30 seconds. If a child's blood enters your mouth, spit it out and then rinse the mouth several times with water.
3. Raise the injured part of the child's body above the level of the heart (if this is possible) unless you suspect a broken bone.
4. Clean the affected area and cover the wound with waterproof dressing.
5. Remove and place gloves in an appropriate disposable plastic bag/zip lock bag/bio hazard container, seal and place it in a rubbish bin inaccessible to children.
6. Wash hands in warm, soapy water and dry (follow the *Handwashing guidelines* in the *Hygiene Policy*).
7. Remove contaminated clothing and store in leak-proof disposable plastic bags. Give these bags to the parent/guardian for washing when the child is collected from the service.

CLEANING AND REMOVAL OF BLOOD SPILLS

Equipment (label clearly and keep in an easily accessible location)

- Disposable gloves
- Disposable plastic bags/zip lock bags/bio hazard container (if available)
- Detergent/bleach
- Disposable towels
- Access to warm water

Procedure

1. Put on disposable gloves.

2. Cover the spill with paper towels.
3. Carefully remove the paper towel and contents.
4. Place the paper towels in an appropriate disposable plastic bag/zip lock bag/bio hazard container.
5. Clean the area with warm water and detergent/bleach, then rinse and dry.
6. Remove and place gloves in an appropriate disposable plastic bag/zip lock bag/bio hazard container, seal and place it in a rubbish bin inaccessible to children.
7. Wash hands in warm, soapy water and dry (follow the *Handwashing guidelines* in the *Hygiene Policy*).

SAFE DISPOSAL OF DISCARDED NEEDLES AND SYRINGES

Equipment (label clearly and keep in an easily accessible location)

- Disposable gloves
- Long-handled tongs
- Disposable plastic bags
- 'Sharps' syringe disposal container, or rigid-walled, screw-top, puncture-resistant container available for free from local council, who may also provide free training to staff on the collection of sharps
- Detergent/bleach

Procedure

1. Put on disposable gloves.
2. Do **not** try to re-cap the needle or to break the needle from the syringe.
3. Place the 'sharps' syringe disposal container on the ground next to the needle/syringe and open the lid.
4. Using tongs, pick the syringe up from the middle, keeping the sharp end away from you at all times.
5. Place the syringe, needle point down, in the 'sharps' syringe disposal container and close the lid securely on the container.
6. Repeat steps 3 to 5 to pick up all syringes and/or unattached needles.
7. Remove and place gloves in a disposable plastic bag, seal and place it in a rubbish bin inaccessible to children.
8. Clean the area with warm water and detergent/bleach, then rinse and dry.
9. Wash hands in warm, soapy water and dry (follow the *Handwashing guidelines* in the *Hygiene Policy*).

Under no circumstances should children, work-experience students or volunteers be asked or encouraged to pick up needles/syringes.

If the needle/syringe is not accessible and cannot be collected, mark and supervise the area so that others are not at risk, and contact the Syringe Disposal Helpline on 1800 552 355.

Advice on the handling and disposal of needles/syringes can be accessed from:

- the Syringe Disposal Helpline on 1800 552 355 (24 hours a day, 7 days a week) for the location of the nearest needle exchange outlet or public disposal bin
- the environmental officer (health surveyor) at your local municipal/council offices
- local general practitioners
- local hospitals.

Note: 'Sharps' syringe disposal containers and/or needles/syringes must not be put in normal waste disposal bins.

NEEDLE STICK INJURIES

The risk of transmission of a blood-borne virus from a needle stick injury is low and should not cause alarm. The following procedure should be observed in the case of a needle stick injury.

Procedure

1. Flush the injured area with flowing water.
2. Wash the affected area with warm soapy water and then pat dry.
3. Cover the wound with a waterproof dressing.
4. Report the injury to the Approved Provider or Nominated Supervisor as soon as possible.
5. Document needle stick injuries involving a staff member or child in the incident report book maintained at the service under OHS laws, and report to WorkSafe Victoria.
6. For incidents involving a child, contact the parents/guardians as soon as is practicable and provide a report to DET within 24 hours (refer to 'serious incident' in the *Definitions* section of this policy).
7. See a doctor as soon as possible and discuss the circumstances of the injury.

DEALING WITH MEDICAL CONDITIONS POLICY

Mandatory – Quality Area 2

PURPOSE

This policy will provide guidelines for the Mount Martha Preschool Association to ensure that:

- clear procedures exist to support the health, wellbeing and inclusion of all children enrolled at the service
- service practices support the enrolment of children and families with specific health care requirements.

POLICY STATEMENT

1. VALUES

Mount Martha Preschool is committed to recognising the importance of providing a safe environment for children with specific medical and health care requirements through implementing and maintaining effective hygiene practices. This will be achieved through:

- fulfilling the service's duty of care requirement under the *Occupational Health and Safety Act 2004*, the *Education and Care Services National Law Act 2010* and the *Education and Care Services National Regulations 2011* to ensure that those involved in the programs and activities of Mount Martha Preschool are protected from harm
- informing educators, staff, volunteers, children and families of the importance of adhering to the *Dealing with Medical Conditions Policy* to maintain a safe environment for all users, and communicating the shared responsibility between all involved in the operation of the service
- ensuring that educators have the skills and expertise necessary to support the inclusion of children with additional health needs.

2. SCOPE

This policy applies to the Approved Provider, Persons with Management or Control, Nominated Supervisor, Persons in Day to Day Charge, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Mount Martha Preschool, including during offsite excursions and activities.

This policy should be read in conjunction with:

- Anaphylaxis Policy
- *Asthma Policy*
- *Diabetes Policy*
- *Epilepsy Policy*

3. BACKGROUND AND LEGISLATION

Background

An approved service must have a policy for managing medical conditions that includes the practices to be followed:

- in the management of medical conditions
- when parents are required to provide a medical management plan if an enrolled child has a specific health care need, allergy or relevant medical condition
- when developing a risk minimisation plan in consultation with the child's parents/guardians
- when developing a communication plan for staff members and parents/guardians.

Staff members and volunteers must be informed about the practices to be followed. If a child enrolled at the service has a specific health care need, allergy or other relevant medical condition, parents/guardians must be provided with a copy of this and other relevant policies.

Medication and medical procedures can only be administered to a child:

- with written authorisation from the parent/guardian or a person named in the child's enrolment record as authorised to consent to administration of medication (Regulation 92(3)(b))
- with two adults in attendance, one of whom must be an educator. One adult will be responsible for the administration and the other adult will witness the procedure
- if the medication is in its original container bearing the child's name, dose and frequency of administration.

Refer to the *Administration of Medication Policy* for more information.

Staff may need additional information from a medical practitioner where the child requires:

- multiple medications simultaneously
- a specific medical procedure to be followed.

If a child with a chronic illness or medical condition that requires invasive clinical procedures or support is accepted by the service, it is vital that prior arrangements are negotiated with the parent/guardian, authorised nominees or appropriate health care workers to prepare for the event that the child will require a procedure while in attendance at the service. Parents/guardians and the service should liaise with either the child's medical practitioner or other appropriate service providers to establish such an arrangement. Arrangements must be formalised following enrolment and prior to the child commencing at the service.

Self-administration by a child over preschool age

Services who provide education and care to a child over preschool age (as defined in the *Education and Care Services National Regulations 2011*) may allow a child over preschool age to self-administer medication. The Approved Provider must consider their duty of care when determining under what circumstances such permission would be granted:

- Where a child over preschool age can self-administer medication/medical procedures, written permission must be provided by the child's parent/guardian.
- Parents/guardians will provide written details of the medical information and administration protocols from the child's medical/specialist medical practitioner(s).
- The self-administration of medication or medical procedures by children over preschool age will be undertaken only under the supervision of a staff member with current approved first aid qualifications.

Legislation and standards

Relevant legislation and standards include but are not limited to:

- *Education and Care Services National Law Act 2010*: Section 173
- *Education and Care Services National Regulations 2011*: Regulations 90, 91, 96
- *Health Records Act 2001* (Vic)
- *National Quality Standard*, Quality Area 2: Children's Health and Safety
- *National Quality Standard*, Quality Area 7: Governance and Leadership
- *Occupational Health and Safety Act 2004* (Vic)
- *Public Health and Wellbeing Act 2008* (Vic)
- *Public Health and Wellbeing Regulations 2009* (Vic)

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: <http://www.legislation.vic.gov.au/>
- Commonwealth Legislation – ComLaw: <http://www.comlaw.gov.au/>

4. DEFINITIONS

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

Communication plan: A plan that forms part of the policy and outlines how the service will communicate with parents/guardians and staff in relation to the policy. The communication plan also describes how parents/guardians and staff will be informed about risk minimisation plans and emergency procedures to be followed when a child diagnosed as at risk of any medical condition such as anaphylaxis is enrolled at the service.

Hygiene: The principle of maintaining health and the practices put in place to achieve this.

Medical condition: In accordance with the *Education and Care Services National Regulations 2011*, the term medical condition includes asthma, diabetes or a diagnosis that a child is at risk of anaphylaxis, and the management of such conditions.

Medical management plan: A document that has been prepared and signed by a doctor that describes symptoms, causes, clear instructions on action and treatment for the child's specific medical condition, and includes the child's name and a photograph of the child. An example of this is the Australasian Society of Clinical Immunology and Allergy (ASCIA) Action Plan.

Risk minimisation: The implementation of a range of strategies to reduce the risk of an adverse effect from the mismanagement of a specific medical condition at the service.

Risk minimisation plan: A service-specific plan that details each child's medical condition, and identifies the risks of the medical condition and practical strategies to minimise those risks, and who is responsible for implementing the strategies. The risk minimisation plan should be developed by families of children with specific medical conditions that require medical management plans, in consultation with staff at the service upon enrolment or diagnosis of the condition.

5. SOURCES AND RELATED POLICIES

Sources

- *Staying Healthy: Preventing infectious diseases in early childhood education and care services* (5th edition, 2013) National Health and Medical Research Council: <https://www.nhmrc.gov.au/about-us/publications/staying-healthy-preventing-infectious-diseases-early-childhood-education-and-care-services>
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011, p 62: <http://files.acecqa.gov.au/files/National-Quality-Framework-Resources-Kit/NQF-Resource-02-Guide-to-ECS-Law-Regs.pdf>

Service policies

- *Administration of First Aid Policy*
- *Administration of Medication Policy*
- *Anaphylaxis Policy*
- *Asthma Policy*
- *Dealing with Infectious Diseases Policy*
- *Diabetes Policy*
- *Epilepsy Policy*
- *Incident, Injury, Trauma and Illness Policy*
- *Privacy and Confidentiality Policy*
- *Supervision of Children Policy*

PROCEDURES

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

- ensuring that all staff and volunteers are provided with a copy of this policy and have a clear understanding of the procedures and practices outlined within
- developing and implementing a communication plan and encouraging ongoing communication between parents/guardians and staff regarding the current status of the child's specific health care need, allergy or other relevant medical condition, this policy and its implementation
- ensuring educators/staff receive regular training in managing the specific health care needs of children at the service including asthma, anaphylaxis, diabetes, epilepsy and other medical conditions. This includes training in the management of specific procedures that are required to be carried out for the child's wellbeing
- ensuring at least one educator/staff member who has current accredited training in emergency management requirements for specific medical conditions is in attendance and immediately available at all times that children are being educated and cared for by the service
- establishing robust induction procedures that include the provision of information regarding the implementation of the practices outlined in this policy
- ensuring families and educators/staff understand and acknowledge each other's responsibilities under these guidelines
- ensuring families provide information on their child's health, medications, allergies, their medical practitioner's name, address and phone number, emergency contact names and phone numbers, and a medical management plan signed by their medical practitioner, following enrolment and prior to the child commencing at the service
- ensuring that a risk minimisation plan is developed for each child with specific medical conditions on enrolment or upon diagnosis, and that the plan is reviewed at least annually
- ensuring that parents/guardians who are enrolling a child with specific health care needs are provided with a copy of this and other relevant service policies
- following appropriate reporting procedures set out in the *Incident, Injury, Trauma and Illness Policy* in the event that a child is ill, or is involved in a medical emergency or an incident at the service that results in injury or trauma.

The Nominated Supervisor or Persons in Day to day Charge is responsible for:

- implementing this policy at the service and ensuring that all educators/staff follow the policy and procedures set out within
- informing the Approved Provider of any issues that impact on the implementation of this policy
- ensuring that the *AV How to Call Card* (refer to *Definitions*) is displayed near all telephones
- identifying specific training needs of educators/staff who work with children diagnosed with a medical condition, and ensuring, in consultation with the Approved Provider, that educators/staff access appropriate training
- ensuring children do not swap or share food, food utensils or food containers
- ensuring food preparation, food service and relief staff are informed of children and staff who have specific medical conditions or food allergies, the type of condition or allergies they have, and the service's procedures for dealing with emergencies involving allergies and anaphylaxis
- ensuring a copy of the child's medical management plan is visible and known to staff in the service. Prior to displaying the medical management plan, the Nominated Supervisor must explain to parents/guardians the need to display the plan for the purpose of the child's safety and obtain their consent (refer to *Privacy and Confidentiality Policy*)
- ensuring educators and other staff follow each child's risk minimisation plan and medical management plan
- ensuring opportunities for a child to participate in any activity, exercise or excursion that is appropriate and in accordance with their risk minimisation plan

- providing information to the community about resources and support for managing specific medical conditions while respecting the privacy of families enrolled at the service
- administering medications as required, in accordance with the procedures outlined in the *Administration of Medication Policy*
- maintaining ongoing communication between educators/staff and parents/guardians in accordance with the strategies identified in the communication plan, to ensure current information is shared about specific medical conditions within the service.

Educators and other staff are responsible for:

- ensuring that children do not swap or share food, food utensils or food containers
- communicating any relevant information provided by parents/guardians regarding their child's medical condition to the Nominated Supervisor to ensure all information held by the service is current
- undertaking relevant training to assist with the management of specific medical conditions of children at the service
- being aware of individual requirements of children with specific medical conditions and following their risk minimisation plan and medical management plan
- monitoring signs and symptoms of specific medical conditions and communicating any concerns to the Nominated Supervisor
- adequately supervising all children, including those with specific medical conditions
- informing the Nominated Supervisor of any issues that impact on the implementation of this policy.

Parents/guardians are responsible for:

- informing the service of their child's medical conditions, if any, and informing the service of any specific requirements that their child may have in relation to their medical condition
- developing a risk minimisation plan with the Nominated Supervisor and/or other relevant staff members at the service
- providing a medical management plan signed by a medical practitioner, either on enrolment or immediately upon diagnosis of an ongoing medical condition. This medical management plan must include a current photo of the child and must clearly outline procedures to be followed by educators/staff in the event of an incident relating to the child's specific health care needs
- notifying the Nominated Supervisor of any changes to the status of their child's medical condition and providing a new medical management plan in accordance with these changes
- informing the Nominated Supervisor of any issues that impact on the implementation of this policy by the service.

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

EVALUATION

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

- regularly seek feedback from educators, staff, parents/guardians, children, management and all affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- ensure that all information on display and supplied to parents/guardians regarding the management of medical conditions is current
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notify parents/guardians at least 14 days before making any change to this policy or its procedures.

ATTACHMENTS

Nil

AUTHORISATION

This policy was adopted by the Approved Provider of Mount Martha Preschool on 16/10/2019.

REVIEW DATE: 15 AUGUST 2020

DELIVERY AND COLLECTION OF CHILDREN POLICY

Mandatory – Quality Area 2

PURPOSE

This policy will provide clear guidelines to ensure the safe delivery and collection of children attending Mount Martha Preschool.

POLICY STATEMENT

1. VALUES

Mount Martha Preschool is committed to:

- ensuring the safe delivery and collection of children being educated and cared for at the service
- meeting its duty of care obligations under the law.

2. SCOPE

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

3. BACKGROUND AND LEGISLATION

Background

A duty of care exists at all times the child is attending a children's service. In addition, the service has a duty of care to a child while he/she is on the service's premises even if he/she hasn't yet been signed into the service or has been signed out of the service, and is legally under the care and supervision of the parent/guardian (refer to *Supervision of Children Policy*).

The child may only leave the service in the care of a parent/guardian, authorised nominee or a person authorised by one of these parties to collect the child. An authorised person does not include a parent who is prohibited by a court order from having contact with the child. An exception is made in the event of a medical or other emergency (refer to *Incident, Injury, Trauma and Illness Policy* and *Emergency and Evacuation Policy*) and for excursions (refer to *Excursions and Service Events Policy*).

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

Legislation and standards

Relevant legislation and standards include but are not limited to:

- *Children, Youth and Families Act 2005* (Vic)
- *Education and Care Services National Law Act 2010*: Sections 167, 170
- *Education and Care Services National Regulations 2011*: Regulations 99, 168(2)(f)
- *Family Law Act 1975* (Cth)
- *National Quality Standard*, Quality Area 2: Children's Health and Safety
 - Standard 2.3: Each child is protected

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law today: <http://www.legislation.vic.gov.au>
- Commonwealth Legislation – ComLaw: <http://www.comlaw.gov.au/>

4. DEFINITIONS

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

Attendance record: Kept by the service to record details of each child attending the service including name, time of arrival and departure, signature of person delivering and collecting the child or of the Nominated Supervisor or educator (Regulation 158(1)).

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

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

Duty of care: A common law concept that refers to the responsibilities of organisations to provide people with an adequate level of protection against harm and all reasonable foreseeable risk of injury.

Inappropriate person: A person who may pose a risk to the health, safety or wellbeing of any child attending the education and care service, or whose behaviour or state of mind make it inappropriate for him/her to be on the premises e.g. a person under the influence of drugs or alcohol (Act 171(3)).

Incident, Injury, Trauma and Illness Record: Contains details of any incident, injury, trauma or illness that occurs while the child is being educated and cared for by the service. Any incident, injury, trauma or illness must be recorded as soon as is practicable but not later than 24 hours after the occurrence. Details required include the:

- 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 by the service including any medication administered, first aid provided or medical personnel contacted
- details of any witnesses
- names of any person the service 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.

These details must be kept for the period of time specified in Regulation 183. A sample *Incident, Injury, Trauma and Illness Record* is available on the ACECQA website.

Medication record: Contains details for each child to whom medication is to be administered by the service. This includes the child's name, signed authorisation to administer medication and a record of the medication administered, including time, date, dosage, manner of administration, name and signature of person administering the medication and of the person checking the medication if required (Regulation 92). A sample medication record is available on the ACECQA website.

Serious incident: An incident resulting in the death of a child, or an injury, trauma or illness for which the attention of a registered medical practitioner, emergency services or hospital is sought or should have been sought. This also includes an incident in which a child appears to be missing, cannot be accounted for, is removed from the service in contravention of the regulations or is mistakenly locked in/out of the service premises (Regulation 12). A serious incident should be documented in an *Incident, Injury, Trauma and Illness Record* (sample form available on the ACECQA website) as soon as possible and within 24 hours of the incident. The Regulatory Authority (DEECD) must be notified within 24 hours of a serious incident occurring at the service (Regulation 176(2)(a)). Records are required to be retained for the periods specified in Regulation 183.

Unauthorised person: (in relation to this policy) is any person who has not been listed as an authorised nominee on the child's enrolment form.

5. SOURCES AND RELATED POLICIES

Sources

- Australian Children's Education and Care Quality Authority (ACECQA): www.acecqa.gov.au
- Department of Education and Early Childhood Development (DEECD), Licensed Children's Services, phone 1300 307 415 or email licensed.childrens.services@edumail.vic.gov.au

Service policies

- *Acceptance and Refusal of Authorisations Policy*
- *Child Safe Environment Policy*
- *Dealing with Medical Conditions Policy*
- *Emergency and Evacuation Policy*
- *Enrolment and Orientation Policy*
- *Excursions and Service Events Policy*
- *Fees Policy*
- *Incident, Injury, Trauma and Illness Policy*
- *Privacy and Confidentiality Policy*
- *Road Safety and Safe Transport Policy*
- *Supervision of Children Policy*

PROCEDURES

The Approved Provider is responsible for:

- ensuring parents/guardians have completed the authorised nominee (refer to *Definitions*) section of their child's enrolment form, and that the form is signed and dated (refer to *Enrolment and Orientation Policy*)
- providing an attendance record (refer to *Definitions*) that meets the requirements of Regulation 158(1) and is signed by the parent/guardian or authorised nominee on delivery and collection of their child from the service every day
- ensuring a child does not leave the service except with a parent/guardian or authorised nominee, or with the written authorisation of one of these (refer to Attachment 2 – Authorisation Form) or in the case of a medical or other emergency (Regulation 99) (refer to *Acceptance and Refusal of Authorisations Policy, Dealing with Medical Conditions Policy, Incident, Injury Trauma and Illness Policy* and *Child Safe Environment Policy*)
- ensuring a child is not taken outside the service premises on an excursion except with the written authorisation of a parent/guardian or authorised nominee (refer to *Excursions and Service Events Policy*)
- ensuring authorisation procedures are in place for excursions and other service events (refer to *Excursions and Service Events Policy*)
- ensuring that there are procedures in place when a child is given into the care of another person, such as for a medical or other emergency (refer to *Emergency and Evacuation Policy* and *Incident, Injury, Trauma and Illness Policy*)
- ensuring that there are procedures in place when a parent/guardian or authorised nominee telephones the service to advise that a person not listed on their child's enrolment form will be collecting their child (refer to Attachment 1 – Authorisation procedures)
- ensuring that parents/guardians or authorised nominees are contacted in the event that an unauthorised person arrives to collect a child from the service, and that appropriate procedures are followed (refer to Attachment 1 – Authorisation procedures)

- ensuring that there are procedures in place if an inappropriate person (refer to *Definitions*) attempts to collect a child from the service (refer to Attachment 3 – Procedures to ensure the safe collection of children)
- keeping a written record of all visitors to the service, including time of arrival and departure
- ensuring procedures are in place for the care of a child who has not been collected from the service on time (refer to Attachment 4 – Procedures for the late collection of children)
- ensuring that the educator-to-child ratios are maintained at all times children are in attendance at the service (including when children are collected late from the service) according to the requirements of Regulations 123 and 360 (refer also to *Supervision of Children Policy*)
- notifying DEECD in writing within 24 hours, and the parents as soon as is practicable, in the event of a serious incident (refer to *Definitions*), including when a child has left the service unattended by an adult or with an unauthorised person (Regulations 12, 86, 176)
- providing parents/guardians with information regarding procedures for delivery and collection of children prior to their child's commencement at the service
- ensuring that educators and staff comply with the service's *Road Safety and Safe Transport Policy*
- encouraging parents/guardians to comply with the service's *Road Safety and Safe Transport Policy*.

The Nominated Supervisor is responsible for:

- ensuring a child does not leave the service except with a parent/guardian or authorised nominee, or with the written authorisation of one of these (refer to Attachment 2 – Authorisation Form) or in the case of a medical or other emergency (refer to *Acceptance and Refusal of Authorisations Policy, Dealing with Medical Conditions Policy, Incident, Injury Trauma and Illness Policy and Child Safe Environment Policy*)
- ensuring a child is not taken outside the service premises on an excursion except with the written authorisation of a parent/guardian or authorised nominee (refer to *Excursions and Service Events Policy*)
- ensuring that educator-to-child ratios are maintained at all times children are in attendance at the service (including when children are collected late from the service) according to the requirements of Regulations 123 and 360 (refer also to *Supervision of Children Policy*)
- ensuring children are adequately supervised at all times (refer to *Supervision of Children Policy*)
- following the authorisation procedures listed in Attachment 1
- following the procedures to ensure the safe collection of children (refer to Attachment 3 – Procedures to ensure the safe collection of children)
- following the procedures for late collection of children (refer to Attachment 4 – Procedures for the late collection of children)
- ensuring that educators and staff comply with the service's *Road Safety and Safe Transport Policy*
- encouraging parents/guardians to comply with the service's *Road Safety and Safe Transport Policy*.

Certified Supervisors and other educators are responsible for:

- ensuring the attendance record is signed by the parent/guardian, authorised nominee, Nominated Supervisor or an educator, detailing the child's time of arrival and departure from the service (Regulation 158(1))
- developing safety procedures for the mass arrival and departure of children from the service
- refusing to allow a child to depart from the service with a person who is not the parent/guardian or authorised nominee, or where there is not written authorisation of one of these (refer to Attachment 2 – Authorisation Form) (refer also to *Acceptance and Refusal of Authorisations Policy*)
- implementing the authorisation procedures outlined in Attachment 1 in the event that a parent/guardian or authorised nominee telephones the service to advise that a person not listed on their child's enrolment form will be collecting their child

- following the authorisation procedures (Attachment 1) and contacting the parents/guardians or authorised nominees if an unauthorised person arrives to collect a child from the service
- following procedures in the event that an inappropriate person (refer to *Definitions*) attempts to collect a child from the service (refer to Attachment 3 – Procedures to ensure the safe collection of children)
- informing the Approved Provider as soon as is practicable, but within 24 hours, if a child has left the service unattended by an adult or with an unauthorised person (refer to *Definitions*)
- following procedures for the late collection of children (refer to Attachment 4 – Procedures for the late collection of children)
- maintaining educator-to-child ratios at all times children are in attendance at the service (including when children are collected late from the service)
- ensuring the entry/exit doors and gates are kept closed during program hours
- displaying an up-to-date list of the telephone numbers of the Approved Provider, DEECD, Child FIRST, DHS Child Protection Service and the local police station
- complying with the service's *Road Safety and Safe Transport Policy*.

Parents/guardians are responsible for:

- completing and signing the authorised nominee section of their child's enrolment form before their child attends the service
- signing and dating permission forms for excursions
- signing the attendance record as their child arrives at and departs from the service
- ensuring educators are aware that their child has arrived at/been collected from the service
- collecting their child on time at the end of each session/day
- alerting educators if they are likely to be late collecting their child
- providing written authorisation where children require medication to be administered by educators/staff, and signing and dating it for inclusion in the child's medication record (refer to *Definitions*)
- supervising their own child before signing them into the program and after they have signed them out of the program
- familiarising themselves with the service's *Road Safety and Safe Transport Policy*
- supervising other children in their care, including siblings, while attending or assisting at the service
- paying a late-collection fee if required by the service's *Fees Policy*.

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

EVALUATION

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

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

ATTACHMENTS

- Attachment 1: Authorisation procedures
- Attachment 2: Authorisation Form
- Attachment 3: Procedures to ensure the safe collection of children
- Attachment 4: Procedures for the late collection of children

AUTHORISATION

This policy was adopted by the Approved Provider of Mount Martha Preschool on 15/5/2018.

REVIEW DATE: 15 MAY 2021

ATTACHMENT 1

Authorisation procedures

These procedures are to be followed when a child is collected by an unauthorised person, including where a parent/guardian or authorised nominee telephones the service to notify that such a person will be collecting their child.

The Nominated Supervisor will:

1. request that the parent/guardian or authorised nominee email or fax the authorisation if it is possible to do so, detailing the name, address and telephone number of the person who will be collecting the child
2. accept a verbal authorisation if it is not possible for the parent/guardian or authorised nominee to provide authorisation via email or fax, provided the following procedure is followed:
 - 2.1 all details of the person collecting the child, including the name, address and telephone number of the person must be obtained
 - 2.2 two educators take the verbal authorisation message (recommended by DEECD)
 - 2.3 the verbal authorisation is documented and stored with the child's enrolment record for follow-up
 - 2.4 photo identification is obtained to confirm the person's identity on arrival at the service
 - 2.5 ensure that parents/guardians or authorised nominees follow up a verbal authorisation by completing an Authorisation Form (Attachment 2) when next at the service, or by adding details of the new authorised nominee to the child's enrolment form
3. ensure that fax or email authorisation is stored with the child's enrolment record
4. ensure the attendance record is completed prior to child leaving the service
5. refuse to release a child where authorisation is not/cannot be provided by the parent/guardian or authorised nominee
6. contact police if the safety of the child or service staff is threatened
7. implement late collection procedures (refer to Attachment 4) if required
8. notify the Approved Provider in the event that written authorisation is not provided for further follow-up.

ATTACHMENT 2 Authorisation Form

Authorisation form

To be used as a follow-up to a verbal/email/fax authorisation when the parent/guardian or authorised nominee is next at the service

I _____ authorised by telephone/email/fax (please circle)
for my child/ren (write name/s) _____ to be
collected from Mount Martha Preschool on [Date] by:

Name: _____

Address: _____

Telephone number: _____

This was a one-off occasion and this person is **not** to be included on my child's enrolment form as an authorised nominee to collect my child on an ongoing basis.

Signed: _____ (Parent/guardian or authorised nominee)

Date: _____

This form will be attached to the child's enrolment form.

Authorisation form

To be used where the parent/guardian or authorised nominee is able to provide prior written authorisation

I _____ authorise

Name: _____

Address: _____

Telephone Number: _____

to collect my child/ren (write name/s) _____

from Mount Martha Preschool on [Date].

This will be a one-off occasion and this person is **not** to be included on my child's enrolment form as an authorised nominee to collect my child on an ongoing basis.

Signed: _____ (Parent/guardian or authorised nominee)

Date: _____

This form will be attached to the child's enrolment form.

ATTACHMENT 3

Procedures to ensure the safe collection of children

Early childhood professionals have a duty of care not to endanger children at the service by knowingly placing them in a situation that could reasonably be expected to be dangerous, including releasing a child into the care of an inappropriate person (refer to *Definitions*).

Where an educator believes that the parents/guardians or authorised nominee may be ill, affected by alcohol or drugs, or not able to safely care for the child, the following procedures must be followed.

- Consult with the Nominated Supervisor or the Approved Provider, if possible.
- Advise the person collecting the child of their concerns and suggest contacting an alternative authorised nominee to collect the child.
- If the Nominated Supervisor or the Approved Provider fears for the safety of the child, themselves or other service staff at any time, contact the police immediately.
- Complete the *Incident, Injury, Trauma and Illness Record* and file with the child's enrolment form.
- Inform the Approved Provider as soon as is practicable, and at least within 24 hours of the incident.
- Inform the Regulatory Authority (DEECD) within 24 hours of a serious incident occurring (refer to *Definitions*).

ATTACHMENT 4

Procedures for the late collection of children

Scenario 1: The service has been notified of the late collection

Where a parent/guardian or authorised nominee **has** notified the service that they will be late collecting their child, the Nominated Supervisor is responsible for:

- ensuring that the educator-to-child ratios are maintained at all times children are in attendance at the service
- contacting parents/guardians or the authorised nominee if the child has not been collected by the agreed time, and informing the Approved Provider of the situation
- following the steps listed in scenario 3 (below) if parents/guardians or the authorised nominee do not arrive to collect the child and cannot be contacted.

Scenario 2: The service has *not* been notified of the late collection

Where a parent/guardian or authorised nominee is late collecting their child and **has not** notified the service that they will be late, the Nominated Supervisor is responsible for:

- ensuring that the educator-to-child ratios are maintained at all times children are in attendance at the service
- contacting parents/guardians or the authorised nominee to request collection
- informing the Approved Provider of the situation
- following the steps listed in scenario 3 (below) if the parents/guardians or authorised nominee cannot be contacted.

Scenario 3: The child has not been collected and a parent/guardian/authorised nominee is unable to be contacted

Where the parent/guardian or authorised nominee is late collecting their child and is **unable to be contacted**, the Nominated Supervisor is responsible for:

- ensuring that the educator-to-child ratios are maintained at all times children are in attendance at the service
- contacting Child FIRST or the local police if a child has not been collected within a set time period (to be determined by the service)
- notifying DEECD as soon as is practicable
- informing the Approved Provider of the situation.

Late collection fee

A late collection fee may be charged in accordance with the *Fees Policy* of the service in all of the above scenarios.

DIABETES POLICY

Mandatory – Quality Area 2

The content of this policy was developed for ELAA by advocacy and diabetes educators at Diabetes Australia – Vic and the Royal Children’s Hospital Melbourne’s manager of diabetes education in Australia, in August 2012. It was fully revised in February 2015.

PURPOSE

To ensure that enrolled children with type 1 diabetes and their families are supported, while children are being educated and cared for by the service.

This *Diabetes Policy* should be read in conjunction with the *Dealing with Medical Conditions Policy* of Mount Martha Preschool.

POLICY STATEMENT

1. VALUES

Mount Martha Preschool believes in ensuring the safety and wellbeing of children who are diagnosed with diabetes, and is committed to:

- providing a safe and healthy environment in which children can participate fully in all aspects of the program
- actively involving the parents/guardians of each child diagnosed with diabetes in assessing risks, and developing risk minimisation and risk management strategies for their child
- ensuring that all staff members and other adults at the service have adequate knowledge of diabetes and procedures to be followed in the event of a diabetes-related emergency
- facilitating communication to ensure the safety and wellbeing of children diagnosed with diabetes.

2. SCOPE

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

3. BACKGROUND AND LEGISLATION

Background

Services that are subject to the National Quality Framework must have a policy for managing medical conditions in accordance with the *Education and Care Services National Law Act 2010* and the *Education and Care Services National Regulations 2011*. This policy must define practices in relation to:

- the management of medical conditions
- procedures requiring parents/guardians to provide a medical management plan if an enrolled child has a relevant medical condition (including diabetes)
- development of a risk minimisation plan in consultation with a child’s parents/guardians
- development of a communication plan for staff members and parents/guardians.

Staff members and volunteers must be informed about the practices to be followed in the management of specific medical conditions at the service. Parents/guardians of an enrolled child with a specific health care need, allergy or other relevant medical condition must be provided with a copy of the *Dealing with Medical Conditions Policy* (in addition to any other relevant service policies).

Services must ensure that each child with diabetes has a current diabetes action and management plan prepared specifically for that child by their diabetes medical specialist team, at or prior to enrolment, and must implement strategies to assist children with type 1 diabetes. A child's diabetes action and management plan provides staff members with all required information about that child's diabetes care needs while attending the service.

The following lists key points to assist service staff to support children with type 1 diabetes:

- Follow the service's *Dealing with Medical Conditions Policy* (and this *Diabetes Policy*) and procedures for medical emergencies involving children with type 1 diabetes.
- Parents/guardians should notify the service immediately about any changes to the child's individual diabetes action and management plan.
- The child's diabetes medical specialist team may include an endocrinologist, diabetes nurse educator and other allied health professionals. This team will provide parents/guardians with a diabetes action and management plan to supply to the service. Examples can be found here: <http://www.diabetesvic.org.au/type-1-diabetes/children-a-adolescents/diabetes-and-school>
- Contact Diabetes Australia – Vic for further support, information and professional development sessions.

Most children with type 1 diabetes can enjoy and participate in service programs and activities to their full potential, but are likely to require additional support from service staff to manage their diabetes. While attendance at the service should not be an issue for children with type 1 diabetes, they may require time away to attend medical appointments.

Legislation and standards

Relevant legislation and standards include but are not limited to:

- *Education and Care Services National Law Act 2010*: Sections 167, 169
- *Education and Care Services National Regulations 2011*: Regulations 90–96, 102, 136, 137, 146, 147, 160–162, 168(2)(d), 173, 177, 181, 183, 184, 246
- *Health Records Act 2001* (Vic)
- *National Quality Standard*, Quality Area 2: Children's Health and Safety
 - Standard 2.1: Each child's health is promoted
 - Element 2.1.1: Each child's health needs are supported
 - Element 2.1.4: Steps are taken to control the spread of infectious diseases and to manage injuries and illness, in accordance with recognised guidelines
 - Standard 2.3: Each child is protected
 - Element 2.3.3: Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented
- *Occupational Health and Safety Act 2004* (Vic)
- *Privacy and Data Protection Act 2014* (Vic)
- *Privacy Act 1988* (Cth)
- *Public Health and Wellbeing Act 2008*
- *Public Health and Wellbeing Regulations 2009* (Vic)

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: <http://www.legislation.vic.gov.au/>
- Commonwealth Legislation – ComLaw: <http://www.comlaw.gov.au/>

4. DEFINITIONS

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

Type 1 diabetes: An autoimmune condition that occurs when the immune system damages the insulin producing cells in the pancreas. Type 1 diabetes 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 accounts for 85 to 90 per cent of all cases of diabetes and usually develops in adults over the age of 45 years, but is increasingly occurring in individuals at a younger age. Type 2 diabetes is unlikely to be seen in children under the age of 4 years.

Hypoglycaemia or hypo (low blood glucose): Hypoglycaemia refers to having a blood glucose level that is lower than normal i.e. below 4 mmol/L, even if there are no symptoms. Neurological symptoms can occur at blood glucose levels below 4 mmol/L and can include sweating, tremors, headache, pallor, poor co-ordination and mood changes. Hypoglycaemia can also impair concentration, behaviour and attention, and symptoms can include a vague manner and slurred speech.

Hypoglycaemia is often referred to as a 'hypo'. Common causes include but are not limited to:

- taking too much insulin
- delaying a meal
- consuming an insufficient quantity of carbohydrate
- undertaking unplanned or unusual exercise.

It is important to treat hypoglycaemia promptly and appropriately to prevent the blood glucose level from falling even lower, as very low levels can lead to loss of consciousness and possibly convulsions.

The child's diabetes action and management plan will provide specific guidance for services in preventing and treating a hypo.

Hyperglycaemia (high blood glucose): Hyperglycaemia occurs when the blood glucose level rises above 15 mmol/L. Hyperglycaemia symptoms can include increased thirst, tiredness, irritability and urinating more frequently. High blood glucose levels can also affect thinking, concentration, memory, problem-solving and reasoning. Common causes include but are not limited to:

- taking insufficient insulin
- consuming too much carbohydrate
- common illnesses such as a cold
- stress.

Insulin: Medication prescribed and administered by injection or continuously by a pump device to lower the blood glucose level. In the body, insulin allows glucose from food (carbohydrates) to be used as energy, and is essential for life.

Blood glucose meter: A compact device used to check a small blood drop sample to determine the blood glucose level.

Insulin pump: A small, computerised device to deliver insulin constantly, connected to an individual via an infusion line inserted under the skin.

Ketones: Occur when there is insufficient insulin in the body. High levels of ketones can make children very sick. Extra insulin is required (given to children by parents/guardians) when ketone levels are >0.6 mmol/L if insulin is delivered via a pump, or >1.0 mmol/L if on injected insulin.

5. SOURCES AND RELATED POLICIES

Sources

- Caring for Diabetes in Children and Adolescents, Royal Children's Hospital Melbourne: <http://www.rch.org.au/diabetesmanual/>
- Diabetes Australia – Vic: www.diabetesvic.org.au/type-1-diabetes/children-a-adolescents
 - Information about professional learning for teachers (i.e. *Diabetes in Schools* one day seminars for teachers and early childhood staff), sample management plans and online resources.

Examples of current action and management plans can be found here:

<http://www.diabetesvic.org.au/type-1-diabetes/children-a-adolescents/diabetes-and-school>

Service policies

- *Administration of First Aid Policy*
- *Administration of Medication Policy*
- *Dealing with Medical Conditions Policy*
- *Enrolment and Orientation Policy*
- *Excursions and Service Events Policy*
- *Food Safety Policy*
- *Hygiene Policy*
- *Incident, Injury, Trauma and Illness Policy*
- *Inclusion and Equity Policy*
- *Nutrition and Active Play Policy*
- *Occupational Health and Safety Policy*
- *Privacy and Confidentiality Policy*
- *Supervision of Children Policy*

PROCEDURES

The Approved Provider is responsible for:

- ensuring that a diabetes policy is developed and implemented at the service
- ensuring that the Nominated Supervisor, educators, staff, students and volunteers at the service are provided with a copy of the *Diabetes Policy*, including the section on management strategies (refer to Attachment 1 – Strategies for the management of diabetes in children at the service), and the *Dealing with Medical Conditions Policy*
- ensuring that the programs delivered at the service are inclusive of children diagnosed with diabetes (refer to *Inclusion and Equity Policy*), and that children with diabetes can participate in all activities safely and to their full potential
- ensuring that the parents/guardians of an enrolled child who is diagnosed with diabetes are provided with a copy of the *Diabetes Policy* (including procedures) and the *Dealing with Medical Conditions Policy* (Regulation 91)
- ensuring that the Nominated Supervisor, staff and volunteers at the service are aware of the strategies to be implemented for the management of diabetes at the service (refer to Attachment 1 – Strategies for the management of diabetes in children at the service)
- ensuring that staff have access to appropriate training and professional development opportunities and are adequately resourced to work with children with Type 1 Diabetes and their families
- ensuring that each enrolled child who is diagnosed with diabetes has a current diabetes action and management plan prepared specifically for that child by their diabetes medical specialist team, at or prior to enrolment and signed off by all relevant parties

- ensuring that the Nominated Supervisor, educators, staff, students, volunteers and others at the service follow the child's diabetes action and management plan in the event of an incident at the service relating to their diabetes
- ensuring that a risk minimisation plan is developed for each enrolled child diagnosed with diabetes in consultation with the child's parents/guardians, in accordance with Regulation 90(iii)
- ensuring that a communication plan is developed for staff and parents/guardians in accordance with Regulation 90(iv), and encouraging ongoing communication between parents/guardians and staff regarding the management of the child's medical condition
- ensuring that children diagnosed with diabetes are not discriminated against in any way and are able to participate fully in all programs and activities at the service
- following appropriate reporting procedures set out in the *Incident, Injury, Trauma and Illness Policy* in the event that a child is ill, or is involved in a medical emergency or an incident at the service that results in injury or trauma.

The Nominated Supervisor is responsible for:

- ensuring that the *Diabetes Policy* is implemented at the service
- compiling a list of children with diabetes and placing it in a secure but readily accessible location known to all staff. This should include the diabetes action and management plan for each child
- following the strategies developed for the management of diabetes at the service (refer to Attachment 1 – Strategies for the management of diabetes in children at the service)
- organising appropriate training and professional development for educators and staff to enable them to work effectively with children with Type 1 Diabetes and their families
- ensuring that all staff, including casual and relief staff, are aware of children diagnosed with diabetes, symptoms of low blood sugar levels, and the location of medication and diabetes action and management plans
- following the child's diabetes action and management plan in the event of an incident at the service relating to their diabetes
- following the risk minimisation plan for each enrolled child diagnosed with diabetes
- ensuring that programmed activities and experiences take into consideration the individual needs of all children, including children diagnosed with diabetes
- communicating daily with parents/guardians regarding the management of their child's diabetes
- ensuring that children diagnosed with diabetes are not discriminated against in any way and are able to participate fully in all programs and activities at the service.

Certified Supervisors and other educators/staff are responsible for:

- reading and complying with this *Diabetes Policy* and the *Dealing with Medical Conditions Policy*
- following the strategies developed for the management of diabetes at the service (refer to Attachment 1 – Strategies for the management of diabetes in children at the service)
- working with individual parents/guardians to determine the most appropriate support for their child
- following the risk minimisation plan for each enrolled child diagnosed with diabetes
- knowing which children are diagnosed with diabetes, and the location of their medication and diabetes action and management plans
- following the child's diabetes action and management plan in the event of an incident at the service relating to their diabetes
- communicating daily with parents/guardians regarding the management of their child's medical condition
- ensuring that children diagnosed with diabetes are not discriminated against in any way and are able to participate fully in all programs and activities at the service.

All parents/guardians are responsible for:

- reading and complying with this *Diabetes Policy*, diabetes management strategies (refer to Attachment 1 – Strategies for the management of diabetes in children at the service), and the *Dealing with Medical Conditions Policy*.

Parents/guardians of children diagnosed with type 1 diabetes are responsible for:

- providing the service with a current diabetes action and management plan prepared specifically for their child by their diabetes medical specialist team and signed off by all relevant parties
- working with the Approved Provider to develop a risk minimisation plan for their child
- working with the Approved Provider to develop a communication plan
- working with educators and staff to assist them to provide the most appropriate support for their child
- ensuring that they provide the service with any equipment, medication or treatment, as specified in the child's individual diabetes action and management plan.

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

EVALUATION

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

- selectively audit enrolment checklists (for example, annually) to ensure that documentation is current and complete
- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or following a hypo emergency at the service, to identify any changes required
- notify parents/guardians at least 14 days before making any changes to this policy or its procedures.

ATTACHMENTS

- Attachment 1: Strategies for the management of diabetes in children at the service

AUTHORISATION

This policy was adopted by the Approved Provider of Mount Martha Preschool on 15/4/2018.

REVIEW DATE: 15 APRIL 2020

ATTACHMENT 1

Strategies for the management of diabetes in children at the service

Strategy	Action
Monitoring of blood glucose (BG) levels	<ul style="list-style-type: none"> • Checking of blood glucose (BG) levels is performed using a blood glucose meter (refer to <i>Definitions</i>) and a finger pricking device. The child's diabetes action and management plan should state the times that BG levels should be checked, the method of relaying information to parents/guardians about BG levels and any intervention required if the BG level is found to be below or above certain thresholds. A communication book can be used to provide information about the child's BG levels between parents/guardians and the service at the end of each session. • Checking of BG occurs at least four times every day to evaluate the insulin dose. Some of these checks may need to be done while a child is at the service – at least once, but often twice. Routine times for checking include before meals, before bed and regularly overnight. • Additional checking times will be specified in the child's diabetes action and management plan. These could include such times as when a 'hypo' is suspected. • Children are likely to need assistance with performing BG checks. • Parents/guardians should be asked to teach service staff about BG checking procedures. • Parents/guardians are responsible for supplying a blood glucose meter, in-date test strips and a finger pricking device for use by their child while at the service.
Managing hypoglycaemia (hypos)	<ul style="list-style-type: none"> • Hypos or suspected hypos should be recognised and treated promptly, according to the instructions provided in the child's diabetes action and management plan. • Parents/guardians are responsible for providing the service with oral hypoglycaemia treatment (hypo food) for their child in an appropriately labelled container. • This hypo container must be securely stored and readily accessible to all staff.
Administering insulin	<ul style="list-style-type: none"> • Administration of insulin during service hours may be required; this will be specified in the child's diabetes action and management plan. • As a guide, insulin for service-aged children is commonly administered: <ul style="list-style-type: none"> – twice a day: before breakfast and dinner at home – by a small insulin pump worn by the child – If insulin is required please seek specific advice from the child's diabetes treatment team.
Managing ketones	<ul style="list-style-type: none"> • Ketone checking may be required when their blood glucose level is >15.0 mmol/L. • Refer to the child's diabetes action and management plan.

Off-site excursions and activities	<ul style="list-style-type: none"> • With good planning, children should be able to participate fully in all service activities, including attending excursions. • The child's diabetes action and management plan should be reviewed prior to an excursion, with additional advice provided by the child's diabetes medical specialist team and/or parents/guardians, as required.
Infection control	<ul style="list-style-type: none"> • Infection control procedures must be developed and followed. Infection control measures include being informed about ways to prevent infection and cross-infection when checking BG levels, handwashing, having one device per child and not sharing devices between individuals, using disposable lancets and safely disposing of all medical waste.
Timing meals	<ul style="list-style-type: none"> • Most meal requirements will fit into regular service routines. • Children with diabetes require extra supervision at meal and snack times to ensure that they eat all their carbohydrates. If an activity is running overtime, children with diabetes <u>cannot have delayed meal times. Missed or delayed carbohydrate is likely to induce hypoglycaemia (hypo).</u>
Physical activity	<ul style="list-style-type: none"> • Exercise in excess of the normal day to day activities of play should be preceded by a serve of carbohydrates. • Exercise is not recommended for children whose BG levels are high, as it may cause BG levels to become more elevated. • Refer to the child's diabetes action and management plan for specific requirements in relation to physical activity.
Participation in special events	<ul style="list-style-type: none"> • Special events, such as class parties, can include children with type 1 diabetes in consultation with their parents/guardians. • Services should provide food and drink alternatives when catering for special events, such as low sugar or sugar-free drinks and/or sweets. This should be planned in consultation with parents/guardians.
Communicating with parents	<ul style="list-style-type: none"> • Services should communicate directly and regularly with parents/guardians to ensure that their child's individual diabetes action and management plan is current. • Services should establish a mutually agreeable home-to-service means of communication to relay health information and any health changes or concerns. • Setting up a communication book is recommended and, where appropriate, make use of emails and/or text messaging.

EMERGENCY AND EVACUATION POLICY

Mandatory – Quality Area 2

PURPOSE

This policy will provide a framework for:

- the development of specific emergency and evacuation procedures, practices and guidelines at Mount Martha Preschool
- raising the awareness of everyone attending Mount Martha Preschool about potential emergency situations and appropriate responses.

POLICY STATEMENT

1. VALUES

Mount Martha Preschool is committed to:

- providing a safe environment for all children, staff and persons participating in programs at Mount Martha Preschool
- having a plan to manage emergency situations in a way that reduces risk to those present on the premises
- ensuring effective procedures are in place to manage emergency incidents at the service
- ensuring an appropriate response during and following emergency incidents to meet the needs of the children, their families, staff and others at the service.

2. SCOPE

This policy applies to the Approved Provider, Persons with Management or Control, Nominated Supervisor, Persons in Day to Day Charge, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Mount Martha Preschool, including during offsite excursions and activities.

3. BACKGROUND AND LEGISLATION

Background

The *Education and Care Services National Regulations 2011* define an emergency in relation to an education and care service as any situation or event that poses an imminent or severe risk to the persons at the service premises e.g. flood, fire or a situation that requires the service premises to be locked down.

Comprehensive emergency management includes prevention, preparedness, response and recovery. Services are required to have policies and procedures in place detailing what needs to be done in an emergency, including an emergency and evacuation floor plan. These policies and procedures must be based on a risk assessment that identifies potential emergencies relevant to the service (Regulation 97).

Early childhood services have a duty of care to all attending the facility including the children, staff, volunteers, students, visitors, and contractors, . It is also a requirement under the *Occupational Health and Safety Act 2004* that employers provide a healthy and safe environment for all persons who access the service's facilities and/or programs.

All services in Victoria are required to have an *Emergency Management Plan (EMP)* as part of their everyday 'best practice' operations. All education and care services listed on the Department of Education and Training (DET)'s Bushfire At-Risk Register are required as a condition of their service approval to submit their EMP to their regional office annually. DET provides *Emergency Management Plan Guidelines* and an *Emergency Management Plan* template to assist services develop and review their EMP (refer to *Sources* below for the link). All services must complete the required sections of the plan and lodge it with the relevant DET regional office. A copy should also be attached to this policy.

Legislation and standards

Relevant legislation and standards include but are not limited to:

- *Education and Care Services National Law Act 2010*
- *Education and Care Services National Regulations 2011* including Regulations 97, 98, 168(2)(e)
- *National Quality Standard*, including Quality Area 2: Children's Health and Safety
- *Occupational Health and Safety Act 2004*

4. DEFINITIONS

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

Attendance record: Kept by the service to record details of each child attending the service including name, time of arrival and departure, signature of person delivering and collecting the child or of the Nominated Supervisor or educator (Regulation 158).

Country Fire Authority (CFA): CFA respond to a variety of fire and emergency incidents. They are also involved in a range of other activities including:

- fire safety building inspections
- delivering community awareness, education and safety programs
- post-incident analysis and fire investigation
- fire prevention planning and land use planning at a municipal level.

Duty of care: A common law concept that refers to the responsibilities of a service to provide an adequate level of protection against harm and all reasonable foreseeable risks.

Emergency: Includes any situation or event that poses an imminent or severe risk to the persons at the education and care service premises e.g. flood, fire or a situation that requires the service premises to be locked down (National Regulations, page 21).

Emergency Management Plan (EMP): A written set of instructions for the service to prepare for and respond to emergencies. A guide to preparing an emergency plan and an *Emergency Management Plan* template are available on the DET website (refer to *Sources* below).

Hazard: A source or situation with a potential for harm in terms of human injury or ill health, damage to property, damage to the environment or a combination of these.

Incident, Injury, Trauma and Illness Record: Contains details of any incident, injury, trauma or illness that occurs while the child is being educated and cared for by the service. Any incident, injury, trauma or illness must be recorded as soon as is practicable but not later than 24 hours after the occurrence.

These details must be kept for the period of time specified in Regulation 183. A sample *Incident, Injury, Trauma and Illness Record* is available from the ACECQA: www.acecqa.gov.au (Search 'Sample forms and templates')

Planned closure: services identified as being at high fire risk and on the DET's Bushfire at-Risk Register will close on days determined to have a fire danger rating of Code Red by the Emergency Management Commissioner. Where possible, four to seven days notice of a planned closure will be provided. Services not on the Department's Bushfire at-Risk Register will remain open, unless directly threatened by fire or another emergency.

Metropolitan Fire Brigade (MFB): provide a fire and rescue service and are the first to respond to specific medical emergencies. The MFB aims to reduce the incidence and impact of fire and other emergencies on the community. This is achieved through the delivery of educational strategies that assist the community to become more self-reliant, including:

- fire safety building inspections, and checking fire-fighting equipment
- delivering community awareness, education and safety programs.

Notifiable incident: An incident involving workplace health and safety that is required by law to be reported to WorkSafe Victoria. Notification is required for incidents that result in death or serious injury/illness, or dangerous occurrences. For a complete list of incidents that must be reported to WorkSafe Victoria, refer to the *Guide to Incident Notification* on the WorkSafe Victoria website: www.worksafe.vic.gov.au

Risk management: A structured approach to managing uncertainty related to a threat; a sequence of activities including the identification, assessment and prioritisation of risks followed by co-ordinated and economical application of resources to minimise, monitor and control the probability and/or impact of those risks.

Serious incident: A serious incident (regulation 12) is defined as any of the following:

- the death of a child while being educated and cared for at the service or following an incident at the service
- any incident involving serious injury or trauma while the child is being educated and cared for, which
 - a reasonable person would consider required urgent medical attention from a registered medical practitioner; or
 - the child attended or ought reasonably to have attended a hospital e.g. a broken limb*
- any incident involving serious illness of a child while that child is being educated and cared for by a service for which the child attended, or ought reasonably to have attended, a hospital e.g. severe asthma attack, seizure or anaphylaxis*
 - *NOTE: In some cases (for example rural and remote locations) a General Practitioner conducts consultation from the hospital site. Only treatment related to serious injury or illness or trauma are required to be notified, not other health matters
- any emergency for which emergency services attended. NOTE: This means an incident, situation or event where there is an imminent or severe risk to the health, safety or wellbeing of a person/s at an education and care service. It does not mean an incident where emergency services attended as a precaution
- a child appears to be missing or cannot be accounted for at the service
- a child appears to have been taken or removed from the service in a manner that contravenes the National Regulations
- a child was mistakenly locked in or out of the service premises or any part of the premises.

Examples of serious incidents include amputation (e.g. removal of fingers), anaphylactic reaction requiring hospitalisation, asthma requiring hospitalisation, broken bone/fractures, bronchiolitis, burns, diarrhoea requiring hospitalisation, epileptic seizures, head injuries, measles, meningococcal infection, sexual assault, witnessing violence or a frightening event.

State of emergency: A situation in which the government is granted special powers, by constitutional or legal provision, to deal with a perceived threat to law and order, or public safety.

WorkSafe Victoria: The manager of Victoria's workplace safety system. WorkSafe Victoria:

- strives to prevent workplace injuries, illness and fatalities
- provides benefits to injured workers and helps them to return to work
- enforces Victoria's occupational health and safety laws
- provides reasonably priced workplace injury insurance for employers
- provides an emergency response service 24 hours per day.

5. SOURCES AND RELATED POLICIES

Sources

- Australian Standards: Planning for emergencies in facilities (AS 3745–2010) available from www.infostore.saiglobal.com
- Department of Education and Training, *Guide to Preparing an Emergency Plan and Emergency Management Plan*: www.education.vic.gov.au (Search emergency management planning early childhood services)
- Department of Education and Training, *Emergency Management Plan*: www.education.vic.gov.au (Search emergency management planning early childhood services)
- Metropolitan Fire Brigade: www.mfb.vic.gov.au
- Country Fire Authority: www.cfa.vic.gov.au
- State Emergency Service: www.ses.vic.gov.au
- WorkSafe Victoria: www.worksafe.vic.gov.au

Service policies

- *Administration of First Aid Policy*
- *Administration of Medication Policy*
- *Delivery and Collection of Children Policy*
- *Incident, Injury, Trauma and Illness Policy*
- *Occupational Health and Safety Policy*
- *Staffing Policy*
- *Supervision of Children Policy*

PROCEDURES

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

- completing the DET *Emergency Management Plan* (refer to *Sources*), lodging this with the relevant DET regional office and attaching a copy to this policy
- conducting a risk assessment to identify potential emergencies that the service may encounter (Regulation 97(2)) (refer to attached *Emergency Management Plan*)
- developing instructions for what must be done in the event of an emergency (Regulation 97(1)(a)) (refer to attached *Emergency Management Plan*)
- appointing an Incident Management Team (IMT) to oversee safety at the service in the event of an emergency (refer to attached *Emergency Management Plan*)
- developing an emergency and evacuation floor plan (Regulation 97(1)(b)) (refer to attached *Emergency Management Plan*)
- ensuring that a copy of the emergency and evacuation floor plan and instructions are displayed in a prominent position near each exit at the service premises (Regulation 97(4))
- ensuring that the emergency and evacuation procedures are rehearsed at least once every 3 months by all at the service (Regulation 97(3)(a))
- ensuring that the rehearsals of the emergency and evacuation procedures are documented (Regulation 97(3)(b)) (refer to attached *Emergency Management Plan*)
- ensuring that those working at, or attending the service, have access to a phone for immediate communication with parents/guardians and emergency services (Regulation 98), and that phone numbers of emergency services are displayed
- identifying potential onsite hazards and taking action to manage and minimise risk (refer to attached *Emergency Management Plan*)
- ensuring all infrastructure and service equipment are regularly checked for condition and maintenance, including emergency exit lighting
- ensuring the location of first aid kits, fire extinguishers and other emergency equipment are clearly signposted

- ensuring all emergency equipment is maintained on a regular basis in accordance with requirements specified by regulations, such as the Australian Standards Building Code e.g. fire extinguishers, smoke detectors, evacuation kits, sprinkler systems and alarm or duress systems
- providing a fully-equipped portable first aid kit (refer to *Administration of First Aid Policy*)
- keeping lock-down areas in a state of readiness so they are safe for children, staff and visitors to be used
- developing a regular training schedule for staff to ensure that they are able to deal with emergency situations e.g. first aid, emergency management and OHS training
- regularly reviewing, evaluating and updating emergency management plans, manuals and procedures (at least annually or following an emergency incident)
- developing procedures to debrief staff following emergency incidents
- conducting checks of documentation and practices to ensure all requirements of this policy are being complied with
- notifying DET in writing within 24 hours of a serious incident (refer to *Definitions*)
- completing the *Incident, Injury, Trauma and Illness Record* (refer to *Definitions*) where required
- notifying DET within 7 days of an incident that required the service to be closed, or a circumstance that posed a significant risk to the health, safety or wellbeing of a child attending the service (National Law: Section 174(2)(c); Regulations: 175(2)(b)&(c), 176)
- reporting notifiable incidents (refer to *Definitions*) in the workplace to WorkSafe Victoria
- engaging with the Metropolitan Fire Brigade and/or Country Fire Authority regarding fire safety awareness and training for the service, including demonstrations of fire equipment, basic fire safety, smoke alarm, fire blankets and escape plans
- identifying staff and children requiring additional assistance in the event of an emergency (refer to attached *Emergency Management Plan*)
- ensuring that emergency contact details are provided on each child's enrolment form and that these are kept up to date
- ensuring that an attendance record (refer to *Definitions*) is maintained to account for all children attending the service (Regulation 158)
- keeping a written record of all visitors to the service, including time of arrival and departure
- ensuring all staff, parents/guardians, children, volunteers and students on placement understand the procedures to follow in the event of an emergency
- ensuring there are induction procedures in place to inform new staff, including casual or relief staff, of the emergency and evacuation policy and procedures
- ensuring all staff, parents/guardians, children, volunteers, students on placement and others attending the service are accounted for in the event of an evacuation
- developing procedures to deal with loss of critical functions, such as power/water shut off.

The Nominated Supervisor and Persons in Day to Day Charge are responsible for:

- ensuring that the emergency and evacuation floor plan is displayed in prominent positions and that all parents/guardians, volunteers, contractors, staff and relief staff are briefed and aware of the procedures
- ensuring that children are adequately supervised at all times and protected from hazards and harm (refer to *Supervision of Children Policy*)
- ensuring that the *Emergency Management Plan* (attached) is followed in the event of an emergency
- testing alarms and communication systems regularly, such as on a monthly basis
- keeping lock-down areas in a state of readiness so they are safe for children, staff and visitors to be used
- informing the Approved Provider of any serious or notifiable incidents (refer to *Definitions*) that must be reported to DET or WorkSafe Victoria.

All other educators are responsible for:

- implementing the procedures and responsibilities in this policy and the service's *Emergency Management Plan* (attached)
- supervising the children in their care and protecting them from hazards and harm (refer to *Supervision of Children Policy*)
- providing support to children before, during and after emergencies
- checking that the attendance record (refer to *Definitions*) is completed at the beginning and end of each session
- keeping lock-down areas in a state of readiness so they are safe for children, staff and visitors to be used
- checking that the emergency evacuation procedure is displayed in prominent positions and that all persons at the service are made aware of these (refer to attached *Emergency Management Plan*)
- rehearsing emergency evacuation procedures with the children at least once every 3 months (or more often, as required) and ensuring that these are documented (refer to attached *Emergency Management Plan*)
- providing feedback regarding the effectiveness of emergency and evacuation procedures to inform policy, procedures and manuals etc.
- completing the *Incident, Injury, Trauma and Illness Record*, as required
- informing the Nominated Supervisor or Persons in Day-to-Day Charge or, in their absence, the Approved Provider or Person with Management and Control, about any serious incidents or notifiable incidents (refer to *Definitions*) at the service
- attending first aid, emergency management and OHS training, as required
- communicating with parents about emergency procedures
- raising children's awareness about potential emergency situations and appropriate responses.

Parents/guardians are responsible for:

- familiarising themselves with the service's emergency and evacuation policy and procedures and the service's *Emergency Management Plan* (attached)
- ensuring they complete the attendance record (refer to *Definitions*) on delivery and collection of their children (refer to *Delivery and Collection of Children Policy*)
- providing emergency contact details on their child's enrolment form and ensuring that this is kept up to date
- reinforcing the service's emergency and evacuation procedures with their child
- following the directions of staff in the event of an emergency or when rehearsing emergency procedures.

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

EVALUATION

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

- review the policy to determine whether it adequately addresses a range of potential emergency situations
- regularly seek feedback from everyone affected by the policy regarding its effectiveness particularly following an emergency
- review procedures, including evacuation procedures, to determine their effectiveness, including timing and processes
- use information gained from checks on documentation and practices and the *Incident, Injury, Trauma and Illness Record* to inform proposed changes to this policy
- revise the policy and procedures as part of the service's policy review cycle, or as required by legislation, research, policy and best practice

- consult with emergency services such as the MFB and CFA, to ensure the policy and procedures meet current best practices
- notify parents/guardians at least 14 days before making any change to this policy or its procedures unless a lesser period is necessary because of a risk.

ATTACHMENT

- Complete DET's *Emergency Management Plan* and file a copy as an attachment to this policy. The template is available at: www.education.vic.gov.au (Search emergency management planning early childhood services)

AUTHORISATION

This policy was adopted by the Approved Provider of Mount Martha Preschool on 15/9/2018.

REVIEW DATE: 15 SEPTEMBER 2020

EPILEPSY POLICY

Best Practice – Quality Area 2

This policy was written in consultation with The Epilepsy Foundation. The Epilepsy Foundation provides training, support and resources to any individual affected by epilepsy. For more detailed information, visit The Epilepsy Foundation's website: www.epinet.org.au

PURPOSE

This policy will outline the procedures to:

- ensure that educators, staff and parents/guardians are aware of their obligations and required strategies in supporting children with epilepsy to safely and fully participate in the program and activities of Mount Martha Preschool
- ensure that all necessary information for the effective management of children with epilepsy enrolled at Mount Martha Preschool is collected and recorded so that these children receive appropriate attention when required.

This policy should be read in conjunction with the *Dealing with Medical Conditions Policy*.

POLICY STATEMENT

1. VALUES

Mount Martha Preschool is committed to:

- providing a safe and healthy environment for all children enrolled at the service
- providing an environment in which all children with epilepsy can participate to their full potential
- providing a clear set of guidelines and procedures to be followed with regard to supporting children with epilepsy and the management of seizures
- educating and raising awareness about epilepsy, its effects and strategies for appropriate management, among educators, staff, parents/guardians and others involved in the education and care of children enrolled at the service.

2. SCOPE

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

3. BACKGROUND AND LEGISLATION

Background

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” (*Children with epilepsy: A Teacher's Guide*, Epilepsy Foundation– refer to *Sources*).

Most people living with epilepsy have good control of their seizures through medication, however it is important that all those working with children living with epilepsy have a good understanding of the effects of seizures, required medication and appropriate first aid for seizures.

The Epilepsy Foundation (refer to *Sources*) has a range of resources and can assist with the development of an Epilepsy Management Plan. The foundation also provides training and support to families and educators in the management of epilepsy, and in the emergency administration of midazolam or rectal Valium.

Legislation that governs the operation of approved children's services is based on the health, safety and welfare of children, and requires that children are protected from hazards and harm. Regulation 136 of the *Education and Care Services National Regulations 2011* requires the Approved Provider to ensure that there is at least one educator on duty at all times who has a current approved first aid qualification. As a demonstration of duty of care and best practice, ELAA recommends **all educators** have current approved first aid qualifications.

Legislation and standards

Relevant legislation and standards include but are not limited to:

- *Education and Care Services National Law Act 2010*: Sections 167, 169, 174
- *Education and Care Services National Regulations 2011*: Regulations 79, 85, 86, 87, 90, 91, 92, 93, 95, 98, 101, 136, 137
- *Health Records Act 2001* (Vic)
- *National Quality Standard*, Quality Area 2: Children's Health and Safety
 - Standard 2.1: Each child's health is promoted
 - Element 2.1.1: Each child's health needs are supported
 - Standard 2.3: Each child is protected
 - Element 2.3.3: Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented
- *Privacy and Data Protection Act 2014* (Vic)
- *Privacy Act 1988* (Cth)
- *Public Health and Wellbeing Act 2008* (Vic)
- *Public Health and Wellbeing Regulations 2009* (Vic).

4. DEFINITIONS

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

Absence seizure: Occurring mostly in children, this consists of brief periods of loss of awareness, most often for less than 10 seconds. Some children can experience these types of seizures multiple times during the day which may compromise learning. Absence seizures can be mistaken for day-dreaming. They are no longer called 'petit mals'.

AEDs: Antiepileptic drugs used for the treatment of many epilepsy syndromes. AEDs do not cure epilepsy but most seizures can be prevented by taking medication regularly one or more times a day. For many people, medication makes it possible to live a normal, active life, free of seizures. Others may continue to have seizures, but less frequently.

Approved First Aid Qualifications: First aid qualifications that meet the requirements of Regulation 136(1) and have been approved by the National Authority.

Duty of care: A common law concept that refers to the responsibilities of organisations to provide people with an adequate level of protection against harm and all reasonable foreseeable risk of injury.

Emergency epilepsy medication: Medication that has been prescribed for the treatment of prolonged seizures or a cluster of seizures. The most common type of emergency medication prescribed is buccal or nasal midazolam. Rectal Valium has been used in the past, but is not often prescribed for use as an emergency epilepsy medication. Medication information is included in a child's Emergency Medication Management Plan, and this must be kept up to date. Only staff who have received child-specific training in the emergency administration of midazolam can administer this medication.

Emergency Medication Management Plan (EMMP): Completed by the prescribing doctor in consultation with the individual and/or their family/carer. This medication plan must be attached to the individual's Epilepsy Management Plan which has been signed by the child's treating doctor. The preferred template to be used by the prescribing doctor can be found at: www.epinet.org.au

Epilepsy: Recurrent seizures (abnormal burst of electrical activity in the brain that scrambles messages) that are unprovoked.

Epilepsy Management Plan (EMP): Designed to help people recognise when seizures are occurring, and gives clear directions about appropriate first aid. The plan is developed by the person who has the most knowledge and experience of the individual's epilepsy and seizures, and should be less than 12 months old. The management of epilepsy requires a team approach and the plan should be reviewed and signed by the individual's treating doctor. An Epilepsy Management Plan and Support Package has been designed by The Epilepsy Foundation: www.epinet.org.au

Focal (previously called simple or complex partial) seizures: Focal seizures (previously called partial seizures) start in one part of the brain and affect the area of the body controlled by that part of the brain. The symptoms experienced will depend on the function that the focal point controls (or is associated with). Focal seizures may or may not cause an alteration of awareness. Symptoms are highly variable and may include lip smacking, wandering behaviour, fiddling with clothes and feeling sick, 'edgy' or strange.

Focal seizures where a person has full awareness were previously called simple partial seizures. Focal seizures where a person has an altered sense of awareness were previously called complex partial seizures. Focal seizures can progress into a generalised seizure.

Generalised seizure: Both sides of the brain are involved and the person will lose consciousness. A Tonic Clonic seizure is one type of generalised seizure.

Ketogenic diet: A high fat, low carbohydrate, restricted-calorie diet that may be prescribed as additional therapy. This is an effective therapy for some children, although its mechanisms are not well understood. When introducing this diet, a child is usually hospitalised, as such radical dietary changes have the potential to cause serious problems for the child. Once the child is stabilised on a ketogenic diet, they can return home, with the diet managed by the parents/guardians or carers.

Medication record: Contains details for each child to whom medication is to be administered by the service. This includes the child's name, signed authorisation to administer medication and a record of the medication administered, including time, date, dosage, manner of administration, name and signature of person administering the medication and of the person checking the medication, if required (Regulation 92). A sample medication record is available on the ACECQA website.

Midazolam: Also known as Hypnovel, midazolam belongs to a group of pharmaceuticals called benzodiazepines. Its main purpose is as a sedative or hypnotic, and it is used for medical and surgical procedures. In epilepsy, midazolam is used for emergency management of seizures, as it has the ability to stop the seizures quickly. Once absorbed into the blood, midazolam travels to the brain, attaching to brain receptors that control electrical impulses that are firing at an unusually rapid rate. Midazolam also works by relaxing muscles, which is particularly beneficial in many types of seizures. The effect of midazolam should occur rapidly.

Not all individuals living with epilepsy require emergency medication, but for a small group of people whose seizures are difficult to control, or for people who are isolated from emergency care, midazolam is an excellent medication. It is most commonly administered buccally or nasally.

Midazolam is fast-acting and can be easily administered by family and carers in a variety of settings. Only staff specifically trained to the requirements of a child's Emergency Medication Management Plan can administer midazolam.

Midazolam kit: An insulated container with an unused, in-date midazolam ampoule/s, a copy of the child's Emergency Medication Management Plan and Epilepsy Management Plan (which includes a picture of the child), and telephone contact details for the child's parents/guardians, doctor/medical personnel and the person to be notified in the event of a seizure requiring administration of midazolam if parents/guardians cannot be contacted. Midazolam must be stored away from light (cover with aluminium foil) and in temperatures of less than 25°C. EFV Administration flyer – e.g. buccal, gloves, tissues, pen and paper, +/- stopwatch.

Seizure record: An accurate record of seizure activity, which is important for identifying any seizure patterns and changes in response to treatment.

Seizure triggers: Seizures may occur for no apparent reason, but common triggers include: forgetting to take medication, lack of sleep, other illness, heat, stress/boredom, missing meals and dehydration. Flashing or flickering lights can trigger seizures in about 5% of people living with epilepsy.

Staff record: Must be kept by the service and include details of the Nominated Supervisor, the Educational Leader, other staff members, volunteers and the Responsible Person. The record must include information about qualifications, training and details of the *Working with Children* Check (Regulations 146–149). A sample staff record is available on the ACECQA website: www.acecqa.gov.au

Tonic Clonic seizure: A convulsive seizure with loss of consciousness, muscle stiffening, falling, followed by jerking movements. These types of seizures are no longer called 'grand mals'.

5. SOURCES AND RELATED POLICIES

Sources

- The Epilepsy Foundation: www.epinet.org.au or phone (03) 9805 9111 or 1300 852 853
- Australian Children's Education and Care Quality Authority (ACECQA): www.acecqa.gov.au
- *Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011*, ACECQA
- *Epilepsy Smart Schools initiative and resources*: www.epilepsysmartschools.org.au

Service policies

- *Administration of First Aid Policy*
- *Administration of Medication Policy*
- *Dealing with Medical Conditions Policy*
- *Emergency and Evacuation Policy*
- *Excursions and Service Events Policy*
- *Incident, Injury, Trauma and Illness Policy*
- *Inclusion and Equity Policy*
- *Privacy and Confidentiality Policy*
- *Staffing Policy*.

PROCEDURES

The Approved Provider is responsible for:

- providing all staff with a copy of the service's *Epilepsy Policy* and ensuring that they are aware of all enrolled children living with epilepsy
- ensuring that all staff have current CPR training and are aware of seizure first aid procedures (refer to Attachment 1) when a child with epilepsy is enrolled at the service
- ensuring that all staff attend training conducted by The Epilepsy Foundation on the management of epilepsy and, where appropriate, emergency management of seizures using emergency epileptic medication, when a child with epilepsy is enrolled at the service
- providing parents/guardians of children with epilepsy with a copy of the service's *Epilepsy Policy* (Regulation 91) and *Administration of Medication Policy*, upon enrolment/diagnosis of their child
- ensuring that all children with epilepsy have an Epilepsy Management Plan, seizure record and, where relevant, an Emergency Medical Management Plan, filed with their enrolment record. Records must be no more than 12 months old
- ensuring a medication record is kept for each child to who medication is to be administered by the service (Regulation 92)
- facilitating communication between management, educators, staff and parents/guardians regarding the service's *Epilepsy Policy*
- ensuring that children with epilepsy are not discriminated against in any way
- ensuring that children living with epilepsy can participate in all activities safely and to their full potential
- immediately communicating any concerns with parents/guardians regarding the management of children with epilepsy at the service
- ensuring that medication is administered in accordance with the *Administration of Medication Policy*
- following appropriate reporting procedures set out in the *Incident, Injury, Trauma and Illness Policy* in the event that a child is ill, or is involved in a medical emergency or an incident at the service that results in injury or trauma.

The Nominated Supervisor is responsible for:

- ensuring that all educators' first aid qualifications, including CPR training, are current, meet the requirements of the National Law (Section 169(4)) and National Regulations (Regulation 137), and are approved by ACECQA
- ensuring that only staff who have received child-specific training in the administration of emergency medications are permitted to administer that medication
- ensuring that medication is administered in accordance with the *Administration of Medication Policy*
- compiling a list of children with epilepsy and placing it in a secure, but readily accessible, location known to all staff. This should include the Epilepsy Management Plan, seizure record and Emergency Medical Management Plan for each child with epilepsy
- ensuring that induction procedures for casual and relief staff include information about children attending the service who have been diagnosed with epilepsy, and the location of their medication and management plans
- organising epilepsy management information sessions for parents/guardians of children enrolled at the service, where appropriate
- ensuring programmed activities and experiences take into consideration the individual needs of all children, including any children with epilepsy.

Certified Supervisor/s and other educators are responsible for:

- ensuring that they are aware of the service's *Epilepsy Policy* and seizure first aid procedures (refer to Attachment 1)

- ensuring that they can identify children displaying the symptoms of a seizure, and locate their personal medication and Epilepsy Management Plan
- maintaining current approved first aid qualifications (refer to *Definitions*)
- identifying and, where possible, minimising possible seizure triggers (refer to *Definitions*) as outlined in the child's Epilepsy Management Plan
- taking all personal Epilepsy Management Plans, seizure records, medication records, Emergency Medication Plans and any prescribed medication on excursions and to other offsite events
- administering prescribed medication in accordance with the service's *Administration of Medication Policy*
- ensuring that emergency medication is stored correctly and that it remains within its expiration date
- developing a risk minimisation plan for every child with epilepsy, in consultation with parents/guardians/The Epilepsy Foundation
- being aware of, and sensitive to, possible side effects and behavioural changes following a seizure or changes to the child's medication regime
- assisting parents/guardians to complete the enrolment form and medication record for their child
- consulting with the parents/guardians of children with epilepsy in relation to the health and safety of their child, and the supervised management of the child's epilepsy
- communicating any concerns to parents/guardians if a child's epilepsy is limiting his/her ability to participate fully in all activities
- ensuring that children with epilepsy are not discriminated against in any way
- ensuring that children with epilepsy can participate in all activities safely and to their full potential.

Parents/guardians are responsible for:

- reading the service's *Epilepsy Policy*
- informing staff, either on enrolment or on initial diagnosis, that their child has epilepsy
- providing a copy of their child's Epilepsy Management Plan (including an Emergency Medication Management Plan where relevant) to the service. This plan should be reviewed and updated at least annually
- ensuring the medication record (refer to *Definitions*) is completed in accordance with the *Administration of Medication Policy* of the service
- working with staff to develop a risk minimisation plan for their child
- where emergency medication has been prescribed, providing an adequate supply of emergency medication for their child at all times
- notifying staff, in writing, of any changes to the information on the Epilepsy Management Plan, enrolment form or medication record
- communicating regularly with educators/staff in relation to the ongoing health and wellbeing of their child, and the management of their child's epilepsy
- encouraging their child to learn about their epilepsy, and to communicate with service staff if they are unwell or experiencing symptoms of a potential seizure.

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

EVALUATION

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

- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice

- revise the policy and procedures as part of the service's policy review cycle, or as required
- notify parents/guardians at least 14 days before making any changes to this policy or its procedures.

ATTACHMENTS

- Attachment 1: Seizure first aid
- Attachment 2: Enrolment checklist for children prescribed midazolam
- Attachment 3: Sample risk minimisation plan for children prescribed midazolam

AUTHORISATION

This policy was adopted by the Approved Provider of Mount Martha Preschool on 20/11/2018.

REVIEW DATE: 20 NOVEMBER 2021

ACKNOWLEDGEMENT

Early Learning Association Australia (ELAA) acknowledges the contribution of The Epilepsy Foundation in developing this policy. If your service is considering changing any part of this model policy, please contact The Epilepsy Foundation to discuss your proposed changes (refer to *Sources*).

ATTACHMENT 1

Seizure first aid

Tonic Clonic seizure

A convulsive seizure with loss of consciousness, muscle stiffening, falling, followed by jerking movements.

- Note the time the seizure started and time until it ends.
- Protect the head – use a pillow or cushion, if available.
- Remove any hard objects that could cause injury.
- **Do not** attempt to restrain the person, stop the jerking or put anything in their mouth.
- As soon as possible, roll the person onto their side – you may need to wait until the seizure movements have ceased.
- Talk to the person to make sure they have regained full consciousness.
- Stay with and reassure the person until they have recovered.

Absence seizure

Occurring mostly in children, this consists of brief periods of loss of awareness. Can be mistaken for day-dreaming.

- Timing can be difficult – count how many happen daily.
- Reassure the person and repeat any information that may have been missed during the seizure.

Focal seizure

A non-convulsive seizure with outward signs of confusion, unresponsiveness or inappropriate behaviour. Can be mistaken for alcohol or drug intoxication.

- Note the time the seizure started and time until it ends.
- Avoid restraining the person and guide safely around objects.
- Talk to the person to make sure they have regained full consciousness.
- Stay with and reassure the person until they have recovered.

Call an ambulance

Call an ambulance:

- for any seizure if you don't know the person or if there is no Epilepsy Management Plan
- if the seizure continues for more than five minutes
- if the seizure stops but the person does not regain consciousness within five minutes, or another seizure begins
- when a serious injury has occurred, if a seizure occurs in water, or if you believe a woman who is having a seizure is pregnant.

Emergency services: 000

Epilepsy Help Line: 1300 852 853

ATTACHMENT 2

Enrolment checklist for children prescribed midazolam

- A risk minimisation plan is completed in consultation with parents/guardians prior to the attendance of the child at the service, and is implemented, including following procedures to address the particular needs of each child prescribed midazolam.
- Parents/guardians of a child prescribed midazolam have been provided with a copy of the service's *Epilepsy Policy* and *Dealing with Medical Conditions Policy*.
- The Emergency Medication Management Plan (EMMP) and Epilepsy Management Plan (EMP) of the child is completed and signed by the child's registered medical practitioner and is accessible to all staff (sample documents can be accessed at: www.epinet.org.au).
- A copy of the child's EMMP is included in the child's midazolam kit (refer to *Definitions*).
- The midazolam kit (within a visible expiry date) is available for use at all times the child is being educated and cared for by the service, and includes a picture of the child.
- Midazolam is stored in an insulated container (midazolam kit), in a location easily accessible to adults but inaccessible to children, and away from light (cover with aluminium foil) and direct sources of heat.
- All staff who are trained in the administration of midazolam for a particular child, are aware of the location of each midazolam kit and the location of each child's EMMP.
- Staff have undertaken The Epilepsy Foundation's training, which includes strategies for epilepsy management, risk minimisation, recognition of seizures and emergency first aid treatment. Details regarding attendance at this training are to be recorded on the staff record (refer to *Definitions*).
- Staff have undertaken practise with a mock midazolam ampoule at some time in the last 12 months. Details regarding participation in practice sessions are to be recorded on the staff record (refer to *Definitions*).
- A procedure for first aid treatment for seizures is in place and all staff understand requirements (refer to Attachment 1).
- Contact details of all parents/guardians and authorised nominees are current and accessible.

ATTACHMENT 3

Sample risk minimisation plan for children prescribed midazolam

The following information is not a comprehensive list, but contains some suggestions to consider when developing/reviewing your service's risk minimisation plan template in consultation with parents/guardians.

How well has the service planned for meeting the needs of children with epilepsy, and those children who are prescribed emergency midazolam?	
Who are the children?	<input type="checkbox"/> List the name and room location of each child diagnosed with epilepsy and ensure appropriate privacy is maintained in identifying these names to non-staff.
What are their seizure triggers?	<input type="checkbox"/> What are the seizure triggers for the children? <input type="checkbox"/> List strategies that will minimise these triggers occurring (e.g. flickering lights, blowing into wind chimes (hyperventilating), sudden noise, becoming over-excited etc.).
Do staff know what the child's seizures look like and how to support the child?	<input type="checkbox"/> List the strategies for ensuring that all staff, including casual and relief staff, recognise what the child's seizures look like and what support the child may need. <input type="checkbox"/> If the child is prescribed midazolam for emergency use, ensure that trained staff know where the midazolam kit is located.
Do staff know what constitutes an emergency and do they know what to do?	<input type="checkbox"/> All staff have read and understood the child's Epilepsy Management Plan (EMP), and know: <ul style="list-style-type: none"> • what constitutes an emergency and when to call an ambulance • how to provide support to the child during and after a seizure.

<p>If midazolam is prescribed, how does the service ensure its safe administration and storage?</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Record the date on which each family of a child with epilepsy (and who is prescribed midazolam) is provided a copy of the service's <i>Epilepsy Policy</i>. <input type="checkbox"/> Record the date that parents/guardians provide an unused, in-date and complete midazolam kit. <input type="checkbox"/> Record the date and name of staff who have attended child-specific training in the administration of midazolam. <input type="checkbox"/> Test that all trained staff know the location of the midazolam kit and Emergency Medication Management Plan (EMMP) for each child. <input type="checkbox"/> Ensure that there is a procedure in place to regularly check the expiry date of each midazolam ampoule. <input type="checkbox"/> Ensure the midazolam kit is maintained according to the instructions in this <i>Epilepsy Policy</i> (refer to <i>Definitions: midazolam kit</i>). <input type="checkbox"/> Display the Epilepsy First Aid poster in staff areas. <input type="checkbox"/> The midazolam kit, including a copy of the EMMP, is carried by an educator/staff member when a child prescribed midazolam is taken outside the service premises e.g. for excursions.
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<p>Do trained people know <i>when</i> and <i>how</i> to administer midazolam to a child who is prescribed it?</p>	
<ul style="list-style-type: none"> <input type="checkbox"/> Know the contents of each child's EMMP and EMP, and implement the procedures. <input type="checkbox"/> Know: <ul style="list-style-type: none"> • who will administer the midazolam and stay with the child • who will telephone the ambulance and the parents/guardians of the child • who will ensure the supervision of other children at the service • who will let the ambulance officers into the service and take them to the child. <input type="checkbox"/> Ensure that all staff have undertaken training by The Epilepsy Foundation. 	

Potential scenarios and strategies

How effective is the service's risk minimisation plan?

- Review the risk minimisation plan of each child living with epilepsy with parents/guardians at least annually, but always on enrolment and after any seizures occur.

A child with epilepsy should not be overprotected – many of the risk strategies apply universally to ensure the health, safety and wellbeing of all children in early childhood environments.

Scenario	Strategy	Who is responsible?
Scooters and tricycles are provided by the service for outside play	If the child has Tonic Clonic (convulsive) seizures, bicycle safety is particularly important. As part of a whole-of-service safe bicycle education program, helmets (with children wearing their own sunhats underneath) are used by all children at the service. Alternatively, parents/guardians may provide a specific helmet for their child.	Staff
Water activities (e.g. play troughs, excursions)	Ensure the child with epilepsy is never left unattended near water.	Staff
	On excursions, ensure that there is no opportunity for a child with epilepsy to approach a body of water unsupervised.	Staff
	All sink plugs are placed at a height that is inaccessible to children.	Staff
Individual seizure triggers	For example, if a child's seizures are triggered by heat, outdoor activities are undertaken in the cooler part of day, in accordance with parents/guardians consultation on temperature monitoring. An air conditioner is thermostated to maintain constant room temperature.	Staff/parents/guardians

EXCURSIONS AND SERVICE EVENTS POLICY

Mandatory – Quality Area 2

PURPOSE

This policy will provide guidelines for Mount Martha Preschool to plan and conduct safe and appropriate excursions and service events.

POLICY STATEMENT

1. VALUES

Mount Martha Preschool is committed to:

- providing opportunities through the educational program for children to explore and experience the wider environment and broader society
- ensuring that all excursions and service events are accessible, affordable and contribute to children's learning and development
- ensuring the health, safety and wellbeing of children at all times, including during excursions and service events
- providing adequate supervision of all children during excursions and service events
- promoting road safety education and safe active travel for children.

2. SCOPE

This policy applies to the Approved Provider, Nominated Supervisor, Certified Supervisors, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Mount Martha Preschool, including during offsite excursions and events.

3. BACKGROUND AND LEGISLATION

Background

Excursions and service events are planned to extend the educational program and further develop the current interests of children. The *Victorian Early Years Learning and Development Framework* (refer to *Sources*) states that "Participating in their communities strengthens children's sense of identity and wellbeing" (Outcome 2: Children are connected with and contribute to their world). The purpose and educational value of each excursion or service event should be clearly communicated to parents/guardians.

When planning excursions and service events, it is important to ensure that they are inclusive of all members of the service community. Consideration must be given to any extra costs involved and the ability of families to pay these costs. Consideration must also be given to ensuring that all children can attend regardless of their abilities, additional needs or medical conditions (refer to *Inclusion and Equity Policy*, *Dealing with Medical Conditions Policy*, *Asthma Policy*, *Anaphylaxis Policy*, *Diabetes Policy* and *Epilepsy Policy*). Clear procedures must be developed and followed, and these should be communicated to parents/guardians.

A risk assessment must be carried out for each excursion to determine any risks to children's health, safety or wellbeing before permission is sought from parents/guardians (Regulations 100, 101). The risk assessment must identify each risk and specify how the risk will be managed and/or minimised (Regulation 101). Written authorisation for the child to attend the excursion must be obtained from a parent/guardian or person named in the child's enrolment record before the child can be taken outside the service premises. For details regarding information to be included in the written authorisation, refer to Attachment 1.

Active travel excursions near the service have a range of benefits including:

- children and staff being physically active
- providing the opportunity to practice road safety
- engaging with the community.

Early childhood road safety education aims to reduce the risk of serious injury and death from road trauma. It also aims to lay the foundations for children to become safe and independent road and transport users in the future. Road safety education is an important part of a holistic approach to keeping children safe around traffic and in the road environment. Effective traffic skills are best learnt if they occur in a real environment i.e. using crossings and traffic lights.

Legislation and standards

Relevant legislation and standards include but are not limited to:

- *Education and Care Services National Law Act 2010*
- *Education and Care Services National Regulations 2011*
- *National Quality Standard*, including Quality Area 1: Educational Program and Practice and Quality Area 2: Children's Health and Safety

4. DEFINITIONS

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

Adequate supervision: (In relation to this policy) **supervision** entails all children (individuals and groups) in all areas of the service, being in sight and/or hearing of an educator at all times including during toileting, sleep, rest and transition routines. Services are required to comply with the legislative requirements for educator-to-child ratios at all times. Supervision contributes to protecting children from hazards that may emerge in play, including hazards created by the equipment used.

Adequate supervision refers to constant, active and diligent supervision of every child at the service. Adequate supervision requires that educators are always in a position to observe each child, respond to individual needs and immediately intervene if necessary. Variables affecting supervision levels include:

- number, age and abilities of children
- number and positioning of educators
- current activity of each child
- areas in which the children are engaged in an activity (visibility and accessibility)
- developmental profile of each child and of the group of children
- experience, knowledge and skill of each educator
- need for educators to move between areas (effective communication strategies).

Attendance Record: Kept by the service to record details of each child attending the service including name, time of arrival and departure, signature of person delivering and collecting the child or of the Nominated Supervisor or educator (Regulation 158(1)).

Excursion: An outing organised by the education and care service. The written permission of parents/guardians or a person named on the child's enrolment record as having lawful authority must be obtained before educators/staff take children outside the service premises.

Under the National Regulations, the definition of 'excursion' does not include an outing organised by services operating from a school site, where the child/ren leave the service premises with an educator/staff member, but do not leave the school site'.

Risk assessment: (In the context of this policy) a risk assessment must identify and assess any hazard that poses a risk to a child's health, safety and/or wellbeing while on an excursion, and specify how these risks will be managed and/or minimised (Regulation 101). Risk assessments must consider:

- the proposed route and location of the excursion
- any water hazards (refer to *Water Safety Policy*)
- any risks associated with water-based activities (refer to *Water Safety Policy*)
- transport to and from the proposed location of the excursion (refer to *Occupational Health and Safety Policy*)
- the number of adults and children participating in the excursion
- the number of educators or other responsible adults who will be providing supervision given the level of risk, and whether or not specialised skills are required (e.g. lifesaving skills)
- the proposed activities, and the impact of this on children with varying levels of ability, additional needs or medical conditions
- the proposed duration of the excursion, and the impact of this on children with varying levels of ability, additional needs or medical conditions
- any items/information that should be taken on the excursion e.g. first aid kit, emergency contact details for children, medication for children with known medical conditions (such as asthma, anaphylaxis and diabetes) and a mobile phone.

A sample Excursion Risk Management Plan is provided on the ACECQA website at:

www.acecqa.gov.au (search *Sample forms and templates*)

Regular outing: (In relation to education and care services) means an excursion (refer to *Definitions*) such as a walk, drive or trip to/from a location that the service visits regularly as part of its educational program, and where the circumstances covered by the risk assessment are the same on each trip. If an excursion is a regular outing, an authorisation from parents/guardians is only required to be obtained once every 12 months. A new authorisation is required if there is any change to the circumstances of the regular outing.

Service event: A special activity, event, visitor or entertainment organised by the education and care service that may be conducted as part of a regular session at the service premises or as an excursion.

Supervision: refer to **adequate supervision** in *Definitions* above.

5. SOURCES AND RELATED POLICIES

Sources

- *Belonging, Being & Becoming – The Early Years Learning Framework for Australia:* www.education.gov.au
- *Guide to the National Quality Standard*, ACECQA: www.acecqa.gov.au
- Organisation for Economic Co-operation and Development 2004 *Keeping children safe in traffic*. Paris: OECD
- ELAA's Road Safety Education program www.childroadsafety.org.au
- Road Safety Education Reference Group
- *Victorian Early Years Learning and Development Framework:* www.education.vic.gov.au

Service policies

- *Acceptance and Refusal of Authorisations Policy*
- *Administration of First Aid Policy*
- *Administration of Medication Policy*
- *Anaphylaxis Policy*
- *Asthma Policy*
- *Code of Conduct Policy*

- *Curriculum Development Policy*
- *Dealing with Medical Conditions Policy*
- *Delivery and Collection of Children Policy*
- *Diabetes Policy*
- *Emergency and Evacuation Policy*
- *Enrolment and Orientation Policy*
- *Epilepsy Policy*
- *Fees Policy*
- *Food Safety Policy*
- *Hygiene Policy*
- *Incident, Injury, Trauma and Illness Policy*
- *Inclusion and Equity Policy*
- *Interactions with Children Policy*
- *Nutrition and Active Play Policy*
- *Occupational Health and Safety Policy*
- *Participation of Volunteers and Students Policy*
- *Privacy policy*
- *Road Safety and Safe Transport Policy*
- *Sun Protection Policy*
- *Supervision of Children Policy*
- *Water Safety Policy*

PROCEDURES

The Approved Provider and Persons with Management and Control are responsible for:

- developing an *Excursions and Service Events Policy* in consultation with the Nominated Supervisor, staff and parents/guardians at the service
- ensuring that staff, volunteers, students and others at the service are provided with a copy of the *Excursions and Service Events Policy* and comply with its requirements
- ensuring that all parents/guardians have completed, signed and dated their child's enrolment form (refer to *Enrolment and Orientation Policy*) including details of persons able to authorise an educator to take their child outside the service premises (Regulation 160)
- ensuring that parents/guardians or persons named in the enrolment record have provided written authorisation within the past 12 months where the service is to take the child on regular outings (refer to *Definitions*), and that this authorisation is kept in the child's enrolment record (Regulation 161) (refer to Attachment 1 – Developing an excursion/service event authorisation form)
- ensuring that a child does not leave the service premises on an excursion unless prior written authorisation has been provided by the parent/guardian or person named in the child's enrolment record, and that the authorisation includes all details required under Regulation 102(4) (refer to Attachment 1 – Developing an excursion/service event authorisation form)
- ensuring that the number of children attending an excursion does not exceed the number for which service approval has been granted on that day
- ensuring that children are adequately supervised (refer to *Definitions*) at all times
- ensuring that educator-to-child ratios are maintained at all times, including during excursions and service events (Regulations 123, 355, 357)
- ensuring that parents/guardians, volunteers, students and all adults participating in an excursion are adequately supervised at all times and are not left with sole supervision of individual children or groups of children (refer to *Participation of Volunteers and Students Policy*)

- ensuring that a risk assessment (refer to *Definitions*) is carried out for an excursion (in accordance with Regulation 101) before authorisation is sought from parents/guardians (Regulation 100)
- ensuring the risk assessment (refer to *Definitions*) identifies and assesses the risks, specifies how these will be managed and/or minimised, and includes all details required by Regulation 101
- developing strategies to improve children's safety in high risk situations such as excursions near water or near a road (refer to *Supervision of Children Policy, Water Safety Policy and Road Safety and Safe Transport Policy*)
- ensuring that staff comply with the service's *Road Safety and Safe Transport Policy*
- encouraging parents/guardians to comply with the service's *Road Safety and Safe Transport Policy*
- ensuring that excursions and service events are based on the educational program and meet the needs and interests of children and families at the service (refer to *Curriculum Development Policy*)
- ensuring that there is a clear purpose and educational value to each excursion or service event, and that this is communicated to parents/guardians
- considering the financial ability of families before deciding on an excursion/service event that would require an additional charge. Events that can be planned ahead of time should be included as an expenditure item in the service's budget and, as a result, will not incur additional charges (refer to *Fees Policy*)
- ensuring that proposed excursions/service events are inclusive of all children regardless of their abilities, additional needs or medical conditions (refer to *Inclusion and Equity Policy, Dealing with Medical Conditions Policy, Asthma Policy, Anaphylaxis Policy, Diabetes Policy and Epilepsy Policy*)
- ensuring strategies are in place to provide an accurate attendance record (refer to *Definitions*) for children attending an excursion, and for children remaining at the service while an excursion is happening
- ensuring strategies are in place to ensure that there is an accurate list of all adults participating in an excursion, including parents/guardians, volunteers and students, with contact details for each individual
- ensuring that each child's personal medication and current medical management plan is taken on excursions and other offsite activities (refer to *Dealing with Medical Conditions Policy, Asthma Policy, Anaphylaxis Policy, Diabetes Policy and Epilepsy Policy*)
- providing and maintaining a portable first aid kit that can be taken on excursions and other offsite activities
- providing portable first aid kits that contain the required medication for dealing with medical conditions
- providing a mobile phone to enable contact with parents/guardians and emergency services in the event of an incident, injury, trauma or illness (Regulation 98)
- ensuring emergency contact details for each child and the contact details of their medical practitioner are taken on excursions for notification in the event of an incident, injury, trauma or illness.

The Nominated Supervisor and Persons in Day-to-Day Charge are responsible for:

- developing an *Excursions and Service Events Policy* in consultation with the Approved Provider, staff and parents/guardians at the service
- ensuring educators, staff, parents/guardians, volunteers, students and others at the service are provided with a copy of the *Excursions and Service Events Policy* and comply with its requirements
- ensuring that a child does not leave the service premises on an excursion unless prior written authorisation has been provided by the parent/guardian or person named in the child's enrolment record, and that the authorisation includes all details required under Regulation 102(4) (refer to Attachment 1 – Developing an excursion/service event authorisation form)
- ensuring that children are adequately supervised (refer to *Definitions*) at all times
- ensuring that educator-to-child ratios are maintained at all times, including during excursions and service events (Regulations 123, 355, 357)

- ensuring only educators who are working directly with children are included in educator-to-child ratios
- ensuring that parents/guardians, volunteers, students and all adults participating in an excursion are adequately supervised at all times and are not left with sole supervision of individual children or groups of children (refer to *Participation of Volunteers and Students Policy*)
- ensuring that a risk assessment (refer to *Definitions*) is carried out for an excursion (in accordance with Regulation 101) before authorisation is sought from parents/guardians (Regulation 100)
- ensuring the risk assessment (refer to *Definitions*) identifies and assesses the risks, specifies how these will be managed and/or minimised, and includes all details required by Regulation 101
- developing strategies to improve children's safety in high risk situations such as excursions near water or near a road (refer to *Supervision of Children Policy, Water Safety Policy and Road Safety and Safe Transport Policy*)
- ensuring that educators and staff comply with the service's *Road Safety and Safe Transport Policy*
- encouraging parents/guardians to comply with the service's *Road Safety and Safe Transport Policy*
- providing road safety education as part of the curriculum
- where appropriate, taking walking excursions in the local community to promote physical activity, safe active travel and community connectedness
- ensuring that excursions and service events are based on an approved learning framework, the developmental needs, interests and experiences of each child, and take into account the individual differences of each child (refer to *Curriculum Development Policy*)
- ensuring the purpose and educational value of each excursion or service event is communicated to parents/guardians
- considering the financial ability of families before deciding on an excursion/service event that would require an additional charge. Events that can be planned ahead of time should be included as an expenditure item in the service's budget and, as a result, will not incur additional charges (refer to *Fees Policy*)
- ensuring that proposed excursions/service events are inclusive of all children regardless of their abilities, additional needs or medical conditions (refer to *Inclusion and Equity Policy, Dealing with Medical Conditions Policy, Asthma Policy, Anaphylaxis Policy, Diabetes Policy and Epilepsy Policy*)
- ensuring an accurate attendance record (refer to *Definitions*) is kept for children attending an excursion, and for children remaining at the service while an excursion is happening
- ensuring that there is an accurate list of all adults participating in an excursion, including parents/guardians, volunteers and students, with contact details for each individual
- ensuring that each child's personal medication and current medical management plan is taken on excursions and other offsite activities (refer to *Dealing with Medical Conditions Policy, Asthma Policy, Anaphylaxis Policy, Diabetes Policy and Epilepsy Policy*)
- ensuring that a portable first aid kit (including required medication for dealing with medical conditions) is taken on excursions and other offsite activities
- ensuring a mobile phone, the emergency contact details for each child and the contact details of their medical practitioner are taken on excursions for notification in the event of an incident, injury, trauma or illness
- ensuring sunscreen (if required) is taken on excursions and is available as required for service events and that outdoor excursion venues provide adequate shade
- displaying a notice at the service indicating that children are on an excursion, and including the location of the excursion and expected time of return to the service.

Other educators are responsible for:

- contributing to the development of an *Excursions and Service Events Policy* reading and complying with the requirements of the *Excursions and Service Events Policy*

- providing parents/guardians or a person named in the child's enrolment record with an excursion/service event authorisation form
- checking that a parent/guardian or person named in the child's enrolment record has completed, signed and dated the excursion/service event authorisation form prior to the excursion
- allowing a child to participate in an excursion or service event only with the written authorisation of a parent/guardian or person named in the child's enrolment record
- maintaining the required educator-to-child ratios at all times, and adequately supervising (refer to *Definitions*) children during excursions and service events
- adequately supervising parents/guardians, volunteers, students and all adults participating in an excursion, and ensuring that they are not left with sole supervision of individual children or groups of children (refer to *Participation of Volunteers and Students Policy*)
- undertaking a risk assessment (refer to *Definitions*) for an excursion or service event prior to obtaining written authorisation from parents/guardians
- ensuring the risk assessment (refer to *Definitions*) identifies and assesses the risks, specifies how they will be managed and/or minimised, and includes all details required by Regulation 101
- implementing strategies to improve children's safety in high risk situations such as excursions near water or near a road (refer to *Supervision of Children Policy*, *Water Safety Policy* and *Road Safety and Safe Transport Policy*)
- complying with the service's *Road Safety and Safe Transport Policy*
- developing excursions and service events based on an approved learning framework, the developmental needs, interests and experiences of each child, and the individual differences of each child (refer to *Curriculum Development Policy*)
- providing road safety education as part of the curriculum
- taking walking excursions in the local community to promote physical activity, safe active travel and community connectedness
- communicating the purpose and educational value of each excursion or service event to parents/guardians
- supporting all children to participate in excursions and service events regardless of their abilities, additional needs or medical conditions (refer to *Inclusion and Equity Policy*, *Dealing with Medical Conditions Policy*, *Asthma Policy*, *Anaphylaxis Policy*, *Diabetes Policy* and *Epilepsy Policy*)
- taking each child's personal medication and current medical management plan on excursions and other offsite activities (refer to *Dealing with Medical Conditions Policy*, *Asthma Policy*, *Anaphylaxis Policy*, *Diabetes Policy* and *Epilepsy Policy*)
- taking a portable first aid kit (including required medication for dealing with medical conditions) on excursions and other offsite activities
- keeping an accurate attendance record (refer to *Definitions*) of children attending excursions, and for children remaining at the service while an excursion is happening
- keeping an accurate list of all adults participating in an excursion, including parents/guardians, volunteers and students, with contact details for each individual
- taking a mobile phone, a copy of the attendance record, emergency contact details for each child and the contact details of the child's medical practitioner on excursions for notification in the event of an incident, injury, trauma or illness
- taking sunscreen (if required) on excursions/service events
- discussing the aims and objectives of the excursion or service event, and items of special interest, with children prior to undertaking the activity
- informing parents/guardians of items required by children for the excursion or service event e.g. snack/lunch, sunscreen, coat etc.

Parents/guardians are responsible for:

- reading and complying with the requirements of this *Excursions and Service Events Policy*

- completing and signing the authorised nominee section (refer to *Definitions*) of their child's enrolment form (refer to *Enrolment and Orientation Policy*) before their child commences at the service
- completing, signing and dating excursion/service event authorisation forms
- providing written authorisation for their child to leave the service premises on regular outings (see *Definitions*)
- reading the details of the excursion or service event provided by the service and asking for additional information if required
- providing items required by their child for the excursion or service event e.g. snack/lunch, sunscreen, coat etc.
- understanding that, if they participate in an excursion or service event as a volunteer, they will be under the immediate supervision of an educator or the Approved Provider at all times
- if participating in an excursion or service event, informing an educator immediately if a child appears to be missing from the group
- supervising and caring for siblings and other children in their care who are not enrolled in the program
- complying with all service policies while participating in an excursion or service event including the *Code of Conduct Policy, Road Safety and Safe Transport Policy, Sun Protection Policy and Hygiene Policy*.

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

EVALUATION

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

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

ATTACHMENTS

- Attachment 1: Developing an excursion/service event authorisation form

AUTHORISATION

This policy was adopted by the Approved Provider of Mount Martha Preschool on 15/9/2018.

REVIEW DATE: 15 SEPTEMBER 2020

ATTACHMENT 1

Developing an excursion/service event authorisation form

The *Education and Care Services National Regulations 2011* (Regulation 102) specify that written authorisations for excursions, given by a parent/guardian or person authorised on the child's enrolment record, must include the following details:

- the child's name
- the reason the child is to be taken outside the service premises
- the date the child is to be taken on the excursion (unless the authorisation is for a regular outing (refer to *Definitions*))
- a description of the proposed location of the excursion
- the method of transport to be used
- proposed activities to be undertaken as part of the excursion
- the period of time that the child will be away from the service premises
- the anticipated number of children attending the excursion
- the anticipated ratio of educators to children attending the excursion
- the anticipated number of staff members, and any other adults who will accompany and supervise children on the excursion
- confirmation that a risk assessment has been prepared and is available at the service.

The authorisation form should require parents/guardians to include contact details for two people and for the child's medical practitioner in the event that the child experiences an incident, injury, trauma or illness while on the excursion.

The form must be signed and dated by the parent/guardian or a person authorised on the child's enrolment form.

Services should also include information about:

- additional costs involved, if any, and
- whether parents/guardians/siblings are able to participate in the excursion and, if so, details of the supervision requirements for additional family members.

FOOD SAFETY POLICY

Best Practice – Quality Area 2

PURPOSE

This policy will provide guidelines for:

- effective food safety practices at Mount Martha Preschool that comply with legislative requirements and meet best practice standards
- minimising the risk to children of scalds and burns from hot drinks.

This policy should be read in conjunction with *Nutrition, Oral Health and Active Play Policy*.

POLICY STATEMENT

1. VALUES

Mount Martha Preschool is committed to:

- ensuring the safety of all children and adults attending the service
- taking all reasonable precautions to reduce potential hazards and harm to children attending the service
- ensuring adequate health and hygiene procedures are implemented at the service, including safe practices for handling, preparing, storing and serving food
- promoting safe practices in relation to the handling of hot drinks at the service
- educating all service users in the prevention of scalds and burns that can result from handling hot drinks
- complying with all relevant legislation and standards, including the *Food Act 1984* and the *Australia New Zealand Food Standards Code*.

2. SCOPE

This policy applies to all individuals involved in handling, preparing, storing and serving food for consumption at Mount Martha Preschool, and to the Approved Provider, Nominated Supervisor, Certified Supervisor, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of the service.

3. BACKGROUND AND LEGISLATION

Background

Food safety is very important in early childhood service environments. Young children are often more susceptible to the effects of foodborne illness than other members of the community. Foodborne illness (including gastrointestinal illness) can be caused by bacteria, parasites, viruses, chemicals or foreign objects that are present in food. Food provided by a children's service:

- must be fit for human consumption
- must not be adulterated or contaminated
- must not have deteriorated or perished.

Safe food practices can also assist in reducing the risk of a severe allergic reaction (e.g. anaphylaxis) by preventing cross-contamination of any food given to children with diagnosed food allergies (refer to *Anaphylaxis Policy* and *Asthma Policy*).

Organisations that provide food to children have a duty of care (refer to *Definitions*) to protect children from all hazards and harm. Employers are also required, under the *Occupational Health and Safety Act 2004*, to provide a healthy and safe working environment for employees and contractors, and to

ensure that other individuals, including children, parents/guardians, visitors and the general public, are not endangered when attending the workplace. In addition, employees, visitors and contractors are responsible for complying with appropriate workplace standards and procedures that have been implemented to protect their own health and safety, and that of others.

The *Food Act 1984* aims to reduce the incidence of foodborne illness by ensuring that food manufactured, transported, sold, prepared and stored is safe, unadulterated, fit for human consumption and will not cause food poisoning. Under the Act, local councils in Victoria are required to classify every food premises in their municipality according to its food safety risk.

Early childhood services should confirm their food safety risk classification and related requirements with the local council in the area in which they operate.

Class 1 food premises describes those that predominantly handle potentially hazardous food that is served to vulnerable people. Early childhood services that provide long day care are included in the Class 1 category. Class 4 food premises describes those whose food handling activities pose low risk to public health. Sessional kindergartens are included in the Class 4 category.

Standard 3.3.1, in Chapter 3 of the *Australia New Zealand Food Standards Code* (the Code), is one of the national food safety standards that outlines the responsibilities of food businesses to ensure that the food they produce is safe. This particular standard applies to Australian food businesses that provide meals for vulnerable persons (those who are at greater risk of being affected by foodborne illness), such as the very young, the elderly and individuals who are immunocompromised due to disease or treatment for other illnesses. Standard 3.3.1 requires such businesses to have a documented food safety program (refer to *Definitions*).

Child care services that provide hot/cold meals and snacks are classified as Class 1 (high risk). Class 1 services must:

- ensure food that is sold or prepared for sale is safe to eat (this includes food provided to children as part of the program and included in the fees paid to the service by the family)
- register annually with the council
- be inspected by the council when first registered or when registration is transferred to a new proprietor
- have a food safety program that is tailored specifically to their activities as a food premises
- keep a copy of the food safety program on site
- appoint a food safety supervisor with the necessary skills and accredited training
- undergo two mandatory compliance checks each year:
 1. a council assessment of the premises and compliance with the documented food safety program
 2. an audit of the food safety program by a Department of Health-approved auditor to determine adequacy and compliance.

From 1 July 2010, Class 1 services can choose to have audits of their tailored food safety program conducted by an auditor approved by the Department of Health. This audit can be conducted by an independent private auditor or by a council auditor (if the relevant council offers audit services). The auditor is responsible for providing the statutory audit certificate to council and services must retain full audit reports for four years after they have been prepared. For more information about Class 1 food premises, services should contact their local council and refer to:

<http://www.health.vic.gov.au/foodsafety/downloads/class1.pdf>

Sessional kindergartens supplying low risk snacks such as cut fruit, milk, bread and cereals are classified as Class 4 (low risk). Class 4 services are **not** required to have:

- a food safety program
- a food safety supervisor
- an annual council inspection.

However, Class 4 services must ensure that staff members have the skills and knowledge needed to safely handle food in their work roles. Council may also, at its discretion, inspect a premises under the *Food Act 1984* (e.g. to investigate complaints or conduct a spot check). Individual councils may also require services to complete a food safety audit or plan, especially when the service is operating a special event such as a sausage sizzle. For more information about Class 4 food premises, services should contact their local council and refer to: www.health.vic.gov.au/foodsafety/downloads/class4.pdf

Legislation and standards

Relevant legislation and standards include but are not limited to:

- *Australia New Zealand Food Standards Code*
- *Child Wellbeing and Safety Act 2005*
- *Education and Care Services National Law Act 2010*: Section 167
- *Education and Care Services National Regulations 2011*: Regulation 77
- *Food Act 1984* (Vic)
- *National Quality Standard*, Quality Area 2: Children's Health and Safety
 - Standard 2.1: Each child's health is promoted
 - Element 2.1.1: Each child's health needs are supported
- *Occupational Health and Safety Act 2004*
- *Public Health and Wellbeing Act 2008*

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: <http://www.legislation.vic.gov.au/>
- Commonwealth Legislation – ComLaw: <http://www.comlaw.gov.au/>

4. DEFINITIONS

'Department of Health': The State Government department responsible for the health and wellbeing of Victorians, and with oversight of the administration of the *Food Act 1984*.

'Duty of care': A common law concept that refers to the responsibilities of organisations to provide people with an adequate level of protection against harm and all reasonable foreseeable risk of injury.

'Food allergies': Some foods and food ingredients, or their components, can cause severe allergic reactions including anaphylaxis (refer to *Anaphylaxis Policy*). Less common symptoms of food allergy include infantile colic, reflux of stomach contents, eczema, chronic diarrhoea and failure to thrive in infants. Food allergies are often caused by peanuts, tree nuts, milk, eggs, sesame seeds, fish and shellfish, soy and wheat. For more information on food allergies, visit: www.allergyfacts.org.au

'Food safety': (In relation to this policy) ensuring food provided by the service is fit for human consumption.

'Food safety program': A written plan that details what an individual business does to ensure that the food it sells or handles is safe for human consumption. A food safety program is an important tool for businesses that handle, process or sell potentially hazardous foods, as it helps to maintain safe food handling practices and protect public health. It should identify potential hazards in all aspects of food handling, describe how such hazards can be controlled/monitored, and define appropriate corrective action to be taken when a hazard is found to be under-managed. A food safety program must also include the requirements for appropriate record keeping. Class 4 services are not required to have a food safety program (refer to *Background*).

'Food safety supervisor': A person who:

- can recognise, prevent and alleviate food handling hazards at a premises
- has a Statement of Attainment from a Registered Training Organisation (RTO) that confirms competency in the required food safety standards
- has the ability and authority to supervise other individuals who handle food at the premises to ensure safe food handling at all times.

Class 4 food premises do not need a food safety supervisor (refer to *Background*). However, they must ensure that staff members have the skills and knowledge needed to safely handle food in their work roles.

'Food Standards Australia New Zealand (FSANZ)': A bi-national Government agency with the responsibility to develop and administer the *Australia New Zealand Food Standards Code* (the Code), which details standards and requirements in areas such as food additives, food safety, labelling and genetically modified (GM) foods. Enforcement and interpretation of the Code is the responsibility of State/Territory departments and food agencies within Australia and New Zealand.

'Hazardous food': Food containing dangerous biological, chemical or physical agents, or food in a condition that has the potential to cause adverse health effects in humans.

'High-risk foods': Bacteria that has the potential to cause food-poisoning can grow and multiply on some foods more easily than others. High-risk foods include meat, seafood, poultry, eggs, dairy products, small goods, cooked rice/pasta and prepared salads (such as coleslaw, pasta salads, rice salads and fruit salads). Food that is contained in packages, cans or jars can become high-risk once opened, and should be handled and stored appropriately.

'Hot drink': Any container holding a liquid that has been heated or boiled, and that remains above room temperature (25°C) for any period of time.

'Scalds': Burns by hot fluids, steam and other hot vapours.

5. SOURCES AND RELATED POLICIES

Sources

- *Australia New Zealand Food Standards Code*:
<http://www.foodstandards.gov.au/code/Pages/default.aspx>
- Burns and scalds – children. Available from the Better Health Channel:
www.betterhealth.vic.gov.au/bhcv2/bhcarticles.nsf/pages/Burns_and_scalds_children
- Department of Health – Food Safety. Contact the Department of Health if your inquiry relates to general food compliance issues (and you don't know where to start) or you are looking for publications on food safety or information on legislation.
Telephone: 1300 364 352 (free call within Australia)
Email: foodsafety@health.vic.gov.au
Website: www.health.vic.gov.au/foodsafety
 - Keeping food safe: www.health.vic.gov.au/foodsafety/bus/keeping.htm
 - Food safety at home and in the community: www.health.vic.gov.au/foodsafety/home/index.htm
- dofoodsafely – a free online food safety program: <http://dofoodsafely.health.vic.gov.au/>
- Kids Health Info at The Royal Children's Hospital Melbourne provides kids health and safety resources for purchase. To purchase a resource, phone (03) 9345 6429 or visit: www.rch.org.au/chas/. Kids Health Info is part of the Family Services Department of The Royal Children's Hospital Melbourne, which also includes the Safety Centre, the Family Resource Centre and the Volunteer Service. Royal Children's Hospital Safety Centre, 50 Flemington Road, Parkville. Telephone advisory line: (03) 9345 5085 or email: safety.centre@rch.org.au
- Kidsafe: telephone (03) 9251 7725 or email: info@kidsafevic.com.au. For a fact sheet on scalds and burns, visit their website: www.kidsafevic.com.au/images/stories/pdfs/Burns_Scalds.pdf

- National Health and Medical Research Council (2013) *Staying Healthy: Preventing infectious diseases in early childhood education and care services* (5th edition):
<http://www.nhmrc.gov.au/guidelines/publications/ch55>

Service policies

- *Administration of First Aid Policy*
- *Anaphylaxis Policy*
- *Asthma Policy*
- *Dealing with Medical Conditions Policy*
- *Diabetes Policy*
- *Excursions and Service Events Policy*
- *Hygiene Policy*
- *Incident, Injury, Trauma and Illness Policy*
- *Interactions with Children Policy*
- *Nutrition, Oral Health and Active Play Policy*
- *Occupational Health and Safety Policy*
- *Staffing Policy*
- *Supervision of Children Policy*

PROCEDURES

The Approved Provider is responsible for:

- ensuring that the Nominated Supervisor, staff and volunteers at the service implement adequate health and hygiene practices, and safe practices for handling, preparing and storing food, to minimise risks to children being educated and cared for by the service (Regulation 77(1))
- contacting the local council in the service's area of operation to determine the service's food safety risk classification and requirements under the *Food Act 1984*
- complying with all requirements of the service's food safety risk classification under the *Food Act 1984*, as outlined by local council, including implementing a food safety program and employing a food safety supervisor if required (refer to *Background* and *Sources*: Department of Health – Food Safety)
- providing parents/guardians with a copy of this policy, and with up-to-date information on the safe provision of food for their children (refer to *Sources*: Department of Health – Food Safety: Food safety at home and in the community)
- ensuring that the Nominated Supervisor and all staff are provided with a copy of this policy and are kept up-to-date with current legislation, standards, policies, information and resources relating to food safety
- ensuring that staff undergo training in safe food handling, as required
- monitoring staff compliance with food safety practices (refer to *Sources*: Department of Health – Food Safety: Keeping food safe)
- encouraging volunteers to complete training in safe food handling techniques (refer to *Sources*: dofoodsafely)
- ensuring that good hygiene practices are maintained at the service (refer to *Sources*: Department of Health – Food Safety: Keeping food safe and *Hygiene Policy*)
- displaying hygiene guidelines/posters and food safety guidelines/posters in the food areas of the service for the reference of staff and families involved in the preparation and distribution of food to children (refer to *Sources*: Department of Health – Food Safety: Keeping food safe and *Hygiene Policy*)
- ensuring that this policy is referred to when undertaking risk assessments for excursions and other service events

- ensuring measures are in place to prevent cross-contamination of any food given to children with diagnosed food allergies (refer to *Anaphylaxis Policy* and *Asthma Policy*)
- identifying potential hazards that may reasonably be expected to occur at each stage of the food-handling and preparation cycle, and developing procedures to minimise these hazards. Stages of the cycle include ordering, delivery, storage, thawing, preparation, cooking, cooling, handling post-cooking, reheating and serving
- ensuring that all facilities and equipment for food preparation and storage are clean, and in good repair and working order
- providing a calibrated thermometer in good working order, suitable for monitoring the temperature of the fridge/freezer in food preparation areas. Glass thermometers containing mercury are not recommended in or near food preparation areas
- contacting local council to determine requirements prior to selling food at a fête, food stall or other service event. Such requirements may include completing a Food Act notification form and/or a statement of trade form
- removing pests and vermin from the premises
- informing DEECD, DHS and parents/guardians if an outbreak of gastroenteritis or possible food poisoning occurs at the service
- informing families of the availability of cold storage facilities at the service to ensure parents/guardians make suitable food choices when supplying food for their own child, or for children to share
- ensuring staff, parents/guardians and others attending the service are aware of the acceptable and responsible practices for the consumption of hot drinks (refer to Attachment 1 – Responsible consumption of hot drinks at the service).

The Nominated Supervisor is responsible for:

- ensuring that staff and volunteers at the service implement adequate health and hygiene practices, and safe practices for handling, preparing and storing food, to minimise risks to children being educated and cared for by the service (Regulation 77(2))
- ensuring parents/guardians provide details of their child's specific nutritional requirements (including allergies) on the enrolment form, and discussing these prior to the child commencing at the service and whenever these requirements change
- keeping up-to-date with current legislation, standards, policy, information and resources relating to food safety
- ensuring staff undergo training in safe food handling and good hygiene practices, as required
- encouraging volunteers to complete training in safe food handling techniques (refer to *Sources: dofoodsafely*)
- ensuring this policy is referred to when undertaking risk assessments for excursions and other service events
- ensuring students, volunteers, and casual and relief staff at the service are informed of this policy.

Certified Supervisors, educators and other staff are responsible for:

- keeping up-to-date with current legislation, standards, policy, information and resources relating to food safety
- being aware of safe food practices and good hygiene practices (refer to *Sources: Department of Health – Food Safety: Keeping food safe and Hygiene Policy*), and undergoing training if required
- referring to this policy when undertaking risk assessments for excursions and other service events
- informing students, volunteers, and casual and relief staff at the service about this policy
- ensuring that children's lunchboxes are kept indoors, away from heat sources (including direct sunlight) and refrigerated if necessary
- discussing food safety with children to increase awareness and assist in developing safe practices
- discouraging children from sharing drink bottles or cups at the service

- ensuring that children do not share lunches to minimise risks in relation to children with food allergies
- providing adequate supervision of children while they are eating (refer to *Supervision of Children Policy*)
- teaching children to wash and dry their hands (refer to *Hygiene Policy*):
 - before touching or eating food
 - after touching chicken or raw meat
 - after using the toilet
 - after blowing their nose, coughing or sneezing
 - after playing with an animal/pet
- encouraging parents/guardians to discuss a child's nutritional requirements, food allergies or food sensitivities, and informing the Nominated Supervisor where necessary
- seeking input from parents/guardians on cultural values or religious expectations regarding food handling, provision and consumption
- informing the Nominated Supervisor or Approved Provider of any outbreaks of gastroenteritis or possible food poisoning at the service
- removing hazardous food (refer to *Definitions*), including food that has fallen on the floor, and providing alternative food items
- documenting and implementing a food safety program (refer to *Definitions*), if required
- maintaining good personal and kitchen hygiene (refer to *Sources*: Department of Health – Food Safety: Keeping food safe and *Hygiene Policy*)
- covering all wounds/cuts on hands or arms with wound strips or bandages
- wearing disposable gloves when handling food
- complying with the guidelines in relation to the consumption of hot drinks at the service (refer to Attachment 1 – Responsible consumption of hot drinks at the service)
- informing parents/guardians and visitors to the service about the guidelines in relation to the consumption of hot drinks at the service (refer to Attachment 1 – Responsible consumption of hot drinks at the service).

Parents/guardians are responsible for:

- washing hands prior to participating in food preparation and cooking activities
- ensuring that food preparation surfaces, utensils, lunchboxes and reusable drink bottles are clean
- washing all fruits and vegetables thoroughly
- wearing disposable gloves when handling food
- packing a cold item, such as a frozen water bottle, with perishable foods in a child's lunchbox, or using an insulated lunchbox or cooler
- complying with the requirements of this policy
- providing details of specific nutritional requirements (including allergies) on their child's enrolment form, and discussing these with the Nominated Supervisor prior to the child commencing at the service and whenever these requirements change.

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

EVALUATION

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

- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy

- monitor and investigate any issues related to food safety, such as reports of gastroenteritis or food poisoning
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notify parents/guardians at least 14 days before making any changes to this policy or its procedures.

ATTACHMENTS

- Attachment 1: Responsible consumption of hot drinks at the service

AUTHORISATION

This policy was adopted by the Approved Provider of Mount Martha Preschool 17/7/2019

REVIEW DATE: 17 JULY 2020

ATTACHMENT 1

Responsible consumption of hot drinks at the service

Services should adapt this attachment and its procedures to suit their specific circumstances.

Scalds and burns from hot liquids are a common cause of hospital admission in 0 to 4 year olds. A child's skin is thinner and more sensitive than an adult's and will therefore experience a more severe burn (refer to *Sources*: Kidsafe fact sheet). Children's natural curiosity, impulsiveness, mode of reaction and lack of experience in assessing danger are contributing factors to the vulnerability of children at this age.

Common scenarios that can lead to a child being scalded include when a child pulls a cup of tea, coffee or hot water from a table or bench, or when a child runs into a person holding a hot drink resulting in the hot drink spilling over the child's body.

The consumption of lukewarm drinks or the use of lidded cups/mugs in areas accessed by children should be considered with caution, as this is not necessarily a safe practice and might give the impression that it is acceptable to consume hot drinks around children.

GENERAL GUIDELINES

The Approved Provider, Nominated Supervisor and all staff are responsible for:

- ensuring that hot drinks are only prepared and consumed in areas inaccessible to children, such as the kitchen, staffroom and office
- ensuring that hot drinks are not consumed in, or taken into or through, children's rooms, outdoor areas or any other area where children are in attendance or participating in the program
- informing parents/guardians on duty, visitors to the service, students, volunteers and any other person participating in the program of the service's hot drink procedures and the reasons for such procedures
- ensuring that children enrolled and participating in the program do not have access to areas of the building that are likely to be hazardous, including the kitchen, staffroom and office
- ensuring that parents/guardians attending the service actively supervise children in their care who are not enrolled in the program, including siblings
- ensuring that at least one educator with current approved first aid qualifications is in attendance and immediately available at all times that children are being educated and cared for by the service
- educating service users about the prevention of burns and scalds by providing relevant information (refer to *Sources*: Burns and scalds – children and Kidsafe fact sheet), including appropriate first aid for scalds
- implementing safety procedures in relation to hot drinks at service events occurring outside operational hours, including:
 - offering alternative drinks for adults e.g. juice, water or iced coffee
 - safely locating urns, kettles and power cords out of reach of children
 - preparing and consuming hot drinks in an area inaccessible to children
 - ensuring a person with current approved first aid qualifications is in attendance for social events held outside operational hours.

HYGIENE POLICY

Best Practice – Quality Area 2

PURPOSE

This policy will provide guidelines for procedures to be implemented at Mount Martha Preschool to ensure:

- effective and up-to-date control of the spread of infection
- the provision of an environment that is safe, clean and hygienic.

POLICY STATEMENT

1. VALUES

Mount Martha Preschool is committed to protecting all persons from disease and illness by minimising the potential for infection through:

- implementing and following effective hygiene practices
- implementing infection control procedures to minimise the likelihood of cross-infection and the spread of infectious diseases and illnesses to children, staff and any other persons in attendance at the service
- fulfilling the service's duty of care requirement under the *Occupational Health and Safety Act 2004*, the *Education and Care Services National Law Act 2010* and the *Education and Care Services National Regulations 2011* to ensure that those involved with the service are protected from harm
- informing educators, staff, volunteers, children and families about the importance of adhering to the *Hygiene Policy* to maintain a safe environment for all users, and communicating the shared responsibility between all involved in the operation of the service.

2. SCOPE

This policy applies to the Approved Provider, Nominated Supervisor, Certified Supervisor, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Mount Martha Preschool, including during excursions and offsite activities.

3. BACKGROUND AND LEGISLATION

Background

Infections are common in children and often lead to illness. A person with an infection may or may not show signs of illness and, in many instances, the infectious phase of the illness may be in the period before symptoms become apparent, or during the recovery phase. While it is not possible to prevent all infections in education and care environments, services can prevent or control the spread of many infectious diseases by adopting simple hygiene practices.

An infection can be spread when an infected person attends the service premises and contamination occurs. A service can contribute to the spread of an infection through poor hygiene practices that allow infectious organisms to survive or thrive in the service environment.

The implementation of appropriate hygiene and infection control procedures aims to break the cycle and prevent the spread of infections at every stage. The National Health and Medical Research Council (NHMRC) suggest that to reduce illness in education and care services, the three most effective methods of infection control are:

- effective hand washing
- exclusion of sick children, staff and visitors
- immunisation.

Other strategies to prevent infection include:

- cough etiquette
- appropriate use of gloves
- effective cleaning of the service environment.

The NHMRC suggests that if these strategies are not implemented, all other procedures described in the service's *Hygiene Policy* will have reduced effectiveness in preventing the spread of infection and illness.

Legislation and standards

Relevant legislation and standards include but are not limited to:

- *Education and Care Services National Law Act 2010*
- *Education and Care Services National Regulations 2011*: Regulations 77, 106, 109, 112, 168
- Food Act 1990
- *National Quality Standard*, Quality Area 2: Children's Health and Safety
 - Standard 2.1: Each child's health is promoted
 - Element 2.1.3: Effective hygiene practices are promoted and implemented
 - Element 2.1.4: Steps are taken to control the spread of infectious diseases and to manage injuries and illness, in accordance with recognised guidelines
- *Occupational Health and Safety Act 2004*
- *Public Health and Wellbeing Act 2008*

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: <http://www.legislation.vic.gov.au/>
- Commonwealth Legislation – ComLaw: <http://www.comlaw.gov.au/>

4. DEFINITIONS

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

Cleaning: A process that removes visible contamination such as food waste, dirt and grease from a surface. This process is usually achieved by the use of water and detergent. During this process, micro-organisms will be removed but not destroyed.

Communicable disease: A disease capable of being transmitted from an infected person or species to a susceptible host, either directly or indirectly.

Cough etiquette: The correct way to prevent the spread of infectious organisms that are carried in droplets of saliva is to cough or sneeze into the inner elbow or to use a tissue to cover the mouth and nose. Place all tissues in the rubbish bin immediately and clean hands with either soap and water or a disinfectant hand rub.

Hygiene: The principle of maintaining health and the practices put in place to achieve this.

Infectious disease: A disease that can be spread, for example, by air, water or interpersonal contact. An infectious disease is designated under Victorian Law or by a health authority (however described) as a disease that would require the infected person to be excluded from an education and care service (refer to *Dealing with Infectious Diseases Policy*).

Neutral detergent: A cleaning agent available commercially and labelled as 'neutral' or 'neutral pH'.

Sanitising: A process that destroys micro-organisms. Sanitising a surface can reduce the number of micro-organisms present. The process of sanitisation usually involves ensuring a surface is thoroughly cleaned with both heat and water, followed by the use of chemicals.

5. SOURCES AND RELATED POLICIES

Sources

- Department of Health, Victoria, Food Safety: <http://www.health.vic.gov.au/foodsafety/>
- Communicable Diseases Section, Public Health Group, Victorian Department of Human Services (2005) *The Blue Book: Guidelines for the control of infectious diseases*. Available at: <http://docs.health.vic.gov.au/docs/doc/The-blue-book>
- National Health and Medical Research Council (2013) *Staying Healthy: Preventing infectious diseases in early childhood education and care services* (5th edition): <http://www.nhmrc.gov.au/guidelines/publications/ch55>

Service policies

- *Administration of First Aid Policy*
- *Administration of Medication Policy*
- *Dealing with Infectious Diseases Policy*
- *Dealing with Medical Conditions Policy*
- *Incident, Injury, Trauma and Illness Policy*
- *Occupational Health and Safety Policy*
- *Privacy and Confidentiality Policy*

PROCEDURES

The Approved Provider is responsible for:

- ensuring that all staff and volunteers are provided with a copy of this policy and have a clear understanding of the procedures and practices outlined within
- ensuring the Nominated Supervisor, educators, staff and volunteers at the service implement adequate health and hygiene practices, and safe practices for handling, preparing and storing food (Regulation 77(1))
- establishing robust induction procedures that include the provision of information regarding the implementation of the practices outlined in this policy
- developing an appropriate cleaning and sanitising schedule that outlines daily, weekly, monthly, quarterly and annual cleaning and sanitising requirements and responsibilities
- arranging for the service to be cleaned and sanitised regularly, including floors and other surfaces, as per the cleaning contract and schedule
- reviewing the cleaner's contract and schedule on an annual basis
- contacting the local council's Environmental Health Officer for information about obtaining a needle/syringe/sharps disposal unit and instructions for its use
- ensuring the service has laundry facilities or access to laundry facilities, or other arrangements for dealing with soiled clothing, nappies and linen, including hygienic facilities for storage prior to their disposal or laundering (Regulation 106(1))
- ensuring that the laundry and hygiene facilities are located and maintained in a way that does not pose a risk to children (Regulation 106(2))
- ensuring that there are adequate and appropriate hygiene facilities provided for nappy changing which are designed, located and maintained in such a way that prevents unsupervised access by children (Regulations 112(2)&(4))
- ensuring that adequate, developmental and age-appropriate toilet, washing and drying facilities are provided for use by children, and that these are safe and accessible (Regulation 109)
- reviewing staff training needs in relation to understanding and implementing effective hygiene practices in early childhood settings

- providing a copy of the NHMRC guidelines for the prevention of infectious diseases in child care for the service
- providing hand washing guidelines for display at each hand washing location
- ensuring there is an adequate supply of non-toxic cleaning and hygiene products, including gloves, at all times.

The Nominated Supervisor is responsible for:

- implementing and ensuring that all staff members and volunteers at the service follow adequate health and hygiene practices, and safe practices for preparing, handling and storing food to minimise risks to children (Regulation 77(2))
- developing effective hygienic systems for cleaning, such as using colour-coded sponges/cloths in each area
- ensuring sponges are cleaned, rinsed and stored separately, and replaced regularly
- ensuring that an inspection of the outdoor areas, in particular the sand and soft-fall areas, are conducted daily to ensure they are maintained in a safe and hygienic manner
- informing the Approved Provider of any issues that impact on the implementation of this policy
- actively encouraging parents/guardians to keep children who are unwell at home to prevent the spread of infection to other children and educators
- storing or presenting items, such as beds, bedding and sunhats, in such a way as to prevent cross-contamination
- ensuring that there is a regular and thorough cleaning and disinfecting schedule for all equipment and toys
- ensuring any chemicals and cleaning agents are non-toxic and stored out of reach of children
- ensuring that all educators/staff wear disposable gloves when changing nappies or dealing with open wounds or other body fluids, and dispose of those gloves and soiled materials in a sealed container or plastic bag
- maintaining the service in a clean and hygienic manner throughout the day, such as wiping benches and tables before and after eating, and cleaning up spills
- actively encouraging educators and staff who have, or are suspected of having an infectious disease to not attend the service in order to prevent the spread of infection to others attending the service.

Certified Supervisors and other educators are responsible for:

- implementing and promoting correct hand washing and hygiene practices, as outlined in this policy
- maintaining the service in a clean and hygienic manner throughout the day, such as wiping benches and tables before and after eating, and cleaning up spills
- conducting a daily inspection of the outdoor areas, in particular the sand and soft-fall areas, to ensure they are maintained in a safe and hygienic manner
- informing the Approved Provider of any issues that impact on the implementation of this policy
- actively encouraging parents/guardians to keep children who are unwell at home to prevent the spread of infection to other children and educators
- being conscious of their responsibility to not attend the service when they have or suspect they have an infectious disease.

In relation to the toileting of children:

- ensuring soap and drying facilities are available at all times when children are in attendance at the service, including ensuring paper towels are available if hand-dryers are not working
- ensuring children do not share the use of items related to personal care, such as hand towels for drying hands, toothbrushes and hairbrushes
- encouraging children to flush the toilet after use

- encouraging and assisting (where required) children to wash their hands according to hand washing guidelines (refer to Attachment 2) after toileting
- encouraging children to tell a staff member if they have had a toileting accident
- monitoring and maintaining toileting facilities in a safe, clean and hygienic manner while children are in attendance; this requires periodic checking of the bathroom area
- respecting diverse styles of toileting children due to cultural or religious practices
- respecting the possible need to maintain privacy of toileting and dressing.

In relation to cleaning toys, clothing and the service in general:

- removing toys that a child has sneezed or coughed on (place in a 'toys-to-be-cleaned' box)
- wearing gloves when cleaning (general purpose gloves are sufficient; wash and hang outside to dry when finished)
- washing mouthed toys daily using warm water and detergent and, if possible, drying in the sun
- wiping over books with a moist cloth treated with detergent
- ensuring washable toys and equipment are cleaned term by term or annually, as required
- washing and disinfecting mattress covers and linen, where applicable.

In relation to children's contact with one another:

- educating and encouraging children in good personal hygiene practices, such as:
 - washing their hands after blowing and wiping their nose
 - not touching one another when they are cut or bleeding
 - disposing of used tissues promptly and appropriately, and not lending them to other children
 - using their own equipment for personal care, such as toothbrushes, hats, brushes and combs
 - only touching the food they are going to eat
 - using their own drink bottles or cups.

In relation to indoor and outdoor environments:

- keeping the indoor and outdoor environments as clean and hygienic as possible at all times, including the safe disposal of discarded needles/syringes/sharps
- promptly removing blood, urine and faeces (including animal) either indoors or outdoors, using the appropriate cleaning procedures
- covering the sandpit when not in use to prevent contamination
- emptying water containers, such as water trays, each day (refer to *Water Safety Policy*)
- disposing of any dead animals/insects found on the premises in an appropriate manner.

In relation to the safe handling of body fluids or materials in contact with body fluids:

- avoid direct contact with blood or other fluids
- not be at eye level when cleaning/treating a child's face that has blood on it, as a child's blood can enter the mouth/nose of a staff member when a child cries or coughs
- wear gloves wherever possible
- cover any cuts/abrasions on their own hands with a waterproof dressing.

In relation to effective environmental cleaning:

- clean with detergent and warm water followed by rinsing and drying to remove the bulk of infectious organisms from a surface. Particular attention should be paid to the following:
 - toilets/sinks must be cleaned daily and separate cleaning cloths/sponges must be used for each task
 - all bench tops and floors must be washed regularly

Parents/guardians are responsible for:

- keeping their child/ren home if they are unwell or have an infectious disease that requires their exclusion from the education and care service
- informing the service if their child has an infectious disease
- supporting this policy by complying with the hygiene practices when attending the service or when assisting with a service program or activity
- encouraging their child/ren to develop and follow effective hygiene practices at all times, including handwashing on arrival at the service.

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

EVALUATION

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

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

ATTACHMENTS

- Attachment 1: Handwashing guidelines

AUTHORISATION

This policy was adopted by the Approved Provider of Mount Martha Preschool on 26/11/2018.

REVIEW DATE: 26 NOVEMBER 2021

Download and attach the poster: *Changing a nappy without spreading germs* from the website of the National Health and Medical Research Council (2013) *Staying Healthy: Preventing infectious diseases in early childhood education and care services* (5th edition):

<http://www.nhmrc.gov.au/guidelines/publications/ch55>

ATTACHMENT 1

Handwashing guidelines

Download and attach the poster: *How to wash hands* from the website of the National Health and Medical Research Council (2013) *Staying Healthy: Preventing infectious diseases in early childhood education and care services* (5th edition):

<http://www.nhmrc.gov.au/guidelines/publications/ch55>

INCIDENT, INJURY, TRAUMA AND ILLNESS POLICY

Mandatory – Quality Area 2

PURPOSE

This policy will define the:

- procedures to be followed if a person is ill, or is involved in a medical emergency or an incident at the service that results in injury or trauma
- responsibilities of staff, parents/guardians and the Approved Provider when a person is ill, or is involved in a medical emergency or an incident at the service that results in injury or trauma
- practices to be followed to reduce the risk of an incident occurring at the service.

POLICY STATEMENT

1. VALUES

The Mount Martha Preschool Association is committed to:

- providing a safe and healthy environment for all children, staff, volunteers, students on placement and any other persons participating in or visiting the service
- responding to the needs of an injured, ill or traumatised person at the service
- preventing injuries and trauma
- preventing the spread of illness through simple hygiene practices, monitoring immunisation records and complying with recommended exclusion guidelines
- maintaining a duty of care to children and users of Mount Martha Preschool.

2. SCOPE

This policy applies to the Approved Provider, Nominated Supervisor, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities at Mount Martha Preschool, including during offsite excursions and activities.

3. BACKGROUND AND LEGISLATION

Background

People responsible for managing early childhood services and caring for children have a duty of care towards those children. All service staff have a responsibility and a duty of care to act to prevent accidents and emergencies at the service.

An approved service must have policies and procedures in place in the event that a child is injured, becomes ill or suffers trauma. These procedures should be followed and must include the requirement that a parent/guardian be notified in the event of an incident, injury, illness or trauma relating to their child as soon as possible and within 24 hours of the occurrence.

The National Regulations require an accurate *Incident, Injury, Trauma and Illness Record* to be kept and stored confidentially until the child is 25 years old (Regulation 183(2)).

Under the national legislation, each service must ensure that an entry is recorded in the *Incident, Injury, Trauma and Illness Record* for the following occurrences:

- an incident in relation to a child, an injury received by a child or trauma to which a child has been subjected
- an illness that becomes apparent.

Details that must be entered in the *Incident, Injury, Trauma and Illness Record* include the following:

- the name and age of the child
- the circumstances leading to the incident, injury or trauma, or relevant circumstances surrounding the child becoming ill (including any symptoms)
- the time and date the incident occurred, the injury was received or the child was subjected to the trauma, or the apparent onset of the illness
- the action taken by the service, including any medication administered, first aid provided or medical personnel contacted
- details of any person who witnessed the incident, injury or trauma, or the apparent onset of illness
- the name of any person the service notified, or attempted to notify, of any incident, injury, trauma or illness that a child suffered while being educated and cared for by the service, and the time and date of the notifications/attempted notifications
- the name and signature of the person making an entry in the record, and the time and date that the entry was made
- signature of a parent/guardian to verify that they have been informed of the occurrence.

All information will be included in the *Incident, Injury, Trauma and Illness Record* as soon as is practicable, but not later than 24 hours after the incident, injury or trauma, or the onset of the illness.

Medical emergencies may include serious health issues such as asthma, anaphylaxis, diabetes, fractures, choking and seizures. Such emergencies generally involve only one child, however they can affect everyone in the children's service. In some cases it will be appropriate to refer to specific policies for guidance, such as the *Dealing with Medical Conditions Policy, Asthma Policy, Anaphylaxis Policy, Diabetes Policy and Epilepsy Policy*.

Legislation and standards

Relevant legislation and standards include but are not limited to:

- Australian Standards AS3745–2002, Emergency control procedures for buildings, structures and workplaces
- *Education and Care Services National Law Act 2010*: Section 174(2)
- *Education and Care Services National Regulations 2011*: Regulations 77, 85–87, 103, 177, 183
- *Public Health and Wellbeing Act 2008* (Vic)
- *Public Health and Wellbeing Regulations 2009* (Vic)
- *Occupational Health and Safety Act 2004* (Vic)
- *Occupational Health and Safety Regulations 2007*
- WorkSafe Victoria Compliance Code: *First aid in the workplace* (2008)
- *National Quality Standard*, Quality Area 2: Children's Health and Safety
- *National Quality Standard*, Quality Area 3: Physical Environment
- *National Quality Standard*, Quality Area 7: Governance and Leadership
- Therapeutic Goods Act 1989 (Cth)

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: <http://www.legislation.vic.gov.au/>
- Commonwealth Legislation – ComLaw: <http://www.comlaw.gov.au/>

4. DEFINITIONS

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

Emergency services: Includes ambulance, fire brigade, police and state emergency services.

First aid: The provision of initial care in response to an illness or injury. It generally consists of a series of techniques to preserve life, protect a person (particularly if unconscious), prevent a condition worsening and promote recovery. First aid training should be delivered by approved first aid providers, and a list is published on the ACECQA website:

<https://www.acecqa.gov.au/qualifications/requirements/first-aid-qualifications-training>

Hazard: A source or situation with a potential for harm in terms of human injury or ill health, damage to property, damage to the environment or a combination of these.

Incident: Any unplanned event resulting in or having potential for injury, ill health, damage or other loss.

Incident, Injury, Trauma and Illness Record: The Approved Provider must ensure an *Incident, Injury, Trauma and Illness Record* is kept in accordance with Regulation 87 of the *Education and Care Services National Regulations 2011*. A sample is available on the ACECQA website at:

<https://www.acecqa.gov.au/resources/applications/sample-forms-and-templates>

Injury: Any physical damage to the body caused by violence or an incident.

Medication: Any substance, as defined in the *Therapeutic Goods Act 1989* (Cth), that is administered for the treatment of an illness or medical condition.

Medical management plan: A document that has been prepared and signed by a doctor that describes symptoms, causes, clear instructions on action and treatment for the child's specific medical condition, and includes the child's name and a photograph of the child. An example of this is the Australasian Society of Clinical Immunology and Allergy (ASCI) action plan for anaphylaxis.

Medical attention: Includes a visit to a registered medical practitioner or attendance at a hospital.

Medical emergency: An injury or illness that is acute and poses an immediate risk to a person's life or long-term health.

Minor incident: An incident that results in an injury that is small and does not require medical attention.

Notifiable incident: An incident involving workplace health and safety that is required by law to be reported to WorkSafe Victoria. Notification is required for incidents that result in death or serious injury/illness, or dangerous occurrences. For a complete list of incidents that must be reported to WorkSafe Victoria, refer to the *Guide to Incident Notification* on the WorkSafe Victoria website. This website also contains online reporting forms: www.worksafe.vic.gov.au

Serious incident: An incident resulting in the death of a child, or an injury, trauma or illness for which the attention of a registered medical practitioner, emergency services or hospital is sought or should have been sought. This also includes an incident in which a child appears to be missing, cannot be accounted for, is removed from the service in contravention of the regulations or is mistakenly locked in/out of the service premises (Regulation 12). A serious incident should be documented in an *Incident, Injury, Trauma and Illness Record* (sample form available on the ACECQA website) as soon as possible and within 24 hours of the incident. The Regulatory Authority (DET) must be notified within 24 hours of a serious incident occurring at the service (Regulation 176(2)(a)). Records are required to be retained for the periods specified in Regulation 183.

Trauma: An emotional wound or shock that often has long-lasting effects or any physical damage to the body caused by violence or an incident.

5. SOURCES AND RELATED POLICIES

Sources

- ACECQA sample forms and templates: <https://www.acecqa.gov.au/resources/applications/sample-forms-and-templates>
- Building Code of Australia: <https://www.abcb.gov.au/Connect/Categories/National-Construction-Code>

- *Staying Healthy: Preventing infectious diseases in early childhood education and care services* (5th edition, 2013) National Health and Medical Research Council: <https://www.nhmrc.gov.au/about-us/publications/staying-healthy-preventing-infectious-diseases-early-childhood-education-and-care-services>
- VMIA Insurance Guide, Community Service Organisations program: www.vmia.vic.gov.au
- WorkSafe Victoria: *Guide to Incident Notification*: <http://www.worksafe.vic.gov.au/forms-and-publications/forms-and-publications/guide-to-incident-notification>
- WorkSafe Victoria: Online notification forms: <http://www.worksafe.vic.gov.au/safety-and-prevention/health-and-safety-topics/incident-notification>

Service policies

- *Administration of First Aid Policy*
- *Administration of Medication Policy*
- *Anaphylaxis Policy*
- *Asthma Policy*
- *Dealing with Infectious Diseases Policy*
- *Dealing with Medical Conditions Policy*
- *Diabetes Policy*
- *Emergency and Evacuation Policy*
- *Epilepsy Policy*
- *Excursions and Service Events Policy*
- *Occupational Health and Safety Policy*
- *Privacy and Confidentiality Policy*
- *Road Safety and Safe Transport Policy*

PROCEDURES

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

- ensuring that the premises are kept clean and in good repair
- ensuring that staff have access to medication, Incident, Injury, Trauma and Illness forms (available from ACECQA – refer to *Sources*) and WorkSafe Victoria incident report forms (refer to *Sources*)
- ensuring that the service has an occupational health and safety policy and procedures that outline the process for effectively identifying, managing and reviewing risks and hazards that are likely to cause injury, and reporting notifiable incidents to appropriate authorities (refer to *Occupational Health and Safety Policy*)
- ensuring that completed medication records are kept until the end of 3 years after the child's last attendance (Regulation 92, 183)
- ensuring that a parent/guardian of the child is notified as soon as is practicable, but not later than 24 hours after the occurrence, if the child is involved in any incident, injury, trauma or illness while at the service (Regulation 86)
- ensuring that Incident, Injury, Trauma and Illness Records are kept and stored securely until the child is 25 years old (Regulations 87, 183)
- ensuring that there is a minimum of one educator with a current approved first aid qualification on the premises at all times (refer to *Administration of First Aid Policy*)
- ensuring that there are an appropriate number of up-to-date, fully equipped first aid kits that are accessible at all times (refer to *Administration of First Aid Policy*)
- ensuring that the orientation and induction of new and relief staff include an overview of their responsibilities in the event of an incident or medical emergency
- ensuring that children's enrolment forms provide authorisation for the service to seek emergency medical treatment by a medical practitioner, hospital or ambulance service

- ensuring that an incident report (SI01) is completed and a copy forwarded to the regional DET office as soon as is practicable but not later than 24 hours after the occurrence.

The Nominated Supervisor, Persons in Day to Day Charge, other educators and staff are responsible for:

- ensuring that volunteers and parents on duty are aware of children’s medical management plans (refer to *Definitions*) and their responsibilities in the event of an incident, injury or medical emergency
- responding immediately to any incident, injury or medical emergency
- implementing individual children’s medical management plans, where relevant
- notifying parents/guardians immediately after an incident, injury, trauma or medical emergency, or as soon as is practicable
- requesting the parents/guardians make arrangements for the child or children involved in an incident or medical emergency to be collected from the service, or informing parents/guardians if an ambulance has been called
- notifying other person/s as authorised on the child’s enrolment form when the parents/guardians are not contactable
- recording details of any incident, injury or illness in the *Incident, Injury, Trauma and Illness Record* (refer to *Definitions*) as soon as is practicable but not later than 24 hours after the occurrence
- ensuring that regulatory and legislative responsibilities are met in relation to any incident, injury or medical emergency
- maintaining all enrolment and other medical records in a confidential manner (refer to *Privacy and Confidentiality Policy*)
- regularly checking equipment in both indoor and outdoor areas for hazards, and taking the appropriate action to ensure the safety of the children when a hazard is identified
- assisting the Approved Provider with regular hazard inspections (refer to Attachment 1 – Sample hazard identification checklist)
- reviewing the cause of any incident, injury or illness and taking appropriate action to remove the cause if required, for example, removing a nail found protruding from climbing equipment or retraining staff to adhere more closely to the service’s *Hygiene Policy*
- notifying DET in writing within 24 hours of an incident involving the death of a child, or any incident, illness or trauma that requires treatment by a registered medical practitioner or admission to a hospital
- ensuring that the following contact numbers are displayed in close proximity of each telephone:
 - 000
 - DET regional office
 - Approved Provider
 - Asthma Victoria: (03) 9326 7055 or toll free 1800 645 130
 - Victorian Poisons Information Centre: 13 11 26
 - local council or shire.

When there is a medical emergency, educators will:

- call an ambulance, where necessary
- administer first aid, and provide care and comfort to the child prior to the parents/guardians or ambulance arriving
- implement the child’s current medical management plan, where appropriate
- notify parents/guardians as soon as is practicable of any serious medical emergency, incident or injury concerning the child, and request the parents/guardians make arrangements for the child to be collected from the service and/or inform the parents/guardians that an ambulance has been called

- notify other person/s as authorised on the child's enrolment form, if the parents/guardians are not contactable
- ensure ongoing supervision of all children in attendance at the service
- accompany the child in the ambulance when the parents/guardians are not present, provided that staff-to-child ratios can be maintained at the service
- notify the Approved Provider of the medical emergency, incident or injury as soon as is practicable
- complete and submit an incident report to DET, the Approved Provider and the service's public liability insurer following a serious incident.

When a child develops symptoms of illness while at the service, educators will:

- ensure that the Nominated Supervisor, or person in day-to-day care of the service, contacts the parents/guardians or authorised emergency contact for the child to outline the signs and symptoms observed
- request that the child is collected from the service if the child is not well enough to participate in the program
- ensure that they separate the child from the group and have a staff member remain with the child until the child recovers, a parent/guardian arrives or another responsible person takes charge
- call an ambulance (refer to definition of *medical emergency*) if a child appears very unwell or has a serious injury that needs urgent medical attention
- ensure that the child is returned to the care of the parent/guardian or authorised emergency contact person as soon as is practicable
- ensure that, where medication, medical or dental treatment is obtained, the parents/guardians are notified as soon as is practicable and within 24 hours, and are provided with details of the illness and subsequent treatment administered to the child
- ensure that the Approved Provider is notified of the incident
- ensure that the *Incident, Injury, Trauma and Illness Record* is completed as soon as is practicable and within 24 hours of the occurrence.

Parents/guardians are responsible for:

- providing authorisation in their child's enrolment record for the service to seek emergency medical treatment by a medical practitioner, hospital or ambulance service (Regulation 161(1))
- payment of all costs incurred when an ambulance service is called to attend to their child at the service
- notifying the service, upon enrolment or diagnosis, of any medical conditions and/or needs, and any management procedure to be followed with respect to that condition or need (Regulation 162)
- ensuring that they provide the service with a current medical management plan, if applicable (Regulation 162(d))
- collecting their child as soon as possible when notified of an incident, injury or medical emergency involving their child
- informing the service of an infectious disease or illness that has been identified while the child has not attended the service, and that may impact on the health and wellbeing of other children, staff and parents/guardians attending the service
- being contactable, either directly or through emergency contacts listed on the child's enrolment form, in the event of an incident requiring medical attention
- signing the *Incident, Injury, Trauma and Illness Record*, thereby acknowledging that they have been made aware of the incident
- notifying the service by telephone when their child will be absent from their regular program
- notifying staff/educators if there is a change in the condition of their child's health, or if there have been any recent accidents or incidents that may impact on the child's care e.g. any bruising or head injuries.

EVALUATION

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

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

ATTACHMENTS

- Attachment 1: Sample hazard identification checklist

AUTHORISATION

This policy was adopted by the Approved Provider of Mount Martha Preschool on 16/10/2019.

REVIEW DATE: 1 AUGUST 2020

ATTACHMENT 1

Sample hazard identification checklist

Service: _____

Date: _____

Inspected by: _____

Hazard	Yes	No	Comments
1. Floors			
Surface is even and in good repair			
Surface is free from tripping and slipping hazards (e.g. oil, water, sand)			
Surface is safe (e.g. not likely to become excessively slippery when wet)			
2. Kitchen and work benches			
Work bench space is adequate and at comfortable working height			
Kitchen and work bench space is clean and free of clutter			
Equipment not in use is properly stored			
Lighting is satisfactory			
A door or gate restricts child access to the kitchen			
Ventilation fan is in good working order			
Kitchen appliances are clean and in good working order			
3. Emergency evacuation			
Staff have knowledge of fire drills and emergency evacuation procedures			
Fire drill instructions are displayed prominently in the service			
Regular fire drills are conducted			
Extinguishers are in place, recently serviced and clearly marked for type of fire			
Exit signs are posted and clear of obstructions			
Exit doors are easily opened from inside			
4. Security and lighting			
Security lighting is installed in the building and car park			
There is good natural lighting			
There is no direct or reflected glare			

Light fittings are clean and in good repair			
Emergency lighting is readily available and operable (e.g. torch)			
5. Windows			
Windows are clean, admitting plenty of daylight			
Windows have no broken panes			
6. Steps and landings			
All surfaces are safe			
There is adequate protective railing which is in good condition			
7. Ladders and steps			
Ladders and steps are stored in a proper place			
Ladders and steps are free of defects (e.g. broken or missing rungs etc.)			
They conform to Australian Standards			
They are used appropriately to access equipment stored above shoulder height			
8. Chemicals and hazardous substances			
All chemicals are clearly labelled			
All chemicals are stored in locked cupboard			
Material Safety Data Sheets (MSDS) are provided for all hazardous substances			
9. Storage (internal and external)			
Storage is designed to minimise lifting problems			
Materials are stored securely			
Shelves are free of dust and rubbish			
Floors are clear of rubbish or obstacles			
Dangerous material or equipment is stored out of reach of children			
10. Manual handling and ergonomics			
Trolleys or other devices are used to move heavy objects			
Heavy equipment (such as planks and trestles) is stored in a way that enables it to be lifted safely			
Adult-sized chairs are provided and used for staff (to avoid sitting on children's chairs)			
Workstations are set up with the chair at the correct height			
Workstations are set up with phone, mouse and documents within easy reach and screen adjusted properly			

Work practices avoid the need to sit or stand for long periods at a time			
11. Electrical			
There are guards around heaters			
Equipment not in use is properly stored			
Electrical equipment has been checked and tagged			
Use of extension leads, double adaptors and power boards are kept to a minimum			
Plugs, sockets or switches are in good repair			
Leads are free of defects and fraying			
Floors are free from temporary leads			
There are power outlet covers in place			
12. Internal environment			
Hand-washing facilities and toilets are clean and in good repair			
There is adequate ventilation around photocopiers and printers			
13. First aid and infection control			
Staff have current approved first aid qualifications and training			
First aid cabinet is clearly marked and accessible only to staff			
Cabinet is fully stocked and meets Australian Standards (refer to <i>Administration of First Aid Policy</i>)			
Disposable gloves are provided			
Infection control procedures are in place			
Current emergency telephone numbers are displayed			
14. External areas			
Fencing is secure, unscaleable and of a height prescribed by the Building Code of Australia (no breaches in the fence or materials left adjacent that would assist children to scale the fence)			
Child-proof locks are fitted to gates			
Paving and paths have an even surface and are in good repair			
Paving and path surfaces are free of slipping hazards, such as sand			
Soft-fall and grass areas are free of hazards			
Equipment and materials used are in good repair and free of hazards			

15. Equipment			
Furniture and play equipment are in good repair (no protruding bolts, nails, splinters)			
Impact-absorbing material is placed under all equipment where fall height could exceed 0.5 metres			
Guardrails are provided for play equipment over 1 metre			
16. Sun protection			
There is an adequate supply of SPF 30+ broad spectrum, water-resistant sunscreen provided for use by children and staff			
Sunhats are provided for all staff required to work in the sun			
There is a <i>Sun Protection Policy</i> in place, which requires staff and children, and others who work in the sun to use sunscreen and an appropriate sunhat			

If any box is marked with a “No”, it is deemed to be unsatisfactory and must be followed up using an appropriate risk assessment and control checklist.

NUTRITION, ORAL HEALTH AND ACTIVE PLAY POLICY

Mandatory – Quality Area 2

PURPOSE

Mount Martha Preschool acknowledges the importance of healthy eating, oral health and physical activity and its contribution to good health and overall wellbeing.

This policy provides guidelines to:

- promote a healthy lifestyle and support children, staff, educators and families at the service to eat nutritious food, maintain oral health and participate in physical activity and active play
- ensure national and state guidelines and recommendations about nutrition, oral health and physical activity are met
- ensure that the dietary and cultural needs of children and families are taken into consideration when planning menus and implementing nutrition, oral health and active play activities.

POLICY STATEMENT

1. VALUES

Mount Martha Preschool is committed to:

- creating policies and practices that promote a healthy lifestyle and ensure national and state guidelines and recommendations about safe food preparation, nutrition, oral health and physical activity are met
- ensuring the buildings, grounds and facilities enable healthy eating, oral health and active play
- creating a culture in which all community members are respectfully supported to eat healthily, maintain good oral health and be active
- providing children with formal and informal opportunities to learn about food, nutrition, oral health and health messages about physical activity
- ensuring staff and educators have access to resources and support for their own healthy eating, oral health and physical activity
- engaging families, the service community and expert organisations in the promotion and implementation of healthy eating, oral health and active play initiatives.

2. SCOPE

This policy applies to the Approved Provider, Persons with Management or Control, Nominated Supervisor, Persons in Day-to-Day Charge, educators, staff, students on placement, volunteers, families, parents/guardians, children and others attending the programs and activities of Mount Martha Preschool.

3. BACKGROUND AND LEGISLATION

Background

There are many benefits to promoting a healthy lifestyle in early childhood education and care settings, including the positive impact this has on each child's learning and development. Being made aware of positive eating behaviour, oral hygiene practices and the importance of physical activity from an early age can instil good habits that will remain throughout a person's life. Staff are well placed to build this awareness among children and their families, while respecting lifestyle choices, and cultural and religious values.

As a health promoting service it is recognised that every member of the service impacts on children's health. Children, staff, educators and families can be supported to eat healthily, maintain good oral health and be physically active through teaching and learning opportunities, policies, creating a safe and healthy physical and social environment and developing community links and partnerships.

Nutrition

The foods we eat provide our body with the nutrients we need to stay healthy. Good nutrition is the balanced eating of a variety of foods, and is especially important for children as they require a large amount of nutrients for growth and development. Research has shown that, when offered a variety of healthy foods, children can and do make good choices. It is also important to provide preschool children with a good foundation in healthy eating, as most children have formed lifelong eating habits before they reach school age.

Oral health

Tooth decay is Australia's most prevalent health problem despite being largely preventable. It is important to note that oral health promotion is complementary to promoting healthy eating.

Oral health behaviours have a major influence on children's health and wellbeing and a direct impact on their growth and development. Oral diseases can negatively affect individuals through pain, discomfort, general health and quality of life. Poor oral health can limit a child's capacity in biting, chewing, smiling, speaking, and psychosocial wellbeing. The main oral health condition experienced by children is tooth decay affecting over half of all Australian children, making it five times more prevalent than asthma.

Active play

Active play (refer to *Definitions*) develops a strong and healthy body, builds motor and co-ordination skills, creates a sense of wellbeing and helps protect children from disease. Active play is about moving, being and doing.

A strong sense of health and wellbeing, supported by good nutrition, oral health and an active lifestyle, can provide children with confidence, energy and optimism that will contribute to their ability to concentrate, co-operate and learn (*Belonging, Being & Becoming – The Early Years Learning Framework for Australia*, – refer to *Sources*). Learning about healthy lifestyles, including nutrition, oral health and active play, links directly to Outcome 3 in both the *Early Years Learning Framework* and the *Victorian Early Years Learning and Development Framework* (refer to *Sources*).

The Australian Government has guidelines, recommendations and resources for healthy eating and physical activity in early childhood settings including the National Health and Medical Research Council's *Australian Dietary Guidelines* and *Infant Feeding Guidelines*, the *Get Up & Grow: Healthy Eating and Physical Activity for Early Childhood* resources and the *National Physical Activity Recommendations for Children 0-5 Years* (refer to *Sources*). Practical, healthy eating advice is also available to early childhood services and schools via a telephone advice line: the Victorian Healthy Eating Advisory Service (Healthy Eating Advisory Service – refer to *Sources*), run by Nutrition Australia. Early childhood education and care services can also register and implement the *Achievement Program* (refer to *Sources*). This program is designed to create safe, healthy and friendly environments for children, staff educators and families, by promoting physical, mental and social health and wellbeing.

Legislation and standards

Relevant legislation and standards include but are not limited to:

- *Australia New Zealand Food Standards Code*
- *Child Wellbeing and Safety Act 2005* (Vic)
- *Disability Discrimination Act 1992* (Cth)
- *Education and Care Services National Law Act 2010*
- *Education and Care Services National Regulations 2011* including Regulations 77–78, 79–80 (if the service provides food), 168
- *Equal Opportunity Act 2010* (Vic)
- *Food Act 1984* (Vic)
- *National Quality Standard* including Quality Area 2: Children's Health and Safety

- *Occupational Health and Safety Act 2004*

4. DEFINITIONS

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

Active play: Play that involves large muscle-based activities that are essential for a child's social, emotional, cognitive and physical growth and development incorporating:

- child-initiated active play, which is developed by the child through exploration of the outdoor environment, equipment and games
- adult-guided active play which encourages children's physical development through promoting movement skills in a non-competitive environment
- physical activity, which includes sport, incidental exercise and many forms of recreation.

Adequate supervision: (In relation to this policy) supervision entails all children (individuals and groups) in all areas of the service, being in sight and/or hearing of an educator at all times including during toileting, sleep, rest and transition routines. Services are required to comply with the legislative requirements for educator-to-child ratios at all times. Supervision contributes to protecting children from hazards that may emerge in play, including hazards created by the equipment used.

Adequate supervision refers to constant, active and diligent supervision of every child at the service. Adequate supervision requires that educators are always in a position to observe each child, respond to individual needs, and immediately intervene if necessary. Variables affecting supervision levels include:

- number, age and abilities of children
- number and positioning of educators
- current activity of each child
- areas in which the children are engaged in an activity (visibility and accessibility)
- developmental profile of each child and of the group of children
- experience, knowledge and skill of each educator
- need for educators to move between areas (effective communication strategies).

'Discretionary' foods and drinks: Food and drink items that are high in fat, sugar and salt, and that contain minimal vitamins, minerals or fibre. These can also be referred to as 'sometimes' foods and drinks.

Healthy eating: Describes eating patterns that provide all the recommended nutrients for growth and development, and good health and wellbeing, now and in the future. It also refers to preparing, serving and eating food in a way that recognises its importance as a social and cultural activity.

Nutrition: The process of providing or receiving nourishing substances.

Oral health: The absence of active disease in the mouth. Oral health is fundamental to overall health, wellbeing and quality of life. A healthy mouth enables people to eat, speak and socialise without pain, discomfort or embarrassment.

5. SOURCES AND RELATED POLICIES

Sources

- Australian Research Centre for Population Oral Health 2011 'Dental caries trends in Australian school children' *Australian Dental Journal* Vol 56, pp 227-30
- *Australian Dietary Guidelines* (2013) National Health and Medical Research Council: www.nhmrc.gov.au ([Search Guidelines and publications under A-Z](#))
- *Belonging, Being & Becoming – The Early Years Learning Framework for Australia:* www.education.gov.au
- Better Health Channel: www.betterhealth.vic.gov.au

- Cavallini, I and Tedeschi, M (eds) (2008) *The Languages of Food: recipes, experiences, thoughts*. Reggio Children Publications
- Dental Health Services Victoria: www.dhsv.org.au
- Food Safety Victoria, Department of Health and Human Services: www2.health.vic.gov.au/public-health/food-safety
- Food Standards Australia New Zealand: www.foodstandards.gov.au
- *Get Up & Grow: Healthy Eating and Physical Activity for Early Childhood*: www.health.gov.au
- *The Achievement Program* is a health and wellbeing initiative for early childhood services, schools and workplaces: www.achievementprogram.health.vic.gov.au
- Healthy Eating Advisory Service: www.heas.health.vic.gov.au
- *Infant Feeding Guidelines* (2013) National Health and Medical Research Council: www.nhmrc.gov.au
- Australian 24-Hour Movement Guidelines for the Early Years (Birth to 5 years): www.health.gov.au
- Nitzke, S, Riley, D, Ramming, A and Jacobs, G (2010), *Rethinking Nutrition: Connecting Science and Practice in Early Childhood Settings*. Redleaf Press, St Paul, USA
- Oberklaid, F (2004), *Health in Early Childhood Settings: From Emergencies to the Common Cold*. Pademelon Press, NSW
- *Staying Healthy: Preventing infectious diseases in early childhood education and care services* (5th edition, 2013) National Health and Medical Research Council: www.nhmrc.gov.au ([Search A-Z listings of all resources and type title into 'Filter by key word'](#))
- *Victorian Early Years Learning and Development Framework*: www.education.vic.gov.au

Service policies

- *Anaphylaxis Policy*
- *Asthma Policy*
- *Curriculum Development Policy*
- *Dealing with Infectious Diseases Policy*
- *Diabetes Policy*
- *Excursions and Service Events Policy*
- *Food Safety Policy*
- *Hygiene Policy*
- *Incident, Injury, Trauma and Illness Policy*
- *Inclusion and Equity Policy*
- *Road Safety and Safe Transport Policy*
- *Sun Protection Policy*

PROCEDURES

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

- ensuring that the service environment and educational program supports children and families to make healthy choices for eating, oral health and active play (refer to *Definitions*)
- providing ongoing information, resources and support to families, to assist in the promotion of optimum health, including oral health, for young children (refer to *Sources*)
- recognising families, educators and staff as role models and encouraging them to bring/use foods and drinks that are in line with the service's Nutrition, Oral Health and Active Play Policy
- ensuring the implementation of adequate health and hygiene procedures, and safe practices for handling, preparing and storing food, to minimise risks to children being educated and cared for by the service (Regulation 77) (refer to *Hygiene Policy* and *Food Safety Policy*)

- ensuring measures are in place to prevent cross-contamination of any food given to children with diagnosed food allergies and/or diabetes (refer to *Anaphylaxis Policy*, *Asthma Policy*, *Diabetes Policy* and *Food Safety Policy*)
- ensuring that all educators/staff are aware of, and plan for, the dietary needs of all children
- ensuring that fresh drinking water (preferably tap water) is readily available at all times, indoors and outdoors, and reminding children to drink water throughout the day, including at snack/lunch times (Regulation 78(1)(a)) (Only tap water and plain milk are encouraged.)
- ensuring that food and drinks are available to children at frequent and regular intervals throughout the day (Regulation 78(1)(b))
- ensuring educators are supported to access a range of resources to increase their capacity to promote healthy eating, oral health and active play initiatives for children
- ensuring staff and educators are supported by having healthy food options in the staff room, for staff meetings and for professional learning
- ensuring that discretionary food and drinks do not appear in any sponsorship, fundraising or marketing activities
- ensuring celebrations and other service events promote healthy food options and limit discretionary options
- ensuring service facilities and equipment enable active travel and road safety for children, staff, educators and families
- ensuring there is a suitable space for breastfeeding and storage of breast milk is available
- ensuring space and facilities are available to allow staff and educators to store and prepare healthy food

Where food is provided at the service:

- ensuring the provision of nutritionally-balanced and culturally-sensitive meals, in line with the Australian Dietary Guidelines, as required
- ensuring that staff who are responsible for menu planning participate in regular nutrition and safe food handling training, and are kept up to date with current research, knowledge and best practice
- ensuring that food and drink provided by the service is nutritious, varied, adequate in quantity and appropriate to children's growth and development, and meets any specific cultural, religious or health needs (Regulation 79(1))
- ensuring the service menu has been assessed by the Healthy Eating Advisory Service's FoodChecker tool and meets the criteria determined
- ensuring that a weekly menu is displayed in a location accessible to parents/guardians, and that it accurately describes the food and drinks to be provided by the service each day (Regulation 80(1)).

The Nominated Supervisor and Persons in Day-to-Day Charge are responsible for:

- ensuring that the service environment and the educational program supports children and families to learn about and make healthy choices for eating, oral health and active play
- embedding opportunities to learn about healthy eating and oral health and the importance of physical activity in the educational program, throughout the year
- ensuring oral hygiene practices are undertaken at the service where appropriate
- ensuring the implementation of adequate health and hygiene procedures, and safe practices for handling, preparing and storing food, to minimise risks to children being educated and cared for by the service (Regulation 77) (refer to *Hygiene Policy* and *Food Safety Policy*)
- ensuring that all educators/staff are aware of a child's food allergies and/or other medical conditions on enrolment or on initial diagnosis
- ensuring measures are in place to prevent cross-contamination of any food given to children with diagnosed food allergies and/or diabetes (refer to *Anaphylaxis Policy*, *Asthma Policy*, *Diabetes Policy* and *Food Safety Policy*)
- ensuring that all educators/staff are aware of, and plan for, the dietary needs of all children

- ensuring that fresh drinking water (preferably tap water) is readily available at all times, indoors and outdoors, and reminding children to drink water throughout the day, including at snack/lunch times (Regulation 78(1)(a)). (Only tap water and plain milk are encouraged.)
- ensuring that food and drinks are available to children at frequent and regular intervals throughout the day (Regulation 78(1)(b))
- registering and engaging the service with the *Achievement Program* (refer to *Sources*)
- ensuring that age-appropriate adult-guided and child-initiated active play is planned on a daily basis across all age groups
- ensuring that cultural and religious practices/requirements of families are accommodated to support children's learning and development
- developing and reviewing guidelines for celebrations, fundraising activities and other service events in consultation with educators, staff, parents/guardians and families to focus on healthy alternatives
- providing families with information and strategies to promote healthy eating, oral health and active play and how to access relevant services (including local dental clinics)
- developing links with local and regional health services, community organisations and businesses that provide expertise, resources and support for healthy eating, oral health and active play
- ensuring educators are supported to access resources, tools and professional learning to enhance their knowledge and capacity to develop adult guided and child initiated active play experiences and promote healthy eating and oral health
- considering this policy when organising excursions, service events and any sponsorship or marketing opportunities
- ensuring the layout of the grounds and buildings is inclusive of the diversity and abilities of all children and encourages physical activity and movement
- ensuring recommendations about physical activity and screen time from the Australian 24-Hour Movement Guidelines for the Early Years (Birth to 5 Years) are met
- supporting active travel to and from the service
- ensuring staff and educators are supported by having healthy food options in the staff room, for staff meetings and for professional learning.

Where food is provided at the service:

- ensuring that food and drink provided by the service is nutritious, adequate in quantity and appropriate to children's growth and development in line with the Australian Dietary Guidelines, and meets any specific cultural, religious or health needs (Regulation 79(2))
- ensuring the service menu has been assessed by the Healthy Eating Advisory Service's FoodChecker and meets the criteria determined
- ensuring that a weekly menu is displayed in a location accessible to parents/guardians, and that it accurately describes the food and drinks to be provided by the service each day (Regulation 80(1)).

All educators/staff are responsible for:

- complying with the service's *Nutrition, Oral Health and Active Play Policy* and with the *Food Safety Act*
- being aware of a child's food allergies and/or other medical conditions on enrolment at the service or on initial diagnosis
- implementing measures to prevent cross-contamination of any food given to children with diagnosed food allergies and/or diabetes (refer to *Anaphylaxis Policy, Asthma Policy, Diabetes Policy* and *Food Safety Policy*)
- being aware of, and planning for, the dietary needs of all children
- ensuring that the service environment and the educational program supports children and families to make healthy choices for eating, oral health and active play
- discussing healthy eating choices with children and introducing the concept of 'sometimes' and everyday foods and drinks

- providing a variety of cooking and food experiences that support children to develop food literacy and positive habits relating to food
- role-modelling positive eating, drinking and physical activity behaviours and promoting a healthy relationship with food
- ensuring that food and drink are not used as an incentive, bribe or reward at any time
- exploring and discussing diverse cultural, religious, social and family lifestyles
- considering this policy when organising excursions and service events
- supporting students and volunteers to comply with this policy while at the service
- keeping parents/guardians informed of current information relating to healthy eating, oral health and active play
- ensuring that fresh drinking water (preferably tap water) is readily available at all times indoors and outdoors, and reminding children to drink regularly throughout the day, including at snack/meal times
- ensuring that children can readily access their own clearly labelled drink containers (where this is a service practice)
- providing food and drinks at regular intervals, and encouraging children to actively participate in, and enjoy, snack/meal times without feeling rushed
- providing a positive eating environment and sitting and interacting with children at meal times
- encouraging children to be independent at snack/meal times e.g. opening lunchboxes, pouring drinks, self-feeding, serving and using utensils in a culturally-sensitive way
- providing opportunities for children to learn about, and develop skills for oral health through the educational program, including age-appropriate tooth brushing
- providing adequate supervision (refer to *Definitions*) for all children at all times, including at meal times
- ensuring children are not sedentary or inactive for more than 1 hour at a time, with the exception of sleeping
- supporting children to develop collaboration skills during play
- planning and providing active play and movement experiences that are age-appropriate, inclusive of diversity and abilities and support children to develop fundamental movement skills
- considering opportunities for children to be physically active indoors, particularly in adverse weather conditions
- ensuring screen based activities do not exceed the recommendations in the Australian 24-Hour Movement Guidelines for the Early Years (birth to 5 years)
- providing age-appropriate traffic safety education, including pedestrian and passenger safety to both children and parents/guardians at the service
- promoting safe behaviour through daily practice as part of the program.

Where food is provided at the service:

- displaying menus, sharing recipes and encouraging feedback about the food provided at the service.

Parents/guardians are responsible for:

- complying with the requirements of this policy
- providing details of specific nutritional/dietary requirements, including the need to accommodate cultural or religious practices or food allergies, on their child's enrolment form, and discussing these with the Nominated Supervisor prior to the child's commencement at the service, and if requirements change over time (refer to *Anaphylaxis Policy*, *Asthma Policy* and *Diabetes Policy*)
- communicating regularly with educators/staff regarding children's specific nutritional requirements and dietary needs, including food preferences
- encouraging their child/ren to drink an adequate amount of water (preferably tap water), and discouraging 'discretionary' drinks

- providing healthy, nutritious food for snacks/meals, including fruits and vegetables in line with the service's *Nutrition, Oral Health and Active Play* policy, where applicable
- providing healthy, nutritious food, including fruits or vegetables for sharing at morning or afternoon tea, where applicable
- providing nutritious food and drinks for celebrations, fundraising activities and service events, consistent with service policy
- encouraging children to exercise by engaging in active play, and walking or riding a bike to the service where appropriate
- dressing their child/ren so they can engage safely in active play.

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

Evaluation

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

- regularly seek feedback from educators, staff, parents/guardians, children, management and all affected by the policy
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required with all members of the service
- notify parents/guardians at least 14 days before making any change to this policy or its procedures unless a lesser period is necessary because of a risk.

ATTACHMENTS

Nil

AUTHORISATION

This policy was adopted by the Approved Provider of Mount Martha Preschool on 10/7/18.

REVIEW DATE: 10 JULY 2020

RELAXATION AND SLEEP POLICY

Mandatory – Quality Area 2

PURPOSE

This policy will provide clear guidelines for the implementation of safe relaxation and sleep practices that meet the individual needs of children attending Mount Martha Preschool.

POLICY STATEMENT

1. VALUES

Mount Martha Preschool is committed to:

- providing a positive and nurturing environment for all children attending the service
- recognising that children have different requirements for relaxation and sleep, and being responsive to those needs to ensure that children feel safe and secure at the service
- consulting with parents/guardians about their child's individual relaxation and sleep requirements/practices, and ensuring practices at the service are responsive to the values and cultural beliefs of each family
- its duty of care (refer to *Definitions*) to all children at Mount Martha Preschool, and ensuring that adequate supervision (refer to *Definitions*) is maintained while children are sleeping, resting or relaxing
- complying with all legislative requirements, standards and current best practice and guidelines, including recommendations by Red Nose (refer to *Sources*).

2. SCOPE

This policy applies to the Approved Provider, Persons with Management or Control, Nominated Supervisor, Persons in day-to-day Charge, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Mount Martha Preschool.

3. BACKGROUND AND LEGISLATION

Background

The *Early Years Learning Framework* (EYLF) and the *Victorian Early Years Learning and Development Framework* (VEYLDF) include a focus on social, emotional, spiritual and physical wellbeing and health. Development Outcome 3 in both framework documents refers to a child's ability to take increasing responsibility for their own wellbeing. One of the indicators for this capacity is that children "recognise and communicate their bodily needs (for example thirst, hunger, rest, comfort, physical activity)". The EYLF suggests that to promote this, educators should:

- consider the pace of the day within the context of the community
- provide a range of active and restful experiences throughout the day, and support children to make appropriate decisions regarding participation.

Employers have a responsibility under the *Occupational Health and Safety Act* to provide a safe and healthy working environment. This duty extends to others present in the workplace, including children and volunteers. Providing a safe environment for children at the service includes complying with current Australian/New Zealand standards in relation to equipment, such as cots and mattresses (refer to *Sources*).

Legislation and standards

Relevant legislation and standards include but are not limited to:

- *Australian Consumer Law and Fair Trading Act 2012*

- *Australian Consumer Law and Fair Trading Regulations 2012*
- Australian/New Zealand Standard – Cots for household use – Safety Requirements (AS/NZS 2172:2010)
- Australian/New Zealand Standard – Cots for day nursery, hospital and institutional use – Safety Requirements (AS/NZS 2130:1998)
- *Education and Care Services National Law Act 2010*
- *Education and Care Services National Regulations 2011*
- *National Quality Standard, Quality Area 2: Children’s Health and Safety*
- *Occupational Health and Safety Act 2004*

4. DEFINITIONS

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

Adequate supervision: (In relation to this policy) entails all children (individuals and groups) in all areas of the service, being in sight and/or hearing of an educator at all times including during toileting, sleep, rest and transition routines. Services are required to comply with the legislative requirements for educator-to-child ratios at all times. Supervision contributes to protecting children from hazards that may emerge in play, including hazards created by the equipment used.

Adequate supervision refers to constant, active and diligent supervision of every child at the service. Adequate supervision requires that educators are always in a position to observe each child, respond to individual needs, and immediately intervene if necessary. Variables affecting supervision levels include:

- number, age and abilities of children
- number and positioning of educators
- current activity of each child
- areas in which the children are engaged in an activity (visibility and accessibility)
- developmental profile of each child and of the group of children
- experience, knowledge and skill of each educator
- need for educators to move between areas (effective communication strategies).

Duty of care: A common law concept that refers to the responsibilities of organisations to provide people with an adequate level of protection against harm and all reasonable foreseeable risk of injury.

Red Nose: (formerly SIDS and Kids), the recognised national authority on safe sleeping practices for infants and children (refer to *Sources*)

Relaxation/rest: A period of inactivity, solitude, calmness or tranquillity.

SIDS (Sudden Infant Death Syndrome): The unexpected and unexplained death of an infant, usually occurring during sleep.

5. SOURCES AND RELATED POLICIES

Sources

- Australian/New Zealand Standards: (at the time of printing) the current relevant standards are:
 - Australian/New Zealand Standard – Cots for household use – Safety Requirements (AS/NZS 2172:2010), and
 - Australian/New Zealand Standard – Cots for day nursery, hospital and institutional use – Safety Requirements (AS/NZS 2130:1998)

Current standards are available on the SAI Global website at: www.saiglobal.com

- *Belonging, Being & Becoming – The Early Years Learning Framework for Australia* (EYLF): <https://www.education.gov.au/>
- *Grow and Thrive, Sleep*, volume 2 number 1, February 2013, Centre for Community Child Health: <https://www.rch.org.au/home/>
- Product safety: a guide for businesses and legal practitioners: <https://www.consumer.vic.gov.au/>
- Red Nose: Evidence-based information and advice about safe sleeping practices across ages and stages at <https://rednose.com.au/>
- WorkSafe Victoria, *Children’s services – occupational health and safety compliance kit*: <https://www.worksafe.vic.gov.au/>
- *Victorian Early Years Learning and Development Framework* (VEYLDF): <http://www.education.vic.gov.au/Pages/default.aspx>

Service policies

- *Child Safe Environment Policy*
- *Hygiene Policy*
- *Incident, Injury, Trauma and Illness Policy*
- *Interactions with Children Policy*
- *Occupational Health and Safety Policy*
- *Supervision of Children Policy*

PROCEDURES

The Approved Provider is responsible for:

- taking reasonable steps to ensure the sleep/rest needs of children at the service are met, with regard to the age of children, developmental stages and individual needs (Regulation 81(1))
- regularly reviewing practices to ensure compliance with the recommendations of Red Nose in relation to safe sleeping practices for children (refer to *Sources*)
- providing information and training to ensure staff are kept informed of changing practices in relation to safe sleep practices for children
- ensuring parents/guardians are consulted about appropriate relaxation and sleep practices for their child
- protecting children from hazards and harm (Section 167)
- ensuring cots provided at the service comply with the most current Australian/New Zealand Standards (refer to *Sources* and Attachment 1 – Cots)
- ensuring that hammocks, prams and strollers are not used to settle children to sleep
- consulting with staff in relation to OHS issues when purchasing new equipment for the service
- ensuring compliance with WorkSafe Victoria’s *Children’s services – occupational health and safety compliance kit* (refer to *Sources*), including in relation to staff lifting children into and out of cots
- ensuring adequate supervision of children at the service at all times, including during relaxation and sleep
- ensuring that rooms used for sleep and relaxation are well ventilated
- ensuring that there is adequate space to store bedding in a hygienic manner (refer to *Hygiene Policy*).

The Nominated Supervisor is responsible for:

- taking reasonable steps to ensure the sleep/rest needs of children at the service are met with regard to the age of children, developmental stages and individual needs (Regulation 81(2))
- ensuring the educational program provides opportunities for each child to sleep, rest or engage in appropriate quiet play activities, as required
- protecting children from hazards and harm (Section 167)

- removing any hazards identified in the child's resting or sleeping environment and informing the Approved Provider, as soon as is practicable
- ensuring all staff and educators comply with the recommendations of Red Nose in relation to safe sleeping practices for children (refer to *Sources*)
- educating families about evidence-based safe sleeping practices
- assessing whether there are exceptional circumstances for alternative practices where family beliefs conflict with current recommended evidence-based guidelines for safe sleeping practices, seek written support from a professional and develop a risk management plan
- ensuring all staff and educators comply with WorkSafe Victoria's *Children's services – occupational health and safety compliance kit* (refer to *Sources*) in relation to lifting children into and out of cots
- ensuring adequate supervision of children at the service at all times, including during relaxation and sleep
- storing items such as bedding in a hygienic manner to prevent cross-contamination (refer to *Hygiene Policy*).

Educators and other staff are responsible for:

- providing each child with appropriate opportunities for relaxation and sleep according to their needs
- complying with the recommendations of Red Nose in relation to safe sleeping practices for children (refer to *Sources*)
- developing relaxation and sleep practices that are responsive to:
 - the individual needs of children at the service
 - parenting beliefs, values, practices and requirements
 - the length of time each child spends at the service
 - circumstance or events occurring at a child's home
 - consistency of practice between home and the service
 - a child's general health and wellbeing
 - the physical environment, including room temperature, lighting, airflow and noise levels
- educating families about evidence-based safe sleeping practices
- implementing the documented sleep regime and risk management strategies where in exceptional circumstances family beliefs conflict with current recommended evidence-based guidelines for safe sleeping practices
- minimising distress or discomfort for the children in their care
- ensuring that resting and sleeping practices are not used as a behaviour guidance strategy (refer to *Interactions with Children Policy*)
- providing a range of opportunities for relaxation throughout the day
- complying with WorkSafe Victoria's *Children's services – occupational health and safety compliance kit* (refer to *Sources*), including in relation to lifting children into and out of cots
- providing input in relation to OHS issues when new equipment is purchased for the service
- conducting regular safety checks of equipment used for sleeping/resting, such as cots and mattresses
- removing any hazards identified in the child's resting or sleeping environment and informing the Nominated Supervisor or Approved Provider, as soon as is practicable
- ensuring that any hanging cords, mobiles, curtains and blinds are inaccessible to children who are resting or sleeping
- providing adequate supervision (refer to *Definitions*) of all children, including during sleep, rest and relaxation
- supervising children displaying symptoms of illness closely, especially when resting or sleeping (refer to *Incident, Injury, Trauma and Illness Policy*)

- ensuring that artificial heating, such as heat bags and hot-water bottles, is not used to provide warmth
- ensuring that each child has their own bed linen, and that the *Hygiene Policy* and procedures are implemented for the cleaning and storage of cots, mattresses and linen
- documenting and communicating children's rest and sleep times to co-workers during shift changes
- providing information to families about the service's relaxation and sleep practices
- developing communication strategies to inform parents/guardians about their child's rest and sleep patterns, including times and length of sleep
- encouraging children's independence, and assisting children with dressing as needed.

Parents/guardians are responsible for:

- discussing their child's relaxation and sleep requirements and practices prior to commencing at the service, and when these requirements change
- providing information on the child's enrolment form if the child requires special items while resting or sleeping e.g. a comforter or soft toy
- providing a written medical report if their baby/child is not to be placed on their back during sleep. Parents/guardians must communicate alternative resting practices to staff.

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

EVALUATION

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

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

ATTACHMENTS

- Attachment 1: Cots

AUTHORISATION

This policy was adopted by the Approved Provider of Mount Martha Preschool on 18/8/2018

REVIEW DATE: 15 AUGUST 2022

ROAD SAFETY AND SAFE TRANSPORT POLICY (EARLY CHILDHOOD SERVICES)

Best Practice – Quality Area 2 (and 6)

This policy was developed by Early Learning Association Australia in consultation with VicRoads and the early childhood sector as part of the VicRoads Starting Out Safely program.

PURPOSE

To provide evidence-based guidelines and procedures to ensure that all children attending Mount Martha Preschool are:

- adequately supervised at all times, including on excursions and regular outings
- kept safe while travelling as pedestrians, cyclists or passengers in a vehicle
- able to participate in road safety education to assist them in being and becoming safe and responsible road users.

POLICY STATEMENT

1. VALUES

Mount Martha Preschool is committed to the Guiding Principles of the National Quality Framework, and also to:

- the rights of children to travel safely as passengers, pedestrians and cyclists
- the rights of children to be active citizens in the community
- the role of parents/guardians and families as children's first and most influential teachers
- an evidence-based approach in the provision of road safety education and practice.

2. SCOPE

This policy applies to the Approved Provider, Nominated Supervisor, Certified Supervisor, educators, staff, students on placement, volunteers, parents/guardians, children and others attending Mount Martha Preschool, including during excursions and regular outings.

3. BACKGROUND AND LEGISLATION

Background

Road trauma is one of the leading causes of death among young Australians¹. Young children are at risk as passengers in motor vehicles, as pedestrians and as cyclists. They are particularly vulnerable because of their small size and the fact that their cognitive and perceptual skills are still developing.

Road safety education can help to reduce the risk of serious injury and death among young children by assisting them to develop skills, knowledge and behaviour about the safe use of roads. Working collaboratively with families to help children become safe and responsible road users aligns with the learning outcomes of the Early Years Learning Framework (EYLF).

Very high participation rates in early childhood education programs in Victoria enables service providers and educators to contribute to making children safer road users by:

- embedding road safety education in the curriculum in line with the *National Practices for Early Childhood Road Safety Education* (refer to Attachment 1)
- ensuring children wear correctly fitted bicycle helmets where bicycles or wheeled toys are used as part of the program

¹ Australian Institute of Health and Welfare (AIHW) (2012) *A picture of Australia's children 2012* (Cat. No PHE167). Canberra, Australia: AIHW.

- adopting safe transport practices when children are participating in excursions or outings
- informing and encouraging parents/guardians to be proactive road safety role models for their children by adopting and promoting safe road user behaviours.

Under the Education and Care Services National Law Act 2010 (Section 167), early childhood services are required to protect children from harm and hazards likely to cause injury. With the introduction of the National Quality Standard (NQS), all early childhood services may now be assessed on how road safety education and active transport initiatives are incorporated into the program (refer to Attachment 2).

Service providers and educators can achieve best practice in their programs by:

- adopting the safest possible behaviours when transporting children for excursions and outings
- promoting and adopting the safest pedestrian and cycling behaviours
- ensuring that road safety education is delivered in accordance with the *National Practices for Early Childhood Road Safety Education* (refer to Attachment 1).

Legislation and standards

Relevant legislation and standards include but are not limited to:

Acts

- *Charter of Human Rights and Responsibilities Act 2006* (Vic)
- *Child Wellbeing and Safety Act 2005* (Vic) – Part 2: Principles for Children
- *Children Youth and Families Act 2005* (Vic)
- *Competition and Consumer Act 2010* (Cth)
- *Education and Care Services National Law Act 2010*: Section 167
- *Road Safety Act 1986*

Regulations

- *Education and Care Services National Regulations 2011*: Regulations 99, 100, 101, 102, 159, 160, 161
- *Road Safety (Drivers) Regulations 2009*
- *Road Safety (General) Regulations 2009*
- *Road Safety (Vehicles) Regulations 2009*

Rules

- *Road Safety Road Rules 2009* (Vic)

Standards

- AS/NZS 1754 Australian/New Zealand Standard: *Child restraint systems for use in motor vehicles*
- AS/NZS 4370 Australian/New Zealand Standard: *Restraint of children with disabilities, or medical conditions, in motor vehicles*
- AS/NZS 8005 Australian/New Zealand Standard: *Accessories for child restraints for use in motor vehicles*
- AS/NZS 2063 Australian/New Zealand Standard: *Bicycle helmets*
- National Quality Standard (refer to Attachment 2 for road safety links to the NQS)
 - Quality Area 2: Children’s Health and Safety
 - Quality Area 6: Collaborative Partnerships with Families and Communities

Notices

- *Competition and Consumer Act 2010 – Consumer Protection Notice – Safety standard: Child restraint systems for use in motor vehicles*

- *Victorian Government Gazette*, Approval of Child Restraints, Booster Seats and Child Safety Harnesses

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: <http://www.legislation.vic.gov.au>
- Commonwealth Legislation – ComLaw: <http://comlaw.gov.au>

4. DEFINITIONS

The terms defined in this section relate specifically to this policy.

Adequate supervision: Supervision entails all children (individuals and groups) in all areas of the service, being in sight and/or hearing of an educator at all times including during toileting, sleep, rest and transition routines. Services are required to comply with the legislative requirements for educator-to-child ratios at all times. Supervision contributes to protecting children from hazards that may emerge in play, including hazards created by the equipment used.

Adequate supervision refers to constant, active and diligent supervision of every child at the service. Adequate supervision requires that educators are always in a position to observe each child, respond to individual needs, and immediately intervene if necessary. Variables affecting supervision levels include:

- number, age and abilities of children
- number and positioning of educators
- current activity of each child
- areas in which the children are engaged in an activity (visibility and accessibility)
- developmental profile of each child and of the group of children
- experience, knowledge and skill of each educator
- need for educators to move between areas (effective communication strategies).

Approved Provider: An individual or organisation that has completed an application form and been approved by the Regulatory Authority as fit and proper (in accordance with Sections 12, 13 and 14 of the National Law) to operate one or more education and care services. Where the applicant is an organisation, each person with management and control of that organisation must complete a separate application form. (Note: Under the *Education and Care Services National Law Act 2010*, Section 5, Definitions: “**person with management or control**, in relation to an education and care service, means – (b) if the provider of the service is an eligible association, each member of the executive committee of the association who has the responsibility, alone or with others, for managing the delivery of the education and care service”.)

Attendance record: Kept by the service to record details of each child attending the service including name, date and time of arrival and departure, signature of person delivering and collecting the child or of the Nominated Supervisor or educator (Regulation 158(1)).

Authorised nominee: A person who has been given written authority by the parents/guardians of a child to collect that child from the education and care service. These details will be on the child’s enrolment form.

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

Duty of care: A common law concept that refers to the responsibilities of organisations to provide people with an adequate level of protection against harm and all reasonable foreseeable risk of injury.

Informed consent: (In relation to this policy) a written agreement to do something or to allow something to happen, only after all the relevant facts, including the alternatives and the possible consequences of the action/s, are known.

Nominated Supervisor: A person who has been nominated by the Approved Provider of the service under Part 3 of the Act and who has consented to that nomination in writing can be the Nominated Supervisor. All services must have a Nominated Supervisor with responsibility for the service in accordance with the National Regulations. The Approved Provider must take reasonable steps to ensure the Nominated Supervisor is a fit and proper person (in accordance with Sections 12, 13 and 14 of the National Law), with suitable skills, qualifications and experience. The Regulatory Authority must be notified if the Nominated Supervisor for the service changes or is no longer employed at the service.

Risk assessment: A risk assessment must be carried out in accordance with Regulation 101. ACECQA provides a sample *Excursion Risk Management Plan*. Details of the safest route for travel, type of vehicle and required restraints can be included under *Method of transport, including proposed route*. The plan can be downloaded at:

<http://www.acecqa.gov.au/sample-forms-and-templates-now-available>

Wheeled toy: A child's pedal car, skateboard, scooter (other than a motorised scooter) or tricycle or a similar toy, but only when it is being used by a child who is under 12 years old.

5. SOURCES AND RELATED POLICIES

Sources

- Early Learning Association Australia: www.elaa.org.au
- Road Safety Education Victoria: www.roadsafetyeducation.vic.gov.au
- VicRoads: www.vicroads.vic.gov.au

Service policies

- *Acceptance and Refusal of Authorisations Policy*
- *Child Safe Environment Policy*
- *Curriculum Development Policy*
- *Delivery and Collection of Children Policy*
- *Excursions and Service Events Policy*
- *Incident, Injury, Trauma and Illness Policy*
- *Inclusion and Equity Policy*
- *Occupational Health and Safety Policy*
- *Supervision of Children Policy*

PROCEDURES

The Approved Provider is responsible for:

- ensuring that educators/staff only allow a child to participate in an excursion with the written authorisation of a parent/guardian or authorised nominee including details required under Regulation 102(4). If the excursion is a regular outing, the authorisation is required to be obtained once every 12 months and kept with the child's enrolment record (refer to *Excursions and Service Events Policy*)
- ensuring that a written risk assessment (refer to *Definitions*) is undertaken prior to conducting excursions, including details of the safest route for travel and safety aspects for the chosen mode of transport e.g. motor vehicle, bus, train and tram
- ensuring that all children are adequately supervised (refer to *Definitions*) at all times, including while on excursions and regular outings

- ensuring that road safety education, based on the *National Practices for Early Childhood Road Safety Education* (refer to Attachment 1), is provided
- ensuring that all children attending the service are included in road safety education (refer to *Inclusion and Equity Policy*)
- ensuring that educators and staff have access to regular professional development/training in road safety and are kept up to date with current legislation, regulations, rules, standards and best practice information
- ensuring that bicycle helmets are available, in good condition and meet Australian/New Zealand Standard 2063 where bicycles or wheeled toys (refer to Definitions) are used
- ensuring that parents/guardians and visitors to the service are provided with location-specific road safety information (e.g. details about where to park safely when delivering and collecting children and local area speed limits etc.)
- ensuring that parents/guardians are provided with general road safety information about transporting children to and from the service (which might include using the 'safety door' (the rear kerbside door), driveway safety, child restraint information and role modelling safe road use)
- ensuring parents/guardians have access to this policy and its attachments.

In relation to the safe transportation of children:

- ensuring that buses hired for use on excursions have seatbelts fitted, and that these are correctly used by all children, staff and volunteers for the entire trip
- ensuring that appropriate procedures are followed in the event of a vehicle crash or transport-related injury involving any children, staff or volunteers from the service (refer to *Incident, Injury, Trauma and Illness Policy*)
- developing procedures for educators/staff to follow where a child is observed being transported to or from the premises in an unsafe manner (refer to Attachment 3 for a sample procedure).

Under duty of care obligations, services must develop appropriate procedures to guide educators and other staff to address situations where a child is observed to be at risk while being transported to or from the early childhood service. This may include instances where a child is observed to be travelling unrestrained, in an inappropriate restraint, riding a bicycle or wheeled toy without a helmet, or instances where a parent/guardian is in an unfit state to drive due to intoxication or impairment.

The Nominated Supervisor is responsible for:

- ensuring that educators/staff only allow a child to participate in an excursion with the written authorisation of a parent/guardian or authorised nominee including details required under Regulation 102(4). If the excursion is a regular outing, the authorisation is required to be obtained once every 12 months and kept with the child's enrolment record (refer to *Excursions and Service Events Policy*)
- ensuring that educators undertake a written risk assessment (refer to *Definitions*) prior to conducting excursions, including details of the safest route for travel and type of vehicle to be used etc.
- ensuring that educators adequately supervise (refer to *Definitions*) children at all times, including while on excursions and regular outings
- ensuring that the Educational Leader embeds road safety education in the curriculum, based on the *National Practices for Early Childhood Road Safety Education* (refer to Attachment 1)
- organising regular professional development/training for educators and staff on road safety topics, including vehicle and driveway safety, current legislation, regulations, rules, standards and best practice information
- providing educators with access to a broad range of resources to support road safety education

- ensuring that bicycle helmets are available, in good condition and meet Australian/New Zealand Standard 2063 where bicycles or wheeled toys (refer to Definitions) are used.

In relation to the safe transportation of children:

- ensuring that buses hired for excursions have seatbelts fitted, and that these are correctly used by all children, staff and volunteers for the entire trip
- ensuring that educators follow appropriate procedures in the event of a vehicle crash or transport-related injury involving children, staff or volunteers (refer to *Incident, Injury, Trauma and Illness Policy*)
- ensuring that educators provide parents/guardians with appropriate information about road safety
- ensuring that educators follow the service's procedures and exercise duty of care if a child is observed to be at risk while being transported to or from the service (refer to Attachment 3).

Certified Supervisors and other educators are responsible for:

- allowing a child to participate in an excursion only with the written authorisation of a parent/guardian or authorised nominee. For a regular outing, this authorisation is required every 12 months
- checking that parents/guardians or authorised nominees sign and date permission forms prior to an excursion
- undertaking a written risk assessment (refer to *Definitions*) prior to conducting excursions, including details of the safest route for travel and the type of vehicle used
- providing adequate supervision (refer to *Definitions*) of children at all times including while on excursions and regular outings
- providing parents/guardians and visitors to the service with location-specific road safety information (e.g. details about where to park when delivering and collecting children and local area speed limits etc.)
- providing parents/guardians with general road safety information about transporting children to and from the service (which might include using the 'safety door' (the rear kerbside door), driveway safety, child restraint information and role modelling safe road use)
- delivering road safety education that is based on the *National Practices For Early Childhood Road Safety Education* (refer to Attachment 1)
- including all children attending the service in road safety education (refer to *Inclusion and Equity Policy*)
- undertaking regular professional development/training in road safety and keeping up to date with current legislation, regulations, rules, standards and best practice information
- using a broad range of resources to support the delivery of road safety education
- ensuring that bicycle helmets are available, in good condition, meet Australian/New Zealand Standard 2063 and are correctly fitted where bicycles or wheeled toys (refer to *Definitions*) are used.

In relation to the safe transportation of children:

- ensuring that only buses fitted with seatbelts are hired for excursions and that these are correctly used by all children, staff and volunteers for the entire trip
- following appropriate procedures in the event of a vehicle crash involving children, staff and others from the service (refer to *Incident, Injury, Trauma and Illness Policy*) including notifying the Nominated Supervisor and Approved Provider as soon as possible after the event
- providing appropriate information to parents/guardians about road safety
- following duty of care procedures in instances where a child is observed to be at risk while being transported to or from the premises (refer to Attachment 3).

Parents/guardians are responsible for:

- signing and dating permission forms prior to excursions and regular outings
- ensuring that their child travels in a restraint suitable for their age/size when arriving at or departing from the service
- being aware of all location-specific and general road safety requirements including details about where to park to deliver and collect children, observing speed limits in the vicinity of the service, using the 'safety door' (the rear kerbside door), driveway safety and role modelling safe road use
- communicating any issues or concerns relating to their child's safety or wellbeing to the early childhood service
- being aware of this policy and of the service's procedures relating to the safe transportation of children to and from the service.

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

EVALUATION

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

- regularly seek feedback from parents/guardians, children, educators, management and all affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notify parents/guardians at least 14 days before making any changes to this policy or its procedures (this is a requirement under Regulation 172 of the National Regulations for policies mandated by law and would be considered best practice for all policies and procedures).

ATTACHMENTS

- Attachment 1: *National Practices for Early Childhood Road Safety Education*
- Attachment 2: National Quality Standard linkages to road safety
- Attachment 3: Sample procedure when a child is observed to be at risk of harm while being transported to or from an early childhood premises

AUTHORISATION

This policy was adopted by the Approved Provider of Mount Martha Preschool on 15/10/18.

REVIEW DATE: 15 SEPTEMBER 2021

Annual or more frequently in response to legislative and/or other changes.

ACKNOWLEDGEMENT

This policy was developed by Early Learning Association Australia in consultation with VicRoads and the early childhood sector as part of the VicRoads Starting Out Safely program.

ATTACHMENT 1

National Practices for Early Childhood Road Safety Education

The *National Practices for Early Childhood Road Safety Education* have been developed by early childhood education and road safety experts across Australia and New Zealand. The eight national practices are based on research and are aligned with the Early Years Learning Framework.

The national practices guide early childhood educators and policy makers to develop, implement and evaluate evidence-based road safety programs that support children's and families learning about road safety. Refer to:

<http://roadsafetyeducation.vic.gov.au/resources/early-childhood.html>

Holistic approaches

Recognise that children's learning is integrated and interconnected when making curriculum decisions about road safety education.

Responsiveness to children

Deliver road safety education which is responsive to individual children and extends children's strengths, knowledge and interests.

Learning through play

Through play-based learning seek opportunities to address road safety in a way that expands children's thinking and encourages problem solving.

Intentional teaching

Engage in intentional teaching which extends and expands children's learning about road safety.

Learning environments

Provide opportunities in the learning environment, including the local community, for safe and meaningful interaction with children, parents and carers about road safety.

Cultural competence

Implement road safety education that is culturally relevant for the diversity of children, their families and the community.

Continuity of learning and transitions

Use the opportunity of transitions, in active partnership with children, families and the local community, for road safety education.

Assessment for learning

Together with children and families, reflect on each child's learning and application of road safety to plan for future learning.

ATTACHMENT 2

National Quality Standard linkages to road safety

This document provides extracts from the NQS that relate to road safety and must be read in conjunction with the NQS.

Quality area 2: Children's health and safety

Standard	Element	Assessment Guide
<p>2.3 Each child is protected. Questions to guide reflection on practice:</p> <ul style="list-style-type: none"> How do we ensure children are alerted to safety issues and encouraged to develop the skills to assess and minimise risks to their own safety? 	<p>2.3.1 Children are adequately supervised at all times.</p>	<p>Guidance for children of all ages and all service types Assessors may observe:</p> <ul style="list-style-type: none"> educators supervising children closely when they are in a situation that presents a higher risk of injury – for example, on an excursion near a road or water.
	<p>2.3.2 Every reasonable precaution is taken to protect children from harm and any hazard likely to cause injury.</p>	<p>Guidance for children of all ages and all service types Assessors may observe:</p> <ul style="list-style-type: none"> educators and coordinators talking with children about safety issues and correct use of equipment and the environment and, where appropriate, involving children in setting safety rules. <p>Assessors may sight:</p> <ul style="list-style-type: none"> evidence of detailed information provided to families regarding excursions, including the destination, mode of transport, educator-to-child ratios and the number of adults in attendance, and written authorisation for children to be taken outside the service premises, including for excursions or routine outings (except in emergency situations)

Standard	Element	Assessment Guide
<p>6.3 The service collaborates with other organisations and service providers to enhance children’s learning and wellbeing.</p>	<p>6.3.2 Continuity of learning and transitions for each child are supported by sharing relevant information and clarifying responsibilities.</p>	<p><i>Guidance for children of all ages and all service types</i> Assessors may observe:</p> <ul style="list-style-type: none"> • children being supported and appropriately supervised when being transported to or from the service by car, bus, train or tram or on foot. <p>Assessors may discuss:</p> <ul style="list-style-type: none"> • the strategies and processes used to support: <ul style="list-style-type: none"> – children with additional needs in their transition to school and to specialist services • how road safety education and any active transport initiatives are incorporated into the program.

ATTACHMENT 3

Sample procedure when a child is observed to be at risk of harm while being transported to or from an early childhood premises

Service providers have a duty of care to ensure the safety of children is paramount. Service providers must also comply with their obligations under state or territory child protection laws.

Where a parent/guardian or authorised nominee (refer to *Definitions*) is observed not using a child restraint, using the wrong child restraint, using a child restraint inappropriately or engaging in other unsafe behaviours such as parking illegally or not using a bicycle helmet, the **early childhood educator should:**

- talk with the parent/guardian/authorised nominee about the importance of safe transport procedures, including the correct use of child restraints and/or relevant road safety behaviours
- provide/refer the parent/guardian/authorised nominee to relevant information regarding safe transport
- inform the Nominated Supervisor or Approved Provider (where relevant).

If the parent/guardian or authorised nominee persists with unsafe road use behaviours, the early childhood educator must notify the **Nominated Supervisor or Approved Provider, who should:**

- contact the parent/guardian/authorised nominee directly and discuss the importance of child restraint use and/or safe road user behaviour, including legal requirements and implications
- provide the parent/guardian/authorised nominee with a copy of the *Road Safety and Safe Transport Policy*
- offer/provide assistance to the parent/guardian/authorised nominee with the choice/purchase/installation/fitment of the correct restraint or bicycle helmet for their child
- follow up with the parent/guardian/authorised nominee, where required, to ensure that they have the most appropriate restraint for their child and that it is being used correctly.

If a parent/guardian or authorised nominee appears to be impaired or intoxicated when arriving to collect their child, the **early childhood educator should:**

- encourage the parent/guardian or authorised nominee to use an alternative form of transport or contact another authorised person to collect the child. If the parent/guardian or authorised nominee is not willing to use an alternative form of transport, the educator cannot prevent the parent/guardian or authorised nominee from taking the child
- notify the police and/or child protection authorities immediately if the educator is of the opinion that the child may not be safe in the care of the parent/guardian or authorised nominee.

SUN PROTECTION POLICY

Mandatory – Quality Area 2

This policy was written in consultation with Cancer Council Victoria's SunSmart Program. The SunSmart Sample Sun Protection Policy was last updated in February 2017 and is incorporated into the ELAA policy. For more detailed information visit the SunSmart website: www.sunsmart.com.au

PURPOSE

This policy will provide:

- guidelines to ensure children, staff, volunteers and others participating in Mount Martha Preschool programs and activities are well protected from overexposure to ultraviolet (UV) radiation from the sun
- information for parents/guardians, staff, volunteers and children attending Mount Martha Preschool regarding sun protection.

POLICY STATEMENT

1. VALUES

Mount Martha Preschool is committed to:

- promoting sun protection strategies for children, families, staff and visitors to minimise the harmful effects of over exposure to the sun's UV radiation
- ensuring that curriculum planning will minimise over exposure to the sun's UV radiation and also promote an awareness of sun protection and sun safe strategies
- providing information to children, staff, volunteers, parents/guardians and others at the service about the harmful effects of exposure to the sun's UV radiation.

2. SCOPE

This policy applies to the Approved Provider, Person with Management or Control, Nominated Supervisor, Person in day to day Charge, staff, students, volunteers, parents/guardians, children and others attending the programs and activities of Mount Martha Preschool.

This policy will apply whenever the sun's UV levels reach three or higher. Whenever this occurs a combination of sun protection measures are to be used for all outdoor activities.

In Victoria UV levels are usually three or higher from mid-August to the end of April. Please check the daily local sun protection times (refer to *Definitions*) to be sure you are using sun protection when it is required. Active outdoor play is encouraged throughout the day all year, provided appropriate sun protection measures are used when necessary.

3. BACKGROUND AND LEGISLATION

Background

Over exposure to the sun's UV radiation can cause sunburn, skin and eye damage and skin cancer. Australia has one of the highest rates of skin cancer in the world.

Children up to four years of age are particularly vulnerable to UV damage due to lower levels of melanin and a thinner stratum corneum (the outermost layer of skin). UV damage accumulated during childhood and adolescence is associated with an increased risk of skin cancer later in life.

A combination of sun protection measures (hats, clothing, sunscreen, shade and sunglasses) is recommended whenever UV levels are three or higher during daily sun protection times (refer to *Definitions*).

It is a requirement under the Occupational Health and Safety Act 2004 that employers provide a healthy and safe environment for all persons who access the service's facilities and/or programs.

Legislation that governs the operation of approved children's services is based on the health, safety and welfare of the children and requires that children are protected from hazards and harm.

Legislation and standards

Relevant legislation and standards include but are not limited to:

- *Child Wellbeing and Safety Act 2005 (Vic) (Part 2: Principles for Children)*
- *Education and Care Services National Law Act 2010: Section 167*
- *Education and Care Services National Regulations 2011: including Regulations 100, 101, 113, 114, 168(2)(a)(ii)*
- *National Quality Standard, Quality Area 2: Children's Health and Safety*
 - Standard 2.3: Each child is protected
 - Element 2.3.2: Every reasonable precaution is taken to protect children from harm and any hazard likely to cause injury
- *Occupational Health and Safety Act 2004*

4. DEFINITIONS

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

Clothing for sun protection: Clothing that is loose-fitting, made from cool, densely woven fabric and covers as much skin as possible: tops with elbow-length sleeves and, if possible, collars and knee-length or longer shorts and skirts. Singlet tops and shoestring tops/dresses do not provide adequate protection in the sun.

Daily sun protection times: Times when it is estimated that the sun's UV radiation will be three or higher. Information about the daily sun protection times is available in the weather section of the daily newspaper, on the SunSmart website at: www.sunsmart.com.au, at myuv.com.au, as a free SunSmart app and as a free widget that can be added to websites.

Shade: An area sheltered from direct and indirect sun, such as a large tree, canopy, verandah or artificial cover. Shade can be built, natural or temporary and can reduce overall exposure to the sun's UV by 75%. When combined with appropriate clothing, hats and sunscreen, children can be well protected from UV over exposure when outdoors. Research shows that preschool environments with trees, shrubbery, and broken ground not only provides better sun protection in outdoor play but also triggers more physical activity.

Sunhat: SunSmart recommends broad-brimmed, legionnaire or bucket-style hats that shade the face, neck and ears. Baseball caps and visors offer little protection to the cheeks, ears and neck, and are not recommended.

Sunglasses: Sunglasses are optional. If worn, it is recommended that glasses are a close fitting, wrap-around style that meet the Australian Standard 1067 (Sunglasses: Category 2, 3 or 4) and cover as much of the eye area as possible. Wearing a hat with a brim that shades the eyes can also reduce UV radiation to the eyes by 50%.

Sunscreen: SPF 30 (or higher) broad-spectrum, water-resistant sunscreen. Sunscreen should be reapplied every two hours, even when labelled 4 hours water resistance. Monitor the expiry date and store in a cool, dry place. From 3 years of age, children are encouraged to apply their own sunscreen under supervision of staff to help develop independent skills ready for school.

SunSmart: The name of the program conducted by Cancer Council to help prevent skin cancer: www.sunsmart.com.au

5. SOURCES AND RELATED POLICIES

Sources

- AS 4685.1: 2014 Playground equipment and surfacing – General safety requirements and test methods
- Safe Work Australia: [Guidance Note – Sun protection for outdoor workers](#) (2016)
- Cancer Council Australia: www.cancer.org.au/sunsmart
- *Get Up & Grow: Healthy eating and physical activity for early childhood*. Department of Health resources. Particularly Section 2 of the Director/Coordinator Book and the Staff Book: <http://www.health.gov.au/internet/main/publishing.nsf/Content/phd-early-childhood-nutrition-resources>
- SunSmart: www.sunsmart.com.au
- Victorian Institute of Teaching (VIT) [The Victorian Teaching Profession Code of Conduct](#) - Principle 3.2
- [Australian Professional Standards for Teachers](#) (APST) – Standard 4.4 and 7.2
- ARPANSA [Radiation Protection Standard for Occupational Exposure to Ultraviolet Radiation](#) (2006)
- [Belonging, Being and Becoming – The Early Years Learning Framework](#) (July 2009)
- [Victorian Early Years Learning and Development Framework](#) (VEYLDF) (May 2016)
- DET [Building Quality Standards Handbook](#) (BQSH): Section 8.5.5 Shade Areas

Service policies

- *Excursions and Service Events Policy*
- *Nutrition and Active Play Policy*
- *Occupational Health and Safety Policy*
- *Supervision of Children Policy*

RESPONSIBILITIES

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

- meeting the standards and requirements of the SunSmart early childhood program
- ensuring that this policy is up to date with current SunSmart recommendations: www.sunsmart.com.au
- ensuring parents/guardians are informed about the *Sun Protection Policy* on enrolment, including the need to provide an appropriate sunhat and clothing for sun protection (refer to *Definitions*) for their child when attending the service
- providing a supply of sunscreen for use on all persons to whom this policy applies
- ensuring parents/guardians provide an authority for staff to apply sunscreen prior to their child commencing at the service (Attachment 1) and that this is stored with each child's enrolment record (refer to *General Definitions*)
- ensuring children wear appropriate sunhats, clothing for sun protection and sunscreen when attending the service
- providing appropriate spare sunhats for children and adults that will be laundered after each use
- ensuring there is adequate shade in the service grounds to protect children from over exposure to UV radiation (Regulation 114)
- ensuring that program planning includes the application of a combination of sun protection measures for outdoor activities during the times specified in the *Scope* of this policy
- ensuring that the availability of shade is considered in a risk assessment prior to conducting excursions and other outdoor events (Regulations 100, 101)
- ensuring that information on sun protection is incorporated into the educational program (refer to the SunSmart website)

- ensuring all staff, children and other participants at the service wear sunhats, clothing for sun protection and sunglasses (optional) when outside, apply sunscreen and seek shade during the times specified in the *Scope* of this policy
- ensuring all staff are aware of the special needs of infants. Babies under 12 months should not be exposed to direct sun. They should remain in full shade and always be well-protected through the use of hats and cool, covering clothing when outside. With parental consent small amounts of a suitable SPF30 (or higher) broad-spectrum water-resistant sunscreen may be applied to babies over 6 months
- reinforcing this policy by providing information on sun protection (available on the SunSmart website) to service users via newsletters, noticeboards, meetings and websites etc.

The Nominated Supervisor, Person in day to day charge and early childhood teachers are responsible for:

- ensuring parents/guardians are informed of the *Sun Protection Policy* on enrolment, including the need to provide an appropriate sunhat and clothing for sun protection (refer to *Definitions*) for their child when attending the service
- obtaining a parent's/guardian's authority for staff to apply sunscreen prior to their child commencing at the service (Attachment 1) and storing this with each child's enrolment record (refer to *General Definitions*)
- ensuring program planning includes the application of a combination of sun protection measures for outdoor activities during the times specified in the *Scope* of this policy
- ensuring educators and staff are aware of the special needs of infants. Babies under 12 months should not be exposed to direct sun. They should remain in full shade and always be well-protected through the use of hats and cool, covering clothing when outside. With parental consent small amounts of a suitable SPF30 (or higher) broad-spectrum water-resistant sunscreen may be applied to babies over 6 months.
- ensuring the sun protection times on the SunSmart website or the SunSmart app are accessed daily to assist with the implementation of this policy
- ensuring information on sun protection is incorporated into the educational program (refer to the SunSmart website)
- ensuring that the availability of shade is considered in a risk assessment prior to conducting excursions and other outdoor events (Regulations 100, 101).

All educators are responsible for:

- accessing the daily sun protection times on the SunSmart or MyUV websites or the SunSmart app to assist with the implementation of this policy
- wearing sunhats, clothing for sun protection (refer to *Definitions*) and sunglasses (optional) when outside, applying sunscreen and seeking shade during the times specified in the *Scope* of this policy
- ensuring each child, and any other participant at the service, wears an appropriate sunhat, clothing for sun protection and sunscreen for all outdoor activities during the times specified in the *Scope* of this policy
- keeping babies under 12 months out of direct sun whenever UV levels are three or higher
- checking that all sunhats brought to the service meet the SunSmart recommendation for adequate protection, are named and stored individually
- ensuring spare sunhats are laundered after each use
- applying sunscreen (refer to *Definitions*) to children's exposed skin – except in cases where parents/guardians have not given authority. Where possible this should be done 20 minutes before going outdoors. Children, where appropriate, will be encouraged to apply sunscreen with the assistance of an educator (sunscreen is to be reapplied every two hours)
- storing sunscreen in a cool place and monitoring the expiry date – including for sunscreen supplied by parents/guardians
- ensuring that children without appropriate sunhats or clothing for sun protection play in the shade or in a suitable area protected from the sun

- encouraging children to seek shade when playing outside and utilise shaded areas for outdoor equipment that is not fixed during the times specified in the *Scope* of this policy
- encouraging children to wear sunhats when travelling to and from the service
- ensuring that sun protection strategies are a priority when planning excursions
- co-operating with their employer with respect to any action taken by the employer to comply with the *Occupational Health and Safety Act 2004*.

Parents/guardians are responsible for:

- providing a named, SunSmart approved sunhat (refer to *Definitions*) for their child's use at the service
- applying sunscreen to their child before the commencement of each session during the times specified in the *Scope* of this policy
- providing written authority for staff to apply sunscreen to their child
- providing, at their own expense, an alternative sunscreen to be left at the service if their child has a particular sensitivity to the sunscreen provided by the service
- wearing a sunhat, clothing for sun protection (refer to *Definitions*) and sunglasses (optional) when outside at the service, applying sunscreen and seeking shade during the times specified in the *Scope* of this policy.

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

EVALUATION

In order to assess whether the values and purposes of the policy have been achieved, the Approved Provider and Person with Management or Control will:

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

ATTACHMENTS

- Attachment 1: Authority for staff to administer sunscreen

AUTHORISATION

This policy was adopted by the Approved Provider of Mount Martha Preschool on 15 July 2018.

REVIEW DATE: 15 JULY 2021

ACKNOWLEDGEMENTS

This policy has been reviewed and approved by Cancer Council Victoria on March 2017.

ATTACHMENT 1
Authority for staff to administer sunscreen

Authority for staff to administer sunscreen provided by the service

I, _____, give/do not give permission for the staff at Mount Martha Preschool to apply, as appropriate, SPF 30 (or higher broad-spectrum, water-resistant sunscreen to all exposed parts of my child's body.

(Name of child)

Signature (parent/guardian)

Date

Authority for staff to administer sunscreen provided by the parent/guardian

I, _____, give permission for the staff at Mount Martha Preschool to apply, as appropriate, to all exposed parts of my child's body the sunscreen that I have supplied and labelled with my child/children's name. This sunscreen is an SPF 30 (or higher) broad-spectrum, water-resistant sunscreen. I understand that this sunscreen will be kept at the service.

It is my responsibility to ensure there is always an adequate supply of this sunscreen at the service.

(Name of child)

Signature (parent/guardian)

Date

SUPERVISION OF CHILDREN POLICY

Best Practice – Quality Area 2

PURPOSE

This policy will provide guidelines to ensure:

- the adequate supervision of all enrolled children is maintained at all times.
- the provision of a safe and secure environment for all children at Mount Martha Preschool.

POLICY STATEMENT

1. VALUES

Mount Martha Preschool is committed to:

- providing adequate supervision of all enrolled children in all aspects of the service's program
- ensuring all children are directly and actively supervised by educators employed or engaged by Mount Martha Preschool
- maintaining a duty of care (refer to *Definitions*) to all children at Mount Martha Preschool
- ensuring there is an understanding of the shared legal responsibility and accountability between, and a commitment by, all persons to implement the procedures and practices outlined in this policy.

2. SCOPE

This policy applies to the Approved Provider, Persons with Management or Control, Nominated Supervisor, Persons in day-to-day Charge, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Mount Martha Preschool, including during offsite excursions and activities.

3. BACKGROUND AND LEGISLATION

Background

Supervision is essential in ensuring that children's safety is protected in the service environment.

Supervision is an integral part of the care and education of children and requires staff members to make ongoing assessments of the child and the activities in which they are engaged. Active supervision assists in the development of positive relationships between educators, children and their families, and informs ongoing assessment and future planning. Adequate supervision (refer to *Definitions*) requires teamwork and good communication between educators.

Legislation and standards

Relevant legislation and standards include but are not limited to:

- Child Safe Standards
- *Education and Care Services National Law Act 2010*
- *Education and Care Services National Regulations 2011*
- *National Quality Standard, Quality Area 2: Children's Health and Safety*
- *Occupational Health and Safety Act 2004*

4. DEFINITIONS

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

Adequate supervision: (In relation to this policy) entails all children (individuals and groups) in all areas of the service, being in sight and/or hearing of an educator at all times including during toileting, sleep, rest and transition routines. Services are required to comply with the legislative requirements for educator-to-child ratios at all times. Supervision contributes to protecting children from hazards that may emerge in play, including hazards created by the equipment used.

Adequate supervision refers to constant, active and diligent supervision of every child at the service. Adequate supervision requires that educators are always in a position to observe each child, respond to individual needs, and immediately intervene if necessary. Variables affecting supervision levels include:

- number, age and abilities of children
- number and positioning of educators
- current activity of each child
- areas in which the children are engaged in an activity (visibility and accessibility)
- developmental profile of each child and of the group of children
- experience, knowledge and skill of each educator
- need for educators to move between areas (effective communication strategies).

Attendance Record: Kept by the service to record details of each child attending the service including name, time of arrival and departure, signature of person delivering and collecting the child or of the Nominated Supervisor or educator (Regulation 158(1)).

Duty of care: A common law concept that refers to the responsibilities of organisations and staff to provide people with an adequate level of protection against harm and all reasonable foreseeable risk of injury. In the context of this policy, duty of care refers to the responsibility of education and care services and their staff to provide children with an adequate level of care and protection against foreseeable harm and injury.

Hazard: A source or situation with a potential for harm in terms of human injury or ill health, damage to property, damage to the environment or a combination of these.

Incident, Injury, Trauma and Illness Record: Contains details of any incident, injury, trauma or illness that occurs while the child is being educated and cared for by the service. Any incident, injury, trauma or illness must be recorded as soon as is practicable but not later than 24 hours after the occurrence. Details required include the:

- 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 by the service including any medication administered, first aid provided or medical personnel contacted
- details of any witnesses
- names of any person the service 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.

These details need to be kept for the period of time specified in Regulation 183. A sample *Incident, Injury, Trauma and Illness Record* is available on the ACECQA website.

Notifiable incident: An incident involving workplace health and safety that is required by law to be reported to WorkSafe Victoria. Notification is required for incidents that result in death or serious injury/illness, or dangerous occurrences. For a complete list of incidents that must be reported to

WorkSafe Victoria, refer to the *Guide to Incident Notification* on the WorkSafe Victoria website: www.worksafe.vic.gov.au

Serious incident: A serious incident (Regulation 12) is defined as any of the following:

- the death of a child while being educated and cared for at the service or following an incident at the service
- any incident involving serious injury or trauma while the child is being educated and cared for, which
 - a reasonable person would consider required urgent medical attention from a registered medical practitioner; or
 - the child attended or ought reasonably to have attended a hospital e.g. a broken limb*
- any incident involving serious illness of a child while that child is being educated and cared for by a service for which the child attended, or ought reasonably to have attended, a hospital e.g. severe asthma attack, seizure or anaphylaxis*.

***NOTE:** In some cases (for example rural and remote locations) a General Practitioner conducts consultation from the hospital site. Only treatment related to serious injury or illness or trauma is required to be notified, not other health matters.

- any emergency^ for which emergency services attended.

^**NOTE:** This means an incident, situation or event where there is an imminent or severe risk to the health, safety or wellbeing of a person/s at an education and care service. It does not mean an incident where emergency services attended as a precaution.

- a child appears to be missing or cannot be accounted for at the service
- a child appears to have been taken or removed from the service in a manner that contravenes the National Regulations
- a child was mistakenly locked in or out of the service premises or any part of the premises.

Examples of serious incidents include amputation (e.g. removal of fingers), anaphylactic reaction requiring hospitalisation, asthma requiring hospitalisation, broken bone/fractures, bronchiolitis, burns, diarrhoea requiring hospitalisation, epileptic seizures, head injuries, measles, meningococcal infection, sexual assault, witnessing violence or a frightening event.

If the approved provider is not aware that the incident was serious until sometime after the incident, they must notify the Regulatory Authority within 24 hours of becoming aware that the incident was serious.

Notifications of serious incidents should be made through the NQA IT System portal (<http://www.acecqa.gov.au>). If this is not practicable, the notification can be made initially in whatever way is best in the circumstances.

5. SOURCES AND RELATED POLICIES

Sources

- Kidsafe: www.kidsafe.com.au
- The Royal Children's Hospital Community Information team (formerly Safety Centre) provides information on safety promotion and injury prevention: www.rch.org.au.
- WorkSafe Victoria: www.worksafe.vic.gov.au
- Guide to the National Quality Framework (ACECQA): <http://acecqa.gov.au/>
- Guide to the Education and Care Services National Law 2010 and the Education and Care Services National Regulations 2011 (ACECQA): <http://acecqa.gov.au/>

Service policies

- *Child Protection Policy*
- *Complaints and Grievances Policy*
- *Dealing with Medical Conditions Policy*

- *Delivery and Collection of Children Policy*
- *Excursions and Service Events Policy*
- *Incident, Injury, Trauma and Illness Policy*
- *Interactions with Children Policy*
- *Occupational Health and Safety Policy*
- *Road Safety and Safe Transport Policy*
- *Staffing Policy*
- *Water Safety Policy*

PROCEDURES

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

- complying with the legislated educator-to-child ratios at all times (*Education and Care Services National Law Act 2010*: Sections 169(1), *Education and Care Services National Regulations 2011*: Regulations 123, 355, 357, 360)
- counting only those educators who are working directly with children at the service in the educator-to-child ratios (Regulation 122)
- ensuring a minimum of two educators are rostered on duty at all times children are in attendance at the service
- ensuring that children being educated and cared for by the service are adequately supervised (refer to *Definitions*) at all times they are in the care of that service (*Education and Care Services National Law Act 2010*: Section 165(1))
- considering the design and arrangement of the service environment to support active supervision. This may be supported by a supervision plan (refer to Attachment 1 – Sample supervision risk management template)
- managing the risks of abuse or harm to each child, including fulfilling duty of care (refer to *Definitions*) and legal obligations to protect children and prevent any reasonable, foreseeable risk of injury or harm
- identifying high-risk activities, including excursions (refer to *Excursions and Service Events Policy*, *Road Safety and Safe Transport Policy* and *Water Safety Policy*), through a risk management process, and implementing strategies to improve children’s safety e.g. increasing adult-to-child ratios above regulatory requirements (Regulation 101)
- ensuring supervision standards are maintained during educator breaks, including during lunch breaks
- providing safe spaces for children, which allow for adequate supervision, and which include safe fall zones, good traffic flow, maintenance of buildings and equipment, and minimising trip hazards
- providing staff rosters, and casual and relief staff lists
- developing procedures to inform casual and relief staff about the supervision strategies outlined in this policy
- notifying the Regulatory Authority (DET) within 24 hours of:
 - a serious incident (refer to *Definitions*) occurring at the service, including when a child appears to be missing or cannot be accounted for (*Education and Care Services National Law Act 2010*: Section 174(2)(a), *Education and Care Services National Regulations 2011*: Regulations 12, 176(2)(a))
 - a complaint alleging that the health, safety or wellbeing of a child has been compromised or that the law has been breached (*Education and Care Services National Law Act 2010*: Section 174(2)(b), *Education and Care Services National Regulations 2011*: Regulations 175(2)(c), 176(2)(b))
- notifying parents/guardians of a serious incident (refer to *Definitions*) involving their child as soon as possible, but not more than 24 hours after the occurrence
- reporting notifiable incidents (refer to *Definitions*) to WorkSafe Victoria

- evaluating supervision procedures regularly in consultation with the Nominated Supervisor and educators
- ensuring that educators and staff comply with the service's *Road Safety and Safe Transport Policy*
- encouraging parents/guardians to comply with the service's *Road Safety and Safe Transport Policy*.

The Nominated Supervisor and Persons in Day-to-Day Charge are responsible for:

- ensuring that the prescribed educator-to-child ratios are met at all times and that educators have required qualifications (*Education and Care Services National Law Act 2010*: Sections 169(3)&(4), *Education and Care Services National Regulations 2011*: Regulations 123, 355, 357, 360)
- counting only those educators who are working directly with children at the service in the educator-to-child ratios (Regulation 122)
- ensuring a minimum of two educators are rostered on duty at all times children are in attendance at the service
- ensuring that children being educated and cared for by the service are adequately supervised (refer to *Definitions*) at all times they are in the care of that service (*Education and Care Services National Law Act 2010*: Section 165(2))
- considering the design and arrangement of the service environment to support active supervision. This may be supported by a supervision plan (refer to Attachment 1 – Sample supervision risk management template)
- maintaining safe play spaces for children, which allow for adequate supervision, including safe fall zones, good traffic flow, maintenance of buildings and equipment, and minimising trip hazards
- managing the risks of abuse or harm to each child, including fulfilling duty of care (refer to *Definitions*) and legal obligations to protect children and prevent any reasonable, foreseeable risk of injury or harm
- identifying high-risk activities, including excursions (refer to *Excursions and Service Events Policy*, *Road Safety and Safe Transport Policy*), through a risk management process, and implementing strategies to improve children's safety e.g. increasing adult-to-child ratios above regulatory requirements (Regulation 101(2))
- ensuring supervision standards are maintained during educator breaks, including during lunch breaks
- evaluating supervision practices regularly in consultation with other educators and the Approved Provider
- ensuring that educators and staff comply with the service's *Road Safety and Safe Transport Policy*
- encouraging parents/guardians to comply with the service's *Road Safety and Safe Transport Policy*.

All other educators are responsible for:

- providing adequate supervision (refer to *Definitions*) at all times
- being alert to, and aware of, risks and hazards and the potential for incidents and injury throughout the service, not just within their own immediate area, and using supervision skills to reduce or prevent incident or injury to children and adults
- managing the risks of abuse or harm to each child, including fulfilling duty of care (refer to *Definitions*) and legal obligations to protect children and prevent any reasonable, foreseeable risk of injury or harm
- procedures to ensure that all children are accounted for, including by referring to attendance records (refer to *Definitions*) at various times throughout the day, both before and after outdoor activities
- adjusting supervision strategies to suit the service environment, educator skills, and age mix, dynamics and size of the group of children being supervised and the activities being undertaken

- maintaining a duty of care to children at all times (including when the child is on the premises but not signed into or signed out of the care of the service and the parent/guardian or person delivering or collecting the child is responsible for supervising that child)
- communicating with other educators regularly to ensure adequate supervision at all times
- informing parents/guardians, volunteers and students at the service about the *Supervision of Children Policy* and the ways that they can adhere to its procedures
- ensuring doors and gates are closed at all times to prevent children from leaving the service unaccompanied or from accessing unsupervised/unsafe areas of the service
- deciding when to interrupt and redirect children's play to ensure safety at all times
- identifying opportunities to support and extend children's learning while also recognising their need to play without adult intervention
- conducting daily safety checks of the environment to assess safety and to remove hazards
- arranging the environment (equipment, furniture and experiences) to ensure effective supervision while also allowing children to access quiet/private spaces
- providing direct and constant supervision when a child is near water (refer to *Water Safety Policy*) or near a road (refer to *Road Safety and Safe Transport Policy*)
- conducting a risk assessment prior to an excursion to identify risks to health, safety or wellbeing and specifying how these risks will be managed and minimised (refer to *Excursions and Service Events Policy*)
- notifying the Approved Provider in the event of a serious incident (refer to *Definitions*) occurring at the service or of a complaint being made alleging that the health, safety or wellbeing of a child has been compromised
- assisting the Approved Provider and the Nominated Supervisor to evaluate supervision practices regularly
- supervising children's daily departure from the service and being aware of the person who has authority to collect the child (refer to *Delivery and Collection of Children Policy*)
- complying with the service's *Road Safety and Safe Transport Policy*.

Parents/guardians are responsible for:

- ensuring educators are aware that their children have arrived at or departed from the service
- ensuring that doors and gates, including playground gates, are closed after entry or exit
- being aware of the movement of other children near gates and doors when entering or exiting the service
- enabling educators to supervise children at all times by making arrangements to speak with them outside program hours
- supervising their own children before signing them into the program and after they have signed them out of the program
- familiarising themselves with the service's *Road Safety and Safe Transport Policy*
- supervising other children in their care, including siblings, while attending or assisting at the service.

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

EVALUATION

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

- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- record and monitor complaints and incidents in relation to the supervision of children and amend the policy and procedures as required
- keep the policy up to date with current legislation, research, policy and best practice

- revise the policy and procedures as part of the service's policy review cycle, or as required
- notify parents/guardians at least 14 days before making any changes to this policy or its procedures, unless a lesser period is necessary because of a risk.

ATTACHMENTS

- Attachment 1: Supervision risk management template

AUTHORISATION

This policy was adopted by the Approved Provider of Mount Martha Preschool on 8/11/19.

REVIEW DATE: 15 SEPTEMBER 2020

ATTACHMENT 1

Supervision risk management template

This template is designed as a tool to be developed and used by all educators involved in the supervision of children at the service, and should be reviewed regularly and made available to all staff working in the program. There may be additional areas that your service will want to include in the Supervision risk management template.

Area/equipment	Potential supervision risk	Action to reduce or eliminate risk
Fixed equipment e.g. swings, fixed climbing equipment, slides etc.		
Layout of the internal and/or external areas of the service including a description of areas that provide challenges to supervision e.g. children's bathrooms, L-shaped playgrounds or playrooms, behind structures or features in the playground etc.		
Staff supervision responsibilities including: quiet/active learning spaces; during indoor and outdoor programs; specific programmed experiences; and the supervision of students and volunteers		
Potential hazards e.g. protruding tree roots, small pieces of equipment etc.		
Arrival and departure of children		

WATER SAFETY POLICY

Mandatory – Quality Area 2

PURPOSE

This policy will outline the procedures that apply to managing water safety, including safety during any water-based activities at Mount Martha Preschool.

POLICY STATEMENT

1. VALUES

Mount Martha Preschool is committed to:

- providing opportunities for children to explore their natural environment including through water play
- ensuring that children are protected from the risks associated with drowning or non-fatal drowning experiences
- ensuring that curriculum planning incorporates water safety awareness
- providing information to educators, staff, parents/guardians, volunteers and others at the service about water safety.

2. SCOPE

This policy applies to the Approved Provider, Nominated Supervisor, Certified Supervisor, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Mount Martha Preschool, including during offsite excursions and activities.

3. BACKGROUND AND LEGISLATION

Background

The supervision and safety of children with and around water is of paramount importance.

Learning spaces and environments should offer an array of possibilities and connect children with natural materials. Water is one experience that offers children sensory-rich, open-ended experiences that engage children's curiosity and imagination. Children may encounter these resources in the service environment and/or when on excursions. These experiences, especially those conducted with and near water, will be carefully supervised ensuring the safety of children and adults.

Water safety relates to access to water in the building, the playground or on excursions, and also to the availability of drinking water for children.

It is imperative that educators remain vigilant in their supervision of children in and around water, and are alert to potential risks in everyday practice in the learning environment.

Drowning is a leading cause of death for children in Victoria, with infants and toddlers the group most at risk. Non-fatal drowning incidents can result in permanent brain damage and disability. Knowledge of potential hazards associated with water will assist educators to provide a safe, stimulating environment for preschool children.

Drowning hazards include large bodies of water such as swimming pools, rivers, creeks, dams and ponds. Smaller bodies of water, including nappy buckets, water containers, pet water bowls and poor drainage which allows water to collect can also present drowning hazards for young children. Children can drown in as little as a few centimetres of water.

Keep Watch is a public education program of Royal Life Saving Society – Australia, aimed at preventing the drowning deaths of children under 5 years of age in all aquatic locations. The program has four key actions:

- **supervise** children constantly around water
- **restrict access** to water hazards by using child-proof barriers and fences
- provide **water awareness** training to children
- **resuscitation** saves lives – ensure that staff have completed current first aid training.

Legislation and standards

Relevant legislation and standards include but are not limited to:

- *Child Wellbeing and Safety Act 2005* (Vic) (Part 2: Principles for Children)
- *Education and Care Services National Law Act 2010*: Section 167
- *Education and Care Services National Regulations 2011*: Regulations 101(2), 168(2)(a)(iii)
- *National Quality Standard*, Quality Area 2: Children’s Health and Safety
 - Standard 2.3: Each child is protected
 - Element 2.3.2: Every reasonable precaution is taken to protect children from harm and any hazard likely to cause injury

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: <http://www.legislation.vic.gov.au/>
- Commonwealth Legislation – ComLaw: <http://www.comlaw.gov.au/>

4. DEFINITIONS

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

Adequate supervision: (In relation to this policy) **supervision** entails all children (individuals and groups) in all areas of the service, being in sight and/or hearing of an educator at all times including during toileting, sleep, rest and transition routines. Services are required to comply with the legislative requirements for educator-to-child ratios at all times. Supervision contributes to protecting children from hazards that may emerge in play, including hazards created by the equipment used.

Adequate Supervision refers to constant, active and diligent supervision of every child at the service. Adequate supervision requires that educators are always in a position to observe each child, respond to individual needs, and immediately intervene if necessary. Variables affecting supervision levels include:

- number, age and abilities of children
- number and positioning of educators
- current activity of each child
- areas in which the children are engaged in an activity (visibility and accessibility)
- developmental profile of each child and of the group of children
- experience, knowledge and skill of each educator
- need for educators to move between areas (effective communication strategies).

Approved first aid qualification: A list of approved first aid qualifications, anaphylaxis management and emergency asthma management training is published on the ACECQA website: www.acecqa.gov.au

Hazard: A source or situation with a potential for harm in terms of human injury or ill health, damage to property, damage to the environment or a combination of these.

Notifiable incident: An incident involving workplace health and safety that is required by law to be reported to WorkSafe Victoria. Notification is required for incidents that result in death or serious injury/illness, or dangerous occurrences. For a complete list of incidents that must be reported to WorkSafe Victoria, refer to the *Guide to Incident Notification* on the WorkSafe Victoria website: www.worksafe.vic.gov.au

Serious incident: An incident resulting in the death of a child, or an injury, trauma or illness for which the attention of a registered medical practitioner, emergency services or hospital is sought or should have been sought. This also includes an incident in which a child appears to be missing, cannot be accounted for, is removed from the service in contravention of the regulations or is mistakenly locked in/out of the service premises (Regulation 12). A serious incident should be documented in an *Incident, Injury, Trauma and Illness Record* (sample form available on the ACECQA website) as soon as possible and within 24 hours of the incident. The Regulatory Authority (DEECD) must be notified within 24 hours of a serious incident occurring at the service (Regulation 176(2)(a)). Records are required to be retained for the periods specified in Regulation 183.

Water hazard: (in relation to this policy) can lead to drowning or non-fatal drowning incidences. Drowning hazards include large bodies of water such as swimming pools, rivers, creeks, dams and ponds. Smaller bodies of water, including nappy buckets, water containers, pet water bowls and poor drainage which allows water to collect can also present drowning hazards for young children.

5. SOURCES AND RELATED POLICIES

Sources

- Royal Life Saving Society – Australia: www.royallifesaving.com.au
- Water Safety Victoria – Water Safety Guide: *Play it Safe by the Water*: www.watersafety.vic.gov.au
- Kidsafe – Water Safety Fact Sheet: www.kidsafevic.com.au

Service policies

- *Administration of First Aid Policy*
- *Emergency and Evacuation Policy*
- *Excursions and Service Events Policy*
- *Nutrition and Active Play Policy*
- *Incident, Injury, Trauma and Illness Policy*
- *Occupational Health and Safety Policy*
- *Supervision of Children Policy*

PROCEDURES

The Approved Provider is responsible for:

- ensuring that children are adequately supervised (refer to *Definitions*) at all times when near water hazards (refer to *Definitions*)
- ensuring that educator-to-child ratios are maintained at all times (*Education and Care Services National Law Act 2010*: Sections 169(1)&(3), *Education and Care Services National Regulations 2011*: Regulations 123, 355, 357, 360)
- conducting a risk assessment in relation to any water hazards on or near the premises that may be accessible to children
- ensuring permission is obtained from parents/guardians for an excursion to a location where there is a water hazard (refer to *Excursions and Service Events Policy*)
- ensuring that water hazards and risks associated with water-based activities are considered in a risk assessment prior to conducting excursions and other offsite events (Regulation 101)
- ensuring increased levels of supervision for an excursion to a location where there is a water hazard (refer to *Supervision of Children Policy*)

- conducting a regular safety check of the service premises (refer to *Occupational Health and Safety Policy*)
- ensuring any water hazards that are not able to be adequately supervised at all times are isolated from children by a child-resistant barrier or fence (particularly large bodies of water including swimming pools, rivers, ponds etc.)
- ensuring that an educator with a current approved first aid qualification (refer to *Definitions*) is in attendance and immediately available at all times children are being educated and cared for by the service (Regulation 136)
- ensuring that details of current approved first aid qualifications (refer to *Definitions*) are filed with each staff member's record
- reporting serious incidents (refer to *Definitions*) to DEECD
- reporting notifiable incidents (refer to *Definitions*) to WorkSafe Victoria
- ensuring that water safety awareness is embedded in the curriculum
- providing current information to parents about water safety.

The Nominated Supervisor is responsible for:

- assisting the Approved Provider to implement the *Water Safety Policy*
- ensuring parents/guardians are informed of the *Water Safety Policy* on enrolment
- ensuring permission is obtained from parents/guardians for an excursion to a location where there is a water hazard (refer to *Excursions and Service Events Policy*)
- ensuring information on water safety (refer to *Sources*) is incorporated into the educational program
- ensuring that children are adequately supervised (refer to *Definitions*) and protected from hazards and harm at all times
- ensuring that water hazards and risks associated with water-based activities are considered in a risk assessment prior to conducting excursions and other offsite events (Regulations 100, 101)
- ensuring permission is obtained from parents/guardians for an excursion to a location where there is a water hazard (refer to *Excursions and Service Events Policy*)
- ensuring increased levels of supervision for an excursion to a location where there is a water hazard (refer to *Supervision of Children Policy*)
- ensuring that an educator with a current approved first aid qualification (refer to *Definitions*) is in attendance and immediately available at all times children are being educated and cared for by the service
- ensuring that all educators' current approved first aid qualifications meet the requirements of the National Regulations and are approved by ACECQA (refer to *Administration of First Aid Policy*)
- informing the Approved Provider immediately if any serious or notifiable incidents (refer to *Definitions*) occur at the service.

Certified Supervisors and other educators are responsible for:

- providing adequate supervision (refer to *Definitions*) at all times
- undertaking a risk assessment prior to an excursion to a location where there is a significant water hazard (refer to *Excursions and Service Events Policy*)
- adjusting supervision strategies to suit the activities being undertaken (refer to *Supervision of Children Policy*)
- obtaining parental permission for an excursion to a location where there is a water hazard (refer to *Excursions and Service Events Policy*)
- maintaining a current approved first aid qualification (refer to *Definitions*)
- ensuring gates and other barriers restricting access to water hazards are closed at all times and that fences are kept clear at all times

- ensuring that containers of water (including nappy buckets and cleaning buckets) are sealed with child-proof lids
- ensuring wading/paddling pools, water play containers and portable water courses are emptied immediately after each use and stored in a manner that prevents the collection of water when not in use
- checking the outdoor learning environment at the beginning and end of each day for puddles or filled containers that could pose a potential risk to small children after heavy rain
- providing water safety education as a part of the service's program
- informing the Approved Provider immediately if any serious or notifiable incidents (refer to *Definitions*) occur at the service.

Parents/guardians are responsible for:

- supervising children in their care, including siblings, while attending or assisting at the service
- ensuring that doors, gates and barriers, including playground gates, are closed after entry or exit to prevent access to water hazards
- informing themselves about water safety
- ensuring their children understand the risks associated with water
- recognising when resuscitation is required and obtaining assistance
- considering undertaking approved first aid qualifications, as resuscitation skills save lives.

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

EVALUATION

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

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

ATTACHMENTS

Nil

AUTHORISATION

This policy was adopted by the Approved Provider of Mount Martha Preschool on 15/9/18.

REVIEW DATE: 15 SEPTEMBER 2020

Quality Area 3:
Physical Environment

OCCUPATIONAL HEALTH AND SAFETY POLICY

Mandatory – Quality Area 3

PURPOSE

This policy will provide guidelines and procedures to ensure that:

- all people who attend the premises of Mount Martha Preschool, including employees, children, parents/guardians, students, volunteers, contractors and visitors, are provided with a safe and healthy environment
- all reasonable steps are taken by the Approved Provider, as the employer of staff, to ensure the health, safety and wellbeing of employees at the service.

POLICY STATEMENT

1. VALUES

Mount Martha Preschool has a moral and legal responsibility to provide a safe and healthy environment for employees, children, parents/guardians, students, volunteers, contractors and visitors. This policy reflects the importance Mount Martha Preschool places on the wellbeing of employees, children, parents/guardians, students, volunteers, contractors and visitors, by endeavouring to protect their health, safety and welfare, and integrating this commitment into all of its activities.

Mount Martha Preschool is committed to ensuring that:

- the management group, staff and volunteers are aware of their health and safety responsibilities as employers, employees and volunteers
- systematic identification, assessment and control of hazards is undertaken at the service
- effective communication and consultation form a fundamental part of the management process to encourage innovative ways of reducing risk in the service environment
- training is provided to assist staff to identify health and safety hazards which, when addressed, will lead to safer work practices at the service
- it fulfils its obligations under current and future laws (in particular, the *Occupational Health and Safety Act 2004*), and that all relevant codes of practice are adopted and accepted as a minimum standard.

2. SCOPE

This policy applies to the Approved Provider, Persons with Management and Control, Nominated Supervisor, persons in day to day charge, educators, staff, children, parents/guardians, students on placement, volunteers, contractors and visitors attending the programs and activities Mount Martha Preschool.

3. BACKGROUND AND LEGISLATION

Background

Everyone involved in an early childhood education and care service has a role to play in ensuring the service's operations are safe and without risk to the health and safety of all parties. In Victoria, health and safety in the workplace is governed by a system of laws, regulations and compliance codes that set out the responsibilities of employers and employees to ensure safety is maintained at work.

The *Occupational Health and Safety Act 2004* (OHS Act) sets out the key principles, duties and rights in relation to workplace health and safety. The *Occupational Health and Safety Regulations 2007* specifies the ways duties imposed by the OHS Act must be undertaken and prescribes procedural/administrative matters to support the OHS Act, such as requiring licenses for specific activities, or the need to keep records or notify authorities on certain matters.

The legal duties of an **employer** under the OHS Act are:

- to provide and maintain a workplace that is safe and without risk to the health of employees. This responsibility extends to contractors for routine tasks over which the employer has management. For contractors completing non-routine tasks, the employer must ensure that the service's daily operations and layout do not pose unreasonable risks
- to ensure other individuals, such as families and visitors, are not exposed to health and safety risks arising from the organisation's activities
- to consult with employees about OHS matters that will, or will likely, affect employees directly, including identifying hazards and assessing risks, and making decisions about risk control measures.

The OHS Act places the responsibility on **employees** for:

- taking care of their own safety and the safety of others who may be affected by their actions
- co-operating with reasonable OHS actions taken by the employer, including following guidelines, attending OHS-related training, reporting incidents, co-operating with OHS investigations, encouraging good OHS practice with fellow employees and others at the service, and assisting the employer with conducting OHS inspections during operating hours
- not interfering with safety equipment provided at the service, such as fire extinguishers.

Legislation and standards

Relevant legislation and standards include but are not limited to:

- *Accident Compensation Act 1985 (Vic)*
- *AS/NZS 4804:2001 and 4801:2001 Occupational health and safety systems*
- *Education and Care Services National Law Act 2010*
- *Education and Care Services National Regulations 2011*
- *National Quality Standard, Quality Area 2: Children's Health and Safety*
- *National Quality Standard, Quality Area 3: Physical Environment*
- *National Quality Standard, Quality Area 7: Governance and Leadership*
- *Occupational Health and Safety Act 2004*
- *Occupational Health and Safety Regulations 2007*

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: <http://www.legislation.vic.gov.au/>
- Commonwealth Legislation – ComLaw: <http://www.comlaw.gov.au/>

4. DEFINITIONS

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

Duty of care: A common law concept that refers to the responsibilities of organisations to provide people with an adequate level of protection against harm and all reasonable foreseeable risk of injury. In the context of this policy, duty of care refers to the responsibility of education and care services to provide children, staff, students, volunteers, contractors and anyone visiting the service with an adequate level of care and protection against reasonable foreseeable harm and injury.

Hazard: An element with the potential to cause death, injury, illness or disease.

Hazard identification: A process that involves identifying all foreseeable hazards in the workplace and understanding the possible harm that each hazard may cause.

Hazard management: A structured process of hazard identification, risk assessment and control, aimed at providing safe and healthy conditions for employees, contractors and visitors while on the

premises of Mount Martha Preschool or while engaged in activities endorsed by Mount Martha Preschool. **(DETAILED IN THE MOUNT MARTHA PRESCHOOL EMERGENCY MANAGEMENT PLAN.)**

Harm: Includes death, or injury, illness (physical or psychological) or disease that may be suffered by a person as a consequence of exposure to a hazard.

Material safety data sheet: Provides employees and emergency personnel with safety procedures for working with toxic or dangerous materials. The data sheet includes all relevant information about the material such as physical properties (e.g. melting/boiling point, toxicity and reactivity), health effects, first aid requirements and safe handling procedures (e.g. personal protective equipment, safe storage/disposal and management of spills). **(DETAILED IN THE MOUNT MARTHA PRESCHOOL EMERGENCY MANAGEMENT PLAN.)**

OHS committee: A committee that facilitates co-operation between an employer and employees in instigating, developing and carrying out measures designed to ensure the health and safety of employees in the workplace.

Risk: The chance (likelihood) that a hazard will cause harm to individuals.

Risk assessment: A process for developing knowledge/understanding about hazards and risks so that sound decisions can be made about the control of hazards. **(DETAILED IN THE MOUNT MARTHA PRESCHOOL EMERGENCY MANAGEMENT PLAN.)**

Risk assessments assist in determining:

- what levels of harm can occur
- how harm can occur
- the likelihood that harm will occur.

Risk control: A measure, work process or system that eliminates an OHS hazard or risk, or if this is not possible, reduces the risk so far as is reasonably practicable.

5. SOURCES AND RELATED POLICIES

Sources

- *Early Childhood Management Manual*, ELAA
- OHS in Early Childhood Services (ELAA): www.ohsinecservices.org.au
- WorkSafe Victoria: www.worksafe.vic.gov.au

Service policies

- *Child Safe Environment Policy*
- *Code of Conduct Policy*
- *Emergency and Evacuation Policy*
- *Incident, Injury, Trauma and Illness Policy*
- *Participation of Volunteers and Students Policy*
- *Privacy and Confidentiality Policy*
- *Road Safety and Safe Transport Policy*
- *Staffing Policy*

PROCEDURES

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

- providing and maintaining a work environment that is safe and without risks to health (OHS Act: Section 21). This includes ensuring that:
 - there are safe systems of work

- all plant and equipment provided for use by staff, including machinery, appliances and tools etc., are safe and meet relevant safety standards
 - substances, and plant and equipment, are used, handled, and stored safely
 - material safety data sheets are supplied for all chemicals kept and/or used at the service (refer to: www.ohsinecservices.org.au)
 - there are adequate welfare facilities e.g. first aid and dining facilities etc.
 - there is appropriate information, instruction, training and supervision for employees
- (Note: *This duty of care is owed to all employees, children, parents/guardians, volunteers, students, contractors and any members of the public who are at the workplace at any time*)
- ensuring there is a systematic risk management approach (refer to: www.ohsinecservices.org.au) to the management of workplace hazards. This includes ensuring that:
 - hazards and risks to health and safety are identified, assessed and eliminated or, if it is not possible to remove the hazard/risk completely, effectively controlled
 - measures employed to eliminate/control hazards and risks to health and safety are monitored and evaluated regularly
 - ensuring regular safety audits of the following:
 - indoor and outdoor environments
 - all equipment, including emergency equipment
 - playgrounds and fixed equipment in outdoor environments
 - cleaning services
 - horticultural maintenance
 - pest control
 - monitoring the conditions of the workplace and the health of employees (OHS Act: Section 22)
 - protecting other individuals from risks arising from the service's activities, including holding a fete or a working bee etc., or any activity that is ancillary to the operation of the service e.g. contractors cleaning the premises after hours (OHS Act: Section 23)
 - providing adequate instruction to staff in safe working procedures, and informing them of known hazards to their health and wellbeing that are associated with the work that they perform at the service
 - ensuring that all plant, equipment and furniture are maintained in a safe condition
 - developing procedures to guide the safe use of harmful substances, such as chemicals, in the workplace
 - ensuring that OHS accountability is included in all position descriptions
 - allocating adequate resources to implement this policy
 - displaying this policy in a prominent location at the service premises
 - ensuring the physical environment at the service is safe, secure and free from hazards for children (refer to *Child Safe Environment Policy*)
 - implementing/practising emergency and evacuation procedures (refer to *Emergency and Evacuation Policy*)
 - implementing and reviewing this policy in consultation with the Nominated Supervisor, educators, staff, contractors and parents/guardians
 - identifying and providing appropriate resources, induction and training to assist educators, staff, contractors, visitors, volunteers and students to implement this policy
 - ensuring the Nominated Supervisor, educators, staff, contractors, volunteers and students are kept informed of any relevant changes in legislation and practices in relation to this policy
 - consulting appropriately with employees on OHS matters including:
 - identification of hazards
 - making decisions on how to manage and control health and safety risks
 - making decisions on health and safety procedures

- the need for establishing an OHS committee and determining membership of the committee
- proposed changes at the service that may impact on health and safety
- establishing health and safety committees
- notifying WorkSafe Victoria about serious workplace incidents, and preserving the site of an incident (OHS Act: Sections 38–39)
- holding appropriate licenses, registrations and permits, where required by the OHS Act
- attempting to resolve OHS issues with employees or their representatives within a reasonable timeframe
- not discriminating against employees who are involved in health and safety negotiations
- allowing access to an authorised representative of a staff member who is acting within his/her powers under the OHS Act
- producing OHS documentation as required by inspectors and answering any questions that an inspector asks
- not obstructing, misleading or intimidating an inspector who is performing his/her duties.

The above list of procedures is not exhaustive. Services must develop specific procedures to be followed in managing hazards and issues identified. Such specific issues include chemical management, purchasing of equipment, hazard identification and risk assessment etc. For more information and guidance, refer to: www.ohsinecservices.org.au

The Nominated Supervisor and Person in Day to Day Charge is responsible for:

- ensuring that all educators/staff are aware of this policy, and are supported to implement it at the service
- organising/facilitating regular safety audits of the following:
 - indoor and outdoor environments
 - all equipment, including emergency equipment
 - playgrounds and fixed equipment in outdoor environments
 - cleaning services
 - horticultural maintenance
 - pest control
- ensuring that all cupboards/rooms are labelled accordingly, including those that contain chemicals and first aid kits, and that child-proof locks are installed on doors and cupboards where contents may be harmful
- ensuring the physical environment at the service is safe, secure and free from hazards for children (refer to *Child Safe Environment Policy*)
- ensuring that all equipment and materials used at the service meet relevant safety standards
- ensuring the service is up to date with current legislation on child restraints in vehicles if transporting children (refer to *Road Safety and Safe Transport Policy*)
- implementing and practising emergency and evacuation procedures (refer to *Emergency and Evacuation Policy*)
- implementing and reviewing this policy in consultation with the Approved Provider, educators, staff, contractors and parents/guardians
- identifying and providing appropriate resources and training to assist educators, staff, contractors, visitors, volunteers and students to implement this policy
- keeping up to date and complying with any relevant changes in legislation and practices in relation to this policy.

Educators and other staff are responsible for:

- taking care of their own safety and the safety of others who may be affected by their actions
- co-operating with reasonable OHS actions taken by the Approved Provider, including:

- following OHS rules and guidelines
- helping to ensure housekeeping is of the standard set out in service policies
- attending OHS training as required
- reporting OHS incidents
- co-operating with OHS investigations
- encouraging good OHS practices with fellow employees and others attending the service
- assisting the Approved Provider with tasks relating to OHS, such as conducting OHS inspections during working hours
- not interfering with safety equipment provided by the Approved Provider
- practising emergency and evacuation procedures (refer to *Emergency and Evacuation Policy*)
- ensuring the physical environment at the service is safe, secure and free from hazards for children (refer to *Child Safe Environment Policy*)
- maintaining a clean environment daily, and removing tripping/slipping hazards as soon as these become apparent
- keeping up to date with current legislation on child restraints in vehicles if transporting children (refer to *Road Safety and Safe Transport Policy*)
- implementing and reviewing this policy in consultation with the Approved Provider, Nominated Supervisor, educators, staff, contractors and parents/guardians.

Students on placements, volunteers, contractors and parents/guardians at the service are responsible for:

- being familiar with this policy
- co-operating with reasonable OHS rules implemented by the service
- not acting recklessly and/or placing the health and safety of other adults or children at the service at risk.

EVALUATION

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

- regularly seek feedback from everyone affected by the policy regarding its effectiveness, particularly in relation to identifying and responding to occupational health and safety issues
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notify parents/guardians at least 14 days before making any changes to this policy or its procedures (Regulation 172(2)).

ATTACHMENTS

Nil

AUTHORISATION

This policy was adopted by the Approved Provider of Mount Martha Preschool on 16/10/19.

REVIEW DATE: 16 OCTOBER 2020

ENVIRONMENTAL SUSTAINABILITY POLICY

Best Practice – Quality Area 3

PURPOSE

This policy will provide guidelines to assist Mount Martha Preschool to take an active role in caring for the environment, and promoting and contributing to a sustainable future.

POLICY STATEMENT

1. VALUES

Mount Martha Preschool is committed to:

- promoting respect for, and an appreciation of, the natural environment among all at the service
- fostering children’s capacity to understand and respect the natural environment, and the interdependence between people, plants, animals and the land
- supporting the development of positive attitudes and values in line with sustainable practices
- ensuring that educators and other staff engage in sustainable practices during the operation of the service.

2. SCOPE

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

3. BACKGROUND AND LEGISLATION

Background

“One of the most significant responsibilities that [early childhood] professionals have is to support children to retain the sense of awe and wonder that they are born with, to add to that a desire to nurture and protect what is beautiful, and to encourage them to appreciate that there are many possibilities for honouring life and wonders that the world holds” (Stonehouse, A. (2006) NSW Curriculum Framework for Children’s Services – refer to Sources).

Current research confirms that experiences in the early years help establish lifelong behaviour and values, and this reinforces the need for sustainability education to be included in early childhood programs. It is important for children to understand their place in the world and the role that they can play in protecting the environment. Children should learn to be environmentally responsible and be empowered to make a difference, and this learning should not wait until the ‘formal education’ of primary school. Elliot and Davis (refer to *Sources*) state that “early childhood educators have an active and significant role to play ensuring children experience connections with the natural environment in meaningful way which will ultimately promote action for sustainability”.

Environmental education can be defined as learning *about* the environment and how natural systems function; the interconnectedness of plants, animals, humans and the planet we inhabit. Environmental education promotes the growth of knowledge, skills and values about the environment, often with a focus on science and nature. In an early childhood setting, environmental education is integrated into everyday decisions made as part of the curriculum.

Sustainability can be defined in a broader and more holistic context of education *for* the environment. The complexities of social, environmental and economic systems are acknowledged, and their implications for sustaining life are considered. The aim of sustainability education is to promote a sense of responsibility, respect, empowerment, active participation, enquiry and a desire for social change (adapted from ECA Environmental Sustainability Policy 2005). The goal of sustainability

education is to empower children and adults to think and act in ways that meet their immediate needs without jeopardising the potential of future generations to meet *their* own needs. Sustainable practice in early childhood settings requires a holistic approach that integrates all aspects of sustainability into service operations.

The *National Quality Standard* (Quality Area 3: Physical Environment) includes a discussion on the service taking an active role in caring for its environment and contributing to a sustainable future (Standard 3.3). As service providers to the community, education and care services have an opportunity not only to make reductions to waste, water and energy consumption through their operations, but to role-model sustainable living to young children in a world facing climate change, increasing levels of air, land and water pollution, and depleted natural resources.

Legislation and standards

Relevant legislation and standards include but are not limited to:

- *Education and Care Services National Law Act 2010*
- *Education and Care Services National Regulations 2011*
- *National Quality Standard*, Quality Area 3: Physical Environment
 - Standard 3.3: The service takes an active role in caring for its environment and contributes to a sustainable future
 - Element 3.3.1: Sustainable practices are embedded in service operations
 - Element 3.3.2: Children are supported to become environmentally responsible and show respect for the environment

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: <http://www.legislation.vic.gov.au/>
- Commonwealth Legislation – ComLaw: <http://www.comlaw.gov.au/>

4. DEFINITIONS

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

Environmental sustainability: The responsible use and management of the planet’s resources to ensure that they remain available and uncompromised for future generations to use and enjoy.

5. SOLAR ENERGY

‘As carbon and other greenhouse gas (GHG) emissions have increased dramatically in the past few decades, the threat of climate change has also grown. Solar energy is a renewable, carbon-free resource...’

Solar technology has the enormous potential to reduce GHG emissions. ‘ Any market or policy solution to address climate change must include significant development of solar energy to power a clean, affordable economic future (Solar Energy Industries Association, 2019).’

6. REFUSE & COMPOSTING

‘Food thrown into your garbage bin ends up in landfill. Food in landfill breaks down in a way that can create greenhouse gases, including methane, which affect air quality and public health. When we waste food, we also waste the resources used to grow our food (water, soils and energy) and all the energy used to process, package and transport food from markets to our homes.’

‘Avoiding food waste in the first place is the best way to ensure you are not wasting money or resources.’

'Once we've done everything we can to reduce food waste in the first place, composting is a good option for our food and garden scraps. Composting uses the natural process of decomposition to convert organic waste matter into a nutrient-rich soil you can use in your garden. Reduce landfill, conserve resources and minimise greenhouse gases by [composting your kitchen waste](#) (Sustainability Victoria, 2019).'

Table 2. Types of Composting Technologies

Type of Composting	Scale	Concerns	Resources required
On-site Composting Composting on premises using either a bin or a pit in the soil	Small	Odor control and vermin	Either a pit or bin
Vermicomposting Composting in bins where worms process organic materials	Small	Sensitive to temperature changes	Worm bins, worms
Aerated Windrow Composting Composting outside with organic materials structured in rows and regularly turned/aerated	Large	Siting requirements, zoning, regulatory enforcement (i.e., contaminant runoff), odor	Land, equipment, continual supply of labor
Aerated Static Pile Composting Composting with static piles of organic materials that are aerated internally with blowers	Large	Siting requirements, zoning, regulatory enforcement (i.e., contaminant runoff), odor	Land, significant financial resources, equipment including blowers, pipes, sensors and fans
In-Vessel Composting Composting via a mechanized machine that processes organic materials and then requires compost to mature outside the machine for two weeks	Medium	Consistent power necessary, financially intensive, technical expertise necessary	Electricity, skilled labor, ongoing financial resources, small facility/land

Source: United States Environmental Protection Agency

7. SOURCES AND RELATED POLICIES

Sources

- *Belonging, Being & Becoming – The Early Years Learning Framework for Australia*: <http://education.gov.au/early-years-learning-framework#key%20documents>
- Davis, J. M. and Elliott, S. (2004) Mud pies and daisy chains: Connecting young children and nature. In *Every Child*, 10(4) p4. Available at: http://www.earlychildhoodaustralia.org.au/pdf/every_child/ec0404_mudpies.pdf
- Early Childhood Australia: http://www.earlychildhoodaustralia.org.au/resource_themes/
- 'Educators' Guide to the Early Years Learning Framework for Australia: <http://docs.education.gov.au/documents/educators-guide-early-years-learning-framework-australia>
- Environmental Education in Early Childhood (EEEC): <http://www.eeec.org.au/index.php>
- *Guide to the National Quality Standard*, ACECQA: www.acecqa.gov.au
- Hughes, M. (2007) *Climbing the little green steps: How to promote sustainability within early childhood services in your local area*, Gosford and Wyong Council: <http://www.dec.nsw.gov.au/what-we-offer/regulation-and-accreditation/early-childhood-education-care/useful-links-and-resources/sustainability-resources>
- *My Time, Our Place – Framework for School Age Care in Australia*: <http://education.gov.au/my-time-our-place-framework-school-age-care-australia>
- Stonehouse, A. (2006) *NSW Curriculum Framework for Children's Services*: http://www.community.nsw.gov.au/docswr/assets/main/documents/childcare_framework.pdf
- *Victorian Early Years Learning and Development Framework*: www.education.vic.gov.au/earlylearning/eyldf/default.htm
- *Victorian Early Years Learning and Development Framework – Resources for Professionals*: www.education.vic.gov.au/earlylearning/eyldf/profresources.htm

- *Sustainability Victoria*
<https://www.sustainability.vic.gov.au/>
- *Environmental Protection Agency Victoria*
<https://www.epa.vic.gov.au/>
- *Solar Energy Industries Association (USA)*
<https://www.seia.org/>
- *United States Environmental Protection Agency*
<https://www.epa.gov/>

Service policies

- *Child Safe Environment Policy*
- *Curriculum Development Policy*
- *Excursions and Service Events Policy*
- *Sun Protection Policy*
- *Supervision of Children Policy*
- *Water Safety Policy.*

PROCEDURES

The Approved Provider is responsible for:

- collaborating with the Nominated Supervisor, educators, staff, parents/guardians, children and others at the service to identify environmental sustainability strategies for implementation (refer to Attachment 1 – Strategies for environmental sustainability)
- allocating the necessary resources to implement the identified environmental sustainability strategies at the service
- ensuring the Nominated Supervisor and all staff are aware of their responsibilities under this *Environmental Sustainability Policy*
- ensuring the identified strategies (refer to Attachment 1 – Strategies for environmental sustainability) are implemented at the service
- ensuring parents/guardians are aware of, and have access to, the *Environmental Sustainability Policy*.

The Nominated Supervisor is responsible for:

- collaborating with the Approved Provider, educators, staff, parents/guardians, children and others at the service to identify environmental sustainability strategies for implementation at the service (refer to Attachment 1 – Strategies for environmental sustainability)
- implementing identified strategies for which they have responsibility at the service (refer to Attachment 1 – Strategies for environmental sustainability)
- ensuring environmental education and practices are incorporated into the curriculum (refer to *Curriculum Development Policy*)
- providing families with information about environmentally sustainable practices e.g. through displays, fact sheets and local community resources, and by ensuring that they have access to the *Environmental Sustainability Policy*
- making recommendations to the Approved Provider about green and sustainable options for the service, that reflect the guidelines within this policy
- seeking and applying for grants, where appropriate, to support the implementation of strategies within this policy
- keeping up to date with current research, resources and best practice through newsletters, journals and support agencies such as Environmental Education in Early Childhood (EEEC).

Certified Supervisors, educators and other staff are responsible for:

- collaborating with the Approved Provider, Nominated Supervisor, fellow educators/staff, parents/guardians, children and others at the service to identify environmental sustainability strategies for implementation at the service (refer to Attachment 1 – Strategies for environmental sustainability)
- implementing identified strategies for which they have responsibility at the service (refer to Attachment 1 – Strategies for environmental sustainability)
- engaging in activities that support the service to become more environmentally sustainable (e.g. recycling)
- incorporating environmental education and sustainable practices within the curriculum
- planning opportunities for children to connect with nature and the natural world at the service, including on excursions and at other service events
- incorporating celebrations of environmental awareness into the program e.g. National Tree Day, National Recycling Week, Clean Up Australia Day and Walk to Work Day
- keeping up to date with current research, resources and best practice through newsletters, journals and support agencies such as Environmental Education in Early Childhood (EEEC).

Parents/guardians are responsible for:

- collaborating with the Approved Provider, Nominated Supervisor, educators, staff, children and others at the service to identify environmental sustainability strategies for implementation at the service (refer to Attachment 1 – Strategies for environmental sustainability)
- following the strategies identified and outlined in this *Environmental Sustainability Policy*
- encouraging their children to adopt environmentally sustainable practices at both the service and at home.

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

EVALUATION

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

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

ATTACHMENTS

- Attachment 1: Strategies for Environmental Sustainability

AUTHORISATION

This policy was adopted by the Approved Provider of the Mount Martha Preschool on 18/9/19.

REVIEW DATE: 18 SEPTEMBER 2020

ATTACHMENT 1

Strategies for Environmental Sustainability

This checklist can be used to promote discussion and formulate an environmental sustainability policy for the service. Many of these strategies were drawn from Mia Hughes' *Climbing the little green steps: How to promote sustainability within early childhood services in your local area* (refer to *Sources*). Other strategies can be added to the checklist as required – refer to *Sources* as a starting point for further information. Ensure that responsibility for implementation is allocated to each strategy adopted e.g. Approved Provider, Nominated Supervisor, educators, parents/guardians, children etc. Agreed strategies should form the basis of the service's *Environmental Sustainability Policy*.

Strategy	Adopt (Yes/No)	Responsible for implementation (e.g. Nominated Supervisor, educators, etc.)
Data Collection		
Collect baseline data from energy and water bills, and monitor waste collection. Use information gathered to set reduction targets and evaluate whether they have been achieved.		
Green purchasing		
Purchase local products.		
Purchase recycled products.		
Purchase energy and water efficient products.		
Purchase organic produce.		
Purchase items with minimal packaging.		
Purchase chemical-free, green cleaning products.		
Purchase formaldehyde-free paint.		
Waste		
Minimise waste from one-use, throwaway products (e.g. paper towels, disposable nappies, wet wipes) by changing behaviours and procedures, and using alternative products. The following are some suggestions:		
<ul style="list-style-type: none"> Replace paper towels with individual cloth towels on a peg located in the bathroom or at each child's locker, and washed each week. 		
<ul style="list-style-type: none"> Install a low energy electric hand dryer. 		
<ul style="list-style-type: none"> Cut paper towels in half to reduce waste while working towards using cloth towels or installing a low energy electric hand dryer. 		
<ul style="list-style-type: none"> Replace disposable nappies with a nappy wash service. 		

• Replace wet wipes with washable cloths.		
Encourage children to bring a rubbish-free lunch/snack in a reusable container.		
Adopt green cleaning practices by using safe and sustainable cleaning products and methods.		
Recycle plastic waste (codes #1–#7), glass, paper, cardboard, foil and metal.		
Investigate composting of food scraps.		
Explore the waste hierarchy of refuse within the educational program i.e. reduce, reuse, repair and recycle.		
Refrain from using food items for children’s play experiences (e.g. rice, pasta, jelly etc.) as this is wasteful of both the food items, and the water and energy used in production.		
Promote recycling and reusing items e.g. through SWAP markets for children’s clothing, toys and books.		
Energy		
Turn off computers and/or screens when not in use.		
Turn off computers and electrical equipment before leaving the building.		
Install and use ceiling fans instead of air conditioning, when appropriate.		
Close doors and windows when heating or air conditioning the building where possible, while maintaining adequate ventilation. Strategies must be developed for indoor-outdoor programs to enable this to occur.		
Turn off fridges that are not in use during extended holiday periods (ensure no food remains and the fridge is cleaned well beforehand).		
Turn lights off when not required. Install light sensors where possible.		
Upgrade old appliances with energy efficient appliances.		
Water		
Install 5,000–20,000 litre water tanks and consider connecting these to toilets.		
Set limits for water use during play, while acknowledging that water play is important and that children need to use water in order to learn how to conserve it.		
Ensure that water from troughs and bowls is reused to water the garden.		

Use grey water (containing low salt/phosphate detergents) to water grass and gardens when children are not in attendance at the service.		
Install water saving taps in children's bathrooms.		
Install dual flush toilets.		
Place buckets or watering cans next to drink stations to collect excess water.		
Biodiversity		
Grow food crops in vegetable gardens.		
Plant fruit trees.		
Grow a diverse range of plants, and develop children's understanding of how plant diversity encourages animal diversity.		
Grow indigenous (native) and water-wise plants.		
Water plants in the play space using recycled water where possible. Plants are a precious resource for the planet and should be protected and nurtured.		
Transport		
Encourage staff to walk, cycle or catch public transport to work and on excursions, where possible.		
Create prominent, effective spaces for the storage of bikes and prams to promote riding and walking to staff and families.		
Curriculum		
Role-model sustainable practices and behaviours. Actions such as reusing water from a sink and switching off lights when not in use can have a large impact on young children, who are at a formative stage with respect to skills and attitudes.		
Aim to counteract the 'throwaway' mentality that children experience every day in relation to waste.		
Take every opportunity to talk with young children about sustainable practices, and encourage older children to take part in these practices.		
Assign roles such as water, waste and energy monitors to children within the service (consider providing them with badges and charts appropriate to their role). Children are often vigilant at monitoring the behaviour of their peers.		

The curriculum offers many opportunities to explore sustainable issues and practices. The following are some suggestions:		
<ul style="list-style-type: none"> • Create an 'earth hour' each day where no lights/minimal lighting is used e.g. during rest, relaxation or sleep times. 		
<ul style="list-style-type: none"> • Use a range of pictures, books and stories that address environmental sustainability issues. 		
<ul style="list-style-type: none"> • Have waste-free days. 		
<ul style="list-style-type: none"> • Use improvised, recycled and natural materials for program activities. 		
<ul style="list-style-type: none"> • Examine damaged household appliances and explore whether they can be repaired. 		
<ul style="list-style-type: none"> • Play a recycling game to promote an understanding of items that can be recycled. 		
<ul style="list-style-type: none"> • Investigate alternatives to texta pens and liquid paint, such as powder paint and refillable markers or pencils. 		
<ul style="list-style-type: none"> • Join Environmental Education in Early Childhood (EEEC) for more ideas. 		
Family and community involvement		
Inform families about this policy and the service's approach to environmental sustainability through information sessions, photo displays and newsletters etc.		
Design a poster outlining the key principles of environmental sustainability, for display in the foyer of the service. This may include a charter of principles and key targets to be achieved.		
Become involved in community events such as Earth Hour, World Environment Day and Clean Up Australia Day.		

Quality Area 4:
Staffing Arrangements

DETERMINING RESPONSIBLE PERSON POLICY

Mandatory – Quality Area 4

PURPOSE

This policy will provide guidelines to assist in determining the Responsible Person at Mount Martha Preschool.

POLICY STATEMENT

1. VALUES

Mount Martha Preschool is committed to:

- meeting its duty of care (refer to *Definitions*) obligations under the law
- ensuring staffing arrangements contribute to the safety, health, wellbeing, learning and development of all children at the service
- meeting legislative requirements for a Responsible Person (refer to *Background* and *Definitions*) to be on the service premises at all times.

2. SCOPE

This policy applies to the Approved Provider, Persons with Management or Control, Nominated Supervisor, Persons in day-to-day Charge, staff, students on placement, volunteers and parents/guardians of Mount Martha Preschool.

3. BACKGROUND AND LEGISLATION

Background

Under the *Education and Care Services National Law Act 2010*, it is an offence to operate an approved centre-based education and care service unless a Responsible Person (refer to *Definitions*) is physically in attendance at all times the service is educating and caring for children.

An Approved Provider must not operate a service unless there is a Nominated Supervisor appointed for that service. The Nominated Supervisor does not have to be in attendance at the service at all times, but in their absence, a Responsible Person, such as a Person in day-to-day Charge must be present.

Legislation and standards

Relevant legislation and standards include but are not limited to:

- Child Safe Standards
- *Education and Care Services National Law Act 2010*
- *Education and Care Services National Regulations 2011*
- *National Quality Standard*, Quality Area 4: Staffing Arrangements
- *National Quality Standard*, Quality Area 7: Leadership and Service Management
- *Working with Children Act 2005* (Vic)
- *Working with Children Regulations 2006* (Vic)

4. DEFINITIONS

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

Duty of care: A common law concept that refers to the responsibilities of organisations to provide people with an adequate level of protection against harm and all reasonable foreseeable risk of injury.

Person in day-to-day Charge: A person who is placed in day-to-day charge of an education and care service by an Approved Provider or a Nominated Supervisor; and who has consented to the placement in writing (Regulation 117A).

Person with Management or Control: Where the Approved Provider of a service is an eligible association, each member of the association's executive committee is a Person with Management or Control and has the responsibility, alone or with others, for managing the delivery of the education and care service (National Law: Definitions (b)).

Responsible Person: Centre-based services must have a Responsible Person present at all times that the service is delivering education and care. The responsible person is the Person in day-to-day Charge at the service and can be one of the following:

- the Approved Provider, if the Approved Provider is an individual, or in any other case, a Person with Management or Control (refer to *Definitions*) of an education and care service operated by the Approved Provider
- the Nominated Supervisor of the service
- a Person placed in day-to-day Charge of the service. (National Law, Section 162)

Nominated Supervisor: A person who has been nominated by the Approved Provider of the service under Part 3 of the Act and who has consented to that nomination in writing can be the Nominated Supervisor. All services must have a Nominated Supervisor(s) with responsibility for the service in accordance with the National Regulations (Section 5 and 161).

5. SOURCES AND RELATED POLICIES

Sources

- Australian Children's Education and Care Quality Authority (ACECQA), Information Sheets: www.acecqa.gov.au
- *Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011:* www.acecqa.gov.au
- *Guide to the National Quality Framework:* www.acecqa.gov.au

Service policies

- *Child Safe Environment Policy*
- *Code of Conduct Policy*
- *Participation of Volunteers and Students Policy*
- *Privacy and Confidentiality Policy*
- *Staffing Policy*
- *Supervision of Children Policy*

PROCEDURES

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

- ensuring there is a Responsible Person on the premises at all times the service is delivering education and care programs for children
- nominating sufficient Nominated Supervisors to meet legislative requirements for a Responsible Person at the service at all times, including during periods of leave or illness
- ensuring that a person nominated as a Nominated Supervisor or a Person in day-to-day Charge:
 - is at least 18 years of age
 - has adequate knowledge and understanding of the provision of education and care to children
 - has the ability to effectively supervise and manage an education and care service

- has not been subject to any decision under the National Law, or any other children’s services or education law, to refuse, refuse to renew, suspect, or cancel a licence, approval, registration, certification or other authorisation granted to the person
- has a history of compliance with the National Law and other relevant laws (Regulations 117C and 117B)
- ensuring that the name and position of the Responsible Person in charge of the service is displayed and easily visible from the main entrance of the service¹ (National Law: Section 172)
- ensuring that the service does not operate without a Nominated Supervisor(s), and that the Nominated Supervisor(s) has given written consent to be in the role
- ensuring that the name of the Nominated Supervisor is displayed prominently at the service
- ensuring that information about the Nominated Supervisor, including name, address, date of birth, evidence of qualifications, approved training, a Working with Children Check or teaching registration, and other documentary evidence of fitness to be a Nominated Supervisor (refer to *Staffing Policy*) is kept on the staff record (Regulation 146)
- notifying the Regulatory Authority if:
 - there is a change to the name or contact details of the Nominated Supervisor (Section 56, Regulation 35)
 - the Nominated Supervisor is no longer employed or engaged by the service
 - has been removed from the role
 - the Nominated Supervisor withdraws their consent to the nomination
 - if a Nominated Supervisor or person in day-to-day charge has their Working with Children Check or teacher registration suspended or cancelled, or if they are subject to any disciplinary proceedings under the law
 - there is any other matter or incident which affects the ability of the Nominated Supervisor to meet minimum requirements and re-assessing the Nominated Supervisor’s suitability for the role
- ensuring that, when the Nominated Supervisor is absent from the premises, an alternative Responsible Person is on site
- ensuring that the Nominated Supervisor and Person in day-to-day Charge have a sound understanding of the role of Responsible Person
- ensuring that the staff record includes the name of the Responsible Person at the centre-based service for each time that children are being educated and cared for by the service (Regulation 150)
- ensuring that the Nominated Supervisors and Person in day-to-day Charge have successfully completed child protection training (see *Child Safe Environment Policy*)
- developing rosters in accordance with the availability of Responsible Persons, hours of operations and the attendance patterns of children.

The Nominated Supervisor is responsible for:

- providing written consent to accept the role of Nominated Supervisor
- ensuring they have a sound understanding of the role of Responsible Person (refer to *Definitions*)
- ensuring that, in their absence from the service premises, a Responsible Person is present
- ensuring that a Person in day-to-day Charge:
 - is at least 18 years of age
 - has adequate knowledge and understanding of the provision of education and care to children,
 - has the ability to effectively supervise and manage an education and care service
 - has not been subject to any decision under the National Law, or any other children’s services or education law, to refuse, refuse to renew, suspect, or cancel a licence, approval, registration, certification or other authorisation granted to the person

- has a history of compliance with the National Law and other relevant laws (Regulation 117B)
- ensuring that an educator gives written consent to being a Person in day-to-day Charge
- ensuring that the name and position of the Responsible Person in charge of the service is displayed and easily visible from the main entrance of the service
- supporting the Approved Provider to develop rosters in accordance with the availability of Responsible Persons, hours of operations and the attendance patterns of children
- notifying the Approved Provider and the Regulatory Authority within 7 days of any changes to their personal situation, including a change in mailing address, circumstances that affect their status as fit and proper, such as the suspension or cancellation of a Working with Children Check or teacher registration, or if they are subject to disciplinary proceedings.

Other staff are responsible for:

- meeting the qualifications, experience and other requirements if they wish to be nominated as a Person in day-to-day Charge
- providing written consent to be the Person in day-to-day Charge
- ensuring they have a sound understanding of the role of Responsible Person.

Parents/guardians are responsible for:

- reading and understanding this policy
- being aware of the Responsible Person at the service on a daily basis.

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

EVALUATION

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

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

ATTACHMENTS

Nil

AUTHORISATION

This policy was adopted by the Approved Provider of Mount Martha Preschool on 15/4/2018.

REVIEW DATE: 15 APRIL 2020

CODE OF CONDUCT POLICY

Mandatory – Quality Area 4

1.PURPOSE

This policy provides guidelines to enable Mount Martha Preschool Association to:

- establish the expected standards of behaviour for the Approved Provider, Nominated Supervisor, staff, contractors, volunteers, students on placement, parents/guardians and visitors
- create and maintain a child safe environment that reflects the philosophy, beliefs, objectives and values of Mount Martha Preschool
- promote desirable and appropriate behaviour
- promote interactions at the service which are respectful, honest, courteous, sensitive, tactful and considerate.

2.POLICY STATEMENT

2.1 VALUES

Mount Martha Preschool:

- respects the rights of the child and values diversity
- acknowledges the vulnerability of Aboriginal children, children from a culturally and linguistically diverse background and children with a disability and has zero tolerance of discrimination
- maintains a duty of care (refer to *Definitions*) towards all children at the service
- is committed to the safety and wellbeing of each child at the service
- is committed to the safety and wellbeing of all staff at the service
- provides a safe and secure environment for all at the service
- provides an open, welcoming environment in which everyone's contribution is valued and respected
- is committed to communicating openly and honestly
- is committed to continually learning how to be inclusive and respectful of cultural needs
- encourages volunteers, students, parents/guardians and visitors to support and participate in the program and activities of the service.

2.2 SCOPE

This policy applies to the Approved Provider, Nominated Supervisor, staff, contractors, volunteers, students on placement, parents/guardians and visitors attending the programs and activities of Mount Martha Preschool.

2.3 BACKGROUND AND LEGISLATION

Background

Codes of conduct establish standards of behaviour to be followed and define how individuals are expected to behave towards each other, towards the children in their care, and towards other organisations and individuals in the community.

The Approved Provider, Nominated Supervisor and staff have a duty of care to the children attending the service and must ensure 'that every reasonable precaution is taken to protect children being educated and cared for by the service from harm and from any hazard likely to cause injury' (National Law: Section 167).

The *National Quality Standard* requires that staff are respectful and ethical and that 'professional standards guide practice, interactions and relationships' (*National Quality Standard: 4.2 and 4.2.1*).

Employers also have a legal responsibility to provide, as far as is practicable, a safe workplace that is free from discrimination, bullying and harassment.

Child Safe Standard 3 requires services to develop and review codes of conduct that establish clear expectations for appropriate behaviour with children including:

- how to respond to risks adults may pose to children or that children may pose to each other
- how to ensure the cultural safety of Aboriginal children and culturally and linguistically diverse children
- how to be inclusive of all children, including children with a disability.

A Code of Conduct should be informed by the service's philosophy, beliefs and values, and based on ethical principles of mutual respect, equity and fairness. Consideration should be given to the Victorian Teaching Profession *Code of Conduct and the Code of Ethics* and to the Early Childhood Australia's *Code of Ethics* in developing the code of conduct.

The Approved Provider must ensure that the Nominated Supervisor, staff, contractors, volunteers, students on placement, parents/guardians, children and others attending the programs and activities of Mount Martha Preschool adhere to the expectations outlined in the Code of Conduct when communicating to and interacting with:

- children at the service and their parents and family members
- each other
- others in the community.

Legislation and standards

Relevant legislation and standards include but are not limited to:

- *Charter of Human Rights and Responsibilities Act 2006* (Vic)
- Child Safe Standards (Vic)
- *Children, Youth and Families Act 2005* (Vic)
- *Child Wellbeing and Safety Act 2005* (Vic)
- *Disability Discrimination Act 1992* (Cth)
- *Education and Care Services National Law Act 2010*: Sections 166, 167, 174
- *Education and Care Services National Regulations 2011*: Regulations 155, 156, 157, 175
- *Equal Opportunity Act 2010* (Vic)
- *Fair Work Act 2009* (Cth)
- Fair Work Regulations 2009 (Cth)
- National Quality Standard, Quality Area 4: Staffing Arrangements
 - Standard 4.2: Educators, coordinators and staff members are respectful and ethical
 - Element 4.2.1: Professional standards guide practice, interactions and relationships
- *Occupational Health and Safety Act 2004*
- *Occupational Health and Safety Regulations 2007*
- *Racial Discrimination Act 1975*
- *Racial and Religious Tolerance Act 2001* (Vic)
- *Sex Discrimination Act 1984* (Cth)
- Victorian Institute of Teaching *The Victorian Teaching Profession Code of Conduct*
- Victorian Institute of Teaching *The Victorian Teaching Profession Code of Ethics*

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: <http://www.legislation.vic.gov.au>
- Commonwealth Legislation – Federal Register of Legislation: <https://www.legislation.gov.au/>

2.4 DEFINITIONS

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

Bullying: Repeated verbal, physical, social or psychological behaviour that is harmful and involves the misuse of power by an individual or group towards one or more persons. Bullying occurs when one or more people deliberately and repeatedly upset or hurt another person, damage their property, reputation or social acceptance.

Duty of care: A common law concept that refers to the responsibilities of organisations to provide people with an adequate level of protection against harm and all reasonable foreseeable risk of injury.

Ethical conduct: Behavior which reflects values or a code of conduct.

Harassment: When someone is demeaning, derogatory or intimidating towards another person. Harassment includes:

- racial taunts
- taunts about sexual orientation or gender identity
- sexual harassment: unwelcome physical, verbal or written behaviour of a sexual nature
- repeated insulting remarks.

Investigator: A person/staff member assigned or organisation engaged with the responsibility of investigating suspected breaches of the Code of Conduct by the Approved Provider.

Notifiable complaint: A complaint that alleges a breach of the Education and Care Services National Act or Regulation, or alleges that the health, safety or wellbeing of a child at the service may have been compromised. Any complaint of this nature must be reported by the Approved Provider to the secretary of DET within 24 hours of the complaint being made (Section 174(2)(b), Regulation 176(2)(b)). Written reports to DET must include:

- details of the event or incident
- the name of the person who initially made the complaint
- if appropriate, the name of the child concerned and the condition of the child, including a medical or incident report (where relevant)
- contact details of a nominated member of the Grievances Subcommittee/investigator
- any other relevant information.

Written notification of complaints must be submitted via the National Quality Agenda IT system (NQAITS): <http://www.acecqa.gov.au/national-quality-agenda-it-system>. If the Approved Provider is unsure whether the matter is a notifiable complaint, it is good practice to contact DET for confirmation.

Respect: Demonstrating regard for the rights of individuals, for different values and points of views.

Serious incident: A serious incident is defined as (regulation 12):

- the death of a child -
 - while being cared for by an education and care service; or
 - following an incident while being educated and cared for by an education and care service
- any incident involving serious injury or trauma to, or illness of, a child while being educated and cared for by an education and care service -
 - which a reasonable person would consider required urgent medical attention from a registered medical practitioner (examples include broken limbs or anaphylaxis reaction) attention of a registered medical practitioner; or
 - for which the child attended, or ought reasonably to have attended a hospital.

- any incident where the attendance by emergency services at the education and care service premises was sought, or ought reasonably to have been sought
- any circumstances where a child being educated and cared for by an education and care service appears to be missing or cannot be accounted for;
 - appears to have been taken or removed from the education and care services premises in a manner that contravenes National Regulations;
 - is mistakenly locked in or locked out of the education and care service premises or any part of the premises.

The Regulatory Authority must be notified of a serious incident (section 174(2)(a)) **in writing in the case of:**

- the death of a child, as soon as practicable but within 24 hours of the death, or the time that the person becomes aware of the death
- any other serious incident, within 24 hours of the incident or the time that the person becomes aware of the incident

Written notification of serious incidents must be submitted via the ACECQA portal using the appropriate forms at <http://acecqa.gov.au/notifications>.

Support: Work in a co-operative and positive manner.

2.5 SOURCES AND RELATED POLICIES

Sources

- Early Childhood Australia, *Code of Ethics*: www.earlychildhoodaustralia.org.au
- United Nations, *The Universal Declaration of Human Rights*: <http://www.un.org/en/universal-declaration-human-rights/>
- United Nations, *Convention on The Rights of the Child*: <http://www.unicef.org/crc/>
- Victoria Legal Aid: www.legalaid.vic.gov.au
- Victorian Institute of Teaching – The Victorian Teaching Profession Code of Conduct and Code of Ethics: <http://www.vit.vic.edu.au>

Related policies

- *Child Safe (formerly Child Protection) Policy*
- *Complaints and Grievances Policy*
- *Delivery and Collection of Children Policy*
- *Interactions with Children Policy*
- *Occupational Health and Safety Policy*
- *Privacy and Confidentiality Policy*
- *Relaxation and Sleep Policy*
- *Staffing Policy*

3. RESPONSIBILITIES

The Approved Provider is responsible for:

- providing a safe environment for staff, contractors, volunteers, students on placement, parents/guardians, children and others attending the programs and activities of Mount Martha Preschool
- providing guidance through leadership and by being a positive role model
- developing and updating/ reviewing codes of conduct for Mount Martha Preschool in collaboration with the Nominated Supervisor, staff, parents/guardians, children and others involved with the service (refer to Attachments 1 and 3)

- ensuring that staff, volunteers, students and parents/guardians are provided with a copy of this policy on employment, engagement or enrolment at the service and that the current codes of conduct are publicly displayed and promoted to everyone including contractors and visitors
- ensuring that staff complete and sign the *Code of Conduct Acknowledgement* (refer to Attachment 2) and that these are filed with individual staff records upon engagement in the service
- ensuring that the codes of conduct are regularly discussed at staff meetings to reinforce expectations
- developing a culture of accountability within the service for complying with the code(s) of conduct and being prepared to respond when behavioural expectations are not adhered to
- ensuring that all children being educated and cared for at Mount Martha Preschool are protected from harm and any hazard likely to cause injury (National Law: Section 167) and that the children know who to speak to about any concerns and that their concerns are followed-up
- working with the Nominated Supervisor, staff, students, volunteers, parents/guardians and others at the service to provide an environment that encourages positive interactions, supports constructive feedback and holds one another to the codes of conduct
- ensuring that parents/guardians of a child attending the service can enter the service premises at any time that the child is being educated and cared for, except where this may pose a risk to the safety of children or staff, or conflict with any duty of care of the Approved Provider, Nominated Supervisor or educators under the Law (Regulation 157)
- ensuring that contractors, volunteers, parent/guardians, students or visitors at the service are not placed in a situation where they are left alone with a child
- respecting individual abilities, needs, cultural practices and beliefs in all interactions, both verbal and non-verbal
- notifying DET in writing within 24 hours of a serious incident (refer to *Definitions*) or of a notifiable complaint (refer to *Definitions*) at the service (National Law: Sections 174(2)(b) and 174(4), National Regulations: Regulations 175(2)(c) and 176(2)(b)) via the NQAITS
- referring notifiable complaints (refer to *Definitions*), grievances or complaints that are unable to be resolved appropriately and in a timely manner to the Grievances Subcommittee/investigator (refer to *Complaints and Grievances Policy*)
- activating the *Complaints and Grievances Policy* on notification of a breach of the *Code of Conduct Policy*
- taking appropriate disciplinary or legal action, or reviewing the terms of employment in the event of misconduct or a serious breach of the *Code of Conduct Policy*
- contacting Police in an emergency situation where it is believed that there is an immediate risk, such as when violence has been threatened or perpetrated or where sexual abuse or grooming is suspected as outlined in the *Child Safe (formerly Child Protection) Policy*.

The Nominated Supervisor is responsible for:

- ensuring that the children educated and cared for at Mount Martha Preschool are protected from harm and from any hazard likely to cause injury (National Law: Section 167)
- providing guidance through their leadership and by being a positive role model
- assisting the Approved Provider to develop codes of conduct for staff and parents/guardians, students, contractors, volunteers and visitors (refer to Attachments 1 and 3 for samples)
- completing and signing the *Code of Conduct Acknowledgement* for staff (refer to Attachment 2)
- adhering to the Code of Conduct for staff at all times
- informing the Approved Provider in the event of a serious incident (refer to *Definitions*), of a notifiable complaint (refer to *Definitions*) or of a breach of the *Code of Conduct Policy*
- contacting Police in an emergency situation where it is believed that there is an immediate risk, such as when violence has been threatened or perpetrated, or where sexual abuse or grooming is suspected as outlined in the *Child Safe (formerly Child Protection) Policy*

- working with the Approved Provider, staff, students, volunteers, parents/guardians and others at the service to provide an environment that encourages positive interactions, supports constructive feedback and holds one another to the codes of conduct
- ensuring that parents/guardians, students and volunteers sign the code of conduct (refer to Attachment 4)
- ensuring that parents/guardians of a child attending the service can enter the service premises at any time that the child is being educated and cared for, except where this may pose a risk to the safety of children or staff, or conflict with any duty of care of the Approved Provider, Nominated Supervisor or educators under the Law (Regulation 157)
- developing practices and procedures to ensure that parent/guardians, students, contractors, volunteers or visitors at the service, are not placed in a situation where they are left alone with a child
- respecting individual abilities, needs, cultural practices and beliefs in all interactions, both verbal and non-verbal
- understanding and accepting that serious breaches of this code will be deemed misconduct and may lead to disciplinary or legal action, or a review of their employment.

All staff are responsible for:

- assisting the Approved Provider to develop a code of conduct for staff (refer to Attachment 1)
- completing and signing the *Code of Conduct Acknowledgement* (refer to Attachment 2)
- adhering to the code of conduct for staff (refer to Attachment 1) at all times
- providing guidance to students, volunteers, parents/guardians, students and visitors through positive role modelling and, when appropriate, clear and respectful directions
- working with the Approved Provider, Nominated Supervisor, their colleagues, students, volunteers, parents/guardians and others at the service to provide an environment that encourages positive interactions, supports constructive feedback and holds one another to the codes of conduct
- ensuring that parents/guardians, students, contractors, volunteers and visitors at the service are not placed in a situation where they are left alone with a child
- informing the Approved Provider in the event of a serious incident (refer to *Definitions*), of a notifiable complaint (refer to *Definitions*) or of a breach of the *Code of Conduct Policy*
- contacting Police in an emergency situation where it is believed that there is an immediate risk, such as when violence has been threatened or perpetrated or where sexual abuse or grooming is suspected as outlined in the *Child Safe (formerly Child Protection) Policy*.
- respecting individual abilities, needs, cultural practices and beliefs in all interactions, both verbal and non-verbal
- understanding and accepting that serious breaches of this code will be deemed misconduct and may lead to disciplinary or legal action, or a review of their employment.

Parents/guardians are responsible for:

- reading the *Code of Conduct Policy*
- completing and signing the Code of Conduct for parents/guardians (refer to Attachments 3 and 4)
- abiding by the Code of Conduct for parents/guardians
- complying with all policies of the service.

Students, contractors, volunteers and visitors while at the service, are responsible for following this policy and its procedures.

EVALUATION

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

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

ATTACHMENTS

- Attachment 1: Committee of Management Code of Conduct
- Attachment 2: Sample Code of Conduct for Approved Provider, Nominated Supervisor and all staff
- Attachment 3: Code of Conduct Acknowledgement for staff
- Attachment 4: Sample Code of Conduct for parents/guardians, students, contractors and volunteers
- Attachment 5: Code of Conduct Acknowledgement for parents/guardians, students, contractors and volunteers

AUTHORISATION

This policy was adopted by the Approved Provider of Mount Martha Preschool on 1/6/2019.

REVIEW DATE: 1 JUNE 2020

ATTACHMENT 1

COMMITTEE OF MANAGEMENT CODE OF CONDUCT

This code of conduct has been drawn up to outline the standard of conduct expected of members of the Mount Martha Preschool Committee of Management. The fundamental principles outlined in this code of conduct are intended to guide the members of the Committee of Management to act in a fair and ethical manner for the benefit of Mount Martha Preschool and its members.

The Mount Martha Preschool is committed to the values of *trustworthiness, respect, responsibility, fairness, equality and courtesy*. These values underpin each and every interaction that members of the Committee of Management have with one another and when they are representing the service.

All Committee of Management members will:

- a) strive to achieve the vision and mission of the Mount Martha Preschool and uphold its core values
- b) ensure all Mount Martha Preschool activities and decisions are in compliance with relevant legislation, and in line with the constitution, by-laws and policies of Mount Martha Preschool
- c) promote the work of Mount Martha Preschool and keep informed about its programs and activities
- d) ensure that the activities of Mount Martha Preschool are responsive to the needs and interests of members
- e) acknowledge that the organisation is funded by public money and ensure that decisions are made appropriately, and are open to public scrutiny (while recognising the need to be confidential and comply with the Mount Martha Preschool privacy policy when individual users and staff are under discussion)
- f) ensure accountability to the members by documenting and communicating actions and decisions, as appropriate
- g) apply the principles of equality and diversity, and ensure that the organisation is fair and open in all of its activities
- h) actively seek input from and communicate with members
- i) act with honesty, fairness and openness in all dealings as representatives of Mount Martha Preschool
- j) uphold and assist others within the organisation to uphold the highest standard of professional conduct
- k) conduct themselves in a manner which does not undermine the reputation of Mount Martha Preschool or its staff
- l) exercise the powers vested in them in whatever capacity for the good of all members of Mount Martha Preschool and not secure any benefit or advantage for themselves
- m) disclose any real, potential or perceived conflicts of interest promptly and comply with agreed processes for the management of such conflicts
- n) respect the confidentiality of all information, papers, discussions, and decisions and use information gained in their roles appropriately
- o) act prudently and with probity to protect all financial assets and resources of Mount Martha Preschool and ensure that they are used to deliver the service's objectives
- p) Committee members must ensure that the committee performs effectively by:
 1. ensuring cooperation of all committee members to manage the committee's operations
 2. striving to attend all committee meetings and contribute productively to meetings
 3. acknowledging and respecting diverse views on the committee and amongst members
 4. participating in annual committee performance appraisal, renewal and succession planning

- 5. developing a risk management plan and taking actions to mitigate identified risks
- 6. accept collective responsibility for the decisions of the committee
- 7. utilise their individual skills, personal qualities and knowledge for the benefit of the organisation.

Signed.....

Dated.....

ATTACHMENT 2

Code of conduct for the Approved Provider, Nominated Supervisor and all staff¹

The Approved Provider, Nominated Supervisor and all staff at Mount Martha Preschool are responsible for promoting the safety and wellbeing of children and their families by:

welcoming all children and their families and being inclusive

- treating everyone with respect, including listening to and valuing their ideas and opinions
- contributing to a culture of child safety
- adhering to the *Child Safe (formerly Child Protection) Policy* and all other policies
- taking all reasonable steps to protect children from abuse
- respecting the privacy of children and their families, and only disclosing information to people who have a need to know as required under the *Privacy and Confidentiality Policy*
- reporting and acting on any breaches of this Code of Conduct, complaints or concerns.

Professional responsibilities

The Approved Provider, Nominated Supervisor and all staff demonstrate our commitment to our professional responsibilities by:

undertaking duties in a competent, timely and responsible way

- ensuring our knowledge and expertise is up to date and relevant to our roles
- being aware of the role of other professionals and agencies and working collaboratively and within the limits of our professional expertise
- understanding and complying with legal obligations in relation to:
 - discrimination, harassment and vilification
 - negligence
 - grooming
 - disclosure of child sexual abuse
 - protection of a child from child sexual abuse
 - mandatory reporting
 - privacy and confidentiality
 - occupational health and safety, including emergency evaluation procedures
 - raising any complaints or grievances in accordance with the Complaints and Grievances Policy
 - maintaining teacher registration and Working with Children checks as applicable.
- raising any complaints or grievances in accordance with the *Complaints and Grievances Policy*.

Relationships with children

The Approved Provider, Nominated Supervisor and all staff at Mount Martha Preschool demonstrate our commitment to high-quality education and care for children by:

- encouraging children to express themselves and their opinions
- allowing children to undertake experiences that develop self-reliance and self-esteem
- maintaining a safe environment for children
- being a positive role model at all times
- speaking to children in an encouraging and positive manner

¹ This attachment was informed by the Victorian Institute of Teaching's *The Victorian Teaching Profession Code of Conduct* and *A Guide for Creating A Child Safe Organisation*, available from the Commission for Children and Young People (refer to *Sources*)

- giving each child positive guidance and encouraging appropriate behaviour
- providing opportunities for children to interact and develop respectful and positive relationships with each other, and with other staff members and volunteers at the service
- regarding all children equally, and with respect and dignity
- having regard to their cultural values and supporting them to express their culture
- respecting individual difference including age, physical and intellectual development, and catering for the abilities of each child at the service
- working with children in an open and transparent way by informing other staff about the work being done with children
- encouraging and assisting children to undertake activities of a personal nature for themselves e.g. toileting and changing clothes
- informing children if physical contact is required for any purpose, asking them if they are comfortable with this interaction and complying with the *Interactions with Children policy*.

Relationships with parents/guardians and families

In our relationships with parents/guardians and families, the Approved Provider, Nominated Supervisor and all staff demonstrate our commitment to collaboration by:

- working collaboratively with parents/guardians and families
- considering the perspective of parents/guardians and families when making decisions that impact on the education and care of their child
- communicating with parents/guardians and families in a timely and sensitive manner
- responding to concerns expressed by parents/guardians and families in a timely and appropriate manner.

Relationships with employer and between colleagues

In relationships with the Approved Provider, Nominated Supervisor and between colleagues, staff demonstrate collegiality by:

- encouraging others to act in accordance with this Code of Conduct and taking action when they observe behaviours which are outside of the Code of Conduct
- developing relationships based on mutual respect, equity and fairness
- working in partnership in a courteous, respectful and encouraging manner
- valuing the input of others
- sharing expertise and knowledge in appropriate forums, and in a considered manner
- respecting the rights of others as individuals
- giving encouraging and constructive feedback, and respecting the value of different professional approaches
- being prepared to have difficult conversations and use constructive processes to address differences of opinion.

ATTACHMENT 3

Code of Conduct Policy Acknowledgement for staff

I hereby acknowledge that on [Date], I received a copy of the *Code of Conduct Policy* for Mount Martha Preschool.

I have read the policy and I understand its contents.

I commit to abiding by the Code of Conduct and fulfilling my responsibilities as outlined in this policy whilst working at Mount Martha Preschool.

I understand that the Approved Provider will address any breach of this policy, and that any *serious* breach could lead to disciplinary or legal action.

_____	_____	_____
Signature	Name (please print)	Date

_____	_____	_____
Witness signature	Name (please print)	Date

Thank you for your contribution to making Mount Martha Preschool an open, safe, welcoming and friendly environment.

ATTACHMENT 4

Code of conduct for parents/guardians, students, volunteers, contractors and visitors

I commit to contributing to creating an environment at Mount Martha Preschool that:

- respects the rights of the child and values diversity
- acknowledges the vulnerability of Aboriginal children, children from a culturally and linguistically diverse background and children with a disability and has zero tolerance of discrimination
- maintains a duty of care (refer to *Definitions*) towards all children at the service
- is committed to the safety and wellbeing of each child at the service
- is committed to the safety and wellbeing of all staff at the service
- provides a safe and secure environment for all at the service
- provides an open, welcoming environment in which everyone's contribution is valued and respected
- is committed to communicating openly and honestly
- is committed to continually learning how to be inclusive and respectful of cultural needs
- encourages parents/guardians, volunteers, students and community members to support and participate in the program and activities of the service.

Relationships with children

In our relationships with children, I commit to:

- being a positive role model at all times
- encouraging children to express themselves and their opinions
- allowing children to undertake experiences that develop self-reliance and self-esteem
- maintaining a safe environment for children
- speaking to children in an encouraging and positive manner
- giving each child positive guidance and encouraging appropriate behaviour
- regarding all children equally, and with respect and dignity
- having regard to each child's cultural values
- respecting individual difference including age, physical and intellectual development, and catering for the abilities of each child at the service.

Relationships with the Approved Provider, Nominated Supervisor, staff and others

In my relationships with the Approved Provider, Nominated Supervisor, staff, other parents/guardians, volunteers and visitors I commit to:

- reading and abiding by the *Code of Conduct Policy*
- developing relationships based on mutual respect
- working in partnership in a courteous, respectful and encouraging manner
- valuing the input of others
- sharing our expertise and knowledge in a considered manner
- respecting the rights of others as individuals
- giving encouraging and constructive feedback, and respecting the value of different professional approaches
- respecting the privacy of children and their families and only disclosing information to people who have a need to know as required under the Privacy and Confidentiality policy
- following the directions of staff at all times
- treating the kindergarten environment with respect

- raising any concerns, including concerns about safety, as soon as possible with staff to ensure that they can be resolved efficiently
- raising any complaints or grievances in accordance with the *Complaints and Grievances Policy*.

ATTACHMENT 5

Code of Conduct Policy Acknowledgement for parents/guardians, students, contractors and volunteers

I hereby acknowledge that on [Date], I received a copy of the *Code of Conduct Policy* for Mount Martha Preschool.

I have read this policy and understand its contents. I commit to abiding by the Code of Conduct and fulfilling my responsibilities as outlined in this policy whilst my child is attending Mount Martha Preschool.

I agree to abide by the values, principles and practices set out within.

I understand that a breach of the Code of Conduct may lead to limitations being placed on my attendance at the service.

Signature

Name (please print)

Date

Witness signature

Name (please print)

Date

Thank you for your contribution to making Mount Martha Preschool an open, safe, welcoming and friendly environment.

PARTICIPATION OF VOLUNTEERS AND STUDENTS POLICY

Mandatory – Quality Area 4

PURPOSE

This policy will provide guidelines for the engagement and participation of volunteers and students at Mount Martha Preschool, while ensuring that children's health, safety and wellbeing is protected at all times.

POLICY STATEMENT

1. VALUES

Mount Martha Preschool is committed to:

- supporting connections with educational institutions to provide opportunities for students to undertake practicum placements as part of their studies
- building relationships with community members and providing suitable opportunities to engage volunteers to contribute to the programs and activities of the service
- ensuring the health, safety and wellbeing of each child at the service through consistent compliance with this policy and procedures when engaging volunteers and students.

2. SCOPE

This policy applies to the Approved Provider, Persons with Management or Control, Nominated Supervisor, Persons in day-to-day Charge, educators, staff, students (refer to *Definitions*), volunteers (refer to *Definitions*), parents/guardians, children and others attending the programs and activities of Mount Martha Preschool.

3. BACKGROUND AND LEGISLATION

Background

Students may participate in programs and activities at the service from time to time including observing and experiencing the provision of centre-based education and care. This will be encouraged and facilitated by Mount Martha Preschool wherever appropriate and possible.

Mount Martha Preschool values the participation of parents/guardians and other family members, and the voluntary contribution they make to the education and care of their own and other children. "In genuine partnerships families and educators value each other's knowledge and roles, communicate freely and respectfully and engage in shared decision making" (*Early Years Learning Framework – refer to Sources*).

Mount Martha Preschool aims to provide a range of opportunities for family members, volunteers and students to participate in programs and activities while adhering to clear guidelines regarding appropriate interactions and communication with staff, and other adults and children at the service (refer to *Code of Conduct Policy*).

The role that volunteers play in education and care services varies and can include working with groups of children, preparing materials or food, assisting with administrative tasks or working one-on-one with individual children. The service is responsible for ensuring that volunteers are suitable to work with children, and that children's health, safety and wellbeing is protected at all times.

Volunteers should only be engaged to complement, not replace, the work of paid staff. Accordingly, services should not engage volunteers to fill the place of an employee who is ill or on leave, or to fill a vacant budgeted position.

Volunteers must **not** be asked to perform tasks:

- that they are untrained, unqualified or too inexperienced to undertake
- that put the children or themselves in a vulnerable or potentially unsafe situation
- where there is a conflict of interest.

Prior to participation at the service, a volunteer or student (aged 18 years or over) must be in possession of a Working with Children (WWC) Check.

Parents/guardians whose children usually attend the service are exempt from needing a WWC Check. However a service may decide, as a demonstration of duty of care, that all parents/guardians who volunteer at the service are required to undergo a WWC Check.

In line with Child Safe Standard 4 and the *Child Safe Environment Policy*, prior to engaging a volunteer or student an assessment should be undertaken of the nature of the responsibility to determine whether a position description is required, and based on that whether an interview and referee checks are required.

Legislation and standards

Relevant legislation and standards include but are not limited to:

- Child Safe Standards
- *Education and Care Services National Law Act 2010*
- *Education and Care Services National Regulations 2011*
- *Equal Opportunity Act 2010* (Vic)
- *Fair Work Act 2009* (Cth)
- *National Quality Standard*, Quality Area 4: Staffing Arrangements
- *Occupational Health and Safety Act 2004* (Vic)
- *Working with Children Act 2005* (Vic)

4. DEFINITIONS

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

Child-related work: In relation to the WWC Check, child-related work includes work with children which may involve physical contact, face-to-face contact, oral, written or electronic communication.

Conflict of interest: (In relation to this policy) refers to an interest that may affect, or may appear reasonably likely to affect, the judgement or conduct of the volunteer, or may impair their independence or loyalty to the service. A conflict of interest can arise from avoiding personal losses as well as gaining personal advantage, whether financial or otherwise, and may not only involve the volunteer, but also their relatives, friends or business associates.

Staff record: A record which the Approved Provider of a centre-based service must keep containing information about the Nominated Supervisor, the Educational Leader, staff, volunteers, students and the Responsible Person at a service (Regulations 146–149). A sample staff record is available on the ACECQA website: <http://www.acecqa.gov.au/>

Student: A person undertaking a practicum placement as part of a recognised early childhood qualification. This student will be supported by an educational institution in the completion of their placement.

Volunteer: A person who willingly undertakes defined activities to support the education and care programs at a service in an unpaid or honorary capacity. These activities may include child-related work (refer to *Definitions*), administrative tasks, or preparing materials or food.

Working with Children (WWC) Check: The check is a legal requirement for those undertaking paid or voluntary child-related work (refer to *Definitions*) in Victoria and is a measure to help protect children from harm arising as a result of physical or sexual abuse. The Department of Justice assesses a person's suitability to work with children by examining relevant serious sexual, physical and drug offences in a person's national criminal history and, where appropriate, their professional history. A WWC Check card is granted to a person under working with children legislation if:

- they have been assessed as suitable to work with children
- there has been no information that, if the person worked with children, they would pose a risk to those children
- they are not prohibited from attempting to obtain, undertake or remain in child-related employment.

5. SOURCES AND RELATED POLICIES

Sources

- Australian Children's Education and Care Quality Authority (ACECQA): www.acecqa.gov.au
- *The Early Years Learning Framework for Australia: Belonging, Being, Becoming*: www.acecqa.gov.au
- A Guide for Creating a Child Safe Organisation (The Commission for Children and Young People) www.ccyp.vic.gov.au
- Working with Children Check unit, Department of Justice & Regulation – provides details of how to obtain a WWC Check: www.workingwithchildren.vic.gov.au

Service policies

- *Child Safe Environment Policy*
- *Code of Conduct Policy*
- *Complaints and Grievances Policy*
- *Delivery and Collection of Children Policy*
- *Determining Responsible Person Policy*
- *Inclusion and Equity Policy*
- *Interactions with Children Policy*
- *Occupational Health and Safety Policy*
- *Privacy and Confidentiality Policy*
- *Staffing Policy*
- *Supervision of Children Policy*

PROCEDURES

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

- developing guidelines for accepting applications from volunteers and students to work at the service in consultation with the Nominated Supervisor and educators and which are aligned with the *Child Safe Environment Policy*
- accepting or rejecting a potential volunteer or student based on the circumstances of the service at the time, in consultation with the Nominated Supervisor
- ensuring that children being educated and cared for by the service are adequately supervised, and the legislated educator-to-child ratios are complied with at all times (Regulations 123, 355, 360) (refer to *Supervision of Children Policy*)
- reading the Working with Children (WWC) Check of volunteers and students where required, and ensuring that the details are recorded in the service register
- ensuring that the staff record contains the name, address and date of birth of volunteers and students attending the service (Regulations 145, 149(1))

- keeping a record for each day on which each student or volunteer participates with the date and the hours of participation (Regulation 149(2))
- ensuring that volunteers, students and parents/guardians are adequately supervised at all times, and that the health, safety and wellbeing of children at the service is protected
- ensuring that volunteers, students and parents/guardians are not left with sole supervision of individual children or groups of children
- ensuring that the Nominated Supervisor, educators and other staff, volunteers and students on placement at the service are not affected by alcohol or drugs (including prescription medication) that would impair their capacity to supervise or provide education and care to children (Regulation 83)
- ensuring that parents/guardians of a child attending the service can enter the service premises at any time that the child is being educated and cared for, except where this may pose a risk to the safety of children or staff, or conflict with any duty of the Approved Provider, Nominated Supervisor or educators under the law (Regulation 157)
- developing a range of strategies to enable and encourage the participation and involvement of parents/guardians at the service
- providing volunteers, students and parents/guardians with access to all service policies and procedures, and a copy of the *Education and Care Services National Regulations 2011*
- ensuring that volunteers, students and parents/guardians comply with the National Regulations and all service policies and procedures, including the *Code of Conduct Policy*, while attending the service
- developing an induction checklist for volunteers and students attending the service (refer to Attachment 1 – Sample induction checklist for volunteers and students) in consultation with the Nominated Supervisor and educators.

The Nominated Supervisor and Persons in Day to Day Charge are responsible for:

- assisting the Approved Provider to develop guidelines for applications from volunteers and students to work at the service and which are aligned with the *Child Safe Environment Policy*
- assisting the Approved Provider with decisions in relation to accepting/rejecting a potential volunteer or student based on the circumstances of the service at the time
- ensuring that children being educated and cared for by the service are adequately supervised, and the legislated educator-to-child ratios are complied with at all times (Regulations 123, 355, 360) (refer to *Supervision of Children Policy*)
- ensuring that, where required, the WWC Check has been read prior to the volunteer/student's commencement at the service, and that details are included on the staff record
- ensuring that volunteers, students and parents/guardians are adequately supervised at all times when participating at the service, and that the health, safety and wellbeing of children at the service is protected
- ensuring that volunteers, students and parents/guardians are not left with sole supervision of individual children or groups of children
- ensuring that parents/guardians of a child attending the service can enter the service premises at any time that the child is being educated and cared for, except where this may pose a risk to the safety of children or staff, or conflict with any duty of the Approved Provider, Nominated Supervisor or educators under the law (Regulation 157)
- ensuring strategies are in place to enable and encourage the participation and involvement of parents/guardians at the service
- providing volunteers, students and parents/guardians with access to all service policies and procedures, and a copy of the *Education and Care Services National Regulations 2011*
- ensuring that volunteers, students and parents/guardians comply with the National Regulations and all service policies and procedures, including the *Code of Conduct Policy*, while attending the service

- assisting the Approved Provider to develop an induction checklist for volunteers and students at the service (refer to Attachment 1 – Sample induction checklist for volunteers and students)
- ensuring that volunteers and students have completed the induction checklist (refer to Attachment 1) and have been provided with a copy of the staff handbook, if applicable.

All other educators are responsible for:

- assisting the Approved Provider and Nominated Supervisor to develop guidelines for applications from volunteers and students to participate at the service and are aligned with the *Child Safe Environment Policy*
- ensuring that children being educated and cared for by the service are adequately supervised, and the legislated educator-to-child ratios are complied with at all times (refer to *Supervision of Children Policy*)
- providing volunteers, students and parents/guardians with access to all service policies and procedures, and a copy of the *Education and Care Services National Regulations 2011*
- ensuring that volunteers, students and parents/guardians comply with the National Regulations and all service policies and procedures, including the *Code of Conduct Policy*, while attending the service
- ensuring that volunteers, students and parents/guardians are adequately supervised at all times, and that the safety, health and wellbeing of children at the service is protected
- ensuring that volunteers, students and parents/guardians are not left with sole supervision of individual children or groups of children
- enabling parents/guardians of children attending the service access the service premises at any time the child is being educated and cared for except where this poses a risk to the safety of children and/or staff
- encouraging the participation and involvement of parents/guardians at the service
- assisting the Approved Provider and Nominated Supervisor to develop an induction checklist for volunteers and students at the service (refer to Attachment 1 – Sample induction checklist for volunteers and students)
- assisting volunteers and students to understand the requirements of this policy and the expectations of the service.

Volunteers and students, while at the service, are responsible for:

- ensuring they have provided all details required to complete the staff record
- undertaking a WWC Check and presenting a current WWC Check card or other notification, as applicable
- understanding and acknowledging the requirement for confidentiality of all information relating to educators and families within the service (refer to *Privacy and Confidentiality Policy*)
- complying with the requirements of the *Education and Care Services National Regulations 2011* and with all service policies and procedures, including the *Code of Conduct Policy*, while at the service
- undertaking the induction process and completing the induction checklist (refer to Attachment 1) prior to commencement at the service
- following the directions of staff at the service at all times to ensure that the health, safety and wellbeing of children is protected.

Parents/guardians are responsible for:

- providing information for the staff record as required
- complying with the requirements of the *Education and Care Services National Regulations 2011* and with all service policies and procedures, including the *Code of Conduct Policy* and *Privacy and Confidentiality Policy* while attending the service
- following the directions of staff at the service at all times to ensure that the health, safety and wellbeing of children is protected.

EVALUATION

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

- check staff records on a regular basis to ensure details of students, volunteers and where appropriate parents/guardians are maintained in line with all legislative requirements as outlined in the policy
- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notify parents/guardians at least 14 days before making any changes to this policy or its procedures unless a lesser period is necessary because of a risk.

ATTACHMENTS

- Attachment 1: Sample induction checklist for volunteers and students

AUTHORISATION

This policy was adopted by the Approved Provider of Mount Martha Preschool on 15/6/2018.

REVIEW DATE: 15 JUNE 2021

ATTACHMENT 1

Sample induction checklist for volunteers and students

Name: _____ Date: _____

To be completed by all volunteers and students participating at Mount Martha Preschool and returned to the Nominated Supervisor prior to commencing at the service.

	Please tick
I have been given access to all the policies and procedures of Mount Martha Preschool, [Delete if not applicable]	
I understand the content of service policies and procedures, including those relating to:	
• conduct while at the service (<i>Code of Conduct Policy</i>)	
• emergency, evacuation, fire and safety, including locations of fire extinguishers and emergency exits (<i>Emergency and Evacuation Policy</i>)	
• accidents at the service (<i>Incident, Injury, Trauma and Illness Policy</i>)	
• dealing with medical conditions (<i>Dealing with Medical Conditions Policy, Asthma Policy, Anaphylaxis Policy, Diabetes Policy, Epilepsy Policy and Administration of Medication Policy</i>)	
• good hygiene practices (<i>Hygiene Policy</i>)	
• dealing with infectious diseases (<i>Dealing with Infectious Diseases Policy</i>)	
• first aid arrangements for children and adults, including the location of the nearest first aid kit (<i>Administration of First Aid Policy</i>)	
• daily routines	
• the importance of OHS and following safe work practices (<i>Occupational Health and Safety Policy</i>)	
• interacting appropriately with children (<i>Interactions with Children Policy</i>)	
• reporting of serious incidents and notifiable incidents at the service (<i>Incident, Injury, Trauma and Illness Policy, Complaints and Grievances Policy and Occupational Health and Safety Policy</i>)	
• reporting hazards in the workplace (<i>Occupational Health and Safety Policy</i>)	
• handling complaints and grievances (<i>Complaints and Grievances Policy</i>)	
• child safety and wellbeing and child protection including how to respond to concerns (<i>Child Safe Environment Policy</i>)	
• privacy and confidentiality of information (<i>Privacy and Confidentiality Policy</i>)	

	Please tick
I am aware of the non-smoking policy of the service	
The expectations of my placement/engagement, my role and responsibilities (including attending to the requirements of children with additional needs) have been clearly explained to me by my supervisor	
I am aware that I am expected to participate in general tasks, including maintaining the environment in a clean, safe and tidy condition	

Volunteer or student name: _____

Signature: _____ Date: _____

Nominated Supervisor's name: _____

Signature: _____ Date: _____

STAFFING POLICY

Mandatory – Quality Area 4

PURPOSE

This policy will provide guidelines for engaging staff at Mount Martha Preschool, including:

- employing sufficient numbers of educators to meet legislative, policy and service standards
- employing educators with qualifications and experience that meet legislative, policy and service standards
- providing appropriate supervision and support to staff and other adults at the service
- complying with legislation relating to Working with Children (WWC) Checks and criminal history record checks and meeting Child Safe Standards.

This policy should be read in conjunction with the following service policies:

- *Child Safe Environment Policy*
- *Code of Conduct Policy*
- *Determining Responsible Person Policy*
- *Participation of Volunteers and Students Policy*

POLICY STATEMENT

1. VALUES

Mount Martha Preschool is committed to:

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

2. SCOPE

This policy applies to the Approved Provider, Persons with Management or Control, Nominated Supervisor, Persons in day-to-day Charge, staff, volunteers, students and parents/guardians at Mount Martha Preschool.

3. BACKGROUND AND LEGISLATION

Background

High quality services with qualified, skilled and supported educators have a long-term positive impact on the trajectory of children's lives. Minimum qualification requirements are specified in legislation for all educators working in early childhood education and care services. Eligibility for services to receive funding also includes requirements for staff to hold specific qualifications (*The Kindergarten Funding Guide – refer to Sources*).

A current list of approved qualifications is available on the Australian Children's Education and Care Quality Authority (ACECQA) website (refer to *Sources*). Applications can also be made to ACECQA to

determine if other qualifications (such as those gained overseas) entitle the individual to work as an early childhood teacher, diploma-level educator or certificate III level educator. Application forms are available on the ACECQA website and a fee is required for processing an application.

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

Opportunities for professional development are crucial for all educators to ensure that their work practice remains current and aligned to the practices and principles of the national *Early Years Learning Framework* (EYLF) and the *Victorian Early Years Learning and Development Framework* (VEYLDF) (refer to *Sources*).

Staff are required to actively supervise children at all times when children are in attendance at the service (refer to *Supervision of Children Policy*). To facilitate this, services are required to comply with legislated educator-to-child ratios at all times, which are based on the qualifications of the educators, and the ages and number of children at the service. Only those educators working directly with children (refer to *Definitions*) can be counted in the ratio.

All educators and staff are required by law to have a current WWC Check or be registered with the Victorian Institute of Teaching (refer to *Definitions*). It is also recommended that the Nominated Supervisor and staff with financial responsibilities also have a criminal history record check (refer to *Definitions* and *Sources*).

Child Safe Standard 4 requires organisations to have policies and procedures in place for the recruitment and selection, supervision, training and performance management of staff (refer to *Child Safe Environment Policy*).

Legislation and standards

Relevant legislation and standards include but are not limited to:

- Child Safe Standards
- *Education and Care Services National Law Act 2010*
- *Education and Care Services National Regulations 2011*
- Education and Training Reform Act 2006 (Vic) (amended in 2014)
- *Equal Opportunity Act 2010* (Vic)
- *Fair Work Act 2009*
- *National Quality Standard*, Quality Area 4: Staffing Arrangements
- *Privacy Act 1988* (Cth)
- *Privacy and Data Protection Act 2014* (Vic)
- Victorian Early Childhood Teachers and Educators Agreement 2016 (VECTEA, 2016)
- *Working with Children Act 2005* (Vic)
- *Working with Children Regulations 2006* (Vic)

4. DEFINITIONS

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

Adequate supervision: (In relation to this policy) **supervision** entails all children (individuals and groups) in all areas of the service, being in sight and/or hearing of an educator at all times including during toileting, sleep, rest and transition routines. Services are required to comply with the legislative

requirements for educator-to-child ratios at all times. Supervision contributes to protecting children from hazards that may emerge in play, including hazards created by the equipment used.

Adequate supervision refers to constant, active and diligent supervision of every child at the service. Adequate supervision requires that educators are always in a position to observe each child, respond to individual needs, and immediately intervene if necessary. Variables affecting supervision levels include:

- number, age and abilities of children
- number and positioning of educators
- current activity of each child
- areas in which the children are engaged in an activity (visibility and accessibility)
- developmental profile of each child and of the group of children
- experience, knowledge and skill of each educator
- need for educators to move between areas (effective communication strategies).

Approved first aid qualification: A list of approved first aid qualifications, anaphylaxis management and emergency asthma management training is published on the ACECQA website:

www.acecqa.gov.au

Criminal history record check: A full-disclosure, Australia-wide criminal history record check issued by Victoria Police (refer to *Sources*), or by a police force or other authority of a state or territory, or the Commonwealth. It may also be referred to as a National Police Certificate or Police Records Check.

Early childhood teacher: A person with an approved early childhood teaching qualification. Approved qualifications are listed on the ACECQA website: www.acecqa.gov.au

Educator: An individual who provides education and care for children as part of an education and care service.

Educational Leader: The Approved Provider of an education and care service must designate, in writing, a suitably-qualified and experienced educator, co-ordinator or other individual to lead the development and implementation of educational programs at the service (Regulation 118). This person must have a thorough understanding of the *Early Years Learning Framework* (or other approved learning framework), be able to guide other educators in their planning and reflection, and mentor colleagues in the implementation of their practice.

The Kindergarten Funding Guide: provides detailed information from the Department of Education and Training (DET) about the types of kindergarten funding available, eligibility criteria, how to apply for funding and how to comply with operational requirements once funding has been granted.

Nominated Supervisor: A person who has been nominated by the Approved Provider of the service under Part 3 of the Act can be the Nominated Supervisor. All services must have a Nominated Supervisor with responsibility for the service in accordance with the National Regulations. The Approved Provider must take reasonable steps to ensure the Nominated Supervisor is a fit and proper person with suitable skills, qualifications and experience. The Regulatory Authority must be notified if the Nominated Supervisor for the service changes or is no longer employed at the service within 14 days.

Person with management or control: Each member of the executive committee of the association which is the Approved Provider, who has the responsibility, alone or with others, for managing the delivery of the education and care service.

Responsible Person: The Approved Provider (if that person is an individual, and in any other case the person with management or control of the service operated by the Approved Provider) or a Nominated Supervisor or person in day-to-day charge of the service in accordance with the National Regulations.

Staff record: A record which the Approved Provider of a centre-based service must keep containing information about the Nominated Supervisor, the Educational Leader, staff, volunteers, students and

the Responsible Person at a service. Details that must be recorded include qualifications, training and the WWC Check (Regulations 146–149). A sample staff record is available on the ACECQA website: www.acecqa.gov.au

Victorian Institute of Teaching (VIT): The statutory authority for the regulation and promotion of the teaching profession in Victoria, established as part of the Victorian Institute of Teaching Act 2001. All early childhood teachers are required to be registered with the Victorian Institute of Teaching.

Working directly with children: Working directly with children is defined as being physically present with children and directly engaged in providing them with education and/or care.

Working with Children (WWC) Check: The check is a legal requirement under the *Working with Children Check 2005* for those undertaking paid or voluntary child-related work in Victoria. The Department of Justice assesses a person's suitability to work with children by examining relevant serious sexual, physical and drug offences in a person's national criminal history and, where appropriate, their professional history. A WWC Check card, is granted to a person under working with children legislation if:

- they have been assessed as suitable to work with children
- there has been no information that, if the person worked with children, they would pose a risk to those children
- they are not prohibited from attempting to obtain, undertake or remain in child-related employment.

5. ANNUAL PERFORMANCE REVIEWS & DEVELOPMENT PLANS

Annual Performance Reviews

The Executive Committee shall complete staff Annual Performance Reviews each calendar year. These reviews shall be held during the third (3) quarter.

The Nominated Supervisor and Director are jointly responsible for conducting Annual Reviews of all teachers, and will collaborate to do so. The individual teacher and employee performance will be measured against his or her agreed performance objectives, targets and measures, as well as performance against agreed competency levels.

To ensure transparency and objectivity are maintained, the preschool President, Nominated Supervisor and Director will plan, agree and sign off on set terms and schedule for the review process. Once all Annual Performance Reviews are complete, the preschool President, Nominated Supervisor and Director shall evaluate all performance review conclusions and establish requirements for staff Development Plans for the coming calendar year.

The preschool President is responsible for conducting the Nominated Supervisor's and Director's Annual Performance Review. The President may consider engaging an experienced teacher (whether employed at the service, such as an Educational Leader, or recruit from outside) to conduct the yearly review.

Staff Development Plans

During the Annual Review process each employee shall have a Development Plan established. The Development Plan discussion, directed by the preschool President and Nominated Supervisor, should review the individual's development over the previous 12 months, and outline the individual's broad career directions and development priorities for the following 12 months.

The President and Nominated Supervisor shall consider what skills, knowledge and competencies are required to achieve the objectives outlined in the Performance Plan, and to close the gap on current and planned competencies.

The President and Nominated Supervisor may consider utilising the preschool's Family Satisfaction Survey as a device for developing staff and service strategies and goals during Performance Planning and assessment.

6. INDUCTION & ORIENTATION

Comprehensive inductions and orientations procedures have been developed to promote a positive organisational culture that reflects our philosophy.

Our workplace is shaped not only through the philosophy of the preschool, but also influenced by the people that comprise our preschool community. In this way, the preschool's induction and orientation procedures have been developed to create sense of belonging within the preschool community for new staff/educators, students and volunteers. Effective orientation to the preschool's practices and philosophy will ensure continuity of quality standards and clarify individual roles and responsibilities for newly appointed educators, staff, students or volunteers. We recognise that our preschool has a core responsibility to provide adequate supervision and on the job training to promote safe work practices.

Policy Objectives

The objectives of our induction and orientation procedures are to:

- Assist employees, students or volunteers to settle in and become familiar with our workplace and adapt to the job more quickly;
- Ensure new employees, students or volunteers receive accurate information about the preschool's policies and procedures, their role and the expectations of the service;
- Provide opportunities to answer any questions and allay all concerns new employees, students or volunteers may have;
- Assist new employees, students or volunteers to carry out tasks effectively;
- Build employee (student or volunteers') confidence and commitment to the Preschool;
- Provide introductions to preschool staff that aid to foster positive relationships;
- Create a sense of belonging;
- Provide employees, students or volunteers a favourable impression of the service.

Prior to Commencement

The preschool President and Nominated Supervisor will:

- Complete an orientation checklist;
- Ensure inductees have a copy of their employment contract and job description and address any questions they may have in regard to these documents, their working arrangements and the preschool's expectations;
- Clarify any details in regard to probationary periods and provide information about the staff appraisal policy and procedure;
- Discuss employment procedures, such as timesheets, method of salary payments, superannuation, taxation forms;
- Provide the new person with a copy of preschool handbooks; statement of philosophy; staff code of conduct; and any other work guidelines;
- Discuss and highlight important policies and procedures with particular reference to work, health and safety, grievance procedures, supervision child protection, health and hygiene procedures, confidentiality and privacy;
- Ensure that the new person reads and signs the preschool Confidentiality Agreement;
- Show the new person the location of the Mount Martha Policy Manual, a copy of the Education and Care Services National Law Act 2010, the Education and Care Services National Regulations, as well as the Award/Industrial Agreement;
- Discuss the person's understanding of the National Quality Standard and Early Years Learning Framework.
- Advise the new person(s) about the management structure and lines of responsibility, communication with management;
- Show the person(s) around the preschool and highlight key health and safety features, such as fire extinguishers, evacuation plans, fire exits, first aid kit storage. New persons shall also

(CONT'D) be shown where they may store personal items and the location of the staff room, toilets, kitchen, parking procedures, and provide introductions to the other team members;

- Allow the new person(s) to spend some time in their designated work area so they may be introduced to children, parents and other educators.

Ongoing Communication and Support

The Nominated supervisor will follow up with new employees one (1) month after the original induction to address any further questions as well as check the new person(s) is settling happily into the workplace.

The Nominated Supervisor will continue to provide support and ensure the maintenance and continuity of the preschool's practices and policies until the new person has completed their probationary period, or the nominated supervisor considers they are fully settled into their position at the service.

The new employee will be encouraged to keep a journal and write down any questions they would like to discuss that will be addressed by the Nominated Supervisor at regular meetings. At the end of the probationary period, the Nominated Supervisor will hold an appraisal meeting with new staff members to identify their strengths and plan for professional development opportunities.

7. PROBATION PERIOD

- a) A probation period of 12 weeks of term time shall apply to all employees
- b) The employer may terminate the employment of an employee at any time while on probation.
- c) Termination must be by at least one (1) week's notice given in writing or by the payment of one week's wages in lieu of notice. Such payment shall be in addition to payment for time worked up to the actual date of termination of employment.
- d) At the expiration of the probation period the employer shall:
 - i. confirm the employment; or
 - ii. terminate the employment.
- e) Notwithstanding 7d, a probation period may be extended by agreement between the employer and the employee for a further period not to exceed six (6) months from the date of commencement of the initial probation period.
- f) Discussions associated with any extension of the probationary period must occur no later than one (1) week prior to the expiration of the probationary period.

Note: Original source for Probation Period text: *Victorian Early Childhood Teachers and Educators Agreement 2016* (VECTEA, 2016 [section 18.1–18.6]).

8. RESIGNATION / NOTICE OF TERMINATION (VECTEA, 2016 [19.1–19.4]) – TEACHING STAFF AND ASSISTANTS

a) Requirement for notice of termination or payment in lieu

- i. An employer must not terminate an employee's employment unless the employer has given the employee written notice of the day of the termination (which cannot be before the day the notice is given)
- ii. Clause 8a(i) (19.1(a) VECTEA, 2016) does not apply to any of the following employees:
 1. an employee employed for a specified period of time, for a specified task, or for the duration of a specified season;
 2. an employee whose employment is terminated because of serious misconduct;
 3. a casual employee;

4. an employee (other than an apprentice) to whom a training arrangement applies and whose employment is for a specified period of time or is, for any reason, limited to the duration of the training arrangement;
 5. an employee prescribed by the regulations (Act) as an employee to whom this clause does not apply.
 6. where an employee is engaged under a maximum term contract and their service is terminated prior to the end of the maximum term, the notice period as specified in the contract of employment or the provisions of this clause will apply.
- iii. The employer must not terminate the employee's employment unless:
1. the time between giving the notice and the day of the termination is at least (the minimum period of notice) worked out under 8a(iv) or 8a(v) (19.1.(d) or (e) VECTEA, 2016); or
 2. the employer has paid to the employee (or to another person on the employee's behalf) payment in lieu of notice of at least the amount the employer would have been liable to pay to the employee (or to another person on the employee's behalf) at the full rate of pay for the hours the employee would have worked had the employment continued until the end of the minimum period of notice.
- iv. Work out the minimum period of notice for Educators and Diploma Qualified Educators and Activity Group Leaders as follows:
1. First, work out the period using the following table:
- | Employee's period of continuous service with the employer at the end of the day the notice is given | Period of Notice |
|---|------------------|
| Not more than 1 year | 1 week |
| More than 1 year but not more than three 3 years | 2 weeks |
| More than 3 years but not more than 5 years | 3 weeks |
| More than 5 years | 4 weeks |
2. then increase the period by one (1) week if the employee is over 45 years old and has completed at least two (2) years of continuous service with the employer at the end of the day the notice is given.
- v. The employment of an Early Childhood Teacher will not be terminated without at least four (4) working weeks' notice (inclusive of the notice required under the National Employment Standards [NES]) or such period as agreed between the parties.
1. If the employee is over 45 years of age and has completed at least two (2) years of service the period will be increased by one (1) week.

b) Notice of termination by an employee

- i. The notice of termination required to be given by an employee is the same as that required of an employer except that there is no requirement on the employee to give additional notice based on the age of the employee concerned.
- ii. If an employee fails to give the relevant period of notice, as stated under this agreement or in the National Employment Standards (NES), the employer may:
 1. withhold monies, due to the employee, not exceeding the amount the employee would have been paid under this Agreement and less any period of notice given by the employee
 - a. any monies withheld shall not include any entitlement to long service leave.
 - b. the employer shall make considers in regards to any withheld monies whilst also accounting for any period of notice actually given by the employee.

c) Job search entitlement

- i. Where an employer has given notice of termination to an employee, an employee must be allowed up to one (1) day's time off without loss of pay for the purpose of seeking other employment. The time off is to be taken at times that are convenient to the employee after consultation with the employer.

d) Statement of service

- i. Upon the termination of employment of an employee, the employer will provide upon the request of the employee, a statement of service setting out the commencement and cessation dates of employment, position title and the employee's classification.
- ii. An employer will provide upon the request of an employee a statement of sick leave and long service leave balances.
- iii. Upon request a casual employee will be given a statement setting out the number of days worked by the employee during the period of engagement.

**9. RESIGNATION / NOTICE OF TERMINATION
(CLERKS – PRIVATE SECTOR AWARD, 2010) – GENERAL STAFF (NON-TEACHING)**

- a) Termination of employment (section 13 Clerks – Private Sector Award, 2010. [13 substituted by [PR610159](#) ppc 01Nov18]).

Note: The National Employment Standards (NES) sets out requirements for notice of termination by an employer. See ss.117 and 123 of the Act.

b) Notice of termination by an employee

- i. This clause applies to all employees except those identified in ss.123(1) and 123(3) of the Act.
- ii. An employee must give the employer notice of termination in accordance with Table 1 – Period of Notice of at least the period specified in column 2 according to the period of continuous service of the employee specified in column 1.

iii. Table 1—Period of notice

Column 1: Employee's period of continuous service with the employer at the end of the day the notice is given	Column 2: Period of Notice
Not more than 1 year	1 week
More than 1 year but not more than three 3 years	2 weeks
More than 3 years but not more than 5 years	3 weeks
More than 5 years	4 weeks

Note: The notice of termination required to be given by an employee is the same as that required of an employer except that the employee does not have to give additional notice based on the age of the employee.

- c) In paragraph 9b **continuous service** has the same meaning as in s.117 of the Act.
- d) If an employee who is at least 18 years old does not give the period of notice required under paragraph 9b then the employer may deduct from wages due to the employee under this award an amount that is no more than one week's wages for the employee.
- e) If the employer has agreed to a shorter period of notice than that required under paragraph 9b then no deduction can be made under paragraph 9d.
- f) Any deduction made under paragraph 9d must not be unreasonable in the circumstances.
- g) **Job search entitlement**
 - i. Where an employer has given notice of termination to an employee, the employee must be allowed time off without loss of pay of up to one day for the purpose of seeking other employment.
- h) The time off under clause 9g (13.2 Clerks – Private Sector Award, 2010) is to be taken at times that are convenient to the employee after consultation with the employer.

10. REDUNDANCY

Refer to section 20 *Victorian Early Childhood Teachers and Educators Agreement 2016* (VECTEA, 2016 [pages 18–20])

Refer to section 14 *Clerks – Private Sector Award, 2010*.

11. SOURCES AND RELATED POLICIES

Sources

- A Guide for Creating a Child Safe Organisation (The Commission for Children and Young People) ccyp.vic.gov.au
- Australian Children's Education and Care Quality Authority (ACECQA): www.acecqa.gov.au
- ELAA's *Employee Management and Development Kit* developed to support early learning services in the ongoing management and development of their employees. Available from www.elaa.org.au
- ELAA's *Early Childhood Management Manual* contains additional information and attachments relating to staffing, including sample position descriptions, sample letters of employment and interview questions. Available from: www.elaa.org.au
- Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011
- The Kindergarten Funding Guide (Department of Education and Training): www.education.vic.gov.au
- *The Early Years Learning Framework for Australia: Belonging, Being, Becoming*: www.education.gov.au
- *Victorian Early Years Learning and Development Framework*: www.education.vic.gov.au

- Working with Children Check unit, Department of Justice and Regulation – provides details of how to obtain a WWC Check: www.workingwithchildren.vic.gov.au
- Victoria Police – National Police Record Check: www.police.vic.gov.au

Service policies

- *Administration of First Aid Policy*
- *Anaphylaxis Policy*
- *Asthma Policy*
- *Child Safe Environment Policy*
- *Code of Conduct Policy*
- *Complaints and Grievances Policy*
- *Curriculum Development Policy*
- *Delivery and Collection of Children Policy*
- *Determining Responsible Person Policy*
- *Inclusion and Equity Policy*
- *Interactions with Children Policy*
- *Participation of Volunteers and Students Policy*
- *Privacy and Confidentiality Policy*
- *Supervision of Children Policy*

PROCEDURES

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

- complying with the service's *Code of Conduct Policy* at all times
- appointing Nominated Supervisors (refer to *Definitions*) who are aged 18 years or older, fit and proper and have suitable skills, as required under the Education and Care (refer to *Determining Responsible Person Policy*) (National Law, Section 161)
- ensuring that there is a Responsible Person (refer to *Definitions* and *Determining Responsible Person Policy*) on the premises at all times the service is in operation (National Law, Section 162)
- ensuring that the Nominated Supervisor, educators and all staff comply with the *Code of Conduct Policy* at all times
- ensuring that children being educated and cared for by the service are adequately supervised (refer to *Definitions* and *Supervision of Children Policy*) at all times they are in the care of that service (National Law: Section 165(1))
- complying with the legislated educator-to-child ratios at all times (National Law: Sections 169(1) & (3), National Regulations: Regulations 123, 355, 357, 360)
- ensuring that all staffing meets the requirements of *The Kindergarten Funding Guide* (refer to *Sources*) at all times the service is in operation
- complying with relevant industrial agreement and current legislation relating to the employment of staff, including the *Equal Opportunity Act 2010*, *Fair Work Act 2009*, *Occupational Health and Safety Act 2004* and the *Working with Children Act 2005*
- following the guidelines for the recruitment, selection and ongoing management of staff as outlined in the *Child Safe Environment Policy*
- employing the relevant number of appropriately-qualified educators (refer to *Definitions*) with ACECQA approved qualifications (refer to *Background* and *Sources*) (Regulations 126, 361)
- employing additional staff, as required, to assist in the provision of a quality early childhood education and care program
- ensuring an early childhood teacher (refer to *Definitions*) is working with the service for the required period of time specified in the National Regulations, and that, where required, a record is kept of this work (Regulations 130–134, 152, 362, 363)

- appointing an appropriately-qualified and experienced educator to be the Educational Leader (refer to *Definitions*), and ensuring this is documented on the staff record (Regulations 118, 148)
- ensuring that educators and other staff are provided with a current position description that relates to their role at the service
- maintaining a staff record (refer to *Definitions*) in accordance with Regulation 145, including information about the Responsible Person, Nominated Supervisor, the Educational Leader, other staff members. Details that must be recorded include qualifications, training, Working with Children Check (Regulations 146–148). A sample staff record is available on the ACECQA website: www.acecqa.gov.au
- complying with the requirements of the *Working with Children Act 2005*, and ensuring that the Nominated Supervisor, educators and staff at the service have a current WWC Check (refer to *Definitions*) or a Victorian Institute of Teaching (VIT) certificate of registration
- reading the WWC Check or confirming VIT registration of all staff prior to their being engaged or employed as a staff member at the service
- read the WWC Check of all volunteers prior to their being permitted to be a volunteer at the service
- ensuring that a register of the WWC Checks or VIT registrations is maintained and the details kept on each staff record (Regulations 145, 146, 147)
- determining who will cover the costs of WWC Checks or criminal history record checks (refer to *Definitions*)
- developing (and implementing, where relevant) an appropriate induction program for all staff appointed to the service
- developing rosters in accordance with the availability of Responsible Persons, staff qualifications, hours of operation and the attendance patterns of children
- ensuring that volunteers/students and parents/guardians are adequately supervised at all times when participating at the service, and that the health, safety and wellbeing of children at the service is protected (refer to *Participation of Volunteers and Students Policy*)
- ensuring educators who are under 18 years of age are not left to work alone, and are adequately supervised at the service (Regulation 120)
- ensuring that there is at least one educator with current approved first aid qualifications, anaphylaxis management training and emergency asthma management training (refer to *Definitions*) in attendance and immediately available at all times that children are being educated and cared for by the service. (Note: this is a minimum requirement. As a demonstration of duty of care and best practice, ELAA recommends that all educators have current approved first aid qualifications and anaphylaxis management training and emergency asthma management training.) Details of qualifications and training must be kept on the staff record (Regulations 136, 145)
- developing procedures to ensure that approved first aid qualifications, anaphylaxis management training and emergency asthma management training are evaluated regularly, and that staff are provided with the opportunity to update their qualifications prior to expiry
- ensuring that staff records (refer to *Definitions*) and a record of educators working directly with children (refer to *Definitions*) are updated annually, as new information is provided or when rostered hours of work are changed (Regulations 145–151)
- ensuring that annual performance reviews of the Nominated Supervisor, educators and other staff are undertaken
- reviewing staff qualifications as required under current legislation and funding requirements on an annual basis
- ensuring that the Nominated Supervisor, educators and other staff, volunteers and students are not affected by alcohol or drugs (including prescription medication) that would impair their capacity to supervise or provide education and care to children (Regulation 83)
- ensuring that all educators and staff have opportunities to undertake professional development relevant to their role

- ensuring that the Nominated Supervisor and educators/staff are advised and aware of current child protection laws and any obligations that they may have under these laws (Regulation 84) (refer to the *Child Safe Environment Policy*)
- informing parents/guardians of the name/s of casual or relief staff where the regular educator is absent
- developing and maintaining a list of casual and relief staff to ensure consistency of service provision
- ensuring that the procedures for the appointment of casual and relief staff are compliant with all regulatory and funding requirements.

The Nominated Supervisor and Persons in Day-to-Day Charge are responsible for:

- ensuring that the name and position of the Responsible Person in charge of the service is displayed and easily visible from the main entrance of the service
- following the guidelines for the recruitment, selection and ongoing management of staff as outlined in the *Child Safe Environment Policy*
- complying with the service's *Code of Conduct Policy* at all times
- ensuring adequate supervision of children at all times (refer to *Supervision of Children Policy*)
- ensuring the educator-to-child ratios are maintained at all times (Regulation 169(3)), that each educator at the service meets the qualification requirements relevant to their role, including the requirement for current approved first aid qualifications, anaphylaxis management training and emergency asthma management training, and that details of such training is kept on the staff record
- developing rosters in consultation with the Approved Provider in accordance with the availability of Responsible Persons, staff qualifications, hours of operation and the attendance patterns of children
- ensuring that educators and other staff undertake appropriate induction following their appointment to the service
- ensuring that all educators and staff have opportunities to undertake professional development relevant to their role
- participating in an annual performance review
- ensuring that less experienced educators and others engaged to be working with children are adequately supervised
- ensuring educators who are under 18 years of age are not left to work alone and are adequately supervised at the service
- providing details of their current WWC Check or VIT registration for the staff record
- reading of Working with Children Checks or VIT registrations of staff
- ensuring that they are not affected by alcohol or drugs (including prescription medication) that would impair their capacity to supervise or provide education and care to children (Regulation 83)
- ensuring that they are aware of current child protection laws and any obligations that they may have under these laws (refer to *Child Safe Environment Policy*)
- informing parents/guardians of the name/s of casual or relief staff where the regular educator is absent.

All educators and other staff are responsible for:

- complying with the service's *Code of Conduct Policy* at all times
- ensuring that they are not affected by alcohol or drugs (including prescription medication) that would impair their capacity to supervise or provide education and care to children
- providing details of their current WWC Check or VIT registration and where relevant Criminal Records Check for the staff record
- undertaking the required induction program following appointment to the service

- advising the Working With Children Check Unit at the Department of Justice and Regulation of any relevant change in circumstances, including change of name, address, contact details and change of employer organisation, including changes to the organisation's contact details
- where the role involves working with children, providing adequate supervision at all times (refer to *Definitions* and *Supervision of Children Policy*)
- maintaining educator-to-child ratios at all times
- maintaining current approved qualifications relevant to their role, including first aid qualifications, anaphylaxis management training and emergency asthma management training
- participating in an annual performance review
- undertaking professional development relevant to their role to keep their knowledge and expertise current
- supervising educators at the service who are under 18 years of age, and ensuring that they are not left to work alone
- ensuring that they are aware of current child protection laws and any obligations that they may have under these laws (refer to *Child Safe Environment Policy*).

Parents/guardians, volunteers and students on placement are responsible for:

- reading this *Staffing Policy*
- complying with the Code of Conduct for Parents/Guardians (refer to the *Code of Conduct Policy*) at all times
- complying with the law, the requirements of the *Education and Care Services National Regulations 2011*, and all service policies and procedures
- following the directions of staff at the service at all times to ensure that the health, safety and wellbeing of children is protected.

EVALUATION

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

- regularly check staff records to ensure WWC Checks and qualifications are current and complete
- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor the implementation, compliance, complaints and incidents in relation to this policy
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notify parents/guardians at least 14 days before making any changes to this policy or its procedures unless a lesser period is necessary because of a risk.

ATTACHMENTS

Nil

AUTHORISATION

This policy was adopted by the Approved Provider of Mount Martha Preschool on 8/11/2019.

REVIEW DATE: 15 MARCH 2021

SOURCES AND RELATED POLICIES

Staffing Policy Addendum (2019/4): Staff Leave

Staffing Policy Addendum (2019/5): Staff Grievances, Dispute Resolution and Disciplinary Action

Staffing Policy Addendum (2019/6): Workplace Bullying and Harassment

Staffing Policy Addendum (2019/9): Gross and Serious Misconduct

Staffing Policy Addendum (2019/10): Sexual Harassment

Staffing Policy Addendum (2019/11): Staff Health and Wellbeing.

Staffing Policy Addendum (2019/4): Staff Leave

Mandatory – Quality Area 4

1. PURPOSE

This policy addendum provides precise procedures for Mount Martha Preschool Association employees' leave entitlements as agreed and set out in the *Victorian Early Childhood Teachers and Educators Agreement 2016* (VECTEA 2016), *Clerk's (Private Sector) Award 2010* (CPSA 2010), *Fair Work Act* (Cth), and *National Employment (NES) Standards*.

2. POLICY STATEMENT

The *Staffing Policy Addendum (2019/-): Staff Leave* uses the *Victorian Early Childhood Teachers and Educators Agreements 2016* (VECTEA 2016), *National Employment Standards (NES)*, and *Clerks (Private Sector) Award 2010* (CPSA 2010) as master documents. Any changes must strictly adhere to the provisions and alterations as set out in future VECTEA, NES, and CPSA agreements.

Amendment (4/2019SPA:SL): leave entitlements for Mount Martha Preschool clerical and administration staff are set out under **Amendment A** of this policy addendum. Leave entitlements are predicated upon the *Clerks Award (Private Sector) 2010* (Updated 26 October 2018) and the *National Employment Standards (NES)*.

Leave applications for all staff (covered under VECTEA 2016 and Clerk's [Private Sector] Award 2010) shall follow the instructions as outlined under Section 11.

3. ANNUAL LEAVE

An employee is entitled to 152 hours (20 days for a full-time employee) annual leave in respect of each year of service accrued on a pro-rata basis.

In addition to annual leave accrued under sub-clause 37.1 (VECTEA 2016), an employee employed under the ten weeks leave model (36.1 and 36.2(b) VECTEA 2016) is entitled to additional paid leave of 228 hours (30 days for a full-time employee) accrued on a pro-rata basis.

An employee may agree to work during any or all of the additional leave period (up to a maximum of 228 hours or 30 days), in which case the leave will be purchased back by the employer at ordinary time rates for the agreed period.

The entitlement referred to in 36.2 (VECTEA 2016) is reduced by any leave purchased under sub-clause 36.3 (VECTEA 2016).

Employees will take leave accrued under 36.1 and 36.2 (VECTEA 2016) during term breaks unless otherwise agreed between the employer and employee.

Payment for each period of leave will be based on the employee's weekly salary immediately prior to the commencement of the leave. Payment for the leave provided in sub-clauses 36.1 and 36.2 (VECTEA 2016) shall be paid throughout the period of leave in accordance with normal arrangements; however where an employee requests payment in advance of the last day of any or each term, then payment may be made.

An employer may allow an employee to take annual leave either wholly or partly in advance before the leave has accrued. Where paid leave has been granted to an employee in excess of the employee's accrued entitlement, and the employee subsequently leaves or is discharged from the service of the employer before completing the required amount of service to account for the leave provided in advance, the employer is entitled to deduct the amount of leave in advance still owing from any remuneration payable to the employee upon termination of employment.

Any unused leave accrued under 36.1 and 36.2 (VECTEA 2016) will be paid out on cessation of employment.

All educators currently on options other than the annualised option under VECTEA 2009 will be transferred to the standard ten week leave model at the commencement of this agreement and paid

under the 46/52 model of employment. This transfer will not result in a reduction to any employee's weekly pay. The normal method of transfer would be for the additional unpaid hours currently being worked to be included in the employee's paid hours under this agreement.

Annual Leave Application Process

The Nominated Supervisor has day-to-day operational responsibility of the Mount Martha Preschool. All staff (educators, teaching assistants, administration or others) must submit their annual leave applications to the Nominated Supervisor ensuring their applications are submitted in writing with at least two (2) months notice. The Nominated Supervisor is responsible for informing the Approved Provider and Committee of Management of all applications prior to approval.

In the event where a staff member submits an application for leave that occurs during term dates, the Nominated Supervisor must forward the application to the Committee of Management Executive for approval.

Annual leave applications regarding the Nominated Supervisor must be submitted to the Committee of Management Executive in writing with at least two (2) months notice.

4.ANNUAL LEAVE LOADING

This clause supplements the *National Employment Standards* (NES), which deals with annual leave.

An employee who has served throughout the preschool year is entitled to a leave loading of 17.5% on four weeks' annual leave at the employee's ordinary rate of pay.

The loading will normally be paid on the last pay day prior to the end of Term Four (4) or on the termination of employment by either party.

Leave loading is to be calculated using the following formula: $[\text{Weekly salary} \times 4 \times 17.5\%] \times \text{term weeks worked by the employee in that preschool year} / \text{Total term weeks in that preschool year}$.

5.APPROVED UNPAID ABSENCE

An employee may apply for a period of approved unpaid absence, which will be considered by the Nominated Supervisor on a case-by-case basis with approval to be at the sole discretion of the Nominated Supervisor and Approved Provider (standing preschool President).

In determining the matter, the employer may have regard to the following:

- a) any benefit to the service resulting from granting the application;
- b) whether the employee has access to any form of paid leave;
- c) operational requirements of the position;
- d) impact on other employees;
- e) additional costs to the employer (excluding any costs directly associated with the employment of a replacement employee for the period of leave); and
- f) ability to source appropriately qualified staff.

The employee must submit his/her application in writing at least two (2) months prior to the proposed commencement of leave. The required notice period may be varied in exceptional circumstances.

Any period of approved absence shall not break the continuity of service but will not be taken into account in calculating the period of service with the employer.

Unless otherwise agreed between the employer and employee, the employee will be entitled to return to the position, which she/he held immediately prior to the commencement of the absence.

Where such position no longer exists but other positions for which the employee is qualified are available then he/she will be entitled to a position as near as comparable in status and salary to that of his/her former position.

The employee will be responsible for any member superannuation contributions that are required to be made during the period of leave.

6.PERSONAL/CARER'S LEAVE AND COMPASSIONATE LEAVE

Paid Personal/Carer's Leave

This section applies to employees, other than casual employees.

An employee may apply for a personal, carer's or compassionate leave. Employees shall inform and discuss their situation with the Nominated Supervisor and/or the Approved Provider (standing preschool President).

Entitlement to Paid Personal/Carer's Leave

- a) Amount of leave
 - i. For each year of service with his or her employer, an employee is entitled to 10 days (76 hours) of paid personal/carers leave.
 - ii. However, an Early Childhood Teacher, including a Preschool Field Officer or Advisor, is entitled to 15 days (114 hours) of paid personal/carers leave.
- a) Accrual of leave
 - i. On commencement of his/her service with an employer, an employee shall be granted his/her first year's entitlement to personal/carers leave on a notional basis.
 - ii. On completion of each year's service employees shall be granted a further entitlement on a notional basis.
 - iii. If in the first year of service a teacher exceeds his/her notional entitlement to personal/carers leave he/she may access his/her notional entitlement for the subsequent year subject to the production of a medical certificate for all such absences.
 - iv. An employee's entitlement to paid personal/carers leave accumulates from year to year.

Termination of Employment

Where an employee's employment ends and the amount of personal/carers leave taken by the employee exceeds his/her actual entitlement under the accrual method prescribed in s.96(2) of the *Fair Work Act*, the employee must repay on demand, the payment made by the employer for the leave taken but not accrued. The employer is authorised by this clause to withhold from any monies due to the employee on termination, except for any entitlement to long service leave, either under this agreement or the *National Employment Standards* (NES), an amount not exceeding the amount of the excess accrual.

Taking Paid Personal/Carer's Leave

An employee may take paid personal/carers leave:

- a) if because the employee is not fit for work because of a personal illness, or personal injury, affecting the employee; or
- b) to provide care or support to a member of the employee's immediate family, or a member of the employee's household, who requires care or support because of:
 - i. personal illness, or personal injury, affecting the member; or
 - ii. an unexpected emergency affecting the member.

Employee not to be on paid personal/carers leave on public holidays

If the period during which an employee takes paid personal/carers leave includes a day or part-day that is a public holiday in the place where the employee is based for work purposes, the employee is not to be on personal/carers leave on that public holiday.

Payment for Paid Personal/Carer's Leave

If, in accordance with this clause, an employee takes a period of paid personal/carers leave, payment for any such absence shall be without loss of pay.

Paid Personal/Carer's Leave Must Not be Cashed Out

Paid personal/carers leave must not be cashed out.

Entitlement to Unpaid Carer's Leave

- a) An employee, including a casual employee, is entitled to two (2) days of unpaid carer's leave for each occasion (a permissible occasion) when a member of the employee's immediate family, or a member of the employee's household, requires care or support because of:
 - i. a personal illness, or personal injury, affecting the member; or
 - ii. an unexpected emergency affecting the member.
- b) Taking unpaid carer's leave
 - i. An employee, including a casual employee, may take unpaid carer's leave for a particular permissible occasion if the leave is taken to provide care or support as referred to in clause 29.8(a) (VECTEA 2016).
 - ii. An employee may take unpaid carer's leave for a particular permissible occasion as:
 - 1. a single continuous period of up to two (2) days; or
 - 2. any separate periods to which the employee and his or her employer agree.
 - iii. An employee cannot take unpaid carer's leave during a particular period if the employee could instead take personal/carers leave.

Infectious Diseases Leave

- a) An employee who contracts an infectious disease through contact during the course of their employment shall be entitled to paid infectious diseases leave in accordance with the following scale.
- b) Such leave shall not be applied against their entitlement to personal/carers leave.
- c) A medical certificate for any absence must be provided to the employer and state:
 - i. the employee has contracted the specified disease as a direct result of their employment;
 - ii. nature of the illness;
 - iii. is not fit to perform their duties; and
 - iv. period of absence.
- d) The prescribed infectious diseases and the relevant periods of additional leave are:
 - i. five (5) consecutive days for:
 - 1. German Measles (Rubella)
 - 2. Chicken Pox (Varicella)
 - 3. Influenza
 - ii. ten (10) consecutive days for:
 - 1. Measles (Morbilli)
 - 2. Mumps (Parotitis)

3. Scarlet Fever
4. Whooping Cough
- iii. As determined by an approved medical practitioner for:
 1. Rheumatic Fever
 2. Hepatitis

Compassionate Leave

a) Entitlement to compassionate leave

An employee is entitled to two (2) weeks pro-rata of compassionate leave for each occasion (a permissible occasion) when a member of the employee's immediate family, or a member of the employee's household:

- i. Contracts or develops a personal illness that poses a serious threat to his or her life; or
- ii. Sustains a personal injury that poses a serious threat to his or her life; or
- iii. Dies.

b) Taking compassionate leave

- i. An employee may take compassionate leave for a particular permissible occasion if the leave is taken:
 1. to spend time with the member of the employee's immediate family or household who has contracted or developed the personal illness, or sustained the personal injury, referred to in clause 29.10(a) (VECTEA 2016); or
 2. after the death of the member of the employee's immediate family or household referred to in clause 29.10(a) (VECTEA 2016).
- ii. An employee may take compassionate leave for a particular permissible occasion as:
 1. a single continuous six (6) working days (two [2] weeks pro-rata); or
 2. separate periods of up to a total of six (6) working days (two [2] weeks pro-rata); or
 3. any separate periods to which the employee and his or her employer agree.
- iii. If the permissible occasion is the contraction or development of a personal illness, or the sustaining of a personal injury, the employee may take the compassionate leave for that occasion at any time while the illness or injury persists.

Payment for Compassionate Leave (other than for casual employees)

If, in accordance with this clause, an employee, other than a casual employee, takes a period of compassionate leave, payment for the absence shall be without loss of pay. Such leave shall be paid at the normal rate of pay.

Notice and Evidence Requirements

- a) An employee must give his or her employer notice of the taking of leave under this clause by the employee.
- b) The notice
 - i. must be given to the employer as soon as practicable (which may be a time after the leave has started); and

- ii. must advise the employer of the period, or expected period, of the leave.
- c) An employee who has given his or her employer notice of the taking of leave under this clause must, if required by the employer, give the employer evidence that would satisfy a reasonable person that:
 - i. If it is paid personal/carer's leave – the leave is taken for a reason specified in clause 29.4 (VECTEA 2016); or
 - ii. If it is unpaid carer's leave – the leave is taken for a permissible occasion in circumstances specified in clause 29.8(b)(i) or (ii) (VECTEA 2016) or
 - iii. If it is compassionate leave – the leave is taken for a permissible occasion specified in clause 29(10) (VECTEA 2016).
- d) Evidence requirements
 - i. For absences on personal/carer's leave exceeding 3 consecutive working days a medical certificate must be produced if required by the employer; or
 - ii. Where an employer has reasonable grounds to suspect abuse of personal/carer's leave provisions the employer may require the employee to produce a medical certificate or statutory declaration that the employee was unable to work; or
 - iii. Provided further, that for any absences, either the working day before or the working day after a public holiday, an employee shall be required to provide a medical certificate stating that the employee was unable to work.
- e) Compliance

An employee is not entitled to take leave under this clause unless the employee complies with the requirements of this clause.

7.PUBLIC HOLIDAYS

Entitlement to be Absent From Employment on Public Holidays

An employee other than a casual employee or an employee in receipt of a loading in lieu of leave entitlement is entitled to be absent from his or her employment on a day or part-day that is a public holiday in the place where the employee is based for work purposes.

Meaning of Public Holiday

- a) Each of the following are public holidays:
 - i. 1 January (New Year's Day);
 - ii. 26 January (Australia Day);
 - iii. Labour Day;
 - iv. Good Friday;
 - v. Saturday before Easter Sunday;
 - vi. Easter Monday;
 - vii. 25 April (Anzac Day);
 - viii. Queen's Birthday;
 - ix. AFL Grand Final (Australian Football League Grand Final);
 - x. Melbourne Cup Day (All of Victoria unless alternate local holiday has been arranged by non-metropolitan council);
 - xi. 25 December (Christmas Day);
 - xii. 26 December (Boxing Day).

- b) When Christmas Day is a Saturday or Sunday a public holiday in lieu thereof will be observed on 27 December.
- c) When Boxing Day is a Saturday or Sunday a public holiday in lieu thereof will be observed on 28 December.
- d) When New Year's Day or Australia Day is a Saturday or Sunday, a public holiday in lieu thereof will be observed on the next Monday.
- e) Any other day, or part day, declared or prescribed by or under a law of the State of Victoria to be observed generally within the State, or a region of the State, as a public holiday, other than a day or part-day, or a kind of day or part-day, that is excluded by the regulations in the Act from counting as a public holiday.

Substituted Public Holidays Under State Law

If, under (or in accordance with a procedure under) a law of the State, a day or part-day is substituted for a day or part-day that would otherwise be a public holiday because of clause 30.2 (VECTEA 2016), then the substituted day or part-day is the public holiday.

Substitute Days by Agreement

- a) By agreement between an employer and a majority of employees at a work location it may be agreed to substitute another day for any day prescribed in clause 30.2 (VECTEA 2016).
- b) In such circumstances, any overtime provisions shall not apply for work undertaken on the public holiday.
- c) Where no such agreement is reached the overtime rates specified in clause 54 – Overtime shall apply to all employees for work undertaken on the public holiday.

Payment for Absence on Public Holidays

If an employee is absent for his or her employment on a day or part-day that is a public holiday, any such absence will be without loss of pay.

8.PARENTAL LEAVE

Parental leave is provided in the *National Employment Standards* (NES), including but not limited to:

- a) Notice and evidence requirements;
- b) Period of leave;
- c) Extension or reduction in period of leave; and
- d) Transfer to a safe job.

This clause supplements the *National Employment Standards* (NES).

Eligibility to Take Parental Leave

An employee is eligible to access unpaid Parental Leave if she/he has had not less than 12 months service with that employer immediately preceding the date upon which he/she proceeds to take such leave.

For the purposes of 31.2 (VECTEA 2016) service is:

- (a) any duty as an employee other than any period of employment on a casual basis; and
- (b) any approved period of leave with pay.

The initial period of parental leave may be up to a maximum of 78 weeks (including any leave taken under 31.5 [VECTEA 2016]) with any extension to be in accordance with the *National Employment Standards* (NES).

Payments Associated with Maternity and Adoption Leave

An employee eligible under clause 31.2 (VECTEA 2016) and who satisfies the notice and evidence requirements under the *National Employment Standards* (NES) will be entitled to a payment equivalent to 14 weeks' salary, payable on commencement of maternity/adoption leave.

An employee must have had 26 or more weeks' service within the 52 weeks immediately preceding the date the employee commences such leave for second or subsequent children.

Payments Associated with Partner Leave

An employee eligible under clause 31.2 (VECTEA 2016) and who satisfies the notice and evidence requirements under the *National Employment Standards* (NES) will be entitled to a payment equivalent to five (5) days, payable on commencement of partner leave.

An employee must have had 26 or more weeks' service within the 52 weeks immediately preceding the date the employee commences such leave for second or subsequent children.

9.COMMUNITY SERVICE LEAVE

Community service leave is provided for in the *National Employment Standards* (NES). This clause supplements the NES and deals with Jury Service.

In accordance with s52 of the *Juries Act 2000 (Vic)* employees shall be entitled to be paid by their employer for all absences on jury service, provided that any monies paid by the court for attendance by the employee undertaking jury service will be paid or reimbursed to the employer unless otherwise determined by the employer.

10.LONG SERVICE LEAVE

The provisions of the *Long Service Leave Act 2018 (Vic)* (or its successor) shall apply to all employees covered by this Agreement.

Note: the *Long Service Leave Act 2018 (Vic)* (2018 Act) assented 15 May 2018. *Long Service Leave Act 1992* (1992 Act) was repealed on assent of 2018 Act.

Long Service Leave Application Process

The Nominated Supervisor has day-to-day operational responsibility of the Mount Martha Preschool. All staff (educators, teaching assistants, administration or others) must submit their long service leave applications to the Nominated Supervisor ensuring their applications are submitted in writing with at least 12 weeks notice.

It is the responsibility of both the sitting Mount Martha Preschool President and Nominated Supervisor to approve the following:

- a) Long service leave applications
- b) Approval and rostering of replacement or temporary staff.

The sitting preschool President is responsible for notifying the Committee of Management regarding any decisions.

No single party (sitting preschool President nor Nominated Supervisor) has the authority to unilaterally approve or roster replacement or temporary staff. Moreover, it is the responsibility of the Committee of Management to approve the allocation of any and all necessary resources.

11.NOTIFICATION AND APPROVAL PROCESS

Whilst the Nominated Supervisor holds day-to-day operational responsibility of the Mount Martha Preschool, it is incumbent upon the Nominated Supervisor to inform and discuss all leave applications with the Approved Provider (standing preschool President). The Approved Provider and Nominated Supervisor shall authorise applications cooperatively.

12.SOURCES AND RELATED POLICIES

Victorian Early Childhood Teachers and Educators Agreement 2016
(VECTEA 2016 [SOURCE MATERIAL])

Long Service Leave Act 2018 (Vic)

Fair Work Act 2009 (Cth)

Juries Act 2000 (Vic)

National Employment Standards (NES) — Fair Work Ombudsman:

<https://www.fairwork.gov.au/employee-entitlements/national-employment-standards>

Clerks–Private Sector Award 2010 (MA000002)

AMENDMENTS

Amendment A (4/2019SPA:SL): Staff Leave – (MA000002) *Clerks–Private Sector Award 2010* (Updated 26 October 2018). Leave entitlements prescribed and outlined for Mount Martha Preschool clerical and administration staff.

EVALUATION

The Committee of Management will review this policy and enact amendments or entire replacement upon knowledge of changes to all relevant agreements as set out in the policy statement.

AUTHORISATION

This policy was adopted by the Approved Provider of Mount Martha Preschool on 21/8/2019.

REVIEW DATE: 21 AUGUST 2022

Amendment A (4/2019SPA:SL):

Staff Leave – Clerks (Private Sector) Award 2010 (Updated 26 October 2018) (MA000002)

As prescribed under the *Definitions and Interpretation* of the *Clerks (Private Sector) Award 2010* (MA000002) this amendment (A) applies to employees engaged wholly or principally in clerical work, including administrative duties of a clerical nature. Furthermore, other duties may include, but are not limited to, recording, typing, calculating, invoicing, billing, charging, checking, receiving and answering calls, cash handling, operating a telephone switchboard and attending a reception desk.

Note: Early Learning Association Australia (ELAA) advocates utilising the *Clerks (Private Sector) Award 2010* (MA000002) for preschool or kindergartens that are community or committee operated. ELAA recommends employing the *Educational [Schools] General Staff Award 2010* (MA0000076) for preschools or kindergartens that are owned or operated through private organisations or primary or secondary (high schools) school institutions.

1A.ANNUAL LEAVE

Annual leave is provided for in the *National Employment Standards* (NES).

Note: Annual leave application process is outlined under **section three (3)** (Annual Leave).

Annual Leave Application Process

The Nominated Supervisor has day-to-day operational responsibility of the Mount Martha Preschool. All staff (educators, teaching assistants, administration or others) must submit their annual leave applications to the Nominated Supervisor ensuring their applications are submitted in writing with at least two (2) months notice. The Nominated Supervisor is responsible for informing the Approved Provider and Committee of Management of all applications prior to approval.

In the event where a staff member submits an application for leave that occurs during term dates, the Nominated Supervisor must forward the application to the Committee of Management Executive for approval.

Annual leave applications regarding the Nominated Supervisor must be submitted to the Committee of Management Executive in writing with at least two (2) months notice.

Definition of Shiftworker

For the purpose of the additional week of annual leave provided for in the *National Employment Standards* (NES), a **shiftworker** is a seven day shiftworker who is regularly rostered to work on Sundays and public holidays in a business in which shifts are continuously rostered 24 hours a day for seven days a week.

Annual Leave Loading

- a) During a period of annual leave an employee will receive a loading calculated on the rate of wage prescribed in clause 16—Minimum weekly wages. Annual leave loading payment is payable on leave accrued
- b) The loading is as follows:
 - i. Day work:
 1. Employees who would have worked on day work only had they not been on leave—17.5% or the relevant weekend penalty rates, whichever is the greater but not both.
 - ii. Shiftwork:
 1. Employees who would have worked on shiftwork had they not been on leave—a loading of 17.5% or the shift loading (including relevant weekend penalty rates) whichever is the greater but not both.

Annual Leave in Advance

- a) An employer and employee may agree in writing to the employee taking a period of paid annual leave before the employee has accrued an entitlement to the leave.
- b) An agreement must:
 - i. state the amount of leave to be taken in advance and the date on which leave is to commence; and
 - ii. be signed by the employer and employee and, if the employee is under 18 years of age, by the employee's parent or guardian.

Note: An example of the type of agreement required by clause 29.4 (*Clerks Award 2010*) is set out at Schedule F (*Clerks Award 2010*) as well as **Appendix A** of this policy amendment. There is no requirement to use the form of agreement set out at Schedule F (*Clerks Award 2010*) as well as **Appendix A** of this policy amendment.

- c) The employer must keep a copy of any agreement under clause 29.4 (*Clerks Award 2010*) as an employee record.
- d) If, on the termination of the employee's employment, the employee has not accrued an entitlement to all of a period of paid annual leave already taken in accordance with an agreement under clause 29.4 (*Clerks Award 2010*), the employer may deduct from any money due to the employee on termination an amount equal to the amount that was paid to the employee in respect of any part of the period of annual leave taken in advance to which an entitlement has not been accrued.

Close-Down

An employer may require an employee to take annual leave as part of a close-down of its operations, by giving at least four (4) weeks' notice.

Excessive Leave Accruals: General Provision

Note: Clauses 29.6 to 29.8 (*Clerks Award 2010*) contain provisions, additional to the *National Employment Standards* (NES), about the taking of paid annual leave as a way of dealing with the accrual of excessive paid annual leave. See Part 2.2, Division 6 of the *Fair Work Act*.

- a) An employee has an **excessive leave accrual** if the employee has accrued more than eight (8) weeks' paid annual leave (or 10 weeks' paid annual leave for a shiftworker, as defined by clause 29.2).
- b) If an employee has an excessive leave accrual, the employer or the employee may seek to confer with the other and genuinely try to reach agreement on how to reduce or eliminate the excessive leave accrual.
- c) Clause 29.7 (*Clerks Award 2010*) sets out how an employer may direct an employee who has an excessive leave accrual to take paid annual leave.
- d) Clause 29.8 (*Clerks Award 2010*) sets out how an employee who has an excessive leave accrual may require an employer to grant paid annual leave requested by the employee.

Excessive Leave Accruals: Direction by Employer that Leave be Taken

- a) If an employer has genuinely tried to reach agreement with an employee under clause 29.6(b) (*Clerks Award 2010*) but agreement is not reached (including because the employee refuses to confer), the employer may direct the employee in writing to take one or more periods of paid annual leave.
- b) However, a direction by the employer under paragraph (a):
 - i. is of no effect if it would result at any time in the employee's remaining accrued entitlement to paid annual leave being less than six (6) weeks when any other paid annual leave arrangements (whether made under clause 29.6, 29.7 or 29.8 [*Clerks Award 2010*] or otherwise agreed by the employer and employee) are taken into account; and

- ii. must not require the employee to take any period of paid annual leave of less than one week; and
 - iii. must not require the employee to take a period of paid annual leave beginning less than eight (8) weeks, or more than 12 months, after the direction is given; and
 - iv. must not be inconsistent with any leave arrangement agreed by the employer and employee.
- c) The employee must take paid annual leave in accordance with a direction under paragraph (a) that is in effect.
 - d) An employee to whom a direction has been given under paragraph (a) may request to take a period of paid annual leave as if the direction had not been given.

Note 1: Paid annual leave arising from a request mentioned in paragraph (d) may result in the direction ceasing to have effect. See clause 29.7(b)(i) (*Clerks Award 2010*).

Note 2: Under section 88(2) of the *Fair Work Act*, the employer must not unreasonably refuse to agree to a request by the employee to take paid annual leave.

Excessive Leave Accruals: Request by Employee for Leave

- a) If an employee has genuinely tried to reach agreement with an employer under clause 29.6(b) (*Clerks Award 2010*) but agreement is not reached (including because the employer refuses to confer), the employee may give a written notice to the employer requesting to take one or more periods of paid annual leave.
- b) However, an employee may only give a notice to the employer under paragraph (a) if:
 - i. the employee has had an excessive leave accrual for more than six (6) months at the time of giving the notice; and
 - ii. the employee has not been given a direction under clause 29.7(a) (*Clerks Award 2010*) that, when any other paid annual leave arrangements (whether made under clause 29.6, 29.7 or 29.8 [*Clerks Award 2010*] or otherwise agreed by the employer and employee) are taken into account, would eliminate the employee's excessive leave accrual.
- c) A notice given by an employee under paragraph (a) must not:
 - i. if granted, result in the employee's remaining accrued entitlement to paid annual leave being at any time less than six (6) weeks when any other paid annual leave arrangements (whether made under clause 29.6, 29.7 or 29.8 (*Clerks Award 2010*) or otherwise agreed by the employer and employee) are taken into account; or
 - ii. provide for the employee to take any period of paid annual leave of less than one week; or
 - iii. provide for the employee to take a period of paid annual leave beginning less than eight (8) weeks, or more than 12 months, after the notice is given; or
 - iv. be inconsistent with any leave arrangement agreed by the employer and employee.
- d) An employee is not entitled to request by a notice under paragraph (a) more than four (4) weeks' paid annual leave (or five [5] weeks' paid annual leave for a shiftworker, as defined by clause 29.2 [*Clerks Award 2010*]) in any period of 12 months.
- e) The employer must grant paid annual leave requested by a notice under paragraph (a).

Cashing Out of Annual Leave

- a) Paid annual leave must not be cashed out except in accordance with an agreement under clause 29.9 (*Clerks Award 2010*).
- b) Each cashing out of a particular amount of paid annual leave must be the subject of a

separate agreement under clause 29.9 (*Clerks Award 2010*).

- c) An employer and an employee may agree in writing to the cashing out of a particular amount of accrued paid annual leave by the employee.
- d) An agreement under clause 29.9 (*Clerks Award 2010*) must state:
 - i. the amount of leave to be cashed out and the payment to be made to the employee for it; and
 - ii. the date on which the payment is to be made.
- e) An agreement under clause 29.9 (*Clerks Award 2010*) must be signed by the employer and employee and, if the employee is under 18 years of age, by the employee's parent or guardian.
- f) The payment must not be less than the amount that would have been payable had the employee taken the leave at the time the payment is made.
- g) An agreement must not result in the employee's remaining accrued entitlement to paid annual leave being less than four (4) weeks.
- h) The maximum amount of accrued paid annual leave that may be cashed out in any period of 12 months is two (2) weeks.
- i) The employer must keep a copy of any agreement under clause 29.9 (*Clerks Award 2010*) as an employee record.

Note 1: Under section 344 of the *Fair Work Act*, an employer must not exert undue influence or undue pressure on an employee to make, or not make, an agreement under clause 29.9 (*Clerks Award 2010*).

Note 2: Under section 345(1) of the *Fair Work Act*, a person must not knowingly or recklessly make a false or misleading representation about the workplace rights of another person under clause 29.9 (*Clerks Award 2010*).

Note 3: An example of the type of agreement required by clause 29.9 (*Clerks Award 2010*) is set out at Schedule G (*Clerks Award 2010*) as well as **Appendix B** of this policy amendment. There is no requirement to use the form of agreement set out at Schedule G (*Clerks Award 2010*) as well as **Appendix B** of this policy amendment.

2A.LONG SERVICE LEAVE

The provisions of the *Long Service Leave Act 2018 (Vic)* (or its successor) shall apply to all employees covered by this Agreement.

Note 1: the *Long Service Leave Act 2018 (Vic)* (2018 Act) assented 15 May 2018. *Long Service Leave Act 1992* (1992 Act) was repealed on assent of 2018 Act.

Note 2: Long service leave application process is outlined under **section 10** (Long Service Leave).

3A.PERSONAL/CARER'S LEAVE AND COMPASSIONATE LEAVE

Personal/carer's leave and compassionate leave are provided for in the *National Employment Standards* (NES).

An employee may apply for a personal, carer's or compassionate leave. Employees shall inform and discuss their situation with the Nominated Supervisor and/or the Approved Provider (standing preschool President).

Personal/Carer's Leave for Casual Employees

- a) Casual employees are entitled to be not available for work or to leave work to care for a person who is sick and requires care and support or who requires care due to an emergency.
- b) Such leave is unpaid. A maximum of 48 hours absence is allowed by right with additional absence by agreement.

4A.PUBLIC HOLIDAYS

Public holidays are provided for in the *National Employment Standards* (NES).

An employer and the employees may by agreement substitute another day for a public holiday.

Work on a public holiday or a substituted day must be paid at double time and a half. Where both a public holiday and substitute day are worked public holiday penalties are payable on one of those days at the election of the employee. An employee required to work on a public holiday is entitled to not less than four hours pay at penalty rates provided the employee is available to work for four hours.

Note 1: meaning of public holiday is outlined under **section seven (7)** (Public Holidays).

Note 2: part-day public holidays is outlined under **Appendix C** (Schedule E of the Clerks Award 2018).

5A.COMMUNITY SERVICE LEAVE

Community service leave is provided for in the *National Employment Standards* (NES).

6A.LEAVE TO DEAL WITH FAMILY AND DOMESTIC VIOLENCE

This clause applies to all employees, including casuals.

An employee may apply for leave to deal with family and/or domestic violence. Employees shall inform and discuss their situation with the Nominated Supervisor and/or the Approved Provider (standing preschool President).

Definitions

In this clause:

- a) **'Family and domestic violence'** means:
 - i. violent, threatening or other abusive behaviour by a family member of an employee that seeks to coerce or control the employee and that causes them harm or to be fearful.
- b) **'Family member'** means:
 - i. a spouse, de facto partner, child, parent, grandparent, grandchild or sibling of the employee; or
 - ii. a child, parent, grandparent, grandchild or sibling of a spouse or de facto partner of the employee; or
 - iii. a person related to the employee according to Aboriginal or Torres Strait Islander kinship rules.
- c) A reference to a spouse or de facto partner in the definition of family member in clause 33.2(a) (*Clerks Award 2010*) includes a former spouse or de facto partner.

Entitlement to Unpaid Leave

An employee is entitled to five (5) days' unpaid leave to deal with family and domestic violence, as follows:

- a) The leave is available in full at the start of each 12 month period of the employee's employment; and
- b) The leave does not accumulate from year to year; and
- c) Is available in full to part-time and casual employees.

Note 1: a period of leave to deal with family and domestic violence may be less than a day by agreement between the employee and the employer.

Note 2: The employer and employee may agree that the employee may take more than five (5) days' unpaid leave to deal with family and domestic violence.

Taking Unpaid Leave

An employee may take unpaid leave to deal with family and domestic violence if the employee:

- a) Is experiencing family and domestic violence; and
- b) Needs to do something to deal with the impact of the family and domestic violence and it is impractical for the employee to do that thing outside their ordinary hours of work.

Note: The reasons for which an employee may take leave include making arrangements for their safety or the safety of a family member (including relocation), attending urgent court hearings, or accessing police services.

Service and Continuity

The time an employee is on unpaid leave to deal with family and domestic violence does not count as service but does not break the employee's continuity of service.

Notice and Evidence Requirements

a) Notice:

- i. an employee must give their employer notice of the taking of leave by the employee under clause 33 (*Clerks Award 2010*). The notice:
 1. must be given to the employer as soon as practicable (which may be a time after the leave has started); and
 2. must advise the employer of the period, or expected period, of the leave.

b) Evidence:

- i. an employee who has given their employer notice of the taking of leave under clause 33 (*Clerks Award 2010*) must, if required by the employer, give the employer evidence that would satisfy a reasonable person that the leave is taken for the purpose specified in clause 33.4 (*Clerks Award 2010*).

Note: Depending on the circumstances such evidence may include a document issued by the police service, a court or a family violence support service, or a statutory declaration.

Confidentiality

- a) Employers must take steps to ensure information concerning any notice an employee has given, or evidence an employee has provided under clause 33.6 (*Clerks Award 2010*) is treated confidentially, as far as it is reasonably practicable to do so.
- b) Nothing in clause 33 (*Clerks Award 2010*) prevents an employer from disclosing information provided by an employee if the disclosure is required by an Australian law or is necessary to protect the life, health or safety of the employee or another person.

Note: Information concerning an employee's experience of family and domestic violence is sensitive and if mishandled can have adverse consequences for the employee. Employers should consult with such employees regarding the handling of this information.

Compliance

An employee is not entitled to take leave under clause 33 (*Clerks Award 2010*) unless the employee complies with clause 33 (*Clerks Award 2010*).

**Appendix A (Schedule F Clerks Award 2010):
Agreement to Take Annual Leave in Advance**

Name of employee: _____

Name of employer: _____

The employer and employee agree that the employee will take a period of paid annual leave before the employee has accrued an entitlement to the leave:

The amount of leave to be taken in advance is: ____ hours/days

The leave in advance will commence on: ____ / ____ /20 ____

Signature of employee: _____

Date signed: ____ / ____ /20 ____

Name of employer representative: _____

Signature of employer representative: _____

Date signed: ____ / ____ /20 ____

[If the employee is under 18 years of age - include:]

I agree that:

if, on termination of the employee's employment, the employee has not accrued an entitlement to all of a period of paid annual leave already taken under this agreement, then the employer may deduct from any money due to the employee on termination an amount equal to the amount that was paid to the employee in respect of any part of the period of annual leave taken in advance to which an entitlement has not been accrued.

Name of parent/guardian: _____

Signature of parent/guardian: _____

Date signed: ____ / ____ /20 ____

**Appendix B (Schedule G Clerks Award 2010):
Agreement to Cash Out Annual Leave**

Name of employee: _____

Name of employer: _____

The employer and employee agree to the employee cashing out a particular amount of the employee's accrued paid annual leave:

The amount of leave to be cashed out is: ____ hours/days

The payment to be made to the employee for the leave is: \$_____ subject to deduction of income tax/after deduction of income tax (strike out where not applicable)

The payment will be made to the employee on: ____/____/20____

Signature of employee: _____

Date signed: ____/____/20____

Include if the employee is under 18 years of age:

Name of parent/guardian: _____

Signature of parent/guardian: _____

Date signed: ____/____/20____

Appendix C (Schedule E Clerks Award 2010): Part-Day Public Holidays

This schedule operates where this award otherwise contains provisions dealing with public holidays that supplement the *National Employment Standards* (NES).

Where a part-day public holiday is declared or prescribed between 7.00 pm and midnight on Christmas Eve (24 December 2017) or New Year's Eve (31 December 2017) the following will apply on Christmas Eve and New Year's Eve and will override any provision in this award relating to public holidays to the extent of the inconsistency:

- a. All employees will have the right to refuse to work on the part-day public holiday if the request to work is not reasonable or the refusal is reasonable as provided for in the *National Employment Standards* (NES).
- b. Where a part-time or full-time employee is usually rostered to work ordinary hours between 7.00 pm and midnight but as a result of exercising their right under the *National Employment Standards* (NES) does not work, they will be paid their ordinary rate of pay for such hours not worked.
- c. Where a part-time or full-time employee is usually rostered to work ordinary hours between 7.00 pm and midnight but as a result of being on annual leave does not work, they will be taken not to be on annual leave between those hours of 7.00 pm and midnight that they would have usually been rostered to work and will be paid their ordinary rate of pay for such hours.
- d. Where a part-time or full-time employee is usually rostered to work ordinary hours between 7.00 pm and midnight, but as a result of having a rostered day off (RDO) provided under this award, does not work, the employee will be taken to be on a public holiday for such hours and paid their ordinary rate of pay for those hours.
- e. Excluding annualised salaried employees to whom clause E.1(f) (*Clerks Award 2010*) applies, where an employee works any hours between 7.00 pm and midnight they will be entitled to the appropriate public holiday penalty rate (if any) in this award for those hours worked.
- f. Where an employee is paid an annualised salary under the provisions of this award and is entitled under this award to time off in lieu or additional annual leave for work on a public holiday, they will be entitled to time off in lieu or pro-rata annual leave equivalent to the time worked between 7.00 pm and midnight.
- g. An employee not rostered to work between 7.00 pm and midnight, other than an employee who has exercised their right in accordance with clause E.1(a) (*Clerks Award 2010*), will not be entitled to another day off, another day's pay or another day of annual leave as a result of the part-day public holiday.

This schedule is not intended to detract from or supplement the *National Employment Standards* (NES).

This schedule is an interim provision and subject to further review.

Staffing Policy Addendum (2019/5): Staff Grievances, Dispute Resolution & Disciplinary Action

Best Practice – Quality Area 4

1. PURPOSE

This policy addendum provides precise procedures for Mount Martha Preschool Association concerning staff grievances, dispute resolution and disciplinary action as agreed and set out in the *Victorian Early Childhood Teachers and Educators Agreement 2016* (VECTEA 2016) and *Fair Work Act 2009* (Cth).

2. POLICY STATEMENT

The Staffing Policy Addendum (2019/-): Staff Grievances, Dispute Resolution and Disciplinary Action uses the *Victorian Early Childhood Teachers and Educators Agreements 2016* (VECTEA 2016) and *Fair Work Act 2009* (Cth) as master documents. Any changes to this policy addendum must strictly adhere to the provisions and alterations as set out in future or succeeding VECTEA agreements and *Fair Work Act 2009* (Cth). Additional sections, Privacy and Confidentiality and Documentation, are developments of the Policy Development Subcommittee (PDSC).

It is recommended that all parties keep a diary of events as a formal record. This includes, but is not limited to, times and dates of incidents, interactions, meetings, recommendations and actions.

3. DEFINITIONS

‘Complainant’ is the person(s) who has a grievance and is making a complaint.

‘Contact Officer’ is a person(s) trained to give independent, confidential information to complainants, respondents and witnesses. A Contact Officer does not conciliate, investigate or resolve a grievance.

‘Grievance’ is a problem, concern or complaint about work, a person with whom you have contact at work, or the work environment.

‘Dispute’ is a conflict arisen from a grievance that remains unresolved and may require formal mediation or intervention.

‘Grievance/Dispute Investigator’ is the person(s) who takes responsibility for investigating and resolving the grievance or dispute in accordance with fair grievance handling principles.

‘Parties’ to a grievance is the complainant(s) and the respondent(s).

‘Respondent’ is the person(s) to whom the grievance relates or who has had a complaint made against them.

‘Witness’ is anyone who can provide information that is relevant to a grievance or its resolution.

4. GRIEVANCES

The Association recognises that from time to time employees may have grievances that need to be resolved. The objective of the below procedure is to ensure that such grievances are resolved without unnecessary delay and that the principles of procedural fairness are followed.

The following grievance procedure shall apply:

- a) The employee shall attempt in the first instance to resolve the matter directly with the Nominated Supervisor.
- b) In an instance where the Nominated Supervisor has a grievance with an employee, the Nominated Supervisor will first attempt to resolve the issue with the employee whilst ensuring they do not use their position as influence.
- c) If the employee or Nominated Supervisor still feels aggrieved then the matter shall be referred to the Chair Person (the Association President) of the Complaints, Grievances and Human Resources (HR) Subcommittee. The Chair Person must inform (predicated upon the principles of **Rule 6** of this policy addendum) the Committee of Management of the grievance.

- d) If the grievance is still unresolved a meeting of the parties shall be arranged at the request of any party.
- e) It is agreed that the requirements of this clause shall, as far as is reasonably practicable, be fulfilled within seven (7) business days from the date that the full and complete details of the grievance were notified to the employer. Where resolution of the grievance is not achieved within seven (7) business days then the period may be extended to a maximum of fourteen (14) business days or such longer period as agreed between the parties with such agreement not to be withheld unreasonably.
- f) Until the grievance is determined, the employee shall continue normal work unless he or she has a reasonable concern about an imminent risk to his or her health or safety and must comply with a direction given by the employer to perform other available work at the same workplace or another workplace unless:
 - 1) the work is not safe; or
 - 2) applicable occupational health and safety legislation would not permit the work to be performed; or
 - 3) the work is not appropriate for the employee to perform; or
 - 4) there are other reasonable grounds for the employee to refuse to comply with the direction.
- g) During the grievance process, and as parties continue normal work, no party shall be prejudiced or discriminated against as to any final settlement.
- h) A nominated representative of the employee or employer shall be entitled to participate in any discussion(s) conducted under these provisions subject to the giving of three (3) business days' prior notice by either party or at an earlier time by mutual agreement.
- i) If the grievance is not settled the matter may be referred by either party to the Fair Work Commission (or its successor) for resolution in accordance with Rule 4 (*Dispute Resolution*) of the *Staffing Policy Addendum (2019/-): Staff Grievances, Dispute Resolution and Disciplinary Action*. (Clause 15 [*Dispute Resolution*] under the *Victorian Early Childhood Teacher's and Educators Agreement [VECTEA 2016]*.)
- j) At any time during the grievance process, the parties may agree to attempt to resolve the matter through a process of mediation. The mediation process and cost associated with this process will be agreed to by the parties. The procedures under this clause will be suspended while a mediation process is being followed.

5. DISPUTE RESOLUTION

This section sets out procedures to settle all internal preschool disputes.

An employee who is a party to the dispute may appoint a representative for the purposes of the procedures in this clause.

In the first instance, the parties to the dispute must try to resolve the dispute at the workplace level, by discussions between the employee or employees and relevant supervisors (Nominated Supervisor) and/or management (Association President or Chair Person of the Complaints, Grievances and Human Resources [HR] Subcommittee).

If discussions at the workplace level do not resolve the dispute, a party to the dispute may refer the matter to Fair Work Commission.

The Fair Work Commission may deal with the dispute in two (2) stages:

- k) The Fair Work Commission will first attempt to resolve the dispute as it considers appropriate, including by mediation, conciliation, expressing an opinion or making a recommendation; and
- l) if the Fair Work Commission is unable to resolve the dispute at the first stage, the Fair Work Commission may then:
 - 1) arbitrate the dispute; and
 - 2) make a determination that is binding on the parties.

Note: If the Fair Work Commission arbitrates the dispute, it may also use the powers that are available to it under the *Fair Work Act 2009* (Cth) (or its successor). A decision that the Fair Work Commission makes when arbitrating a dispute is a decision for the purpose

of Div 3 of Part 5.1 of the *Fair Work Act 2009* (Cth). Therefore, an appeal may be made against the decision.

While the parties are trying to resolve the dispute using the procedures in this clause:

- a) an employee must continue to perform his or her work as he or she would normally unless he or she has a reasonable concern about an imminent risk to his or her health or safety; and
- b) an employee must comply with a direction given by the employer to perform other available work at the same workplace, or at another workplace, unless:
 - 1) the work is not safe; or
 - 2) applicable occupational health and safety legislation would not permit the work to be performed; or
 - 3) the work is not appropriate for the employee to perform; or
 - 4) there are other reasonable grounds for the employee to refuse to comply with the direction.

The parties to the dispute agree to be bound by a decision made by the Commission in accordance with this clause.

6. DISCIPLINARY ACTION

- 6.1** This section sets out disciplinary action procedures when addressing any and all incidents of alleged misconduct. This section will not apply to casual and probationary employees.
- 6.2** Disciplinary action procedures entailed must be underpinned by the principles of procedural fairness.
- 6.3** Where the employer decides that an employee's conduct warrants an investigation (outlined in section seven [7]), and disciplinary action is necessary, the employer shall notify the employee in writing of the reasons why the disciplinary action is being taken. The employer shall provide the employee 10 business days to respond to the allegations.
- 6.4** The employer must provide the employee a minimum of 48 hours notice of any meeting and/or interview held during the investigation process. Each party has the right to have a nominated representative or support person during such interviews and/or meetings.
- 6.5** In serious cases of misconduct, the employer may suspend the employee from duty, on normal pay, while the matter is investigated.
- 6.6** Following the investigation and consideration of the employee's response the employer shall determine whether or not the allegation has substance and whether to issue a warning.
- 6.7** Warnings must be verbal and in writing; recorded on the employee's personnel file and a copy given to the employee.
- 6.8** If unsatisfactory conduct continues, a further warning both verbal and in writing may be given to the employee. It shall be recorded on the employee's personnel file and a copy given to the employee.
- 6.9** If unsatisfactory conduct continues or recurs employment may be terminated in accordance with clause 19 of the *Victorian Early Childhood Teachers and Educators Agreement* (VECTEA 2016) — *Termination of Employment*.
- 6.10** If after a warning has been issued, a period of twelve (12) months elapses without any further warnings or action being required, all reports relating to the warning must be removed from the employee's personnel file and the employee advised in writing.
- 6.11** Any dispute relating to disciplinary action shall be dealt with under Rule 4 (*Dispute Resolution*) of the *Staffing Policy Addendum (2019/-): Staff Grievances, Dispute Resolution and Disciplinary Action*. (Clause 15 [*Dispute Resolution*] under the Victorian Early Childhood Teacher's and Educators Agreement [VECTEA 2016].).

7. INVESTIGATIONS

An investigation involves collecting information about the complaint, grievance or dispute and then making a finding based on the available information as to whether or not any alleged behaviour or event occurred. Once a finding is made, the investigator will make recommendations about resolving a complaint, grievance or dispute.

The investigator may need to interview the parties involved (which may include the complainant, the respondent, and any witnesses) to obtain information regarding a complaint, grievance or dispute. The investigator will comprehensively and accurately document all information obtained during the interviews including the parties involved, timing, location, and nature of conduct complained against.

If the investigator considers it appropriate for the safe and efficient conduct of an investigation, workplace participants may be stood down from work or provided with alternative duties during an investigation in which case they will be paid their normal pay during any such period.

Investigation periods shall consist of a maximum of 20 business days. Additional time required to complete an investigation, or supplement with further information, must be approved within the Complaints, Grievances and Human Resources (HR) Subcommittee.

- a) the primary investigator(s) must:
 - 1) specify (in writing) the reasons why further time is required to conclude an investigation
 - 2) specify (in writing) the amount of extra time required

Throughout the investigation process, all parties involved in the investigation will be regularly kept informed about the investigation.

Any findings will be determined on the basis of the evidence and on the balance of probabilities.

On the basis of the findings, possible outcomes of the investigation may include, but will not be limited to, any combination of the following:

- a) Counselling
- b) Disciplinary action (including an up to termination of employment)
- c) Official warning
- d) Formal apology and/or an undertaking that the behaviour will cease
- e) Mediation where the parties to the complaint, grievance or dispute agree to a mutually acceptable resolution.

On completion of the investigation, all parties will be informed about the investigation findings and the outcome of the investigation.

Following an investigation (irrespective of the findings), the manager, nominated supervisor, member of the Executive Team, or member(s) of the Committee of Management concerned will:

- a) consult with the parties involved to monitor the situation and their wellbeing; and
- b) educate and remind all employees and volunteers of their obligations and responsibilities in relation to providing a workplace free from bullying.

Investigator Selection

The Complaints, Grievances and Human Resources (HR) Subcommittee (CG&HR) will initiate and conduct all internal investigations. The Chair Person of the CG&HR will designate an investigator with the following attributes:

- a) a good understanding of employment frameworks, including relevant legislation and requirements of the *Fair Work Act 2009*
- b) expertise in conducting administrative investigations that requires, among other things, the capacity to weigh often conflicting evidence for the purpose of making findings of fact
- c) a good understanding of administrative decision making, including the requirements of procedural fairness and the need for balanced, reasonable and fair decisions

- d) a capacity to provide a written report that is evidence-based, demonstrates sound reasoning and sets out the process followed in the investigation and the findings in a logical, clear way
- e) sound analytical skills, good judgement, interpersonal and strong oral and written communication skills
- f) sound skills in gathering evidence and conducting interviews.

Depending on the circumstances, the Complaints, Grievances and Human Resources (HR) Subcommittee (CG&HR) may opt to engage an external investigator to perform certain tasks. This task may involve, but is not limited to, the following areas:

- a) **assist** the CG&HR with an investigation into part or all of a complaint(s)
- b) conduct an investigation on behalf of and make **recommendation(s)** to the CG&HR
 - a. this may include making a recommendation about further action(s), including disciplinary proceedings or dismissal
- c) conduct an investigation on behalf of and make **determine(s)** regarding potential further action(s).

8. PRIVACY AND CONFIDENTIALITY

Mount Martha Preschool strives to maintain privacy and confidentiality at all times. Nevertheless, it may be necessary to speak with other employees, volunteers, members of the Committee of Management or other participants in order to determine causality during a grievance investigation. This affords fairness to those against whom the complaint (the respondent(s)) has been made and to resolve the grievance in a timely and efficient manner.

All employees, volunteers, members of the Committee of Management and other workplace participants involved in the grievance process have a duty to maintain privacy and confidentiality. This includes the Complainant. The complainant may discuss the grievance with a designated support person or representative. Nevertheless, the support person or representative must maintain privacy and confidentiality. It is best practice to ensure grievance matters remain private and confidential as much as is as possible. Limiting the number of persons whom are aware of a grievance, as well as information that complainants and respondents have access to, reduces the risk of a breach of privacy and confidentiality. Moreover, this reduces the risk of negatively impacting on a possible grievance investigation.

If a grievance is escalated to the Chair Person of the Complaints, Grievances and Human Resources (HR) Subcommittee, the Chair Person must make a determination regarding the relevance of information disclosure to any person(s) in order to maintain privacy and confidentiality. This includes considering when or if it is appropriate to disclose information to the Committee of Management.

9. DOCUMENTATION

The process for recording and submitted documentation is as follows:

Records of Proceedings

- a) a record of all meetings shall be made
 - 1) these records shall include the meeting purpose, dates, times, attendees, action(s)
- b) minutes for all meetings shall be recorded
 - 1) record of minutes shall be summary documents and not recorded as verbatim
- c) meeting attendees will be supplied a copy of meeting minutes
- d) Audio or digital recordings are permitted if all parties consent

Records of Decisions and Reviews

The Chair Person (President of the Committee of Management) of the Complaints, Grievances and Human Resources (HR) Subcommittee, or his or her nominee, shall ensure that records of all disciplinary actions, reviews or discussions (no matter what stage) are to be kept on file. Digital records shall also be kept on the Mount Martha Preschool's SystemHub cloud server (or future/successive systems).

Access will be made available to these records, whether analogue or digital, only with the prior approval of the Chair Person of the Complaints, Grievances and Human Resources (HR) Subcommittee (President of the Committee of Management). Records shall be kept for seven (7) years and will remain confidential and subject to the provisions of the Privacy Act 1988 (Privacy Act).

10. SOURCES AND RELATED POLICIES

Victorian Early Childhood Teachers and Educators Agreement 2016
(VECTEA 2016 [SOURCE MATERIAL])

Fair Work Act 2009 (Cth)

Privacy Act 1988 (Privacy Act)

National Employment Standards (NES)—Fair Work Ombudsman:
<https://www.fairwork.gov.au/employee-entitlements/national-employment-standards>

Privacy and Confidentiality Policy

Staffing Policy

Staffing Policy Addendum (2019/6): Workplace Bullying and Harassment

Staffing Policy Addendum (2019/9): Gross and Serious Misconduct

Staffing Policy Addendum (2019/10): Sexual Harassment

Staffing Policy Addendum (2019/11): Staff Health and Wellbeing

EVALUATION

The Committee of Management will review this policy addendum and enact amendments or entire replacement upon knowledge of changes to the current *Victorian Early Childhood Teachers and Educators Agreement 2016* (VECTEA 2016) and the *Fair Work Act 2009*.

AUTHORISATION

This policy was adopted by the Approved Provider of Mount Martha Preschool on 21/8/2019.

REVIEW DATE: 21 AUGUST 2023

Staffing Policy Addendum (2019/6): Workplace Bullying and Harassment

Best Practice – Quality Area 4

1. INTRODUCTION

The Mount Martha Preschool Association (also termed as the Association) believes that all people should work in an environment free from bullying.

The Association understands that workplace bullying is a threat to the health and wellbeing of its educators, staff and volunteers.

Accordingly, the Association is committed to eliminating, so far as is reasonably practicable, all forms of workplace bullying and harassment by maintaining a culture of openness, support, and accountability.

2. PURPOSE

The purpose of this policy addendum is to communicate that the Mount Martha Preschool Association does not tolerate any form of workplace bullying or harassment. Moreover, the policy addendum sets out the process that is to be followed should any instances of workplace bullying or harassment be reported.

3. DEFINITIONS

'Bullying' is repeated and unreasonable behaviour directed towards a person or group of persons that creates a risk to health and safety. It includes behaviour that could be expected to intimidate, offend, degrade, humiliate, undermine or threaten.

'Harassment' is aggressive pressure or intimidation directed towards a person or group of persons.

'Repeated behaviour' refers to the persistent nature of the behavior and can involve a range of behaviours over time.

'Unreasonable behaviour' is behaviour that a reasonable person, having considered the circumstances would see as unreasonable, including behavior that is victimising, humiliating, intimidating or threatening.

Examples of behavior, whether intentional or unintentional, that may be considered to be workplace bullying if they are repeated, unreasonable and create a risk to health and safety include but are not limited to:

- a) abusive, insulting or offensive language or comments
- b) unjustified criticism or complaints
- c) deliberately excluding someone from workplace activities
- d) withholding information that is vital for effective work performance
- e) setting unreasonable timelines or constantly changing deadlines
- f) setting tasks that are unreasonably below or beyond a person's skill level
- g) denying access to information, supervision, consultation or resources to the detriment of the worker
- h) spreading misinformation or malicious rumours
- i) changing work arrangements such as rosters and leave to deliberately inconvenience a particular worker or workers.

Workplace bullying can be carried out in a variety of ways including through email, text or social media channels.

Workplace bullying can occur between workers (sideways), from managers/supervisors to workers

(downwards), or workers to managers/supervisors (upwards).

Reasonable management action is not considered to be workplace bullying if it is carried out lawfully and in a reasonable manner in the circumstances. Examples of reasonable management action include but are not limited to:

- a) setting reasonable performance goals, standards and deadlines
- b) deciding not to select a worker for promotion where a reasonable process is followed
- c) informing a worker about unsatisfactory work performance in an honest, fair and constructive way
- d) taking disciplinary action, including suspension or terminating employment.

Differences of opinion and disagreements are generally not considered to be workplace bullying.

Bullying that directly inflicts physical pain, harm, or humiliation amounts to assault and should be dealt with as a police matter (see below).

4.POLICY

The Mount Martha Preschool Association has a duty of care to provide a safe workplace, and ensure, so far as is reasonably practicable, that staff and other people are not exposed to health and safety risks.

The Association accepts and acts on its duty of care. Any reported allegations of workplace bullying will be promptly, thoroughly, and fairly investigated.

Bullying complaints will be handled in a confidential and procedurally fair manner. Where confidentiality cannot be guaranteed this will be clearly communicated to the relevant parties.

All parties will be treated with respect.

The person against whom the allegation is made has the right to natural justice (the right to know what is alleged against them, the right to put their case in reply, and the right for any decision to be made by an impartial decision-maker).

5.RESPONSIBILITIES

It is the obligation and responsibility of every person engaged at the Mount Martha Preschool Association—staff, volunteers and others—to ensure that the workplace is free from bullying. The responsibility lies with every manager, nominated supervisor, educational leaders, employees and volunteers (including members of the Committee of Management) to ensure that bullying does not occur in the workplace.

All staff and volunteers have:

- a) an entitlement to work in a safe and healthy workplace and to be treated with dignity and respect
- b) an entitlement to make a complaint in respect of any bullying behaviour
- c) a responsibility to take reasonable care for their own health and safety
- d) a responsibility to ensure they do not promote or engage in bullying and otherwise take reasonable care that their acts or omissions do not adversely affect the health and safety of other people
- e) a responsibility to co-operate and comply with this policy and any other relevant policy.

It is the responsibility of all managers, nominated supervisor, educational leaders and members of the Committee of Management to ensure that:

- a) they understand, and are committed to, the right of all employees and volunteers to attend work and perform their duties without fear of being bullied in any form
- b) all reasonable steps to eliminate bullying are made so far as is reasonably practicable

- c) all applicable occupational health and safety legislation is observed
- d) all employees and volunteers are regularly educated and made aware of their obligations and responsibilities in relation to providing a workplace free from bullying
- e) they provide an environment which discourages bullying, and set an example by their own behaviour
- f) all complaints are treated seriously and confidentially
- g) they are as far as practicable aware of whether bullying is occurring, whether complaints are received or not, relying on such indices as:
 - 1) sudden increases in absenteeism
 - 2) unexplained requests for transfers
 - 3) behavioural changes such as depression
 - 4) sudden deterioration in work performance
- h) they take immediate and appropriate action if they become aware of any bullying or offensive behaviour
- i) any reported allegations of workplace bullying are promptly, thoroughly, and fairly investigated
- j) guidance and education is provided, where requested and/or appropriate, to cases and subsequent decisions relating to bullying
- k) ongoing support and guidance is provided to management, employees and volunteers in relation to the prevention of bullying
- l) this policy is displayed in the workplace and easily accessible to all workers and volunteers.

6.PROCEDURES

Complaints Procedures

It is recommended that all parties keep a diary of events as a formal record. This includes, but is not limited to, times and dates of incidents, interactions, meetings, recommendations and actions.

If an employee or volunteer feels comfortable in doing so, it is preferable to raise the issue with the person directly with a view to resolving the issue by discussion. The employee or volunteer should identify the offensive behaviour, explain that the behaviour is unwelcome and offensive and ask that the behaviour stops.

If the behaviour continues, or if the employee or volunteer feels unable to speak to the person(s) directly, they should contact their manager or nominated supervisor, any other member of the Committee of Management with whom they feel comfortable, or directly to the Chair Person (the Association President) of the Complaints, Grievances and Human Resources (HR) Subcommittee (CG&HR). The manager, nominated supervisor, member of the Committee of Management or Chair Person of the CG&HR will provide support and ascertain the nature of the complaint.

Informal Intervention

The manager, nominated supervisor, or Chair Person of the CG&HR will explain the rights and responsibilities of the employee or volunteer.

Informal intervention may be done through a process of either mediation or conciliation. During informal intervention the respondent will be made aware of the allegations being made against them and given the right to respond. Interventions at this stage should adopt a confidential, non-confrontational approach with a view to resolving the issue.

This procedure will be complete when the alleged harasser respects the individual's request to cease unwanted and unwelcome behaviour, or when the complainant accepts that the behaviour is not properly described as bullying. If neither of these outcomes occurs, the organisation's formal procedure should be followed.

Formal Complaints Procedure

The Formal Complaints Procedure involves a formal investigation of a complaint(s). Formal investigations may be conducted internally or by an external investigator as set out in the Staff Grievances, Dispute Resolution and Disciplinary Action Policy Addendum.

Investigator Selection

The Complaints, Grievances and Human Resources (HR) Subcommittee (CG&HR) will initiate and conduct all internal investigations. The Chair Person of the CG&HR will designate an investigator with the following attributes:

- a) a good understanding of employment frameworks, including relevant legislation and requirements of the Fair Work Act 2009
- b) expertise in conducting administrative investigations that requires, among other things, the capacity to weigh often conflicting evidence for the purpose of making findings of fact
- c) a good understanding of administrative decision making, including the requirements of procedural fairness and the need for balanced, reasonable and fair decisions
- d) a capacity to provide a written report that is evidence-based, demonstrates sound reasoning and sets out the process followed in the investigation and the findings in a logical, clear way
- e) sound analytical skills, good judgement, interpersonal and strong oral and written communication skills
- f) sound skills in gathering evidence and conducting interviews.

Depending on the circumstances, the Complaints, Grievances and Human Resources (HR) Subcommittee (CG&HR) may opt to engage an external investigator to perform certain tasks. This task may involve, but is not limited to, the following areas:

- a) **assist** the CG&HR with an investigation into part or all of a complaint(s)
- b) conduct an investigation on behalf of and make **recommendation(s)** to the CG&HR
 - 1) this may include making a recommendation about further action(s), including disciplinary proceedings or dismissal
- c) conduct an investigation on behalf of and make **determine(s)** regarding potential further action(s).

Investigations

An investigation involves collecting information about the complaint and then making a finding based on the available information as to whether or not the alleged behaviour occurred. Once a finding is made, the investigator will make recommendations about resolving the complaint.

The investigator may need to interview the parties involved (which may include the complainant, the respondent, and any witnesses) to obtain information regarding the complaint. The investigator will comprehensively and accurately document all information obtained during the interviews including the parties involved, timing, location, and nature of conduct complained against.

If the investigator considers it appropriate for the safe and efficient conduct of an investigation, workplace participants may be stood down from work or provided with alternative duties during an investigation in which case they will be paid their normal pay during any such period.

Investigation periods shall consist of a maximum of 20 business days. Additional time required to complete an investigation, or supplement with further information, must be approved within the Complaints, Grievances and Human Resources (HR) Subcommittee.

- a) the primary investigator(s) must:
 - 1) specify (in writing) the reasons why further time is required to conclude an investigation

- 2) specify (in writing) the amount of extra time required

Throughout the investigation process, all parties involved in the investigation will be regularly kept informed about the investigation.

The findings, as to whether bullying has occurred, will be determined on the basis of the evidence and on the balance of probabilities.

On the basis of the findings, possible outcomes of the investigation may include, but will not be limited to, any combination of the following:

- a) Counselling
- b) Disciplinary action (including an up to termination of employment)
- c) Official warning
- d) Formal apology and/or an undertaking that the behaviour will cease
- e) Mediation where the parties to the complaint agree to a mutually acceptable resolution.

On completion of the investigation, all parties will be informed about the investigation findings and the outcome of the investigation.

Following an investigation concerning a bullying complaint (irrespective of the findings), the manager, nominated supervisor, member of the Executive Team, or member(s) of the Committee of Management concerned will:

- a) consult with the parties involved to monitor the situation and their wellbeing; and
- b) educate and remind all employees and volunteers of their obligations and responsibilities in relation to providing a workplace free from bullying.

Procedures for Dealing with Criminal Conduct

Some forms of severe bullying (physical attack, for example, or obscene phone calls) may constitute criminal conduct. While the Mount Martha Preschool Association is committed to treat most complaints about bullying at an organisational level as far as possible, this type of conduct is not suited to internal resolution. Such complaints should be treated by the criminal justice system. Employees or volunteers should be advised of the option of police support or intervention.

Documentation

The process for recording and submitted documentation is as follows:

Records of Proceedings

- a) a record of all meetings shall be made
 - 1) these records shall include the meeting purpose, dates, times, attendees, action(s)
- b) minutes for all meetings shall be recorded
 - 1) record of minutes shall be summary documents and not recorded as verbatim
- c) meeting attendees will be supplied a copy of meeting minutes
- d) Audio or digital recordings are permitted if all parties consent.

Records of Decisions and Reviews

The Chair Person (President of the Committee of Management) of the Complaints, Grievances and Human Resources (HR) Subcommittee, or his or her nominee, shall ensure that records of all disciplinary actions, reviews or discussions (no matter what stage) are to be kept on file. Digital records shall also be kept on the Mount Martha Preschool's SystemHub cloud server (or future/successive systems).

Access will be made available to these records, whether analogue or digital, only with the prior approval of the Chair Person of the Complaints, Grievances and Human Resources (HR) Subcommittee (President of the Committee of Management). Records shall be kept for seven (7) years and will remain confidential and subject to the provisions of the Privacy Act 1988 (Privacy Act).

7.PRIVACY AND CONFIDENTIALITY

Mount Martha Preschool strives to maintain privacy and confidentiality at all times. Nevertheless, it may be necessary to speak with other employees, volunteers, members of the Committee of Management or other participants in order to determine causality during a grievance investigation. This affords fairness to those against whom the complaint (the respondent(s)) has been made and to resolve the grievance in a timely and efficient manner.

8.SOURCES AND RELATED POLICIES

Staffing Policy Addendum (2019/5): Staff Grievances, Dispute Resolution and Disciplinary Action

Staffing Policy Addendum (2019/9): Gross and Serious Misconduct

Staffing Policy Addendum (2019/10): Sexual Harassment

Staffing Policy Addendum (2019/11): Staff Health and Wellbeing

Staffing Policy

Code of Conduct Policy

MONITORING AND REVIEW

The Committee of Management (included any relevant subcommittee [if convened]), educators, staff, will monitor *Staffing Policy Addendum 2019/-: Bullying and Workplace Harassment*. It will be reviewed at least once every three (3) years as part of a policy review schedule.

AUTHORISATION

This policy was adopted by the Approved Provider of Mount Martha Preschool on 21/8/2019.

REVIEW DATE: 21 AUGUST 2023

Staffing Policy Addendum (2019/9): Gross and Serious Misconduct

Best Practice – Quality Area 4

1.INTRODUCTION

The purpose of this policy addendum is to ensure that all employees are aware of behaviour that could amount to gross or serious misconduct. Moreover, this policy addendum ensures that all relevant parties are made aware of Mount Martha Preschool's policy for dealing with misconduct (whether considered gross, serious, or otherwise unacceptable).

2.SCOPE

This policy addendum applies to all employees and volunteers of Mount Martha Preschool Association unless otherwise specified.

4.POLICY

Mount Martha Preschool Association expects employees to observe the highest standards of behaviour.

Employees must not engage in behaviour that amounts to misconduct (whether gross, serious or otherwise unacceptable) in the workplace. This includes where employees are working on site or off-site, attending a work-related conference or function, or attending a client or other work-related event, retreats or social events.

Misconduct (whether gross, serious or otherwise unacceptable) is predicated on the particular circumstances of a given case. The Executive Committee and Nominated Supervisor must consider the particular circumstances fully as they apply to the particular employee when determining whether or not an employee has engaged in conduct that could be considered misconduct (whether considered gross, serious, or otherwise unacceptable).

Behaviour that is considered unacceptable includes, but is not limited to, the following:

- a) aggressive or abusive behaviour such as threatening gestures or actual violence or assault
- b) verbal abuse (for example, yelling, screaming, abusive or offensive language)
- c) being under the influence of illicit drugs or impaired by alcohol
- d) unsafe work practices or behaviour which may harm the staff member or others
- e) bullying, harassment or intimidation
- f) stalking
- g) unwelcome physical contact including that of a sexual, intimate or threatening nature
- h) teasing, name calling or ridicule or making someone the brunt of pranks or practical jokes
- i) withholding approval for or denial of requests maliciously, discriminatorily, unfairly or without basis
- j) excluding or isolating individuals
- k) undermining performance, reputation or professionalism of others by deliberately withholding information, resources or authorisation or supplying incorrect information
- l) malicious or mischievous gossip or complaint
- m) abusive or harassing notes, emails, telephone calls, text messages, etc during or after working hours
- n) belittling opinions or unreasonable and unconstructive criticism
- o) offensive gestures and behaviour

- p) theft of preschool resources (financial and otherwise)
- q) viewing inappropriate images or pornography in hard copy or electronically.

6.PROCEDURES

Whether informal or formal proceedings are applied, it is recommended that all parties keep a diary of events as a formal record. This includes, but is not limited to, times and dates of incidents, interactions, meetings, recommendations and actions.

Decisions regarding the process for handling allegations of misconduct (whether considered gross, serious, or otherwise unacceptable) include the following:

- a) the initial decision regarding how to handle a report(s) of suspected misconduct
- b) deciding whether to suspend an employee during an investigation of suspected misconduct
- c) deciding whether misconduct has occurred and whether that misconduct is a breach of the preschool Code of Conduct or related policies
- d) imposing a punishment for breaches of the Code.

6.1 Informal Procedure

Mount Martha Preschool takes the view that not all cases of suspected misconduct need to be dealt with by a formal investigation to determine whether a breach has occurred. Nevertheless, the Association takes allegations of misconduct (whether gross, serious or otherwise unacceptable) seriously and endeavors to address instances of misconduct as quickly as circumstances allow.

The Association is committed to dealing with misconduct in the most appropriate way possible. Predicated upon the specific circumstances, the Association may determine that an informal solution, such as counselling, training or other action, is the best option.

The manager, nominated supervisor, or Chair Person of the CG&HR will explain the rights and responsibilities of the employee or volunteer.

Informal intervention may be done through a process of either mediation or conciliation. During informal intervention the respondent will be made aware of the allegations being made against them and given the right to respond. Interventions at this stage should adopt a confidential, non-confrontational approach with a view to resolving the issue.

6.2 Formal Procedure

The Formal Procedure involves a formal investigation of a complaint(s). Formal investigations may be conducted internally or by an external investigator.

6.3 Investigating Misconduct

Upon receiving allegations of misconduct, the Complaints, Grievances and Human Resources (HR) Subcommittee (CG&HR) will first assess the seriousness of the alleged misconduct and whether the allegations require investigation. In less serious cases, the CG&HR may decide that the misconduct is to be addressed informally. Informal options for addressing minor misconduct can include performance management, a warning, mediation, counselling or re-training as outlined under 6.1.

Where an allegation is considered serious in nature or if conduct has not improved using informal solutions, the CG&HR may decide that a formal investigation is required to determine whether there has been a breach of Code of Conduct or related policies. This is called '**Formal Misconduct Action**'.

6.4 Investigator Selection

The Complaints, Grievances and Human Resources (HR) Subcommittee (CG&HR) will initiate and conduct all internal investigations. The Chair Person of the CG&HR will designate an investigator with the following attributes:

- a) a good understanding of employment frameworks, including relevant legislation and requirements of the Fair Work Act 2009
- b) expertise in conducting administrative investigations that requires, among other things, the capacity to weigh often conflicting evidence for the purpose of making findings of fact
- c) a good understanding of administrative decision making, including the requirements of procedural fairness and the need for balanced, reasonable and fair decisions
- d) a capacity to provide a written report that is evidence-based, demonstrates sound reasoning and sets out the process followed in the investigation and the findings in a logical, clear way
- e) sound analytical skills, good judgement, interpersonal and strong oral and written communication skills
- f) sound skills in gathering evidence and conducting interviews.

Depending on the circumstances, the Complaints, Grievances and Human Resources (HR) Subcommittee (CG&HR) may opt to engage an external investigator to perform certain tasks. This task may involve, but is not limited to, the following areas:

- a) assist the CG&HR with an investigation into part or all of a complaint(s)
- b) conduct an investigation on behalf of and make **recommendation(s)** to the CG&HR
 - 1) this may include making a recommendation about further action(s), including disciplinary proceedings or dismissal
- c) conduct an investigation on behalf of and make **determine(s)** regarding potential further action(s).

6.5 Formal Misconduct Action

As soon as a decision to commence Formal Misconduct Action has been taken, the employee suspected of misconduct (known as 'the respondent') will be notified in writing. The respondent will be advised of:

- a) the nature of the suspected misconduct
- b) the elements of the Code of Conduct or related policy sections that they are suspected of breaching
- c) the possible consequences that may apply for breaches of the Code
- d) who will be investigating the alleged misconduct
- e) who will be making the decision regarding whether there has been a breach of the Code
- f) how the process will be conducted.

If at any time the details of the suspected breach(es) change, including if additional documents or material are uncovered that the CG&HR or designated investigator will rely upon in making a decision, the respondent will be informed and invited to make a further statement.

6.6 Right to Respond

The respondent has three opportunities to provide input, or comment, on the misconduct investigation of the allegations reported against them. They may respond to the:

- a) specific allegations against them
- b) evidence that emerges during the course of the investigation, and the Delegate's interpretation of that evidence
- c) proposed sanction(s).

6.7 Procedural fairness

Procedural fairness means that the person whose interest may be adversely affected by a decision will:

- a) be informed by the CG&HR (in writing) of the allegations against them in as much detail as possible to enable them to understand what the allegation is
- b) be provided with reasonable time (usually 7 days) to respond in writing
- c) have their response taken into account in the decision-making process.

6.8 Procedures for Dealing with Criminal Conduct

Some forms of severe sexual harassment or sexual or indecent assault (including physical attack, for example, or obscene phone calls) may constitute criminal conduct. While the Mount Martha Preschool Association is committed to treat most complaints regarding sexual harassment and other related matters at an organisational level as far as possible, this type of conduct is not suited to internal resolution. Such complaints should be treated by the criminal justice system. Employees or volunteers should be advised of the option of police support or intervention.

6.9 Documentation

The process for recording and submitted documentation is as follows:

Records of Proceedings

- a) a record of all meetings shall be made
 - 1) these records shall include the meeting purpose, dates, times, attendees, action(s)
- b) minutes for all meetings shall be recorded
 - 1) record of minutes shall be summary documents and not recorded as verbatim
- c) meeting attendees will be supplied a copy of meeting minutes
- d) Audio or digital recordings are permitted if all parties consent.

6.10 Records of Decisions and Reviews

The Chair Person (President of the Committee of Management) of the Complaints, Grievances and Human Resources (HR) Subcommittee, or his or her nominee, shall ensure that records of all disciplinary actions, reviews or discussions (no matter what stage) are to be kept on file. Digital records shall also be kept on the Mount Martha Preschool's SystemHub cloud server (or future/successive systems).

Access will be made available to these records, whether analogue or digital, only with the prior approval of the Chair Person of the Complaints, Grievances and Human Resources (HR) Subcommittee (President of the Committee of Management). Records shall be kept for seven (7) years and will remain confidential and subject to the provisions of the Privacy Act 1988 (Privacy Act).

6.11 An Employee's Privacy is Observed and Matters are Treated Confidentially

All reports of suspected breaches of the Code of Conduct or related policies will be dealt with in a private and confidential manner in keeping with the preschool's obligations under the *Privacy Act 1988*.

Disclosures

Only people with a genuine 'need to know' are made aware of a report of a suspected breach of the Code. These people include:

- a) the employee against whom the complaint has been made and his/her advisers or support persons (in accordance with procedural fairness requirements)
- b) the employee's supervisor (Nominated Supervisor), if necessary for the management of the work or relationships of the team
- c) witnesses to the alleged breach (if applicable)
- d) the independent investigator (if engaged)
- e) the Delegated decision-maker in the matter

6.12 Suspension for Misconduct

In serious or egregious cases, the Complaints, Grievances and Human Resources (HR) Subcommittee (CG&HR) may decide that the employee suspected of misconduct should be suspended from duty while the alleged misconduct is investigated. This decision is not a punishment or a pre-judgement that a breach of the Code of Conduct or related policies has occurred. Each case is considered according to its individual circumstances, but relevant factors may include:

- a) the seriousness of the suspected breach
- b) the integrity and good reputation of the employee
- c) the maintenance of a cohesive and effective workforce.

The employee will be notified before a suspension decision is taken, and given an opportunity to comment on the proposed action.

6.13 Remuneration During Suspension

In serious cases of misconduct, the employer may suspend the employee from duty, on normal pay, while the matter is investigated (VECTEA 2016 — Section 14.5).

6.14 Review of Suspension

Suspension decisions will be reviewed at 30-day intervals. The nature and timing of such reviews will be a matter for the CG&HR. The timing is primarily a matter for their judgement, but any reasonable requests for review, by the affected employee, could be acted upon.

The CG&HR will end a suspension when they no longer believe that the employee has, or may have, breached the Code of Conduct or related policies, or the employee's suspension is not in the preschool's interest.

6.15 Investigations

The Complaint, Grievances and Human Resources (HR) Subcommittee (CG&HR) may engage an independent investigator to establish the facts concerning the allegations of misconduct. This usually involves interviews with the parties and witnesses, assessing any evidence, and providing an Investigation Report to the CG&HR.

Evidence may be collected from various sources.

In some cases the investigation will be based on physical evidence, such as computer records, in others it may be based on evidence gathered through interviews with the parties and witnesses.

6.16 Interviews

Interviews are usually undertaken by the CG&HR (or assigned Investigator), guided by the following principles:

- a) Interviews can be in person, by telephone or by videoconference, or can be conducted as an exchange of written correspondence.
- b) An employee suspected of having breached the Code of Conduct or related policies may bring a person to support him/her to any discussion/interview. The support person is not to answer on behalf of the employee being interviewed.
- c) Where necessary, the venue for the interview will be convenient to the employee, in private, or such that the conversation cannot be overheard by people in the vicinity.
- d) An official record of interview will be prepared as soon as practicable after the interview. The employee interviewed will be shown the record of interview and will be asked to sign it, indicating that it is a true and correct record of what was said. Any disputes over the content of the record should be noted and signed by the Chair Person of the CG&HR or assigned investigator and the employee interviewed.
- e) The CG&HR or assigned investigator may conduct more than one interview with an employee. The procedures for each subsequent interview are the same as for the first interview.

6.17 Standard of proof

The Standard of Proof for determining whether a breach of the Code of Conduct or related policies has occurred is on the 'balance of probabilities'. This means that the Complaints, Grievances and Human Resources (HR) Subcommittee (CG&HR) must be satisfied that a breach is more probable than not. This is called the Civil Standard of Proof (the criminal law standard of proof is 'beyond reasonable doubt').

The CG&HR must be satisfied that the investigation process has gathered enough evidence to enable them to make a fair, balanced and conscientious decision. Where a decision has to be made between competing interests, all parties to the matter must have been heard and all arguments considered.

The CG&HR's level of satisfaction with the evidence needs to increase with the seriousness or importance of the misconduct under consideration. In other words, for allegations of misconduct where the sanction is likely to be severe, the CG&HR needs to see strong supporting information that a breach occurred before making a decision.

6.18 Information During and After investigations

The Mount Martha Preschool strives to finalise a complaint as quickly as proper consideration of the matter allows. In normal circumstances, complainants will not be kept informed of progress of an investigation. Nevertheless, there may be occasions where delay cannot be avoided, or where the handling of a case takes a new direction. In such circumstances, the Chair Person (President of the Preschool) of the Complaints, Grievances and Human Resources (HR) Subcommittee (CG&HR) may keep all parties informed of progress if appropriate.

In the normal course of events the respondent will be notified in writing of the outcome as soon as possible. If the CG&HR determines there has not been a breach of the Code of Conduct or related policies, the respondent will be notified in writing of the reasons for this conclusion.

If the CG&HR determines there has been a breach of the Code of Conduct or related policies, the respondent will be informed in writing of:

- a) the element(s) of the Code of Conduct or specific policy section(s) that have been breached
- b) the reasons for this conclusion
- c) the sanction (if any) that is being proposed for the breach.

The CG&HR will invite the respondent to comment at the time a breach is determined and on the sanction that is being considered for the breach.

6.19 Implications of Misconduct

Sanctions

Sanctions are intended to be proportionate to the nature of the breach, to provide a clear message to the relevant employee that their behaviour was not acceptable, to reduce or eliminate the likelihood of future similar behaviour, and to confirm that misconduct is not tolerated in our preschool.

Termination of Employment

Termination of employment is the most severe of sanctions. It is appropriate where:

- a) the CG&HR has decided that the misconduct is so serious that it is no longer desirable that the employee should remain in the preschool
- b) the employee, through their action, has rejected a basic element of the employment relationship (e.g. by indicating that they do not accept the need to follow lawful and reasonable directions).

The Decision to Apply a Sanction

The Complaints, Grievances and Human Resources (HR) Subcommittee (CG&HR) is responsible for imposing sanctions. The CG&HR may decide that no sanction will be imposed and may decide to issue a warning, or recommend counselling, performance management, or retraining, as other options.

The CG&HR will advise the respondent, in writing, of the proposed sanction and their reason(s) for considering that sanction.

In deciding what sanction, if any, should be applied, the CG&HR takes into consideration:

- a) previous employment and the general character of the employee
- b) the nature and seriousness of the breach and the type of conduct involved
- c) the degree of relevance of the misconduct to the employee's duties
- d) the circumstances of the breach, including whether it also entails a criminal offence
- e) the effect of the proposed sanction on the employee
- f) any loss of earnings already incurred by the employee as a result of suspension

- g) alternatives to sanctions in appropriate cases, which might include probation provisions, deferral of increments, or removal from temporary performance of higher duties
- h) any additional information that might be considered relevant.

The respondent will be given the opportunity to make a statement in response to the proposed sanction (usually seven [7] days).

Right of Review

All Mount Martha Preschool Association employees are entitled to have an action or decision (by their employer) that relates to their employment reviewed by someone who is independent.

In general, if the review concerns:

- a) a decision that an employee has breached the Mount Martha Preschool Code of Conduct or related policies
- b) a sanction that was imposed because of a breach of the Code of Conduct or related policies.

When is a Review of Actions Not Available to an Employee?

- a) A decision that there has been no breach of the Code of Conduct or related policies is not a reviewable action.
- b) Where the sanction applied is that Mount Martha Preschool employment will be terminated as a result of breaching the Code of Conduct or related policies, in this instance an employee may appeal to the Fair Work Commission.

A decision that the Code of Conduct or related policies has been breached, and that a sanction will be imposed, will not be put on hold because the employee who will be affected by this decision has requested an independent review of this decision.

7.PRIVACY AND CONFIDENTIALITY

Mount Martha Preschool strives to maintain privacy and confidentiality at all times. Nevertheless, it may be necessary to speak with other employees, volunteers, members of the Committee of Management or other participants in order to determine causality during a grievance investigation. This affords fairness to those against whom the complaint (the respondent[s]) has been made and to resolve the grievance in a timely and efficient manner.

8.SOURCES AND RELATED POLICIES

Staffing Policy

Staffing Policy Addendum (2019/5): Staff Grievances, Dispute Resolution and Disciplinary Action

Staffing Policy Addendum (2019/6): Workplace Bullying and Harassment

Staffing Policy Addendum (2019/10): Sexual Harassment

Staffing Policy Addendum (2019/11): Staff Health and Wellbeing.

MONITORING AND REVIEW

The Committee of Management (included any relevant subcommittee [if convened]), educators, staff, will monitor *Staffing Policy Addendum 2019/9: Gross and Serious Misconduct*. It will be reviewed at least once every three (3) years as part of a policy review schedule.

AUTHORISATION

This policy was adopted by the Approved Provider of Mount Martha Preschool Association on 8/11/19.

REVIEW DATE: 8 NOVEMBER 2023

Staffing Policy Addendum (2019/10): Sexual Harassment

Best Practice – Quality Area 4

1. INTRODUCTION

Mount Martha Preschool fiercely defends the right of every employee and volunteer to perform their work without being subjected to sexual harassment. Every employee and volunteer is responsible for providing an environment that is supportive of this aim. Employees and volunteers must treat each other with respect and must aim to act as a beacon for good behaviour in the workplace.

It is the obligation and responsibility of every employee and volunteer to ensure that the workplace is free from sexual harassment. Everyone working at the Mount Martha Preschool is responsible for the care and protection of our people and for reporting information about suspected sexual harassment.

Mount Martha Preschool Association is committed to its obligations to prevent and eliminate sexual harassment in the workplace.

2. PURPOSE

The purpose of this policy addendum is to outline Mount Martha Preschool's position on sexual harassment and to document the process that is to be followed should any grievances arise.

3. DEFINITIONS

Sexual harassment means any unwelcome sexual advance, unwelcome request for sexual favour, or other unwelcome conduct of a sexual nature that makes a person feel offended, humiliated or intimidated, and where that reaction is reasonable in the circumstances. Examples of sexual harassment include, but are not limited to:

- a) staring or leering
- b) unnecessary familiarity, such as deliberately brushing up against you or unwelcome touching
- c) suggestive comments or jokes
- d) insults or taunts of a sexual nature
- e) intrusive questions or statements about your private life
- f) displaying posters, magazines or screen savers of a sexual nature
- g) sending sexually explicit emails or text messages
- h) inappropriate advances on social networking sites
- i) accessing sexually explicit internet sites
- j) requests for sex or repeated unwanted requests to go out on dates
- k) behaviour that may also be considered to be an offence under criminal law, such as physical assault, indecent exposure, sexual assault, stalking or obscene communications

Note: behaviour that is based on mutual attraction, friendship and respect is not sexual harassment.

4. POLICY

The Mount Martha Preschool Association has a duty of care to provide a safe workplace, and ensure, so far as is reasonably practicable, that staff and other people are not exposed to health and safety risks.

The Association accepts and acts on its duty of care. Any reported allegations of workplace sexual harassment will be promptly, thoroughly, and fairly investigated.

Sexual harassment complaints will be handled in a confidential and procedurally fair manner. Where confidentiality cannot be guaranteed this will be clearly communicated to all relevant parties.

All parties will be treated with respect.

The person against whom the allegation is made has the right to natural justice (the right to know what is alleged against them, the right to put their case in reply, and the right for any decision to be made by an impartial decision-maker).

5. RESPONSIBILITIES

It is the obligation and responsibility of every person engaged at the Mount Martha Preschool Association—staff, volunteers and others—to ensure that the workplace is free from sexual harassment. The responsibility lies with every manager, nominated supervisor, educational leader, employees and volunteers (including members of the Committee of Management) to ensure that sexual harassment does not occur in the workplace.

All staff and volunteers have:

- a) an entitlement to work in a safe and healthy workplace and to be treated with dignity and respect
- b) an entitlement to make a complaint in respect of sexual harassment behaviour
- c) a responsibility to take reasonable care for their own health and safety
- d) a responsibility to ensure they do not promote or engage in sexual harassment or sexually suggestive behaviours and otherwise take reasonable care that their acts or omissions do not adversely affect the health and safety of other people
- e) a responsibility to co-operate and comply with this policy and any other relevant policy.

It is the responsibility of all managers, nominated supervisor, educational leaders and members of the Committee of Management to ensure that:

- a) they understand, and are committed to, the right of all employees and volunteers to attend work and perform their duties without fear of sexual harassment
- b) all reasonable steps to eliminate sexual harassment are made so far as is reasonably practicable
- c) all applicable occupational health and safety legislation is observed
- d) all employees and volunteers are regularly educated and made aware of their obligations and responsibilities in relation to providing a workplace free from sexual harassment
- e) they provide an environment which discourages sexual harassment, and set an example by their own behaviour
- f) all complaints are treated seriously and confidentially
- g) they are as far as practicable aware of whether sexual harassment is occurring, whether complaints are received or not, relying on such indices as:
 - 1) sudden increases in absenteeism
 - 2) unexplained requests for transfers
 - 3) behavioural changes such as depression
 - 4) sudden deterioration in work performance
- h) they take immediate and appropriate action if they become aware of any sexually suggestive or offensive behaviour
- i) any reported allegations of workplace sexual harassment are promptly, thoroughly, and fairly investigated
- j) guidance and education is provided, where requested and/or appropriate, to cases and subsequent decisions relating to sexual harassment
- k) ongoing support and guidance is provided to management, employees and volunteers in relation to the prevention of sexual harassment

- l) this policy is displayed in the workplace and easily accessible to all workers and volunteers.

6.PROCEDURES

Complaints Procedures

It is recommended that all parties keep a diary of events as a formal record. This includes, but is not limited to, times and dates of incidents, interactions, meetings, recommendations and actions.

If an employee or volunteer feels comfortable in doing so, it is preferable to raise the issue with the person directly with a view to resolving the issue by discussion. The employee or volunteer should identify the offensive behaviour, explain that the behaviour is unwelcome and offensive and ask that the behaviour stops.

If the behaviour continues, or if the employee or volunteer feels unable to speak to the person(s) directly, they should contact their manager or nominated supervisor, any other member of the Committee of Management with whom they feel comfortable, or directly to the Chair Person (the Association President) of the Complaints, Grievances and Human Resources (HR) Subcommittee (CG&HR). The manager, nominated supervisor, member of the Committee of Management or Chair Person of the CG&HR will provide support and ascertain the nature of the complaint.

Informal Intervention

The manager, nominated supervisor, or Chair Person of the CG&HR will explain the rights and responsibilities of the employee or volunteer.

Informal intervention may be done through a process of either mediation or conciliation. During informal intervention the respondent will be made aware of the allegations being made against them and given the right to respond. Interventions at this stage should adopt a confidential, non-confrontational approach with a view to resolving the issue.

This procedure will be complete when the alleged harasser respects the individual's request to cease unwanted and unwelcome behaviour, or when the complainant accepts that the behaviour is not properly described as bullying. If neither of these outcomes occurs, the organisation's formal procedure should be followed.

Formal Complaints Procedure

The Formal Complaints Procedure involves a formal investigation of a complaint(s). Formal investigations may be conducted internally or by an external investigator as set out in the Staff Grievances, Dispute Resolution and Disciplinary Action Policy Addendum.

Investigator Selection

The Complaints, Grievances and Human Resources (HR) Subcommittee (CG&HR) will initiate and conduct all internal investigations. The Chair Person of the CG&HR will designate an investigator with the following attributes:

- a) a good understanding of employment frameworks, including relevant legislation and requirements of the Fair Work Act 2009
- b) expertise in conducting administrative investigations that requires, among other things, the capacity to weigh often conflicting evidence for the purpose of making findings of fact
- c) a good understanding of administrative decision making, including the requirements of procedural fairness and the need for balanced, reasonable and fair decisions
- d) a capacity to provide a written report that is evidence-based, demonstrates sound reasoning and sets out the process followed in the investigation and the findings in a logical, clear way
- e) sound analytical skills, good judgement, interpersonal and strong oral and written communication skills
- f) sound skills in gathering evidence and conducting interviews.

Depending on the circumstances, the Complaints, Grievances and Human Resources (HR) Subcommittee (CG&HR) may opt to engage an external investigator to perform certain tasks. This task may involve, but is not limited to, the following areas:

- a) **assist** the CG&HR with an investigation into part or all of a complaint(s)
- b) conduct an investigation on behalf of and make **recommendation(s)** to the CG&HR
 - 1) this may include making a recommendation about further action(s), including disciplinary proceedings or dismissal
- c) conduct an investigation on behalf of and make **determine(s)** regarding potential further action(s).

Investigations

An investigation involves collecting information about the complaint and then making a finding based on the available information as to whether or not the alleged behaviour occurred. Once a finding is made, the investigator will make recommendations about resolving the complaint.

The investigator may need to interview the parties involved (which may include the complainant, the respondent, and any witnesses) to obtain information regarding the complaint. The investigator will comprehensively and accurately document all information obtained during the interviews including the parties involved, timing, location, and nature of conduct complained against.

If the investigator considers it appropriate for the safe and efficient conduct of an investigation, workplace participants may be stood down from work or provided with alternative duties during an investigation in which case they will be paid their normal pay during any such period.

Investigation periods shall consist of a maximum of 20 business days. Additional time required to complete an investigation, or supplement with further information, must be approved within the Complaints, Grievances and Human Resources (HR) Subcommittee.

- a) the primary investigator(s) must:
 - 1) specify (in writing) the reasons why further time is required to conclude an investigation
 - 2) specify (in writing) the amount of extra time required

Throughout the investigation process, all parties involved in the investigation will be regularly kept informed about the investigation.

The findings, as to whether sexual harassment has occurred, will be determined on the basis of the evidence and on the balance of probabilities.

On the basis of the findings, possible outcomes of the investigation may include, but will not be limited to, any combination of the following:

- a) Counselling
- b) Disciplinary action (including an up to termination of employment)
- c) Official warning
- d) Formal apology and/or an undertaking that the behaviour will cease
- e) Mediation where the parties to the complaint agree to a mutually acceptable resolution.

On completion of the investigation, all parties will be informed about the investigation findings and the outcome of the investigation.

Following an investigation concerning a sexual harassment complaint (irrespective of the findings), the manager, nominated supervisor, member of the Executive Team, or member(s) of the Committee of Management concerned will:

- a) consult with the parties involved to monitor the situation and their wellbeing; and

- b) educate and remind all employees and volunteers of their obligations and responsibilities in relation to providing a workplace free from sexual harassment.

Procedures for Dealing with Criminal Conduct

Some forms of severe sexual harassment or sexual or indecent assault (including physical attack, for example, or obscene phone calls) may constitute criminal conduct. While the Mount Martha Preschool Association is committed to treat most complaints about sexual harassment at an organisational level as far as possible, this type of conduct is not suited to internal resolution. Such complaints should be treated by the criminal justice system. Employees or volunteers should be advised of the option of police support or intervention.

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Access will be made available to these records, whether analogue or digital, only with the prior approval of the Chair Person of the Complaints, Grievances and Human Resources (HR) Subcommittee (President of the Committee of Management). Records shall be kept for seven (7) years and will remain confidential and subject to the provisions of the Privacy Act 1988 (Privacy Act).

7.PRIVACY AND CONFIDENTIALITY

Mount Martha Preschool strives to maintain privacy and confidentiality at all times. Nevertheless, it may be necessary to speak with other employees, volunteers, members of the Committee of Management or other participants in order to determine causality during a grievance investigation. This affords fairness to those against whom the complaint (the respondent(s) has been made and to resolve the grievance in a timely and efficient manner.

8.SOURCES AND RELATED POLICIES

Staffing Policy

Staffing Policy Addendum (2019/5): Staff Grievances, Dispute Resolution and Disciplinary Action

Staffing Policy Addendum (2019/6): Workplace Bullying and Harassment

Staffing Policy Addendum (2019/9): Gross and Serious Misconduct

Staffing Policy Addendum (2019/11): Staff Health and Wellbeing.

MONITORING AND REVIEW

The Committee of Management (included any relevant subcommittee [if convened]), educators, staff, will monitor *Staffing Policy Addendum 2019/10: Sexual Harassment*. It will be reviewed at least once every three (3) years as part of a policy review schedule.

AUTHORISATION

This policy was adopted by the Approved Provider of Mount Martha Preschool Association on 8/11/19.

REVIEW DATE: 8 NOVEMBER 2023

Staffing Policy Addendum (2019/11): Staff Health and Wellbeing

Best Practice – Quality Areas 4 & 7

1.PURPOSE

As an educational and health promoting service, we will promote the health and wellbeing of all staff through learning, policies, creating a safe and healthy physical and social environment, and developing community links and partnerships.

This policy confirms our commitment to:

- a) providing our staff with a safe, healthy and supportive environment in which to work
- b) recognising that the health and wellbeing of our staff is important, and that it not only benefits the individual, but also children, families and the wider community
- c) providing a supportive workplace culture where healthy lifestyle choices are valued and encouraged.

2.POLICY STATEMENT

Background

A focus on the health and wellbeing of staff can help to improve their physical and mental health, concentration and productivity, and reduce absenteeism and staff turnover.¹ Research has shown that healthy, engaged employees are nearly three times more productive than employees with poor health.²

Whole service engagement

It is recognised that every member of the service impacts on the health of others and can contribute to creating an environment that promotes health and wellbeing. All staff, contractors, visiting students and volunteers will be supported to meet this policy.

Responsibilities

Management has a responsibility to:

- a) ensure all staff are accepted and valued as individuals and professionals
- b) ensure effective health and wellbeing communication channels are in place
- c) enable and cultivate a workplace culture that promotes connectedness, is inclusive and provides support
- d) recognise staff for the work they do and provide relevant and regular feedback
- e) provide professional development and resources as required, to support staff to enhance knowledge of their own health
- f) ensure that the staff /volunteers/ visiting students are aware of the policy at induction and have the opportunity to provide feedback
- g) monitor the implementation of this policy
- h) ensure the policy is available to all staff and easy to access
- i) ensure that all staff are encouraged to contribute at review
- j) discuss any changes to the policy.

¹Australian Government, Department of Health 2013
<http://www.healthyworkers.gov.au/internet/hwi/publishing.nsf/Content/why>

²Medibank Private 2005 The health of Australia's workforce <http://www.medibank.com.au>

Staff are encouraged to:

- a) read, fully understand and action the staff health and wellbeing policy in their work roles
- b) support the policy to ensure the workplace culture is supportive and positive for staff health and wellbeing
- c) be respectful of each other
- d) comply with the policy at all times while completing work related duties
- e) inform management if they believe the policy is not being followed.

3.PROCEDURES

Our workplace will:

- a) provide a healthy physical and social environment and promote awareness of key health issues for staff that supports:
 - 1. healthy eating and oral health
 - 2. physical activity
 - 3. tobacco control/ smoke free environment
 - 4. safe environments
 - 5. mental health and wellbeing
 - 6. sun protection
- b) encourage staff to provide input into health and wellbeing initiatives within and outside the service
- c) engage health professionals, services and organisations who can support promotion of staff health and wellbeing.

RELEVANT LEGISLATION AND POLICIES

National Quality Framework, Standard 7.1 Effective leadership promotes a positive culture and builds a professional learning community

Occupational Health and Safety Policy

Inclusion and Equity Policy

DET (DEECD) *Principles for Health and Wellbeing*

Staffing Policy

Staffing Policy Addendum (2019/5): Staff Grievances, Dispute Resolution and Disciplinary Action

Staffing Policy Addendum (2019/6): Workplace Bullying and Harassment

Staffing Policy Addendum (2019/9): Gross and Serious Misconduct

Staffing Policy Addendum (2019/10): Sexual Harassment

MONITORING AND REVIEW

The committee of management (included any relevant subcommittee [if convened]), educators, staff, will monitor *The Staffing Policy Addendum (2019/11): Staff Health and Wellbeing*. It will be reviewed at least once every three (3) years as part of a policy review schedule.

RELATED DOCUMENTS AND LINKS

Healthy Together Achievement Program for Workplaces (Healthy Early Childhood Services)
(<http://www.achievementprogram.health.vic.gov.au>)

Healthy Workers Initiative
(<http://www.healthyworkers.gov.au>)

Heart Foundation: *Workplace Wellness* (attachment)

AUTHORISATION

This policy was adopted by the Approved Provider of Mount Martha Preschool Association on 8/11/19.

REVIEW DATE: 8 NOVEMBER 2023

Quality Area 5:
Relationships with Children

INTERACTIONS WITH CHILDREN POLICY

Mandatory – Quality Area 5

PURPOSE

This policy will provide guidelines to ensure:

- the development of positive and respectful relationships with each child at Mount Martha Preschool
- each child at Mount Martha Preschool is supported to learn and develop in a secure and empowering environment.

POLICY STATEMENT

1. VALUES

Mount Martha Preschool is committed to:

- maintaining the dignity and rights of each child at the service
- promoting fairness, respect and equity
- encouraging children to express themselves and their opinions, and to undertake experiences that develop self-reliance and self-esteem
- considering the health, safety and wellbeing of each child, and providing a safe, secure and welcoming environment in which they can develop and learn
- maintaining a duty of care (refer to *Definitions*) towards all children at the service
- considering the diversity of individual children at the service, including family and cultural values, age, and the physical and intellectual development and abilities of each child
- building collaborative relationships with families to improve learning and development outcomes for children
- encouraging positive, respectful and warm relationships between children, families and educators/staff at the service.

2. SCOPE

This policy applies to the Approved Provider, Persons with Management or Control, Nominated Supervisor, Persons in day-to-day Charge, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Mount Martha Preschool.

3. BACKGROUND AND LEGISLATION

Background

The United Nations Convention on the Rights of the Child is founded on respect for the dignity and worth of each individual, regardless of race, colour, gender, language, religion, opinions, wealth, birth status or ability. When children experience nurturing and respectful reciprocal relationships with educators, they develop an understanding of themselves as competent, capable and respected. Relationships are the foundation for the construction of identity, and help shape children's thinking about who they are, how they belong and what influences them [*Early Years Learning Framework*, p. 20; *Framework for School Age Care*, p. 19]

'Constructive everyday interactions and shared learning opportunities form the basis of equitable, respectful and reciprocal relationships between educators and children. Educators who are actively engaged in children's learning and share decision-making with them, use their everyday interactions during play, routines and ongoing projects to stimulate children's thinking and to enrich their learning. These relationships provide a solid foundation from which to guide and support children as they

develop the self-confidence and skills to manage their own behaviour, make decisions and relate positively and effectively to others.’ (*Guide to National Quality Framework* – refer to Sources)

Child Safe Standard 7 requires services to have strategies to promote the participation and empowerment of children. When children feel respected and valued, they are much more likely to speak up about issues of safety and wellbeing. Enabling and promoting the participation of children within a service has multiple benefits in addition to enhancing the safety of children, including demonstrating a commitment to upholding the rights of children, checking that what the service is doing is what children want and building the communication and leadership skills of children.

In developing an *Interactions with Children Policy*, early childhood education and care services must review and reflect on the philosophy, beliefs and values of the service, particularly with regard to the relationships with children. The development of this policy should also be informed by the service’s *Code of Conduct Policy*.

Legislation and standards

Relevant legislation and standards include but are not limited to:

- *Charter of Human Rights and Responsibilities Act 2006* (Vic)
- *Children, Youth and Families Act 2005* (Vic)
- *Child Wellbeing and Safety Act 2005* (Vic)
- *Child Wellbeing and Safety Amendment (Child Safe Standards) Act 2015* (Vic)
- *Disability Discrimination Act 1992* (Cth)
- *Education and Care Services National Law Act 2010*
- *Education and Care Services National Regulations 2011*
- *Equal Opportunity Act 2010* (Vic)
- *National Quality Standard, Quality Area 5: Relationships with Children*

4. DEFINITIONS

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

Adequate supervision: entails all children (individuals and groups) in all areas of the service, being in sight and/or hearing of an educator at all times including during toileting, sleep, rest and transition routines. Services are required to comply with the legislative requirements for educator-to-child ratios at all times. Supervision contributes to protecting children from hazards that may emerge in play, including hazards created by the equipment used.

Adequate supervision refers to constant, active and diligent supervision of every child at the service. Adequate supervision requires that educators are always in a position to observe each child, respond to individual needs and immediately intervene if necessary. Variables affecting supervision levels include:

- number, age and abilities of children
- number and positioning of educators
- current activity of each child
- areas in which the children are engaged in an activity (visibility and accessibility)
- developmental profile of each child and of the group of children
- experience, knowledge and skill of each educator
- need for educators to move between areas (effective communication strategies).

Behaviour guidance plan: A plan that documents strategies to assist an educator in guiding a child with diagnosed behavioural difficulties or challenging behaviours to self-manage his/her behaviour. The plan is developed in consultation with the Nominated Supervisor, educators, parents/guardians and families, and other professional support agencies as applicable.

Challenging behaviour: Behaviour that:

- disrupts others or causes disputes between children, but which is part of normal social development
- infringes on the rights of others
- causes harm or risk to the child, other children, adults or living things
- is destructive to the environment and/or equipment
- inhibits the child's learning and relationship with others
- is inappropriate relative to the child's developmental age and background.

Notifiable complaints: The Regulatory Authority is required to be notified of a complaint that alleges:

- a serious incident has occurred or is occurring while a child is being educated and cared for by a service
- the National Law and/or National Regulations have been contravened.

Complaints of this nature must be reported by the Approved Provider to the Regulatory Authority within 24 hours of the complaint being made (Section 174(2)(b), Regulation 176(2)(b)). If the Approved Provider is unsure whether the matter is a notifiable complaint, it is good practice to contact DET for confirmation.

Notification of complaints must be submitted within 24 hours through either the NQA IT System portal: <http://www.acecqa.gov.au> or where this is not possible, the Regulatory Authority must be contacted directly.

Inclusion Support Program: Funded by the Commonwealth Government to assist services to build their capacity and capability to include children with additional needs in mainstream services; providing them with an opportunity to learn and develop alongside their typically developing peers: <https://www.education.gov.au/>

Mental health: In early childhood, a child's mental health is understood as a child's ability to 'experience, regulate and express emotions; form close and secure interpersonal relationships; and explore the environment and learn – all in the context of family, community and cultural expectations for young children. Infant mental health is synonymous with healthy social and emotional development. <https://www.kidsmatter.edu.au/>

Preschool Field Officer (PSFO) Program: The role of the PSFO Program is to support the access and participation of children with additional needs in preschool: <http://www.education.vic.gov.au>

Serious incident: A serious incident (regulation 12) is defined as any of the following:

- the death of a child while being educated and cared for at the service or following an incident at the service
- any incident involving serious injury or trauma while the child is being educated and cared for, which
 - a reasonable person would consider required urgent medical attention from a registered medical practitioner; or
 - the child attended or ought reasonably to have attended a hospital e.g. a broken limb*
- any incident involving serious illness of a child while that child is being educated and cared for by a service for which the child attended, or ought reasonably to have attended, a hospital e.g. severe asthma attack, seizure or anaphylaxis*.
 - *NOTE: In some cases (for example rural and remote locations) a General Practitioner conducts consultation from the hospital site. Only treatment related to serious injury or illness or trauma are required to be notified, not other health matters.

- any emergency for which emergency services attended. NOTE: This means an incident, situation or event where there is an imminent or severe risk to the health, safety or wellbeing of a person/s at an education and care service. It does not mean an incident where emergency services attended as a precaution.
- a child appears to be missing or cannot be accounted for at the service
- a child appears to have been taken or removed from the service in a manner that contravenes the National Regulations
- a child was mistakenly locked in or out of the service premises or any part of the premises.

Examples of serious incidents include amputation (e.g. removal of fingers), anaphylactic reaction requiring hospitalisation, asthma requiring hospitalisation, broken bone/fractures, bronchiolitis, burns, diarrhoea requiring hospitalisation, epileptic seizures, head injuries, measles, meningococcal infection, sexual assault, witnessing violence or a frightening event.

If the approved provider is not aware that the incident was serious until sometime after the incident, they must notify the regulatory authority within 24 hours of becoming aware that the incident was serious.

Notifications of serious incidents should be made through the NQA IT System portal (<http://www.acecqa.gov.au>). If this is not practicable, the notification can be made initially in whatever way is best in the circumstances.

5. SOURCES AND RELATED POLICIES

Sources

- *Behaviour guidance practice note series* (DET): <http://www.education.vic.gov.au>
- *Belonging, Being & Becoming – The Early Years Learning Framework for Australia*: <https://www.education.gov.au/>
- Early Childhood Australia *Code of Ethics*: <http://www.earlychildhoodaustralia.org.au/>
- *Guide to the National Quality Framework*, ACECQA: www.acecqa.gov.au
- Inclusion Support Program (ISP), Department of Education and Training: <https://www.education.gov.au/>
- Kids Matter, an Australian mental health and well-being initiative set in primary schools and early childhood education and care services: <https://www.kidsmatter.edu.au/>
- *The Kindergarten Funding Guide* (DET): <http://www.education.vic.gov.au>
- United Nations Convention on the Rights of the Child: <https://www.unicef.org/>
- Victorian Early Years Learning and Development Framework: <http://www.education.vic.gov.au>

Service policies

- *Child Safe Environment Policy*
- *Code of Conduct Policy*
- *Complaints and Grievances Policy*
- *Curriculum Development Policy*
- *Inclusion and Equity Policy*
- *Occupational Health and Safety Policy*
- *Privacy and Confidentiality Policy*
- *Supervision of Children Policy*

PROCEDURES

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

- developing and implementing the *Interactions with Children Policy* in consultation with the Nominated Supervisor, other staff and parents/guardians, and ensuring that it reflects the philosophy, beliefs and values of the service
- ensuring parents/guardians, the Nominated Supervisor and all other staff are provided with a copy of the *Interactions with Children Policy* and comply with its requirements
- ensuring the Nominated Supervisor and all other staff are aware of the service's expectations regarding positive, respectful and appropriate behaviour, and acceptable responses and interactions when working with children and families (refer to *Code of Conduct Policy*)
- ensuring children are adequately supervised (refer to *Definitions*) and that educator-to-child ratios are maintained at all times (refer to *Supervision of Children Policy*)
- ensuring the size and composition of groups is considered to ensure all children are provided with the best opportunities for quality interactions and relationships with each other and with adults at the service (Regulation 156(2)). Smaller group sizes are considered optimal
- ensuring educational programs are delivered in accordance with an approved learning framework, are based on the developmental needs, interests and experiences of each child, and take into account the individual differences of each child (refer to *Inclusion and Equity Policy*)
- ensuring the educational program contributes to the development of children to have a strong sense of wellbeing and identity, and to be connected, confident, involved and effective learners and communicators (Regulation 73) (refer to *Curriculum Development Policy*)
- ensuring that the service provides education and care to children in a way that:
 - encourages children to express themselves and their opinions
 - allows children to undertake experiences that develop self-reliance and self-esteem
 - maintains the dignity and the rights of each child at all times
 - offers positive guidance and encouragement towards acceptable behaviour
 - has regard to the cultural and family values, age, and the physical and intellectual development and abilities of each child being educated and cared for (Regulation 155)
- ensure that the service provides children with opportunities to interact and develop positive relationships with each other, and with the staff and volunteers at the service (Regulation 156(1))
- ensuring clear documentation of the assessment and evaluation of each child's:
 - developmental needs, interests, experiences and program participation
 - progress against the outcomes of the educational program (Regulation 74) (refer to *Curriculum Development Policy*)
- supporting educators/staff to access resources and gain appropriate training, knowledge and skills for the implementation of this policy, including promoting social, emotional and mental health and wellbeing
- ensuring the environment at the service is safe, secure and free from hazards for children (refer to *Child Safe Environment Policy*, *Occupational Health and Safety Policy* and *Supervision of Children Policy*) and promotes the active participation of every child
- ensuring that the Nominated Supervisor and all other staff members at the service who work with children are aware that it is an offence to subject a child to any form of corporal punishment, or any discipline that is unreasonable or excessive in the circumstances (National Law: Section 166)
- promoting collaborative relationships between children/families and educators, staff and other professionals, to improve the quality of children's education and care experiences
- referring notifiable complaints (refer to *Definitions*), grievances (refer to *Definitions*) or complaints that are unable to be resolved appropriately and in a timely manner to the Grievances Subcommittee/investigator (refer to *Complaints and Grievances Policy*)

- informing DET, in writing, within 24 hours of receiving a notifiable complaint (refer to *Definitions*) (Section 174(4), Regulation 176(2)(b))
- notifying DET, in writing, within 24 hours of a serious incident (refer to *Definitions*) occurring at the service (Section 174(4), Regulation 176)
- ensuring that where the service has been notified of a court order prohibiting an adult from contacting an enrolled child, such contact does not occur while the child is on the service premises
- ensuring educators and staff use positive and respectful strategies to assist children to manage their own behaviour, and to respond appropriately to conflict and the behaviour of others
- developing links with and referral pathways to services and/or professionals to support children experiencing social, emotional and behavioural difficulties and their families
- ensuring that there is a behaviour guidance plan developed for a child if educators are concerned that the child's behaviour may put the child themselves, other children, educators/staff and/or others at risk
- ensuring that parents/guardians and other professionals and support agencies (as appropriate) are consulted if an individual behaviour guidance plan has not resolved the challenging behaviour
- consulting with, and seeking advice from, DET if a suitable and mutually agreeable behaviour guidance plan cannot be developed
- ensuring that additional resources are sourced, if required, to implement a behaviour guidance plan
- ensuring that educators/staff at the service are provided with appropriate training to guide the actions and responses of a child/children with challenging behaviour.
- maintaining confidentiality at all times (refer to *Privacy and Confidentiality Policy*).

The Nominated Supervisor and Persons in Day to Day Charge are responsible for:

- implementing the *Interactions with Children Policy* at the service
- ensuring all staff and parents/guardians have access to the *Interactions with Children Policy* and comply with its requirements
- ensuring all staff are aware of the service's expectations regarding positive, respectful and appropriate behaviour, and acceptable responses and reactions when working with children and families (refer to *Code of Conduct Policy*)
- ensuring children are adequately supervised (refer to *Definitions*) and that educator-to-child ratios are maintained at all times (refer to *Supervision of Children Policy*)
- ensuring that the environment is safe, secure and free from hazards (*Child Safe Environment, Supervision of Children Policy* and *Occupational Health and Safety Policy*)
- considering the size and composition of groups when planning program timetables to ensure all children are provided with the best opportunities for quality interactions and relationships with each other and with adults at the service. Smaller group sizes are considered optimal
- developing and implementing educational programs, in accordance with an approved learning framework, that are based on the developmental needs, interests and experiences of each child, and take into account the individual differences of each child (refer to *Inclusion and Equity Policy*)
- ensuring the educational program contributes to the development of children to have a strong sense of wellbeing and identity, and to be connected, confident, involved and effective learners and communicators (refer to *Curriculum Development Policy*)
- ensuring that educators provide education and care to children in a way that:
 - encourages children to express themselves and their opinions
 - allows children to undertake experiences that develop self-reliance and self-esteem
 - maintains the dignity and the rights of each child at all times
 - offers positive guidance and encouragement towards acceptable behaviour
 - has regard to the cultural and family values, age, and the physical and intellectual development and abilities of each child being educated and cared for

- ensuring clear and straightforward documentation of the assessment and evaluation of each child's:
 - developmental needs, interests, experiences and program participation
 - progress against the outcomes of the educational program (Regulation 74) (refer to *Curriculum Development Policy*)
- organising appropriate training for all staff to assist with the implementation of this policy
- ensuring all staff members at the service who work with children are aware that it is an offence to subject a child to any form of corporal punishment, or any discipline that is unreasonable or excessive in the circumstances (National Law: Section 166)
- ensuring that procedures are in place for effective daily communication with parents/guardians to share information about children's learning, development, interactions, behaviour and relationships
- informing the Approved Provider of any notifiable complaints (refer to *Definitions*) or serious incidents (refer to *Definitions*) at the service
- ensuring that where the service has been notified of a court order prohibiting an adult from contacting an enrolled child, such contact does not occur while the child is on the service premises
- ensuring educators and staff use positive and respectful strategies to assist children to manage their own behaviour, and to respond appropriately to conflict and the behaviour of others
- developing the behaviour guidance plan in consultation with the Approved Provider, educators and the parents/guardian of the child, and other professionals and services as appropriate
- supporting educators by assessing skills and identifying additional training needs in the area of behaviour guidance
- investigating the availability of extra assistance, financial support or training, by contacting the regional Preschool Field Officer (refer to *Definitions*), specialist children's services officers from DET or other agencies working with the child
- setting clear timelines for review and evaluation of the behaviour guidance plan.
- providing information, ideas and practical strategies to families, educators and staff on a regular basis to promote and support health and wellbeing in the service and at home
- co-operating with other services and/or professionals to support children and their families, where required
- maintaining confidentiality at all times (refer to *Privacy and Confidentiality Policy*).

All other staff are responsible for:

- assisting with the development and implementation of the *Interactions with Children Policy*, in consultation with the Approved Provider, Nominated Supervisor, parents/guardians and families
- providing access to the *Interactions with Children Policy* for parents/guardians and families
- complying with the requirements of the *Interactions with Children Policy*
- being aware of service expectations regarding positive, respectful and appropriate behaviour, and acceptable responses and reactions when working with children and families (refer to *Code of Conduct Policy*)
- providing adequate supervision of children at all times (refer to *Definitions* and *Supervision of Children Policy*)
- communicating and working collaboratively with parents/guardians and families in relation to their child's learning, development, interactions, behaviour and relationships
- delivering educational programs, in accordance with an approved learning framework, that are based on the developmental needs, interests and experiences of each child, and take into account the individual differences of each child (refer to *Inclusion and Equity Policy*)
- delivering programs that develop a sense of wellbeing and identity, connection to community, and provide skills for lifelong learning in all children (refer to *Curriculum Development Policy*)
- providing education and care to children in a way that:
 - encourages children to express themselves and their opinions

- allows children to undertake experiences that develop self-reliance and self-esteem
- maintains the dignity and the rights of each child at all times
- offers positive guidance and encouragement towards acceptable behaviour
- has regard to the cultural and family values, age, and the physical and intellectual development and abilities of each child being educated and cared for
- developing warm, responsive and trusting relationships with children that promote a sense of security, confidence and inclusion
- supporting each child to develop responsive relationships, and to work and learn in collaboration with others
- using positive and respectful strategies to assist children to manage their own behaviour, and to respond appropriately to conflict and the behaviour of others
- assisting the Nominated Supervisor to develop a behaviour guidance plan in consultation with parents/guardians and other professionals as appropriate
- implementing a behaviour guidance plan and incorporating identified strategies and resources into the service program
- undertaking relevant training that will enable them to guide children who exhibit challenging behaviour
- maintaining ongoing communication and consultation with parents/guardians
- providing regular progress reports to the Approved Provider and Nominated Supervisor on the implementation and effectiveness of the agreed strategies contained in an individual behaviour guidance plan
- documenting assessments and evaluations for each child to inform the educational program (Regulation 74)
- being aware that it is an offence to subject a child to any form of corporal punishment, or any discipline that is unreasonable or excessive in the circumstances
- maintaining confidentiality at all times (refer to *Privacy and Confidentiality Policy*).

Parents/guardians are responsible for:

- reading and complying with the *Interactions with Children Policy*
- engaging in open communication with educators about their child
- informing educators/staff of events or incidents that may impact on their child’s behaviour at the service (e.g. moving house, relationship issues, a new sibling)
- informing educators/staff of any concerns regarding their child’s behaviour or the impact of other children’s behaviour
- working collaboratively with educators/staff and other professionals/support agencies to develop or review an individual behaviour guidance plan for their child, where appropriate.

EVALUATION

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

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

ATTACHMENTS

Nil

AUTHORISATION

This policy was adopted by the Approved Provider of Mount Martha Preschool on 15/8/2018.

REVIEW DATE: 15 AUGUST 2021

Quality Area 6:

Collaborative Partnerships with Families & Communities

ENROLMENT AND ORIENTATION POLICY

Mandatory – Quality Area 6

1. PURPOSE

This policy outlines:

- the criteria for enrolment at Mount Martha Preschool
- the process to be followed when enrolling a child at Mount Martha Preschool
- the basis on which places within the programs will be allocated
- procedures for the orientation of new families and children into Mount Martha Preschool
- processes to ensure compliance with legislative and DET funding requirements in relation to the enrolment of children in early childhood education and care services.

2. VALUES

Mount Martha Preschool is committed to:

- equal access for all eligible children
- meeting the needs of the local community
- supporting families to meet the requirements for enrolment through the provision of information
- maintaining confidentiality in relation to all information provided for enrolment
- ensuring all families are welcomed and receive an effective orientation into the service.

3. SCOPE

This policy applies to the Approved Provider, Nominated Supervisor, early childhood teachers, educators, staff, volunteers and parents/guardians who wish to enrol or have already enrolled their child at Mount Martha Preschool.

4. BACKGROUND AND LEGISLATION

Background

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

It is intended that all eligible children (refer to *Definitions*) will have access to one year of kindergarten before commencing school. However, a shortage of places in some areas can limit choices for parents/guardians. Where demand is higher than availability, a priority system for access must be determined by the Approved Provider in order to allocate the available places. The criteria used to determine the allocation of places will vary from service to service, but is generally based on a service's philosophy, values and beliefs, and the provisions of the *Equal Opportunity Act 2012*. The Victorian Government requires funded organisations to ensure that their policies and procedures promote equal opportunity for all children. Criteria for access and inclusion are outlined in *The Kindergarten Guide* (refer to *Sources*). Services participating in central enrolment schemes are required to comply with the enrolment procedures of that scheme.

Childcare services providing approved care (refer to *Definitions*) must abide by the *Family Assistance Legislation Amendment (Child Care Rebate) Act 2011* (refer to *Legislation and standards*) and the Commonwealth Government's *Priority for allocating places in child care services* (refer to *Sources*).

Immunisations are an effective means of reducing the risk of vaccine preventable diseases. Early childhood education and care services which are regulated under the *Education and Care Services National Law Act 2010* have legislative responsibilities under the *Public Health and Wellbeing Act 2008*

to only offer a confirmed place in their programs to children with acceptable immunisation documentation (refer to *Definitions*).

Legislation and standards

Relevant legislation and standards include but are not limited to:

- *A New Tax System (Family Assistance) Act 1999*
- *Charter of Human Rights and Responsibilities Act 2006* (Vic)
- *Children, Youth and Families Act 2005* (Vic)
- *Child Wellbeing and Safety Act 2005* (Vic)
- *Disability Discrimination Act 1992* (Cth)
- *Education and Care Services National Law Act 2010*
- *Education and Care Services National Regulations 2011*: Regulations 160, 161, 162, 168, 177, 183
- *Equal Opportunity Act 2010* (Vic)
- *Family Assistance Legislation Amendment (Child Care Rebate) Act 2011*
- *National Quality Standard*, Quality Area 6: Collaborative Partnerships with Families and Communities
 - Standard 6.1: Respectful and supportive relationships with families are developed and maintained
 - Element 6.1.1: There is an effective enrolment and orientation process for families
- *Public Health and Wellbeing Act 2008* (Vic)
- *Public Health and Wellbeing Amendment (No Jab, No Play) Regulations 2015* (Vic)
- *Sex Discrimination Act 1984* (Cth)

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: <http://www.legislation.vic.gov.au/>
- Commonwealth Legislation – Federal Register of Legislation: <https://www.legislation.gov.au/>

5. DEFINITIONS

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

Acceptable immunisation documentation: documentation as defined by the *Immunisation Enrolment Toolkit for early childhood education and care services* as acceptable evidence that a child is fully vaccinated for their age, or is on a recognised catch-up schedule if their child has fallen behind their vaccinations; or has a medical reason not to be vaccinated; or has been assessed as being eligible for a 16 week grace period.

Approved care: Care given by a service provider that has been approved by the Family Assistance Office to receive Child Care Benefit payments on behalf of eligible families. Most long day care, family day care, before-and-after school care, vacation care, some occasional care and some in-home care childcare services are approved providers. Details are available at: www.familyassist.gov.au/payments/family-assistance-payments/child-care-benefit/

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

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

Child Care Subsidy (formerly the Child Care Benefit [CCB] stopped 1 July 2018): The Child Care Subsidy is the main way the Australian Federal Government assists families with their child care fees. The Child Care Subsidy commenced on 2 July 2018 (Department of Education [Cth]):

- a) replaced the Child Care Benefit (CCB) and Child Care Rebate (CCR) with a single, means-tested subsidy
- b) is generally paid directly to child care providers to be passed on to families
- c) is simpler than the previous multi-payment system
- d) is better targeted and provides more assistance to low and middle income families.

<https://www.education.gov.au/child-care-subsidy-0>

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

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

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

Eligible child: A child attending an early childhood education and care service as described in the *Immunisation enrolment toolkit for early childhood education and care services* or a child in a kindergarten program who meets the requirements of both *The Kindergarten Guide* and the *Immunisation enrolment toolkit for early childhood education and care services*.

Enrolment application fee: A payment to cover administrative costs associated with the processing of a child's enrolment application for a place in a program at the service.

Enrolment application form: A form to apply for a place at the service.

Enrolment form: A form that collects contact details, and personal and medical information from parents/guardians about their child. The information on this form is placed on the child's enrolment record (see below) and is kept confidential by the service.

Enrolment record: The collection of documents which contains information on each child as required under the National Regulations (Regulations 160, 161, 162) including the enrolment form; details of any court orders; and immunisation documentation as specified in the *Immunisation Enrolment Toolkit for early childhood education and care services*. This information is kept confidential by the service.

Fee: A charge for a place within a program at the service.

6.ENROLMENT ELIGIBILITY

Mount Martha Preschool Association's enrolment offerings—both three (3) and four (4) year-old programs—are allocated through the Mornington Peninsula Shire Council's Central Registration scheme via a ballot system.

Three-Year-Old Enrolments

Eligibility to enrol in Mount Martha Preschool's three-year-old program children must turn three (3) on or before 30 April in the year they are attending the three-year-old program.

Four-Year-Old Enrolments

Eligibility to enrol in Mount Martha Preschool's four-year-old program children must turn four (4) on or before 30 April in the year they are attending the four-year-old program.

7.SOURCES AND RELATED POLICIES

Sources

- Australian Childhood Immunisation Register:
www.humanservices.gov.au/customer/services/medicare/australian-childhood-immunisation-register
- Child Care Subsidy <https://www.humanservices.gov.au/individuals/services/centrelink/child-care-subsidy>
- *Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011*: www.acecqa.gov.au/
- *Guide to the National Quality Standard*: www.acecqa.gov.au/
- *Priority for allocating places in child care services*: <http://education.gov.au/priority-allocating-places>
- *The Kindergarten Guide (Department of Education and Training)*:
www.education.vic.gov.au/childhood/providers/funding/Pages/kinderfundingcriteria.aspx
- *Immunisation enrolment toolkit for early childhood education and care services 2015*:
www2.health.vic.gov.au/about/publications/policiesandguidelines/immunisation-enrolment-toolkit
- Victorian Department of Health: www.health.vic.gov.au/immunisation

Service policies

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

8.PROCEDURES

The Approved Provider is responsible for:

- determining the criteria for priority of access to programs at Mount Martha Preschool, based on funding requirements and the service's philosophy (refer also to Attachment One (1)—Eligibility and priority of access criteria)
- considering any barriers to access that may exist, developing procedures that ensure all eligible families are aware of, and are able to access, an early childhood program
- complying with the *Inclusion and Equity Policy*
- appointing a person to be responsible for the enrolment process and the day-to-day implementation of this policy (refer also to Attachment Two (2)—General enrolment procedures and Attachment Three (3)—Sample enrolment application form)
- providing opportunities (in consultation with the Nominated Supervisor and educators) for interested families to attend the service during operational hours to observe the program and become familiar with the service prior to their child commencing in the program
- providing parents/guardians with information about the requirements of the law for enrolment, locating and accessing immunisation services and obtaining acceptable immunisation documentation required for enrolment
- ensuring parents/guardians are only offered a tentative place until the child's immunisation documentation is assessed as being acceptable
- assessing the child's immunisation documentation **prior to enrolment** to determine if the child's vaccination status complies with requirements or whether the child is eligible for the 16 week grace period
- ensuring that only children who have acceptable immunisation documentation have a confirmed place in the program

- advising parents/guardians who do not have acceptable immunisation documentation that their children are not able to attend the service and referring them to immunisation services (see Attachment Four (4)—Letter for parents/guardians without acceptable immunisation documentation)
- taking reasonable steps to obtain acceptable immunisation documentation from a parent/guardian of a child enrolled under a grace period within the 16 weeks from when the child begins attending (Note: the child can continue to attend the service if acceptable immunisation documentation is not obtained).
- ensuring that the enrolment form (refer to *Definitions*) complies with the requirements of Regulations 160, 161, 162 and that it effectively meets the management requirements of the service
- ensuring that enrolment records (refer to *Definitions*) are stored in a safe and secure place, and kept for three years after the last date on which the child was educated and cared for by the service (Regulation 183)
- ensuring that the orientation program and plans meet the individual needs of children and families, and comply with DET funding criteria
- reviewing the orientation processes for new families and children to ensure the objectives of this policy are met
- ensuring that parents/guardians of a child attending the service can enter the service premises at any time that the child is being educated and cared for, except where this may pose a risk to the safety of children or staff, or conflict with any duty of the Approved Provider, Nominated Supervisor or educators under the Law (Regulation 157).

The Nominated Supervisor and early childhood teachers are responsible for:

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

All educators are responsible for:

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

Parents/guardians are responsible for:

- reading and complying with this *Enrolment and Orientation Policy*
- completing the enrolment application form and the enrolment form prior to their child's commencement at the service and providing acceptable immunisation documentation of their child's immunisation status
- where a child is on an immunisation catch-up schedule, ensuring that the child's immunisations are updated in line with the schedule and providing acceptable immunisation documentation to the service
- ensuring that all other required information is provided to the service
- updating information by notifying the service of any changes as they occur.

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

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

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

ATTACHMENTS

- Attachment One (1): Eligibility and priority of access criteria
- Attachment Two (2): General enrolment procedures
- Attachment Three (3): Sample Enrolment Application Form
- Attachment Four (4): Letter for parents/guardians without acceptable immunisation documentation

AUTHORISATION

This policy was adopted by the Approved Provider of Mount Martha Preschool on 15/9/2018.

REVIEW DATE: 15 SEPTEMBER 2020

ATTACHMENT 1

Eligibility and priority of access criteria (Outlined Under Section Six [6])

1. Eligibility and priority of access criteria for the funded kindergarten program

The following children are eligible for attendance in the funded kindergarten program:

- children who have been granted approval to receive funding for a second year of kindergarten in accordance with *The Kindergarten Guide* available at: www.education.vic.gov.au/childhood/providers/funding/Pages/kinderfundingcriteria.aspx
- children who were eligible to attend in the previous year, but:
 - deferred
 - withdrew from the service prior to the April data collection
- children who turn three (3) years of age on or before 30 April in the year they will attend kindergarten
- children who turn four (4) years of age on or before 30 April in the year they will attend kindergarten
- children turning six years of age at kindergarten who have been granted an exemption from school-entry age requirements by the regional office of DET (refer to *The Kindergarten Guide*, available at: <http://www.education.vic.gov.au/childhood/providers/funding/Pages/default.aspx>)
- children who are younger than the eligible age, but whose parents/guardians have submitted an early age entry request for their child to attend school the following year. This written request is to be directed to the regional office of DET, or the non-government school the child will be attending. A copy of the approval must be attached to the kindergarten application. Parents/guardians should note that very few requests are approved by DET. If the child attends kindergarten early, but does not proceed to school in the following year, they will be unable to access a second year of kindergarten unless they are deemed eligible by DET for having recognised developmental needs
- three-year-old Aboriginal and Torres Strait Islander children, and children known to Child Protection may be eligible for the Early Start Kindergarten program. This scheme provides funding to enable children to attend a kindergarten program that is planned and delivered by an early childhood teacher for a specific number of hours. Details are available at: www.education.vic.gov.au/about/programs/learningdev/pages/earlystartkinder.aspx

When demand exceeds availability, the Approved Provider will refer to the service's values, philosophy and *Inclusion and Equity Policy* to determine the priority of access. This will include:

- children who have received funding for a second year of kindergarten
- children who were eligible to attend in the previous year but deferred or withdrew from the service prior to the April data collection.
- priority of access criteria as outlined in *The Kindergarten Guide* available at: www.education.vic.gov.au/childhood/providers/funding/Pages/kinderfundingcriteria.aspx

Other considerations may include date of application, siblings already enrolled at the service, attendance in the three-year-old program and local community zoning.

If participating in a central enrolment scheme, the priority of access for that scheme will be implemented. Childcare services providing approved care (refer to *Definitions*) must abide by the *Family Assistance Legislation Amendment (Child Care Rebate) Act 2011* (refer to *Legislation and standards*) and the Commonwealth Government's *Priority for allocating places in child care services* (refer to *Sources*).

2. Eligibility and access criteria for the three-year-old kindergarten program

Children are eligible for attendance in the three-year-old kindergarten program provided they have turned three prior to commencement.

Children will only be able to attend a second year of three-year-old kindergarten in exceptional circumstances (after consideration by the Approved Provider) or when all eligible children on the waiting list have been offered a place.

The Approved Provider must determine eligibility and access criteria applicable to the service. Considerations may include:

- children recommended by an educator for an additional year in the three-year-old program
- date of application – for example, families can enrol for the program when their child has turned two, or applications for the three-year-old program can open at the start of Term 1 in the year prior to commencement
- siblings attending the service
- places allocated by the service for transient families e.g. RAAF, seasonal workers and tourism workers
- local community zoning.

3. Allocation within groups

Where the service provides more than one funded kindergarten program or three-year-old program, places within the programs will be allocated to groups by the service in line with the eligibility and priority of access criteria.

Considerations may include:

- Needs of individual children
- Needs of the group
- Parental wishes.

ATTACHMENT 2

General enrolment procedures

(General Purpose/Template Form. MMPS Not Currently Required)

1. Application for a place

- Enrolment applications will be accepted any time after the child has turned [insert age] years of age or from [Date].
- Enrolment application forms are available from the service and are provided to the parents/guardians together with information about the requirements of the law for enrolment, locating and accessing immunisation services, obtaining acceptable immunisation documentation and a copy of the *Enrolment and Orientation Policy*.
- Mount Martha Preschool will determine the date(s) by which applications must be received for offer of places in the three-year-old and the funded kindergarten program.
- A separate application form must be completed for each child, and for each proposed year of attendance at the service.
- To facilitate the inclusion of all children into the program, the enrolment application form should clearly identify any additional or specific needs of the child (refer to *Inclusion and Equity Policy*).
- Parents/guardians of children applying for a second year of funded kindergarten or currently attending a three-year-old program must also submit an enrolment application form for the following year.
- A copy of the child's birth certificate and proof of address must be submitted with all applications.
- All enrolment application forms must be accompanied by an enrolment application fee in line with Mount Martha Preschool's Fees Policy of [insert amount]. This fee is to cover administrative costs associated with the processing of a child's enrolment application and is not refundable.
- Completed enrolment application forms are to be forwarded to the person responsible for the enrolment process at the service, at [insert address].
- Access to completed enrolment application forms will be restricted to the person responsible for the enrolment process, the Approved Provider, Nominated Supervisor and educators at the service, unless otherwise specified by the Approved Provider.
- Applications will be entered on the waiting list using the eligibility and priority of access criteria.
- Applications received after the above dates set by Mount Martha Preschool will be considered if there are available places, and after all other applicants have been offered a place, in line with the eligibility and priority of access criteria of Mount Martha Preschool.

2. Offer of places

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

- The Key Dates work form (search 'Key Dates work form')
- Hard copies of the immunisation resources (search 'immunisation resources order form')
- The acceptable outcomes of the assessment for offering a confirmed place are:
 - That the next due vaccine for the child on the ACIR Immunisation History Statement or the Immunisation Status certificate is within the acceptable timeframe for an enrolment, or;
 - That the child is on a recognised catch-up schedule if they have fallen behind with their vaccinations, or;
 - That the child has a medical reason not to be vaccinated, or,
 - That the child has been assessed by Mount Martha Preschool as being eligible for a 16 week grace period
- The person responsible for the enrolment process advises the parent/guardian in writing whether a confirmed place is offered and the enrolment can proceed.
- Parents/guardians who do not have acceptable immunisation documentation cannot be offered a place and are referred to Australian Childhood Immunisation Register or to an immunisation provider (refer to Appendix 4 – Letter for parents/guardians who do not have acceptable immunisation documentation).
- Offer of places in the three-year-old program/s and the funded kindergarten program will be made at the same time.
- Parents/guardians who do not wish to accept the offer of a tentative or confirmed place, or intend to withdraw their enrolment, are requested to notify the Approved Provider, or the person responsible for managing the enrolment process at the service, in writing as soon as possible.
- A fee of [insert amount] must be paid in accordance with the Mount Martha Preschool's Fees Policy by [Date] by [insert payment options] to hold the place for the following year. This fee will be deducted from [indicate which term] term fees.
- An enrolment form and other relevant information will be provided by Mount Martha Preschool to the parent/guardian after a confirmed place has been accepted and the fee has been paid.

Note: Places will not be allocated to children until any outstanding fees owed to the service by the family is paid, or a payment plan is agreed to between the family and the service (refer to *Fees Policy*).

ATTACHMENT 3

Sample Enrolment Application Form

(General Purpose/Template Form. MMPS Not Currently Required)

Mount Martha Preschool [indicate whether this is for a funded or three-year-old program]
--

Complete this enrolment application form and:

- enclose a copy of the child's birth certificate or suitable evidence of the child's birth date
- enclose proof of address (eg copy of drivers licence, rates notice or electricity, gas or water bill)
- enclose the [insert amount] enrolment application fee, which is not refundable and covers administrative costs
- forward the completed enrolment application form with attachments to [insert name and address]
- notify the service of any changes to your address or other relevant information by contacting [insert telephone number].

Enrolment and immunisations

The Government's No Job No Play laws require all children to be age-appropriately immunised before enrolment can be confirmed.

Parents/guardians offered tentative places will be asked to provide immunisation documentation to Mount Martha Preschool by [insert date] that shows that their child's immunisations are up to date for their age or that an exemption applies.

Confirmation of places is finalised after the documentation has been assessed that the child is up to date or that the child is on a recognised catch-up schedule if they have fallen behind with their vaccinations, or that the child has a medical reason not to be vaccinated or that the child has been assessed as being eligible for a 16 week grace period.

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

This application is for my child to attend Mount Martha Preschool in [insert year] .

This application is for a second year of funded kindergarten Yes No

If yes, please attach a copy of the relevant paperwork.

[Delete this question if the application is for a three-year-old program]

Child's family name: _____

Child's given names: _____

Date of birth: ____/____/____ Male Female

Parents'/guardians' names: _____

Address: _____ Postcode: _____

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

Language/s spoken at home: _____

Kindergarten Fee Subsidy

DET provides a fee subsidy for eligible families. Please indicate if you are eligible for one of the following concessions, or meet one of the following criteria:

Health Care Card Pensioner Concession Card

DVA Gold Card Bridging Visas A–F

Temporary Protection/Humanitarian Visas 447, 451, 785 or 786

Resolution of Status Visa (RoS) Visa Class CD, Subclass 851

Refugee and Special Humanitarian Visas 200–217

Triples or Quadruplets Aboriginal or Torres Strait Islander

Supporting documentation will need to be sighted on commencement at Mount Martha Preschool by the [insert name of person responsible for the enrolment process].

Note: the eligibility of concessions may vary from time-to-time. Up-to-date information can be found at:

www.education.vic.gov.au/childhood/parents/support/Pages/financialassist.aspx

Children with additional needs

Does your child have additional needs? Yes No

If yes, please specify: _____

You are encouraged to discuss your child's needs with the educator when your child's place is confirmed.

Is your child registered with a specific support service/agency? Yes No

Name of support service/agency: _____

Signature of parent/guardian: _____

Date: _____

ATTACHMENT 4

Letter for parents/guardians without acceptable immunisation documentation (General Purpose/Template Form. MMPS Not Currently Required)

Mount Martha Preschool

[Address]

[Insert date]

Dear [insert name]

Re: Enrolment at Mount Martha Preschool for [insert year]

I am contacting you regarding your tentative place for [insert child's name] at Mount Martha Preschool in the [insert 3 year old or 4 year old program] in [insert year].

Under the *Public Health and Wellbeing Act 2008* early childhood education and care services cannot enrol a child unless the parent/guardian has provided acceptable immunisation documentation.

Acceptable immunisation documentation includes evidence that your child:

- is fully vaccinated for their age
- is on a recognised catch-up schedule
- has a medical reason not to be vaccinated
- has been assessed by our service as being eligible for a 16 week grace period.

As we have not received acceptable immunisation documentation for [insert name of child] by the due date, we are unable to confirm a place at our service for [insert year] and your child's name has been removed from our list.

Immunisation programs are effective in reducing the risk of vaccine preventable diseases. Immunisation from an early age helps protect your child against serious childhood infections. Further information about immunisations for your child is available from:

- your doctor
- [insert details of local government immunisation service]
- National Immunisation Information Line Tel. 1800 671 811
- Australian Childhood Immunisation Register Tel 1800 653 809
- Better Health Channel website: <https://www.betterhealth.vic.gov.au/no-jab-no-play>

Should you wish to re-apply for a place for [insert child's name], we are happy to accept a new enrolment application accompanied by acceptable immunisation documentation. The new application would be considered in line with Mount Martha Preschool's Enrolment and Orientation policy.

Yours sincerely

[Insert name]

[Insert title]

Mount Martha Preschool

Quality Area 7:
Governance & Leadership

GOVERNANCE AND MANAGEMENT OF THE SERVICE POLICY

Mandatory – Quality Area 7

1. PURPOSE

This policy outlines the duties, roles and responsibilities of the Committee of Management of Mount Martha Preschool.

2. POLICY STATEMENT

2.1 VALUES

Mount Martha Preschool is committed to ensuring that there are appropriate systems and processes in place to enable:

- good governance and management of the organisation
- accountability to its stakeholders
- compliance with all regulatory and legislative requirements placed on the organisation
- the organisation to remain solvent and comply with all its financial obligations.

2.2 SCOPE

This policy applies to the Approved Provider, the Committee of Management of Mount Martha Preschool and all subcommittees of the Committee of Management.

2.3 BACKGROUND AND LEGISLATION

Background

The governance of an organisation is concerned with the systems and processes that ensure the overall direction, effectiveness, supervision and accountability of a service. Members of the Committee of Management are responsible for setting the directions for the service and ensuring that its goals and objectives are met in line with its constitution, and all legal and regulatory requirements governing the operation of the business are met.

Under the National Law and National Regulations, early childhood services are required to have policies and procedures in place relating to the governance and management of the service, including confidentiality of records (refer to *Privacy and Confidentiality Policy*).

Legislation and standards

Relevant legislation and standards include but are not limited to:

- *Associations Incorporation Reform Act 2012 (Vic)*, as applicable to the service
- *Corporations Act 2001*, as applicable to the service
- *Education and Care Services National Law Act 2010*
- *Education and Care Services National Regulations 2011*: Regulation 168(2)(l)
- *National Quality Standard*, Quality Area 7: Leadership and Service Management
 - Standard 7.3: Administrative systems enable the effective management of a quality service

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: <http://www.legislation.vic.gov.au/>
- Commonwealth Legislation – ComLaw: <http://www.comlaw.gov.au/>

2.4 DEFINITIONS

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

Actual conflict of interest: One where there is a real conflict between a Committee of Management member's responsibilities and their private interests.

Conflict of interest: An interest that may affect, or may appear reasonably likely to affect, the judgement or conduct of a member (or members) of the Committee of Management or subcommittee, or may impair their independence or loyalty to the service. A conflict of interest can arise from avoiding personal losses as well as gaining personal advantage, whether financial or otherwise, and may not only involve the member of the Committee of Management or subcommittee, but also their relatives, friends or business associates.

Ethical practice: A standard of behaviour that the service deems acceptable in providing their services.

Governance: The process by which organisations are directed, controlled and held to account. It encompasses authority, accountability, stewardship, leadership, directions and control exercised in the organisation (Australian National Audit Office, 1999).

Interest: Anything that can have an impact on an individual or a group.

Perceived conflict of interest: Arises where a third party could form the view that a Committee of Management member's private interests could improperly influence the performance of their duties on the Committee of Management, now or in the future.

Potential conflict of interest: Arises where a Committee of Management member has private interests that could conflict with their responsibilities.

Private interests: Includes not only a Committee of Management member's own personal, professional or business interests, but also those of their relatives, friends or business associates.

2.5 SOURCES AND RELATED POLICIES

Sources

- *ELAA Early Childhood Management Manual, Version 2 2013*
- Our Community: www.ourcommunity.com.au
- Justice Connect: <http://www.justiceconnect.org.au/>

Service policies

- *Code of Conduct Policy*
- *Complaints and Grievances Policy*
- *Privacy and Confidentiality Policy*

3. PROCEDURES

The Approved Provider is responsible for:

- ensuring that the service has appropriate systems and policies in place for the effective governance and management of the service.

4. CORE ELEMENTS OF THE GOVERNANCE MODEL

The following are the core elements of the governance systems at Mount Martha Preschool for which the Committee of Management is responsible:

4.1 STEWARDSHIP/CUSTODIANSHIP

Ensure:

- the service pursues its stated purpose and remains viable
- budget and financial accountability to enable ongoing viability and making best use of the service's resources
- the service manages risks appropriately.

4.2 LEADERSHIP, FORWARD PLANNING AND GUIDANCE

Provide leadership, forward planning and guidance to the service, particularly in relation to developing a strategic culture and directions.

4.3 AUTHORITY, ACCOUNTABILITY, AND CONTROL

- Monitor and oversee management including ensuring that good management practices and appropriate checks and balances are in place.
- Be accountable to members of the service.
- Maintain focus, integrity and quality of service.
- Oversee legal functions and responsibilities.
- Declare any actual, potential or perceived conflicts of interest (refer to *Definitions* and Attachment 1 – Sample *Conflict of interest disclosure statement*).

5. LEGAL LIABILITIES OF MEMBERS OF THE COMMITTEE OF MANAGEMENT

The Committee of Management at Mount Martha Preschool is responsible under the constitution to take all reasonable steps to ensure that the laws and regulations relating to the operation of the service are observed. Members of the Committee of Management are responsible for ensuring that:

- adequate policies and procedures are in place to comply with the legislative and regulatory requirements placed on the service
- appropriate systems are in place to monitor compliance
- reasonable care and skill is exercised in fulfilling their roles as part of the governing body of the service
- they act honestly, and with due care and diligence
- they do not use information they have access to, by virtue of being on the Committee of Management improperly
- they do not use their position on the Committee of Management for personal gain or put individual interests ahead of responsibilities.

6. RESPONSIBILITIES OF THE COMMITTEE OF MANAGEMENT

The Committee of Management of Mount Martha Preschool is responsible for:

- developing coherent aims and goals that reflect the interests, values and beliefs of the members and staff, and the stated aims of the service, and have a clear and agreed philosophy which guides business decisions and the work of the Committee of Management and staff
- ensuring there is a sound framework of policies and procedures that complies with all legislative and regulatory requirements, and that enables the daily operation of the service to be geared towards the achievement of the service's vision and mission

- establishing clearly defined roles and responsibilities for the members of the Committee of Management, individually and as a collective, management and staff, and clearly articulate the relationship between the Committee of Management, staff and members of the service
- developing ethical standards and a code of conduct (refer to *Code of Conduct Policy*) which guide actions and decisions in a way that is transparent and consistent with the goals, values and beliefs of the service
- undertaking strategic planning and risk assessment on a regular basis and having appropriate risk management strategies in place to manage risks faced by the service
- ensuring that the actions of and decisions made by the Committee of Management are transparent and will help build confidence among members and stakeholders
- 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
- appointing senior staff (e.g. the CEO or Director, if the service is large) or all staff (if the service is small), and monitoring their performance
- evaluating and improving the performance of the Committee of Management
- focusing on the strategic directions of the organisation and avoiding involvement in day-to-day operational decisions, particularly where the authority is delegated to senior management staff within the service.

7. CONFIDENTIALITY

All members of the Committee of Management and subcommittees who gain access to confidential, commercially-sensitive and other information of a similar nature, whether in the course of their work or otherwise, shall not disclose that information to anyone unless the disclosure of such information is required by law (refer to *Privacy and Confidentiality Policy*).

Members of the Committee of Management and subcommittees shall respect the confidentiality of those documents and deliberations at Committee of Management or subcommittee meetings, and shall not:

- disclose to anyone the confidential information acquired by virtue of their position on the Committee of Management or subcommittee
- use any information so acquired for their personal or financial benefit, or for the benefit of any other person
- permit any unauthorised person to inspect, or have access to, any confidential documents or other information.

This obligation, placed on a member of the Committee of Management or subcommittee, shall continue even after the individual has completed their term and is no longer on the Committee of Management or subcommittee.

The obligation to maintain confidentiality also applies to any person who is invited to any meetings of the Committee of Management or subcommittee as an observer or in any other capacity.

8. ETHICAL PRACTICE

The following principles will provide the ethical framework to guide the delivery of services at Mount Martha Preschool:

- treating colleagues, parents/guardians, children, suppliers, public and other stakeholders respectfully and professionally at all times
- dealing courteously with those who hold differing opinions
- respecting cultural differences and diversity within the service, and making every effort to encourage and include all children and families in the community

- having an open and transparent relationship with government, supporters and other funders
- operating with honesty and integrity in all work
- being open and transparent in making decisions and undertaking activities, and if that is not possible, explaining why
- working to the standards set under the *National Quality Framework* and all applicable legislation as a minimum, and striving to continually improve the quality of the services delivered to the community
- disclosing conflicts of interest as soon as they arise and effectively managing them (refer to Attachment 1 – Sample *Conflict of interest disclosure statement*)
- recognising the support and operational contributions of others in an appropriate manner
- assessing and minimising the adverse impacts of decisions and activities on the natural environment.

9. MANAGING CONFLICTS OF INTEREST

Conflicts of interest, whether actual, potential or perceived (refer to *Definitions*), must be declared by all members of the Committee of Management or subcommittee, and managed effectively to ensure integrity and transparency (refer to Attachment 1 – Sample *Conflict of interest disclosure statement*).

Every member of the Committee of Management or subcommittee has a continuing responsibility to scrutinise their transactions, external business interests and relationships for potential conflicts and to make such disclosures in a timely manner as they arise.

The following process will be followed to manage any conflicts of interest:

- whenever there is a conflict of interest, as defined in this policy, the member concerned must notify the President of such conflict, as soon as possible after identifying the conflict
- the member who is conflicted must not be present during the meeting of the Committee of Management or subcommittee where the matter is being discussed, or participate in any decisions made on that matter. The member concerned must provide the Board or committee with any and all relevant information they possess on the particular matter
- the minutes of the meeting must reflect that the conflict of interest was disclosed and appropriate processes followed to manage the conflict.

A *Conflict of interest disclosure statement* (refer to Attachment 1) must be completed by each member of the Committee of Management and subcommittee upon his or her appointment and annually thereafter. If the information in this statement changes during the year, the member shall disclose the change to the President, and revise the disclosure statement accordingly.

All violations of the requirement to disclose and manage conflicts shall be dealt with in accordance with the constitution of Mount Martha Preschool.

10. POLICY DEVELOPMENT AND FRAMEWORK

10.1 NATIONAL REGULATIONS AND THE NATIONAL QUALITY STANDARD

Regulations 168-172 of the *Education and Care Services National Regulations 2011* (National Regulations) and the *National Quality Standard* (NQS) requires an Approved Provider to **ensure that policies and procedures** are in place at the service, and that copies are available and accessible by all committee members, educators, staff, volunteers, families and the Regulatory Authority. The committee must also take all reasonable steps to ensure that policies and procedures are followed by those at the service.

The Australian Children's Education and Care Quality Authority (ACECQA) have produced a *Guide to the Education and Care Services National Law and the Education and Care Services National Regulations 2011*. The guide indicates that: *policies should be informed by the Service's philosophy statement, Early Childhood Australia's Code of Ethics and current advice from recognised authorities.*

In the National Quality Standard, Quality Area 7 – *Leadership and service management* – Element 7.3.5 requires that: *service practices are based on effectively documented policies and procedures that are available at the service and reviewed regularly.*

10.2 POLICY VS. PROCEDURE

Policy: A formal statement of principles that provides a framework for decision-making and indicates the course of action to be taken in specific circumstances. Policies provide services with an approved way of operating in relation to particular matters and improve the management of risk. They reflect the values and beliefs of a service, current thinking, national standards and community expectations, and are relevant in terms of current laws and regulations.

Procedures: The steps required to implement and comply with a policy. They specify how to achieve the necessary result by outlining who does what and when. Procedures are succinct, factual and to the point, and are generally expressed as a list.

10.3 PHILOSOPHY STATEMENTS

A statement of the **philosophy of the service** is a requirement under the National Regulations and the NQS. Regulation 55 of the National Regulations requires that a **Quality Improvement Plan (QIP)** *contains a statement of the philosophy of the service.* Element 7.2.1 of the NQS requires that: *a statement of philosophy is developed and guides all aspects of the service's operations.*

ACECQA's Guide to the National Quality Standard provides further advice that the philosophy statement 'reflects the principles of the National Law, the Early Years Learning Framework [and the Victorian Early Years Learning and Development Framework]. The philosophy is a clear statement of beliefs and values. The guide states that it 'underpins the decisions, policies and daily practices of the approved provider, nominated supervisor, educators, co-ordinators and staff members and assists in planning, implementing and evaluating quality experiences for children. It reflects a shared understanding of the role of the service with children, families and the community.

The policy development process provides an important opportunity for management, in collaboration with families, educators and staff, to reflect on or develop the service's philosophy. The following steps can assist in the development of a service philosophy:

- a) Take time to develop the service philosophy and consult with all key service groups — the Committee of Management/Board, Management, Educators and service staff, parents/guardians and children. Each service should develop a philosophy that is relevant to its particular community. Consider *what we believe* and move on to *what does that mean for what we do?* Refer to Early Childhood Australia's *Revising the service philosophy*.
- b) When reflecting on the beliefs and values of the service as a whole, it is also important to consider the following documents relevant to the provision of quality early childhood education and care services:
 - i. *Early Years Learning Framework (EYLF)* and/or the *Victorian Early Years Learning and Development Framework (VEYLDF)*, specifically the *Practices and Principles (EYLF)* and *Practice Principles (VEYLDF)*.

- ii. Early Childhood Australia's *Code of Ethics* which provides a framework for reflection about the ethical responsibilities of early childhood professionals and incorporates current legislation, best practice and theories of early childhood development (www.earlychildhoodaustralia.org.au).
 - iii. United Nations Convention on the Rights of the Child that outlines minimum entitlements for children globally, incorporating the full range of human rights (www.unicef.org/crc/).
- c) Talk to other services, professionals and peak bodies.
 - d) Use the Regulatory Overview Table as a guide to areas for consideration/inclusion in a philosophy statement.

10.4 POLICY PURPOSE

Clearly articulated policies and procedures are needed to:

- a) provide a framework for operation
- b) enable a consistent approach
- c) provide future direction for decision making and assist in the resolution of difficulties
- d) promote smooth transition when there are changes to management and staff
- e) provide a framework for compliance with legislative and regulatory obligations
- f) improve the management of risk
- g) guide day-to-day practice and decision making
- h) act as a tool for marketing the service program outlining what new and potential users of the service can expect.

Where there is no guidance from policies, confusion, conflict and poor decision-making can result.

10.5 POLICY RESPONSIBILITY

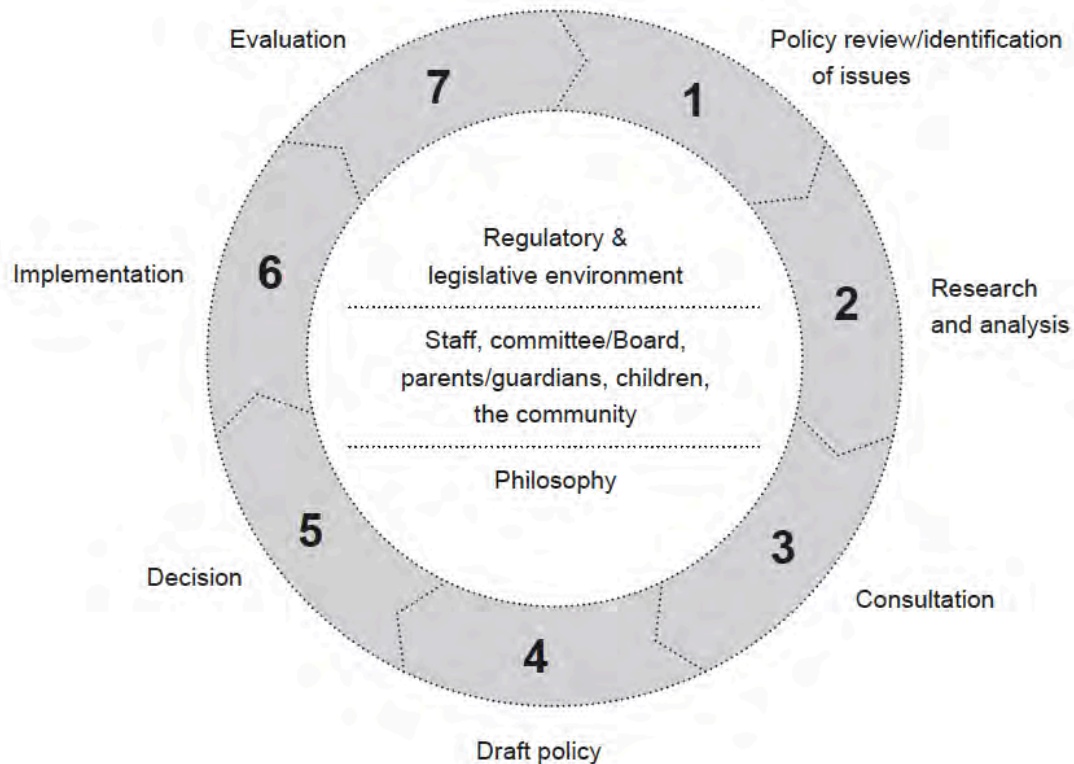
It is the responsibility of the Approved Provider or Delegated Person of an early childhood service to ensure that policies and procedures are developed to best meet the needs of service staff, educators, children, parents/guardians, committee members and community.

Establishing a policy subcommittee can be effective for developing and reviewing policies. Utilising people from key service stakeholder groups with

a range of skills, knowledge and perspectives contributes to the development of good policy. The NQS indicates that the review of policies should take place in *collaboration with families*. It is the committee of management/Board's responsibility to set the parameters and timelines for the subcommittee.

10.6 POLICY DEVELOPMENT PROCESS: THE MODEL

There are numerous models of the policy development process. ELAA has modified the Bridgman and Davis (2000) policy cycle for use by early childhood education and care services. This policy cycle consists of seven stages, as shown in the following diagram. Managing each stage of the policy development process is a major task for the committee of management/Board.



Note: see also section 10.10 Drafting Policy for more information.

10.7 POLICY REVIEW AND IDENTIFICATION OF ISSUES

Policies and procedures should be reviewed regularly in order to meet changing needs and comply with legislation. While the National Regulations and the NQS do not specify how often this should occur, developing a Policy Review Table (available for download) can provide guidance with timelines. Policies can be prioritised for review according to how often the content is expected to change. Other triggers for a review include a legislation change or a serious incident at the service. Policies should be up to date with current research and contemporary views on best practice and *support a shared understanding of a service's practices* (NQS Element 7.3.5).

Critical reflection on the effectiveness of current daily and professional practices can assist in determining how current practices might need to be changed, further developed or improved. As part of the **self-assessment** process, services must reflect on practice, policies and procedures against all seven Quality Areas of the National Quality Standard and related regulations prior to developing a **Quality Improvement Plan (QIP)**. This self-assessment process may identify additional policies for review or development to support current practices and plans to improve quality. Questions to consider include:

- a) what regulatory and legislative requirements need to be covered
- b) has an incident occurred, or has a concern, complaint or issue been raised, that has prompted the need for a policy or the review of a policy
- c) is the current practice fair, equitable and effective
- d) have changing circumstances impacted on current policies e.g. has the organisation moved, increased or decreased in size
- e) has there been a change to the service's model of service delivery or philosophy

- f) is there new legislation, regulation, awards, codes of practice and/or guidelines that will impact on policy, for example the *Education and Care Services National Regulations 2011*
- g) have there been any changes to policy requirements in quality evaluation and improvement systems, such as the new National Quality Standard, and assessment and rating process, or any changes to funding guidelines
- h) what other policies are required for efficient and effective operation?

It is important to note that policies are often interrelated and that reviewing or redeveloping one might require a review or redevelopment of others.

10.8 RESEARCH AND ANALYSIS

Policy analysis requires research and reflection. All relevant information, including existing policies/procedures, legislation, specialist information, and policies from similar organisations and/or ELAA sample policies can be considered at this stage. It is important to ensure that information is as current as possible. Questions for discussion/consideration could include:

- a) does the existing policy meet current legislative and regulatory guidelines
- b) when was the policy last evaluated/reviewed
- c) how will any changes impact on children, families, educators, staff and management
- d) what are the advantages and/or disadvantages of the existing policy
- e) does the current policy reflect the:
 - f) service's philosophy, and any amendments
 - g) long-term goals
 - h) operational processes and procedures
 - i) workplace protocols
 - j) work practices
- k) does this policy reflect best practice
- l) what procedures are in place to support the implementation of the policy?

If policy and procedures have been obtained from another service or from ELAA sample policies, they need to be assessed as appropriate and customised to meet the specific requirements of the service.

This process of research and analysis will identify components for inclusion in a new policy or those that require amendment in an existing policy. It will identify alternatives that may or may not be feasible and those that are expensive and/or impossible to implement. At this point, more data may be needed or the original problem redefined. Advice may also be required from educators, staff and the committee of management/Board.

10.9 POLICY CONSULTATION

An essential stage of the policy cycle is consultation. Discuss proposed policy ideas to gain feedback and input from committee/Board members, parents/guardians, educators, staff, children and if appropriate, from beyond the service including future users, external experts and community members. The NQS emphasises the need to undertake reviews in *collaboration with families*. The consultation process will generally highlight research gaps that can be filled prior to policy drafting.

10.10 DRAFTING POLICY

A draft policy can be prepared using the ELAA model *Policy Template* (available for download) once sufficient information has been gathered. This will take into consideration issues identified during research and analysis including: relevant legislation, equipment needed, structural requirements, staffing needs, specialist or legal advice and training needs.

Mount Martha Preschool utilises a specific and rigorous method of policy development, scrutiny and drafting. This is as follows:

- a) The Mount Martha Preschool Policy and Compliance Officer (formerly the Quality Assurance Officer) or the Delegated Person writes or collates specific policies.
- b) Upon completion of a policy draft, the Policy and Compliance Officer forwards the draft to the Policy Development Subcommittee (PDSC). (See *Policy Development Subcommittee: Terms of Reference* for details.)
 - i. All staff related policies must be forwarded to the Complaints, Grievances and Human Resources (HR) Subcommittee after the PDSC has completed appraisal. (See the *Complaints, Grievances and Human Resources [HR] Subcommittee: Terms of Reference* for details).
- c) All finalised and approved policy drafts (voted on within the PDSC subcommittee) must be submitted to the Committee of Management for a formal vote for final approval.

Note: any policy **NOT** voted on formally is considered **INACTIVE** and **CANNOT** be implemented.

10.11 DECISIONS

Where a policy subcommittee has been established, a draft policy is then presented to the committee of management/Board for consideration. The aim is to provide sufficient information in a clear and concise format to enable a decision to be made.

At this stage the committee of management/Board will either:

- a) adopt the draft policy
- b) adopt the draft policy with minor amendments
- c) request the subcommittee to provide more information.

A committee of management/Board should adopt the draft policy at a committee/Board meeting, recording this in the minutes of the meeting and recording the date of adoption in the policy.

10.12 POLICY IMPLEMENTATION

The committee of management/Board then needs to implement the policy including:

- a) making the policy available to those who require it
- b) informing and training educators, staff, committee/Board members, parents/guardians, children and others impacted by the policy change
- c) updating/publicising the policy in the service's communications including files, brochures, newsletters, websites, information nights etc.
- d) **giving 14 days notice** to parents before making any change to a policy or procedure that would affect fees, have a significant impact on any child or affect a family's ability to use the service. This is a legal requirement under the National Regulations
- e) monitoring the implementation of the new or revised policy to measure its impact and determine whether it is meeting intended outcomes. It is also important to ensure that there

are no unintended consequences, or difficulties with the policy which may require modification or discontinuation.

10.13 POLICY EVALUATION

Evaluation is an important stage of the policy development process as it enables a service to review the effects of a policy and identify new issues for consideration. A date for a formal review should be set and documented in the policy. This effectively starts the policy cycle again and ensures that it is continually moving.

10.14 EARLY LEARNING ASSOCIATION AUSTRALIA (ELAA) POLICY TEMPLATES

ELAA's sample policies follow the format set out in the *Policy Template* that is available for download, to enable services to develop their own policies.

10.15 AMENDMENT, ADDENDUM OR STANDALONE POLICY?

It is crucial to understand that all policies are inter-related within a policy framework. Moreover, it is valuable for those drafting policy to ascertain the detail of individual policies. Adding detail or information where it already exists could cause confusion or conflict. Furthermore, it may render a particular policy ineffective or unenforceable. This could open the Association to difficulties or unnecessary challenge.

One must consider the overall policy framework structure. For example, adding a staff-related policy outside of the Staffing Policy would generate structural confusion within the policy framework. Instead, it is apt to consider adding the following:

- a) **Amending** the Staffing Policy with a new clause or article, or
- b) Adding a long form **Policy Addendum** (an example is *Staffing Policy Addendum: Staff Leave, Staffing Policy Addendum: Workplace Harassment, etc*).

In instances where adding policy detail does not alter a policy framework's structural communication or understanding, it would be permissible to consider a standalone policy document.

EVALUATION

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

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

ATTACHMENTS

- Attachment 1: Sample *Conflict of interest disclosure statement*

AUTHORISATION

This policy was adopted by the Approved Provider of Mount Martha Preschool on 8/11/19.

REVIEW DATE: 25 OCTOBER 2021

ATTACHMENT 1
Sample *Conflict of interest disclosure statement*

Name (in full):	
Postal address:	
Position on Committee of Management or subcommittee	

Declaration:

I hereby declare the following conflict of interest: (Note: tick all applicable boxes)

ACTUAL POTENTIAL PERCEIVED

Please provide a brief outline of the nature of the conflict (details may be included in a separate confidential envelope, if appropriate).

Please detail the arrangements proposed to resolve/manage the conflict (details may be included in a separate confidential envelope, if appropriate).

I, (insert name in full) _____ hereby agree to:

- update this disclosure throughout the period of my tenure on the Committee of Management or subcommittee of Mount Martha Preschool.
- co-operate in the formulation of a *Conflict of interest management plan*, as required.
- comply with any conditions or restrictions imposed by the Committee of Management or subcommittee to manage, mitigate or eliminate any actual, potential or perceived conflict of interest.

Signed

Date

Governance and Management of the Service Policy Addendum (2019/1): Complaints, Grievances and Human Resources (HR) Subcommittee

Terms of Reference

1.Role

The Complaints, Grievances and Human Resources Subcommittee (CG&HR) is a subcommittee created by, and advisory to, the Mount Martha Preschool Association Committee of Management.

The CG&HR is responsible for:

- a) Receive, record (*Complaints and Grievances Register*) and deal with complaints and grievances escalated to the subcommittee, including both internal (employee related) and external (parents or other outside parties) complaints and grievances.
- b) Provide advice and leadership on Human Resources (HR) related matters, including workplace culture, staff health and wellbeing as well as training and development practices. Moreover, the CG&HR will aid the onsite and Committee of Management Occupational Health and Safety representatives if required.
- c) Aid in the development of any and all HR policies. The subcommittee provides detailed feedback on, and review of, any HR related policies and procedures received from the Policy Development Subcommittee (PDSC). It does not have the authority to approve a policy, nor to allocate resources.

The CG&HR responsibilities do **not** extend to matters pertaining to employment arrangements, recruitment, contract negotiation, remuneration or employee reviews.

2.Purpose

The purpose of the CG&HR is to receive, respond and resolve all complaints and grievances escalated to the subcommittee. Moreover, the subcommittee provides advice and leadership on workplace culture as well as staff health and wellbeing as well as training and development practices. It is also tasked with aiding the onsite and Committee of Management Occupational Health and Safety representatives if required.

Last, the CG&HR is tasked with reviewing and aiding in the development, consistency and coordination of all HR policies and procedures at the Mount Martha Preschool Association.

3.Membership

Membership of the CG&HR must be comprised of a minimum of three (3) but no more than five (5) representatives. An uneven number of representatives will ensure that each policy matter is resolved in the affirmative or negative with no division.

Two (2) members of the Association Committee of Management must comprise the CG&HR, one of which must be the Association President. Other representatives of the CG&HR shall be drawn from the Committee of Management, members of the Association or other interested persons as prescribed under rule 40 of the Mount Martha Preschool *Rules of Association* (adopted as the Association's Constitution).

In an event where a subcommittee member is accused, or is a sponsor of, a complaint or grievance that member must immediately recuse himself or herself until the matter is investigated and resolved. Another member may nominate for the CG&HR until the case is concluded.

4.Term of Office

The CG&HR shall be appointed for no longer than one (1) year. Members who are unable to complete their one (1) year term must notify the Committee of Management through the CG&HR Chairperson to allow for the appointment of an alternative member for the remainder of the one (1) year term.

The term of the CG&HR, as well as its membership, ends at the Annual General Meeting held in November of the same year where the current standing Committee of Management is disbanded.

It is the duty of the incoming or succeeding Committee of Management to consider the reimplementation of this policy amendment.

5.Meetings Schedule and Type

The CG&HR is responsible for organising meetings. Meetings are by teleconference, videoconference, telephone, face-to-face or through the exchange of emails.

6.Governance

- a) All members have one (1) vote and have the same rights to speak and vote on any matter.
- b) Where four (4) members are present, or 80%, and in the event of an equality of votes, the subcommittee can choose to defer any formal vote until all members are present. The CG&HR Chairperson may exercise a second or casting vote.
- c) A quorum is predicated on the total membership. Where three (3) members only comprise the CG&HR a quorum is 100%. Where five (5) members only comprise the subcommittee a quorum is 60%. See Rule 6b for vote deferral or deciding vote.
- d) The CG&HR will nominate a member to take minutes at all meetings.
- e) The CG&HR Chairperson will forward minutes of all subcommittee meetings to the Committee of Management within four (4) weeks.

7.Confidentiality and Code of Conduct

CG&HR members must adhere to the Mount Martha Preschool *Privacy and Confidentiality Policy* and *Code of Conduct Policy*. Subcommittee members must treat any information gained through their position as confidential (e.g. CG&HR deliberations, information about plaintiffs, cases and recommendations to the Committee of Management) and behave in a way that maintains the high standard and reputation of the Association.

8.Conflict of Interest

Appropriate management of conflicts of interest protects the reputation and integrity of subcommittees by helping to ensure their impartiality and independence. This helps to ensure that the advice and recommendations provided reflects the highest standards of professionalism.

CG&HR members have a responsibility to report any possible conflict of interest to the CG&HR Chairperson. Any advice or recommendation made by the CG&HR is open to challenge if any of the subcommittee members involved had an **actual** or **perceived** conflict of interest.

9.Mandate

- a) Administer and process all complaints and grievances in accordance with Mount Martha Preschools *Complaints and Grievances Policy* and *Rules of Association* (Constitution).
- b) The CG&HR must ensure that *Division 2: Disciplinary Action*, and *Division 3: Grievance Procedure* of the Mount Martha Preschools *Rules of Association* (Constitution) are strictly adhered to.
- c) Ensure complaints are addressed in a timely manner and that all parties have an opportunity to be fairly heard and represented as required.
- d) The CG&HR must adhere to the *Inclusion and Equity* and *Code of Conduct* policies at all times.
- e) Work in conjunction with the Policy Development Subcommittee (PDSC) on all HR policies.
- f) Where a new policy is being recommended for development to provide a template, advice about consultation (including advice about the need for any possible legal review), and identify the appropriate approval path.

- g) To assist the Committee of Management, as required, in an evaluation of the implications of proposed policies, including potential risks, costs, and infrastructure requirements and their consistency with the Preschool's Policy Framework.
- h) To assess policies under development and review in light of any state or federal legislation.
- i) Once a draft policy is received from the PDSC, the CG&HR is to review the process of consultation and the implementation and communication plan, and to make any further development recommendation(s) to the PDSC and Committee of Management.

10.Complaints and Grievances Timeline

Strictly Adhere to the timeline and process as set out in *Division 2: Disciplinary Action* and *Division 3: Grievance Procedure* in the Mount Martha Preschool *Rules of Association* (Constitution).

11.Guidance from the Committee of Management

The Committee of Management may from time to time direct the CG&HR to undertake special tasks or projects related to policy development only.

The Committee of Management communicates with the CG&HR via the subcommittee Chairperson.

12.Related Policies and Procedures

Rules of Association (adopted as the Mount Martha Preschool Association Constitution)

Complaints and Grievances Policy

Privacy and Confidentiality Policy

Code of Conduct Policy

Inclusion and Equity Policy

13.Monitoring and review

The Committee of Management will review this policy amendment once (1) every year (at the beginning of each year) to confirm its appropriateness as part of the policy review schedule.

AUTHORISATION

This policy addendum was adopted by the Approved Provider of Mount Martha Preschool 20/2/2019

REVIEW DATE: 20 FEBRUARY 2020

Governance and Management of the Service Policy Addendum (2019/2): Policy Development Subcommittee

Terms of Reference

1.Role

The Policy Development Subcommittee (PDSC) is a subcommittee created by, and advisory to, the Mount Martha Preschool Association Committee of Management. The PDSC has an advisory and coordinating role regarding the development of administrative and other policies and procedures, but not a final decision-making role. It does not have the authority to approve a policy, nor to allocate resources.

All policies and procedures that have application at the Mount Martha Preschool Association must be reviewed and approved by the PDSC prior to submission to the final approval body, the Mount Martha Preschool Association Committee of Management.

The PDSC provides detailed feedback on, and review of, policy initiatives under the Mount Martha Preschool's *Rules of Association* and Policy Framework.

2.Purpose

The purpose of the PDSC is to review, create and ensure consistency and coordination in the development, approval and administration of all Mount Martha Preschool Association policies.

3.Membership

Membership of the PDSC must be comprised of a minimum of three (3) but no more than five (5) representatives. An uneven number of representatives will ensure that each policy matter is resolved in the affirmative or negative with no division.

One member of the Executive as well as the Quality Assurance Officer must comprise two positions within the PDSC. Other representatives of the PDSC shall be drawn from the Committee of Management, members of the Association or other interested persons as prescribed under rule 40 of the *Mount Martha Preschool Rules of Association* (adopted as the Association's Constitution).

It is, as recommended within the *Mount Martha Preschool Committee of Management Operational Handbook*, the Quality Assurance Officer's primary responsibility to oversee and ensure compliance with regard to the Preschool's policies, the Association's Constitution and other committee related documents. Nevertheless, to ensure a non-biased and equitable policy review and development process, the Quality Assurance Officer is ineligible to be installed as the PDSC Chairperson.

It is the responsibility of the PDSC membership to appoint a Chairperson from the remaining members.

4.Term of Office

The PDSC shall be appointed for no longer than one (1) year. Members who are unable to complete their one (1) year term must notify the Committee of Management through the PDSC Chairperson to allow for the appointment of an alternative member for the remainder of the one (1) year term.

The term of the PDSC, as well as its membership, ends at the Annual General Meeting held in November of the same year where the current standing Committee of Management is disbanded.

It is the duty of incoming or succeeding Committee of Management to consider the reimplementation of this policy amendment.

5. Meetings Schedule and Type

The PDSC is responsible for organising meetings. Meetings are by teleconference, videoconference, telephone, face-to-face or through the exchange of emails.

6. Governance

- a) All members have one (1) vote and have the same rights to speak and vote on any matter.
- b) Where four (4) members are present, or 80%, and in the event of an equality of votes, the subcommittee can choose to defer a formal vote until all members are present. The PDSC Chairperson may exercise a second or casting vote.
- c) A quorum is predicated on the total membership. Where three (3) members only comprise the PDSC a quorum is 100%. Where five (5) members only comprise the subcommittee a quorum is 60%. See Rule 6b for vote deferral or deciding vote.
- d) The PDSC will nominate a member to take minutes at all meetings.
- e) The PDSC Chairperson will forward minutes of all subcommittee meetings to the Committee of Management within four (4) weeks.

7. Confidentiality and Code of Conduct

PDSC members must adhere to the Mount Martha Preschool *Privacy and Confidentiality Policy and Code of Conduct*. Subcommittee members must treat any information gained through their position as confidential (e.g. PDSC deliberations and recommendations to the Committee of Management) and behave in a way that maintains the high standard and reputation of the Association.

8. Conflict of Interest

Appropriate management of conflicts of interest protects the reputation and integrity of subcommittees by helping to ensure their impartiality and independence. This helps to ensure that the advice and recommendations provided reflects the highest standards of professionalism.

PDSC members have a responsibility to report any possible conflict of interest to the PDSC Chairperson. Any advice or recommendation made by the PDSC is open to challenge if any of the subcommittee members involved had an **actual** or **perceived** conflict of interest.

9. Mandate

- a) To receive and review proposals from the Quality Assurance Officer or other members of the Association and make recommendations to the Committee of Management on whether a new policy is needed (or whether the purpose can be achieved by modifying or clarifying an existing policy, or through guidelines or procedures).
- b) To advise proponents of policy and interested members of the community on the policy approval process and any further requirements.
- c) Where a new policy is being recommended for development, to provide a template, advice about consultation (including advice about the need for any possible legal review), and identify the appropriate approval path.
- d) To assist the Committee of Management, as required, in an evaluation of the implications of proposed policies, including potential risks, costs, and infrastructure requirements and their consistency with the Preschool's Policy Framework.
- e) To assess policies under development and review in light of any state or federal legislation.
- f) Once a draft policy is received from the Quality Assurance Officer, the PDSC is to review the process of consultation and the implementation and communication plan, and to make a recommendation(s) to the Committee of Management.

- g) To undertake periodic reviews of existing policies, identifying anachronisms, gaps and overlaps, and monitoring the effectiveness of the Committee of Management's ongoing administration of its policies.
- h) The Quality Assurance Officer will have responsibility for advising the PDSC on the yearly policy review schedule and policy initiatives prior to the PDSC advising or making recommendations to the Committee of Management.
- i) The PDSC must refer all human resources (HR), complaints and grievances related policies (either under review or recommended for implementation) to the Complaints, Grievances and Human Resources (HR) Subcommittee (CG&HR) for review, clarification and any possible editions or edits.

10. Policy submission and evaluation process

The Quality Assurance Officer is tasked with ensuring regular review and maintenance of the Policy Framework and Constitution as well as creating (writing), reviewing (rewriting and editing) new policies or constitutional amendments before submission to the PDSC.

Upon any policy submission, the PDSC will initiate a full, rigorous and systemic evaluation regarding any particular policy's inclusions (incorporating the policy's language), potential risks or impacts (including any legal reviews or likely contestations), costs as well as any infrastructure requirements (as above).

Any and all human resources, complaints and grievances policy reviews or proposals must be given (as outlined above) to the Complaints, Grievances and Human Resources (HR) Subcommittee (CG&HR) prior to submission to the Committee of Management for final approval.

As soon as any policy(s) development or review has concluded, the PDSC must vote on whether to submit it to the final approval body (Committee of Management). If a vote is confirmed in the negative, the policy(s) must remain with the PDSC for further development or abandoning. The PDSC is responsible for communicating and updating the Committee of Management in either scenario.

11. Guidance from the Committee of Management

The Committee of Management may from time to time direct the PDSC to undertake special tasks or projects related to policy development only.

The Committee of Management communicates with the PDSC via the subcommittee Chairperson.

12. Related Policies and Procedures

Rules of Association (adopted as the Mount Martha Preschool Association Constitution)

Privacy and Confidentiality Policy

Code of Conduct Policy

13. Monitoring and review

The Committee of Management will review this policy amendment once (1) every year (at the beginning of each year) to confirm its appropriateness as part of the policy review schedule.

AUTHORISATION

This policy addendum was adopted by the Approved Provider of Mount Martha Preschool 20/2/2019

REVIEW DATE: 20 FEBRUARY 2020

Governance and Management of the Service Policy Addendum (2019/3): Branding Subcommittee

Terms of Reference

1.Role

The Branding Subcommittee (BRDS) is a subcommittee created by, and advisory to, the Mount Martha Preschool Association Committee of Management. The BRDS has an advisory and coordinating role regarding the development and implementation of the Association's branding program, but not a final decision-making role, nor to allocate resources.

Brand management is the sole responsibility of the BRDS including development and implementation strategies and procedures that have application at the Mount Martha Preschool Association. All branding related proposals must be reviewed and approved by the BRDS prior to submission to the final approval body, the Mount Martha Preschool Association Committee of Management.

The BRDS provides detailed feedback on, and review of, branding related initiatives under the Mount Martha Preschool's *Rules of Association* and Policy Framework.

2.Purpose

The purpose of the BRDS is to manage the Association's branding program, including but not limited to branding strategies and procedures.

3.Membership

Membership of the BRDS must be comprised of a minimum of three (3) but no more than five (5) representatives. An uneven number of representatives will ensure that all matters are resolved in the affirmative or negative with no division.

The BRDS must comprise both the Branding Officer and Marketing/Digital Marketing Officer. Other representatives of the BRDS shall be drawn from the Committee of Management, members of the Association or other interested persons as prescribed under rule 40 of the *Mount Martha Preschool Rules of Association* (adopted as the Association's Constitution).

It is the responsibility of the BRDS membership to appoint a Chairperson.

4.Term of Office

The BRDS shall be appointed for no longer than one (1) year. Members who are unable to complete their one (1) year term must notify the Committee of Management through the BRDS Chairperson to allow for the appointment of an alternative member for the remainder of the one (1) year term.

The term of the BRDS, as well as its membership, ends at the Annual General Meeting held in November of the same year where the current standing Committee of Management is disbanded.

It is the duty of incoming or succeeding Committee of Management to consider the reimplementation of this policy amendment.

5.Meetings Schedule and Type

The BRDS is responsible for organising meetings. Meetings are by teleconference, videoconference, telephone, face-to-face or through the exchange of emails.

6.Governance

- a) All members have one (1) vote and have the same rights to speak and vote on any matter.
- b) Where four (4) members are present, or 80%, and in the event of an equality of votes, the subcommittee can choose to defer a formal vote until all members are present. The BRDS Chairperson may exercise a second or casting vote.
- c) A quorum is predicated on the total membership. Where three (3) members only comprise the BRDS a quorum is 100%. Where five (5) members only comprise the subcommittee a quorum is 60%. See Rule 6b for vote deferral or deciding vote.
- d) The BRDS will nominate a member to take minutes at all meetings.
- e) The BRDS Chairperson will forward minutes of all subcommittee meetings to the Committee of Management within four (4) weeks.

7.Confidentiality and Code of Conduct

BRDS members must adhere to the Mount Martha Preschool *Privacy and Confidentiality Policy and Code of Conduct*. Subcommittee members must treat any information gained through their position as confidential (e.g. BRDS deliberations and recommendations to the Committee of Management) and behave in a way that maintains the high standard and reputation of the Association.

8.Conflict of Interest

Appropriate management of conflicts of interest protects the reputation and integrity of subcommittees by helping to ensure their impartiality and independence. This helps to ensure that the advice and recommendations provided reflects the highest standards of professionalism.

BRDS members have a responsibility to report any possible conflict of interest to the BRDS Chairperson. Any advice or recommendation made by the BRDS is open to challenge if any of the subcommittee members involved had an **actual** or **perceived** conflict of interest.

9.Mandate

- a) Review and evaluate all current branding strategies (if any) and major branding initiatives across the Association's analogue and digital platforms; this includes:
 - i. Developing a branding questionnaire to elicit detailed feedback on current branding strategies (if any) and platform design elements.
 - ii. Develop an appropriate distribution list or target group for the branding questionnaire
 1. distribution list or target group can comprise educators, staff, Committee of Management members, Association membership (parents, families) as well as external stake holders.
- b) Set priorities for the year based on a review and evaluation of current branding strategies (if any), platforms, branding questionnaire findings and feedback as well as input from the Committee of Management.
- c) Generate a project brief for a new visual brand and make final recommendations to the Committee of Management
- d) Obtain quotations (including any associated lead times)
- e) Engage designer(s) (print, web, or other) as per quotations approved by the Committee of Management

- f) Provide collated feedback and visual direction to designer(s)
- g) Liaise with designer(s) to implement new visual brand to roll out to Mount Martha Preschool's print, digital and website platforms

10. Evaluation Process

The BRDS is responsible for generating an evaluation process as well as setting project milestones. The subcommittee Chairperson or delegated representative will communicate and outline the evaluation process and project milestones to the Committee of Management

11.Guidance from the Committee of Management

The Committee of Management may from time to time direct the BRDS to undertake special tasks or projects related to the Association branding program only.

The Committee of Management communicates with the BRDS via the subcommittee Chairperson.

12.Related Policies and Procedures

Rules of Association (adopted as the Mount Martha Preschool Association Constitution)

Privacy and Confidentiality Policy

Code of Conduct Policy

13.Monitoring and review

The Committee of Management will review this policy addendum once (1) every year (at the beginning of each year) to confirm its appropriateness as part of the policy review schedule.

AUTHORISATION

This policy addendum was adopted by the Approved Provider of Mount Martha Preschool 20/3/2019.

REVIEW DATE: 20 FEBRAURY 2020

Governance and Management of the Service Policy Addendum (2019/8): Committee of Management Transition

Best Practice – Quality Area 7

1.Purpose

This policy addendum provides guidelines to ensure the Mount Martha Preschool Committee of Management understands its legal responsibilities following the Annual General Meeting (AGM). This policy addendum also aims to assist in a smooth transition of governance and management to the newly elected Committee of Management. The information in this policy addendum is relevant for all Early Childhood Incorporated Associations (ECIA), including independent kindergartens or preschools, community managed long day care services and Early Years Management (EYM) services that have maintained their incorporation status.

2.Background

In Victoria, a wide range of management structures exists in early childhood services. Managing an early childhood service requires a good understanding of the management structure of the service, and the extent of responsibilities imposed on the Committee of Management by legislation, and other funding and contractual arrangements.

To ensure continuity of governance, it is important that there is a comprehensive and well-planned handover from the outgoing committee to the incoming committee as soon as possible following the AGM. A few members of the outgoing committee may also offer to continue working alongside the new committee for a short period of time as mentors.

Committee members should check their constitution to clarify their legal responsibilities following their election to the new committee. While some members of the outgoing committee may work with the incoming committee to support them during the transition process, it is important to note that the responsibility for all matters relating to the association rests with the incoming committee.

3.Rationale for a Formal Handover

Thoughtful succession planning and an effective handover of knowledge, skills and tasks from the previous committee enhance the success of any committee.

Given the circumstances that are unique to the early childhood sector, many services experience high turnover of committee members each year at the AGM. An effective handover process becomes critical in these instances to ensure that valuable knowledge and information is passed on from one committee to the other, not only to avoid re-inventing the wheel, but also to ensure continuity and stability in the service.

Ideally, planning for the handover must commence well before both the AGM and the meeting at which the handover takes place. Documenting decisions made at each committee meeting and filing these in a timely manner along with committee meeting papers, minutes of the meeting, and any other information that assisted the decision-making is a good starting point for the handover to the next committee.

Reflecting on their own handover experience, including what worked well and what could have been improved, will assist committee members in preparation for the handover.

In a service where only a few members of the committee change each year, it may be more appropriate for those members to meet separately with their successors to discuss their responsibilities and handover relevant documents and information. Committees in this situation may consider developing an orientation program to ensure new members are welcomed and provided with the information and support needed as they start in their roles.

4.Preparation for Handover

Handover to the next committee requires the transfer of considerable information and completion of a range of forms. These requirements will vary depending on the committee's responsibilities. For example, site/advisory committees under an Early Years Management (EYM) model will not be required to complete forms related to the provider approval or funding agreement as this is the responsibility of the EYM organisation as the Approved Provider and funded organisation.

4.1 Committee of Management Operational Handbook

A committee member operational handbook is a useful handover tool for all members of current and future committees. An up-to-date and well-organised handbook enables an effective handover and ensures that the provision of all relevant and important information to new committee members is easier.

The operational handbooks must include:

- a) specific information relating to the Executive Committee (President, Vice-President Treasurer, Secretary)
- b) information regarding the roles and responsibilities of general committee members
- c) important documents relating to the association
- d) funding and service agreements
- e) contacts, lists and other operational information etc.

The ELAA *Early Childhood Management Manual v2.1* also contains a comprehensive list of suggested material to include in this handbook.

If the Committee of Management already uses a committee member operational handbook, it is important that outgoing members ensure that their copy is current and well-organised before the handover to incoming committee members.

4.2 Constitution and Policy Manual

The *Mount Martha Preschool Constitution* (also known as the *Rules of Association*) is the Association's governing document. It provides what is permissible and what is not. The outgoing Committee of Management must impress upon incoming committee members (especially Executive Committee members) the importance of reading and understand the document.

The Mount Martha Preschool Policy Manual is the blueprint of the Association's policy framework. The differing policies contained in this manual cover both mandatory and best practice policies, policy addenda and procedures.

The outgoing Committee of Management (specifically the Quality Assurance/Policy and Compliance Officer) is responsible for collating and publishing a new policy handbook at the close of each year. This is due to the ongoing nature of the policy review, development and renewals process (see the Policy Review Schedule).

4.3 SystemHub

SystemHub is the Association's digital network. It contains all files relating to the management of the preschool. See the *Information and Communication Technology Policy* for full details.

The outgoing Committee of Management must appoint a **Committee Transition Officer**, elected from standing members of the Committee of Management, at the final general committee meeting (meeting held prior to the Annual General Meeting).

The Committee Transition Officer will ensure that all outgoing committee members and subcommittees upload all files (relating to projects and information collated or completed throughout the year) to the digital network. If outgoing committee members have not completed projects or works began during their term, the Committee Transition Officer must ensure that the relevant committee member(s) creates a report or contemporaneous notes to provide to their successor.

4.4 Subcommittees

All subcommittee chairpersons must conclude all works at the penultimate general committee meeting. If works are complete at this time, chairpersons must prepare those works for handover to the incoming Committee of Management.

4.5 Teaching Staff and Staff Manual

To create a smooth transition between Committees of Management, the outgoing committee must provide the incoming committee with the Staff Manual. This will provide the incoming committee with valuable information regarding teaching roles and staffing structure.

4.6 Forms to be Completed

Forms that must be signed by both outgoing and incoming members are to be completed and submitted to the relevant authorities without delay, enabling the incoming committee to fulfill their legal obligations and ensuring that business continues without interruption. Such forms are best addressed as soon as is practicable after the AGM.

The following organisations must be notified as soon as is practicable:

- a) **Taxation Office:** The taxation office must be notified when there has been a change in office bearers, authorised contact, financial institution details, main business activity, postal/email or business address and legal or trading name. These details should be updated as soon as possible after the AGM or following any changes mentioned above. Further details and the required form can be downloaded from the ATO website (search under Not-for-profits) and can only be completed by the person currently registered with the ATO as the authorised person. The authorised person can also make these changes by phone (1300 130 248 between 8am and 6pm, Monday to Friday).
- b) **Consumer Affairs:** If a new secretary has been elected at the AGM, the outgoing secretary must complete and submit a *Change of Association Details* form (Form 0409) within 28 days. There is no fee for this process and the form can be downloaded from www.consumer.vic.gov.au/clubs-and-not-for-profits/incorporated-associations/fees-and-forms.
- c) **Australian Charities and Not-for-profits Commission (ACNC):** Changes to the Committee of Management must be notified to the ACNC if the service is a registered charity and is accessing charity tax concessions from the ATO. The appropriate form to notify ACNC of the change can be found on the ACNC website: http://www.acnc.gov.au/ACNC/Pblctns/AF/ACNC/Publications/AF_Forms.aspx.
- d) **Banks:** The management of finances including signing cheques etc. becomes the

responsibility of the incoming committee after the conclusion of the AGM. It is therefore important that the appropriate forms for change of authorised signatories for bank accounts are completed as soon as possible. Committees should also ensure that signatures no longer relevant are removed immediately. The treasurer must check with the financial institution regarding the documentation required to enable a change in signatories. In most cases, evidence of authorisation such as minutes of the meeting and identification will be required.

- e) DET/ACECQA: Approved Early Childhood Service providers are required to complete 'Notification of change to information about approved provider' form via the ACECQA online system (NQA ITS) www.acecqa.gov.au/educators-and-providers1/applications.

5.Managing the Handover Meeting

Who Attends the Meeting?

It is important that all members of the outgoing Committee of Management and the newly-elected committee attend the handover meeting. It is not only an opportunity to ensure that all relevant documents and information are passed on to the incoming committee, it is also a strategy to ensure that the incoming committee members feel welcomed, and have an opportunity to discuss matters with and seek clarifications from the outgoing committee members on any aspect of the business.

5.1 Purpose of the Meeting

The handover meeting is an informal meeting to discuss and exchange information. However, it may be useful training to include some of the usual meeting procedures, as outlined in the following points:

- a) an agenda will ensure that discussion is kept to the topic and all the necessary items are covered.
- b) the outgoing president could act as the chair and demonstrate meeting management to the newly-elected president.
- c) the outgoing committee members can role model meeting etiquette and decision-making processes.

It is important that new committee members are familiarised with the service's building and operations. Where appropriate, consider allocating time at the handover meeting to brief incoming committee members to the location of files, resources, keys, light switches, alarm systems, kitchen supplies and anything else that may be specific to their role.

5.2 Matters for Discussion

Community managed early childhood organisations have a range of responsibilities. This will vary according to the management structure and can include responsibility for management of the service, compliance with regulatory requirements as an Approved Provider of an Early Childhood Service, funding obligations and employment of staff. It is important to allocate time at the handover meeting to discuss and inform the incoming committee about their obligations and responsibilities as the:

- a) manager (may vary if operating under an EYM arrangement): including Quality Improvement Plan, policy development, implementation and review, service planning and delivery, financial management, strategic planning and any long-term plans currently in place, and roles and responsibilities of any subcommittees such as fundraising.

- b) Approved Provider (if relevant): including governing legislation such as the *Education and Care Services National Law Act 2010*, the *Education and Care Services National Regulations 2011* and the service agreement with Department of Education and Training (DET).
- c) funded organisation (if relevant): independent committees must also be aware of their obligations as a funded organisation. The *DET Kindergarten Funding Guide* outlines the funding that is available and the requirements of the funded organisation to access this funding www.vic.gov.au/childhood/providers/funding/Pages/kinderfundingcriteria.aspx.
- d) employer (if relevant): including staffing, awards/agreements and conditions, rosters, pay processes employment policies, professional development procedures, performance reviews, current staffing issues such as recruitment or validation.
- e) If the organisation uses ADP for their payroll, refer to the *ADP Kindergarten Welcome Kit* handbook distributed to all users at the commencement of each year, or contact ADP on 1300 763 652 to complete a change of authorised person form.

In addition, all committees (including site/advisory and independent committees) should discuss:

- a) the committee's relationship, including any relevant service agreements and contracts, with external organisations such as the EYM or local government, DET and ELAA.
- b) the responsibilities of office bearers (due to the complexity of responsibilities of office bearers, it may also be useful for outgoing office bearers to meet separately with their incoming counterparts. This will enable them to explain the more specific requirements of their position and provide new members with time to seek clarification).
- c) the responsibilities of general members.
- d) the service budget and financial arrangements.
- e) meeting procedures, including minutes, agendas, action sheets, reports, attendance and decision-making.

6.The Next Steps

Following the handover meeting, there may be some loose ends for the outgoing committee to tie up. The new committee will also have some tasks to do to ensure a good start to their term of office.

6.1 Outgoing Committee of Management

It is important that the outgoing committee members consider how best to assist the newly-elected committee. This may include:

- a) acting as a mentor if required
- b) being available as a sounding board
- c) spending time passing on the knowledge and insights they have acquired
- d) ensuring that all individual tasks have been completed and that the committee member operational handbook is organised.

6.2 Incoming Committee of Management

The first meeting of the incoming committee would normally take place within the timeframe mentioned in the association's Constitution/Rules of Association. In the absence of a specific provision, it is normal practice to have a meeting within four (4) to six (6) weeks of the AGM.

This meeting should be used by the incoming committee to ensure that they follow up and undertake any important outstanding business from the previous committee, ensure all legal and contractual requirements have been met and changes notified to relevant organisations, and all required transfers have been made from the old committee to the new committee. Other matters to focus on may include:

- a) developing a framework for their functioning as a committee of management
- b) recruiting new committee members if there are still vacancies following the AGM, in accordance with the rules/constitution of the association
- c) signing a confidentiality agreement
- d) determining future committee meeting dates and times
- e) determining the delegation of authority.

7. Useful Resources for the New Committee of Management

ELAA – Early Learning Association Australia: www.elaa.org.au

Early Childhood Management Manual v.2.1: www.elaa.org.au

ACECQA (Australian Children's Education and Care Quality Authority) – national independent statutory authority responsible for monitoring and promoting the National Quality Framework: www.acecqa.gov.au

Australian Tax Office: www.ato.gov.au

Consumer Affairs – information sheets regarding Incorporated Associations and reporting forms: www.consumer.vic.gov.au

Department of Education and Training (DET) – advice regarding service/provider approvals, funding and regulatory requirements, and assessment and ratings: www.education.vic.gov.au/ecsmanagement/default.htm

Department of Justice – advice regarding Working With Children Checks: www.justice.vic.gov.au

Early Childhood Australia (Victoria): www.earlychildhoodvictoria.org.au

Our Community – Governance Fact Sheets, information on available grants and grant application, and pro bono support: www.ourcommunity.com.au

Justice Connect – pro bono legal advice: www.justiceconnect.org.au/

Play Australia – information regarding playground standards: www.playaustralia.org.au

Victoria Police: www.police.vic.gov.au

Victorian WorkCover Authority: www.workcover.vic.gov.au

Fair Work Commission (previously Fair Work Australia): www.fwc.gov.au

DET *Kindergarten Funding Guide*: www.education.vic.gov.au/childhood/providers/funding/Pages/kinderfundingcriteria.aspx

8.Relevant Legislation

Associations Incorporation Reform Act 2012

Australian Charities and Not-for-profits Commission Act 2012 (Cth)

Child Safety and Wellbeing Act 2005

Crimes Act 1958

Education and Care Services National Law Act 2010

Education and Care Services National Regulations 2011

Working With Children Act 2005.

9.Monitoring and review

The Committee of Management will review this policy addendum every three (3) years to assess its appropriateness as part of the policy review schedule.

10.Attachments

- Attachment 1: *Early Learning Association Australia (ELAA) Committee Basics: For independent early childhood services (2007).*
- Attachment 2: *Early Learning Association Australia (ELAA) Committee Basics: The Handover (2017)*

AUTHORISATION:

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EARLY
LEARNING
ASSOCIATION
AUSTRALIA

The voice for parents and service providers



Committee Basics

For independent early childhood services

2017 – Early Learning Association Australia

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Introduction

ABOUT THIS RESOURCE

Committee Basics – for independent early childhood services is a resource designed for committees of management who are responsible for the management of the early childhood service and employment of staff. This resource provides a reference guide to the responsibilities of the committee of an Incorporated Association who are also the Approved Provider of an early childhood service, a funded organisation receiving funding from government, an employer of staff and have responsibilities as a fundraiser.

EARLY LEARNING ASSOCIATION AUSTRALIA (ELAA)

ELAA's vision is for excellence in early learning for every child. Our mission is to champion excellence in early learning and ensure that high quality, affordable and accessible services are delivered to all children, that are sustainable into the future and accountable to the community. ELAA represents the voice of parents and of over 1,200 early learning providers.

Our membership includes:

- independent kindergartens
- Early Years Management (EYM) managed services
- local governments
- integrated services
- long day care services
- schools.

Over the past 21 years, ELAA has worked collaboratively with members, peak bodies, government and other key stakeholders to ensure that Victoria is leading the way in the provision of quality early childhood services to children and that these services are accessible and affordable for families. ELAA's strong relationship with government at both the Federal and State level ensures that we are an effective voice for the sector and enables us to engage proactively with government to ensure that services are funded realistically to deliver high quality early childhood education to Victorian children.

Our collaborative approach has ensured that ELAA is working alongside organisations such as the Victorian Council of Social Services (VCOSS), Gowrie Victoria, FKA Children's Services, Municipal Association of Victoria (MAV), Australian Education Union, Early Childhood Intervention Association, Noah's Ark and Playgroup

Victoria to provide a unified voice for change and development in the early childhood sector. ELAA is a well-respected organisation within the early childhood education and care sector, ranked highly for its commitment, professionalism and expertise on all matters relating to early childhood services.

Member support services

We actively work with our members to promote and support high quality services through the provision of advice and training for management and staff, professional development opportunities and the development of quality, NQF-compliant resources.

The following are some of the services offered by ELAA to its members.

ADVOCACY

As a peak organisation, ELAA informs policy directions for the early childhood services sector and advocates for quality early childhood education and care for all children. ELAA does this in consultation with members, other early childhood service organisations and the expertise and experience of our staff.

MANAGEMENT SUPPORT

ELAA members receive access to our telephone and email advisory service. Support from our specialist team of professionals covers a vast range of issues including:

- governance advice on all aspects of managing early childhood services
- support regarding financial management, financial analysis and budget development and review
- assistance with policy development and constitution reviews
- operational program development and analysis.

EMPLOYER SUPPORT

ELAA's member services team understand the complexities of the industrial system and employer responsibilities and assist members with information, advice and support on a wide range of industrial issues including:

- awards and enterprise agreements
- wage rates
- occupational health and safety including WorkCover
- obligations and claims management
- negotiation of enterprise agreements

- assistance with conciliation when the matter is not covered by VMIA
- negotiations with key stakeholders including unions
- all aspects of recruitment from position descriptions to letters of employment
- performance management services
- managing workplace conflict, including mediation
- general staffing issues – workplace counselling, grievance and disciplinary processes.

PROFESSIONAL LEARNING AND DEVELOPMENT

ELAA runs a comprehensive professional learning and development program each year for early childhood staff. These seminars provide participants with opportunities for networking, sharing experiences, learning from early childhood experts and from each other.

ELAA is funded by DET to provide a range of governance and management seminars for early childhood services' committee members. These are conducted throughout the year in partnership with participating local governments and provide participants with opportunities to gain specific skills in a range of management and operational areas from committee governance and strategic planning to financial management and employer responsibilities.

There are also a range of governance and management online learning modules and webinars available on the ELAA website: www.elaa.org.au

Information about the locations and dates of all our governance training and the ELAA professional learning and development program are available on the ELAA website: www.elaa.org.au

CONSULTANCY SERVICES

ELAA has a long history of providing targeted consultancy services to the early childhood sector.

Our qualified and experienced staff have successfully tailored projects for Early Years Management (EYM) organisations, independent committees of management, local councils and other not-for-profit organisations. Our consultants have a broad range of early childhood skills and experience including training and education, management, governance, community

development, industrial relations, research and evaluation and event management, and can tailor consultancy packages to meet individual service needs.

RESOURCES

The ELAA *Early Childhood Management Manual* is a comprehensive manual designed for committees of Incorporated Associations who manage early childhood services and employ staff.

The ELAA website provides additional members-only information and support and resources that can be ordered or downloaded for immediate use.

ELAA manuals and publications provide crucial information and templates for use by managers and committees.

McARTHUR JOBS IN EARLY CHILDHOOD

'Jobs in Early Childhood' sponsored by McArthur provides a valuable service to members. This online jobs board is a cost-effective way for employers to advertise employment opportunities in the Victorian early childhood education sector and is free for ELAA members.

FUNDRAISING AND MARKETING SUPPORT

ELAA understands how vital marketing and fundraising is to services across Victoria and offers ongoing support in a number of ways:

- *Fundraising Made Simple* is a downloadable resource that provides fundraising ideas and information
- the *Caring for Kids* raffle provides services with the opportunity to raise money in their extended communities and market their service at the same time. This award-winning raffle takes place every year in Term 2 and has been inducted into the Fundraising Institute of Australia's Hall of Fame.

LATEST SECTOR UPDATES

Preschool Matters is ELAA's information-packed quarterly magazine. It includes the latest news in the early childhood sector, early year's services management advice, information on industrial relations' issues and other topics related to the early childhood sector. Members receive two copies of *Preschool Matters* each term. Current and back issues of *Preschool Matters* are also available on the ELAA website.

ELAA's *e-News* is sent regularly to subscribers. The ELAA *e-News* provides up-to-date information about the sector and ELAA events. Registration to ELAA *e-News* is free, go to www.elaa.org.au to subscribe.

Monthly updates are mailed to members and include information on events, fundraising, marketing and training opportunities and happenings in the early childhood sector. In addition to industrial bulletins, information on changes to legislation, new policies and procedures, lectures and seminars these updates include information about our preferred partners – AustralianSuper, Insurance House, McArthur, Officeworks, Story Park and Victoria Teachers Mutual Bank.

EARLY CHILDHOOD EDUCATION CONFERENCE

The Early Childhood Education Conference, Together We Grow, is an annual event presented by ELAA in partnership with Gowrie Victoria and a committee of early childhood professionals. The conference provides a quality practice-based annual event for early childhood teachers, educators and early years professionals who work together to provide quality early childhood education.

EARLY CHILDHOOD EDUCATION FOUNDATION

ELAA established the Early Childhood Education Foundation in 1997 to address concerns that children were not attending kindergarten due to family financial hardship. ELAA believes early childhood education is a vital step in a child's life and the foundation provides financial contributions towards a child's kindergarten fees. For more information on eligibility and how to apply for funding to the foundation visit www.elaa.org.au

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Common terms and acronyms used in early childhood services

ACRONYMS

ACECQA

Australian Children's Education & Care Quality Authority: the national authority established to oversee the National Quality Framework and guide its implementation in a consistent way throughout Australia.

ACNC

Australian Charities and Not-for-profits Commission: the national regulator of not-for-profit organisations, established in December 2012.

AEU

Australian Education Union: the organisation that provides industrial coverage for early childhood teachers, activity group leaders (AGLs) and educators.

AGM

Annual General Meeting of the members of an incorporated body.

ATO

Australian Taxation Office

DET

Department of Education and Training: the regulatory authority responsible for regulating education and care services in Victoria and providing funding for kindergarten programs.

ECA

Early Childhood Australia

ECIS

Early Childhood Intervention Services

ELAA

Early Learning Association Australia: the peak body representing the voice of parents and service providers.

FAR

Financial Accountability Report: an annual report, usually submitted to DET by services at the end of September each year, acquitting for the funding received for the kindergarten program.

FWC

Fair Work Commission.

KESO

Koorie Engagement Support Officer (refer to the DET *Kindergarten Funding Guide*¹ for more details.)

KIS

Kindergarten Inclusion Support: supplementary funding to support the access and participation of children with disabilities and ongoing high-support needs or complex medical needs in funded kindergarten programs. This support is jointly funded by the State and Commonwealth Governments and is administered by DET. Refer to the DET *Kindergarten Funding Guide* and the DET website.

KPSA

Koorie Pre-school Assistants, refer to the DET *Kindergarten Funding Guide* for more details.

NQF

National Quality Framework

NQS

National Quality Standard

PSFO

Preschool Field Officer (refer to the DET *Kindergarten Funding Guide* for more details.)

SGM

Special General Meeting: a meeting of members held by incorporated entities outside of the regularly scheduled Annual General Meeting. SGMs are usually held to discuss and vote on important issues which require the input of the membership and it is too serious or urgent to wait until the next scheduled AGM.

VECTEA

Victorian Early Childhood Teachers and Educators Agreement 2016: this agreement outlines the conditions of employment, including rates of pay for qualified Early Childhood Teachers, Activity Group Leaders and Educators employed in services that are respondents to the agreement.

VMIA

Victorian Managed Insurance Authority: provides public liability insurance for funded service providers.

1 <http://www.education.vic.gov.au/childhood/providers/funding/Pages/kinderfundingcriteria.aspx>

DEFINITIONS

ADP Employer Services (ADP): ADP assists Victorian early childhood services' committees with their payroll service requirements. ADP is the largest provider of payroll services and human resources systems in the Asia Pacific Region. Provision of this service is free to community-managed early childhood services that operate a funded program as part of the funding agreement with DET. ELAA assists ADP with the interpretation of awards and agreements and calculation of rates of pay and special payments such as long service leave, termination and back pays.

Approved Provider: The Approved Provider is the person/s with management or control of the approved service. If the provider is an eligible association, it is each member of the executive committee of the association who has the responsibility alone or with others, for managing the delivery of the education and care service. These people must be approved by the Regulatory Authority as fit and proper (in accordance with Sections 12, 13 and 14 of the National Law) to operate one or more education and care services .

Authorised Officer: Officers of the Department of Education and Training (DET) who are responsible for monitoring compliance with the National Law and National Regulations, investigating incidents and complaints, taking compliance actions, assessment and rating of education and care services, managing approvals and administrative support .

Certified Supervisor: A person who has been nominated by the Approved Provider or the Nominated Supervisor of a service (in accordance with the national regulations) and consents in writing to being placed in the day-to-day charge of the education and care service. A certified supervisor can be any person engaged to be responsible for the day-to-day management of the service, or with supervisory and leadership responsibility at the service. The Approved Provider must be satisfied that this person is 'fit and proper' and has suitable skills for the role. The Certified Supervisor does not have the same responsibilities under the law as the Nominated supervisor.

Early Childhood Teacher Supplement grant: The amount of funds paid to services that employ a teacher classified at level 2 .3 and above in the funded program. Services must apply for this grant each year and payment is based on the number of eligible children in that teacher's funded program. The amount is indexed each calendar year. Refer to the DET *Kindergarten Funding Guide* for further information.

Early Start Kindergarten: The Early Start Kindergarten grant is a grant provided by the government to enable three-year-old children known to Child Protection to attend a kindergarten program (up to 15 hours per week) planned and delivered by a qualified early childhood teacher.

The Aboriginal Early Start Kindergarten grant is available to enable all three-year-old Aboriginal and Torres Strait Islander children to attend a kindergarten program that is planned and delivered by a qualified early childhood teacher.

Early Years Management (EYM) – formally known as Cluster Management: An alternative management model that brings a number of early childhood services together under one management body. The EYM organisation manages the business of the services, including recruitment and management of staff, acting as the Approved Provider and fulfilling regulatory responsibilities and financial matters for each location within the EYM.

Education and Care Services National Law Act 2010 (National Law): The law that regulates education and care services for children under 13 years of age in specified service types, such as kindergarten, long-day care services etc.

Education and Care Services National Regulations 2011 (National Regulations): Details the regulations or rules under which education and care services must operate and sets out the way in which the law is applied.

Educational Leader: A suitably qualified and experienced person who has been appointed by the Approved Provider to lead the development and implementation of education programs at the service.

Educator: An individual who provides education and care for children as part of an education and care service.

Fit-and-proper Assessment: This assessment (form PA02) is a requirement for application for Provider Approval, and for any other persons as required by the Regulatory Authority. As part of the assessment the Regulatory Authority will take into account the applicant's:

- history of involvement in education and care services
- compliance with current and previous education and care services law, children's services law or education law
- Working with Children Check and criminal history check
- medical and bankruptcy history (in some circumstances).

Funded program: Commonly known as the 'four-year-old program'. The State Government provides funding to assist in the provision of a year of kindergarten prior to commencement of formal schooling. Early childhood services must comply with particular criteria to receive this funding. This is outlined in the DET Kindergarten Funding Guide, and those responsible for compliance, such as members of the committee of management, should familiarise themselves with this guide.

Funded Service provider: The organisation responsible for the operation of an early childhood service and which receives funding from DET for the provision of a kindergarten program.

Kindergarten funding data collection: Information that is collected by DET about the funded organisation, including the number of children eligible to receive funding, teaching staff etc. and used to determine the funding that the service is eligible to receive each year.

Kindergarten fee subsidy: A subsidy paid to funded organisations to enable eligible families (that is, those holding a Commonwealth Health Care Card, Commonwealth Pensioner Concession Card, Department of Veterans' Affairs Gold Card or White Card, Temporary Protection/Humanitarian Visa 447, 451, 785 or 786, specified Refugee/Special Humanitarian Visas or Asylum Seeker Bridging Visas or when the child is a triplet, quadruplet or Aboriginal or Torres Strait Islander) to attend a funded kindergarten program for 15 hours free of charge. The subsidy is paid through the normal monthly per capita payment. Refer to the DET *Kindergarten Funding Guide* for further information.

Nominated Supervisor: A person who has been nominated by the Approved Provider of the service, under Part 3 of the Act, to be the Nominated Supervisor

of that service and who has consented to that nomination in writing. The Nominated Supervisor has day-to-day responsibility for the service in accordance with the National Regulations. All services must have a Nominated Supervisor.

Per capita grant: Funding received by early childhood services providing an approved funded kindergarten program and calculated on a per eligible child basis. This amount is indexed on the first of July each year.

Provider Approval: A nationally recognised approval granted to service providers to operate one or more approved education and care services.

Ratio supplement funding: To support funded services with group sizes of 23 or more children in the funded program.

Regulatory Authority: The authority responsible for implementing the National Law and National Regulations. In Victoria, DET is the Regulatory Authority and has primary responsibility for the approval, monitoring and quality assessment of services in accordance with the national legislative framework and in relation to the National Quality Standard.

Responsible person: Centre-based services must have a responsible person present at all times that the service is delivering education and care. The responsible person in day-to-day charge at the service can be one of the following:

- the Approved Provider/person with management or control
- the Nominated Supervisor of the service
- a certified supervisor who has been placed in day-to-day charge of the service.

Service agreement: An agreement with DET, which sets out how much funding the DET agrees to make available to an early childhood service providing an approved kindergarten program. It also sets out the terms and conditions with which the service must comply in using and accounting for the funding. The agreement usually covers a three-year period but may be updated annually by DET.

United Voice: The union providing industrial coverage for employees working in early childhood education and care services as teacher aides, education assistants, and other educators.

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Important contact details

Early Learning Association Australia (ELAA)

Tel: (03) 9489 3500

Rural: 1300 730 119

Fax: (03) 9486 4226

Web: www.elaa.org.au

Email: elaa@elaa.org.au

Australian Children’s Education and Care Quality Authority (ACECQA)

Tel: 1300 4 ACECQA (1300 422 327)

Web: www.acecqa.gov.au

Email: enquiries@acecqa.gov.au

Victorian Managed Insurance Authority (VMIA)

Tel: (03) 9270 6900

After hours emergency: Tel: (03) 9270 6888

Web: www.vmia.vic.gov.au/

ADP Kindergarten Support Centre

Tel: 1300 763 652

Department of Education and Training (DET)

Web: www.education.vic.gov.au

Regional Office:

(Enter the details for your service)

Authorised officer:

Contact details:

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Overview of early childhood education and care in Australia

Early childhood education and care has been given increased priority at both state and federal level in Australia since 2007. In December 2008, the National Partnership on Early Childhood Education was signed by the Council of Australian Governments (COAG).

The agreement outlined actions and strategies to be adopted to achieve Universal Access by 2013, ensuring that all children are provided with 15 hours of kindergarten per week for 40 weeks in the year before school. The *National Quality Framework for Early Childhood Education and Care* (NQF) was introduced in 2012. The NQF saw the introduction of new legislation, regulations and quality standards to improve outcomes for all children. The framework applies to most long-day care, kindergarten, family day care and outside school hours care services in a range of settings in all states and territories.

NATIONAL QUALITY FRAMEWORK

The NQF commenced on 1 January 2012 with the aim of providing every Australian child with the best start in life through access to high-quality early childhood education and care, and school-age care services.

The NQF is designed to assist providers to improve the quality of services and enable families to make informed decisions about the best service for their child. With the introduction of the NQF, kindergartens are required to undergo a formal accreditation process for the first time.

The National Quality Framework includes²:

- A **national legislative framework** that consists of a national law and regulations – the *Education and Care Services National Law Act 2010* and the *Education and Care Services National Regulations 2011*. The law enshrines a set of guiding principles for the framework:
 - The rights and best interests of the child are paramount
 - Children are successful, competent and capable learners
 - Equity, inclusion and diversity underpin the framework
 - Australia’s Aboriginal and Torres Strait Islander cultures are valued

- The role of parents and families is respected and supported
- Best practice is expected in the provision of education and care services (National Law: Section 3(3) (a)–(f)).

- A **National Quality Standard (NQS)** (the *National Quality Standard for Early Childhood Education and Care and School Age Care*) that sets aspirational standards across seven key areas that are important for children’s learning and development outcomes. The NQS also links to national and state learning frameworks such as the *Early Years Learning Framework for Australia* (EYLF) and the *Victorian Early Years Learning and Development Framework* (VEYLDF).
- An **assessment and rating system** designed to promote continuous quality improvement and encourage services to strive for excellence.
- A **Regulatory Authority in each state and territory** with primary responsibility for the approval, monitoring and quality assessment of services in their jurisdiction in accordance with the national legislative framework and in relation to the National Quality Standard.
- In Victoria, the Department of Education and Training (DET) is the Regulatory Authority.
- The **Australian Children’s Education and Care Quality Authority (ACECQA)**. This national body is responsible for providing oversight of the national system and ensuring consistency of approach. The ACECQA website contains a wealth of information, forms, and other resources to support services. Visit www.acecqa.gov.au for more details.

ELAA can also provide advice, assistance, resources, training and support to early childhood education and care services. For more information about our services or to become a member, ring ELAA on 9489 3500 or 1300 730 119 (rural).

² Refer to the ACECQA website for further information: www.acecqa.gov.au

UNIVERSAL ACCESS

The commitment to Universal Access ensures that all four-year-old children are provided with 15 hours of kindergarten per week or 600 hours in the year before they commence school, and that this is delivered by a degree-qualified early childhood teacher.

UNICEF recommended 15 hours per week as the minimum level of participation for four-year-olds in early childhood education. International research, including that undertaken in the Effective Provision of Preschool Education (EPPE) study³, indicates that early exposure to a high-quality learning environment has a direct and positive impact on educational outcomes for children. The positive impact increases with higher levels of participation over longer periods of time. Improving participation in early childhood programs is of benefit to all children's learning, health and behaviour, but is particularly important for children from disadvantaged backgrounds.

Starting earlier and participating in increased hours at kindergarten can significantly improve school success and have benefits into adulthood for disadvantaged children. To encourage uptake, the Victorian Government provides Early Start Kindergarten free of charge to three-year-old Aboriginal and Torres Strait Islander children and children known to Child Protection.

Victoria also has a unique program of kindergarten for three-year-old children which, although unfunded by government, has a broad reach and is held in high regard by the community.

Early childhood education and care in Victoria

In Victoria, early learning programs are provided in different settings including:

- independent kindergartens
- EYM managed services
- local government services
- integrated services
- long-day care services

- government and independent schools
- before and after-school care providers.

The providers of these services are also diverse and include those:

- run on a not-for-profit basis that incorporate volunteer governance and management structures (including EYMs)
- managed by local government
- delivered by private providers on a for-profit basis.

³ Sylva, K. Melhuish, E, Sammons, P, Siraj-Blatchford, I., Taggart, B. and Elliot, K. (October 2003) *The Effective Provision of Pre-School Education (EPPE) Project: Findings From the Pre-School Period*, Research Brief, Institute of Education, University of London, University of Oxford, Birkbeck, University of London, Research Brief No. RBXX15-03

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The committee’s responsibilities as an Incorporated Association

BACKGROUND

Incorporated Associations are clubs or community groups, operating as not-for-profit and whose members have decided to give their organisation a formal legal structure. When a club or community group incorporates, it becomes a ‘legal person’ – that is, a legal entity that stays the same even if its members change. It can enter into contracts in its own name, for example, to borrow money or buy equipment. This protects the individual members of the association from legal liabilities. Victorian Incorporated Associations are registered with Consumer Affairs Victoria under the *Associations Incorporation Reform Act 2012*⁴.

The benefits of incorporation are:

- Liabilities of the Incorporated Association are enforceable only against the association and not against committee members personally
- The association can sue and be sued in its own name
- The association, as a legal entity, can hold property without appointing trustees
- The association can enter into contracts such as service agreements with DET and building leases.

OVERVIEW OF LEGISLATIVE REQUIREMENTS

While incorporation is voluntary, once incorporated, an association must abide by the *Associations Incorporation Reform Act 2012* (the Act) and the *Associations Incorporation Reform Regulations 2012*, which provide a standard for operation.

The Act specifies requirements in relation to the following:

Use of the registered name and number	Part 3 – Name and Registered Address
Completion of an Annual Statement within one month of the AGM	Part 7, Division 5 – Financial Reporting
Holding of an AGM within five months of the end of the financial year	Part 5 – Rules, Membership and General Meetings
Committee meetings	Part 6, Division 2 – Meetings of the committee

Rights and liabilities of members of an Incorporated Association	Part 5, Division 2 – Membership
Procedures for winding up	Part 10 – Winding Up and Cancellation
Financial reporting and maintenance of financial records	Part 7
Duties of committee members	Part 6, Division 3 – duties of office holders

The *Associations Incorporation Reform Regulations 2012* specify requirements in relation to the following:

- Constitution (Model Rules), (Schedule 4)
- Fees and forms (Part 6 and Schedule 2 and Schedule 3)

WHAT IS A CONSTITUTION

A constitution (also known as the rules of the association) is a written document that provides the framework to guide the operation of the association. The Act requires the constitution to set out the association’s purposes, and list the rights and responsibilities of members and office holders.

The constitution usually sets out the:

- name of the association
- purpose of the association
- qualification (if any) for membership of the association
- fees (if any) to be paid by members
- rights, obligations and liabilities of members
- provisions for resignation of a member or cessation of membership
- procedures for committee/board and general meetings including notification, voting rights and quorums
- name, membership and powers of the committee/board including election, terms of office, filling of casual vacancies etc.
- procedures for handling grievances

4 Consumer Affairs Victoria: www.consumer.vic.gov.au/clubs-and-not-for-profits/incorporated-associations

- procedures for disciplining members
- procedures to follow when winding up the association
- financial year
- maintenance of documents, including register of members and access to those documents
- source of funds and the way funds are managed
- prohibition of distribution of profits or surplus of the association to its members
- provisions relating to winding up and disposal of assets.

It is important that all committee members are aware of and are familiar with the constitution of their service. All committee members should have a copy of the constitution given to them at the time they commence on the committee or know where to locate one. The constitution should be a 'living document' and reviewed from time-to-time to ensure that it reflects the contemporary governance practices and the goals and directions of the association.

ELAA has developed sample constitution/rules that reflect the needs and operational requirements of early childhood services. To access a copy, which can be adapted to suit the requirements of your association, refer to the ELAA website at www.elaa.org.au

COMMITTEE AND COMMITTEE MEMBERS

The committee manages the association's affairs and has legal duties under the Act. The four main responsibilities of members of the committee are to:

- act in the best interests of the organisation and for proper purpose
- act with reasonable care and diligence in the same manner that a normal person would
- not use information or their position improperly
- disclose and manage conflicts of interest.

Committee members are appointed according to the association's rules. Depending on the rules, their other responsibilities may include:

- maintaining the association's financial viability
- ensuring the association's purposes are being achieved
- keeping up to date with legal requirements
- signing contracts on the association's behalf.

Specifically, committee members' functions under the Act include:

- ensuring an Annual General Meeting is held within five months of the end of the association's financial year
- submitting a financial statement that covers the full financial year, which gives a 'true and fair' view of the association's financial affairs, to members at the Annual General Meeting
- overseeing the association's financial affairs. This includes making sure the association does not continue to operate if it is insolvent
- appointing a new secretary within 14 days if the position becomes vacant
- returning all documents that belong to the association within 28 days of ceasing to be a committee member⁵.

DISCLOSURE OF MATERIAL PERSONAL INTEREST

The Act requires committee members to disclose any material personal interest, which can have a significant impact on a matter that the association is discussing, to the committee as soon as they become aware of it. The Act requires the following actions in relation to the interests declared:

- record the disclosure made by a committee member in the committee meeting minutes
- ensure that the member who has declared the interest is not present while the matter is discussed at the committee meeting, and does not vote on the matter
- advise all members of the nature and extent of this interest at the next general meeting of members.

The exemptions to disclosure of material personal interest are that the:

- interest exists only because the person is employed by the association, or
- association was established to benefit members in the same membership class, or
- the person shares this interest with all, or most, of the association's members.

⁵ www.consumer.vic.gov.au/clubs-and-not-for-profits/incorporated-associations/running-an-incorporated-association/secretary-committee-and-office-holders/committee-and-committee-members

PROHIBITION OF TRADING WHILE INSOLVENT

The committee also has the responsibility to ensure that the association does not continue to trade or incur a debt if it is insolvent, or enter into any transactions that are likely to result in the association becoming insolvent.

This means that all members of the committee are responsible for overseeing the financial affairs of the association and must ensure that the association is able to pay its debts as and when they are due. Appropriate financial records must be presented at each committee meeting, and it is important that each member considers the financial statements that are presented to them, and seeks clarification wherever necessary to ensure that they have a good understanding of the financial position of the association.

ROLE OF OFFICE HOLDERS

Under the Act, an office holder is defined as:

- a committee member
- the secretary of the association
- a person, including an employee, who is involved in decision-making that affects the association, e.g. CEO
- a person involved in the association's management, who can significantly affect the association's financial standing
- a person whose instructions or wishes the committee is used to following. This does not include a person providing professional advice.

An office holder of an association is required under the Act to:

- carry out their duties with care and diligence
- carry out their duties:
 - in good faith
 - in the best interests of the association
 - for a proper purpose
- not use information acquired through their position for personal advantage, the advantage of others, or to the detriment of the association.

An office holder making a business decision must not have a personal interest in the decision, and must make it in the best interests of the association.

Where the office holder has made a decision based on information or advice from other people such as an employee, professional advisors etc., they must be able to demonstrate that they relied on this information in good faith and it was reasonable for them to rely on this information and advice in making the decision.

The Act prescribes criminal action for office holders if they misuse their position for personal advantage, or allow the association to trade when they know it is insolvent. Fines apply if office holders misuse information or their position, and also if they breach their duty of due care and diligence and responsibility to act in good faith.

APPLICABLE LEGISLATION, REGULATIONS AND STANDARDS

- *Associations Incorporation Reform Act 2012* (Vic)
- *Associations Incorporation Reform Regulations 2012* (Vic)
- Constitution of your association
- *Australian Charities and Not-for-Profits Commission Act 2012* (Cth)

WHERE TO FIND MORE INFORMATION

- Consumer Affairs Victoria:
- www.consumer.vic.gov.au/clubs-and-not-for-profits/incorporated-associations
- ELAA sample constitution
- Justice Connect: www.justiceconnect.org.au
- Australian Charities and Not-for-profits Commission: www.acnc.gov.au

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The committee’s responsibilities under the ACNC Act

BACKGROUND

The Australian Government established the Australian Charities and Not-for-Profits Commission (ACNC) as the national regulator of charitable organisations from 3 December 2012. The purpose of the ACNC is to:

- maintain, protect, and enhance public trust and confidence in the sector
- support and sustain a robust, vibrant, independent and innovative sector
- promote the reduction of unnecessary regulatory obligations on the sector.

The functions of the ACNC are to:

- register organisations as a charity
- help charities understand and meet their obligations through information, guidance, advice and support
- maintain a free public register of charities that allows anyone to look up information about registered charities
- allow charities to report once and avoid duplication⁶.

MEANING OF ‘CHARITY’

While all charities are not-for-profits, all not-for-profit organisations are not charities. On 27 June 2013, the Australian Parliament passed the Charities Bill 2013 that, for the first time in Australia, provides a statutory definition of charities and charitable purposes.

For further information about charities, and to find out if your organisation is a charity, please visit the ACNC website at www.acnc.gov.au

COMPLIANCE WITH ACNC ACT

All early childhood services which are registered charities must comply with the requirements of the ACNC. If you are on the Committee of Management or Board of a registered charity, you will be considered as a ‘responsible person’ under the *Australian Charities and Not-for-Profits Commission Act 2012* (the ACNC Act).

If the service is also registered as an Incorporated Association under the *Associations Incorporation Reform Act 2012*, the compliance requirements under the ACNC Act are in addition to those under the *Associations Incorporation Reform Act 2012*.

Compliance requirements in relation to the ACNC Act will depend on the size of the organisation.

DETERMINING THE SIZE OF THE ORGANISATION

The ACNC Act defines charity size according to the annual revenue as follows:

Annual revenue	Size of the charity
Less than \$250,000	Small charity
More than \$250,000, less than \$1 million	Medium charity
More than \$1 million	Large charity

For the purpose of determining size, revenue is calculated using the accounting standards set by the Australian Accounting Standards Board (AASB) (for further information, refer to AASB 118 Revenue, Objective).

ONGOING OBLIGATIONS OF ORGANISATIONS

Organisations registered with ACNC have ongoing obligations to maintain their registration, including to:

- a. notify ACNC of changes
- b. keep records
- c. report to ACNC each year.

These obligations are in addition to the requirements under any other law, such as the *Associations Incorporation Reform Act 2012*.

a. Changes to be notified to ACNC

An organisation registered with the ACNC must inform the ACNC if any of the following details about the organisation change:

- legal name
- address for service of legal documents
- members of the governing body, i.e. committee of management or board
- governing rules or constitution.

⁶ Refer to www.acnc.gov.au for more information on the purpose of the ACNC.

b. Records to be kept

Registered organisations must maintain the following records:

- financial records, which allow the organisation to explain the charity's financial transactions, position and performance, and allow financial records to be prepared. These include receipts, invoices, banking records, contracts, grant payments, salary records etc.
- operational records, which help to explain the operations of the organisation and demonstrate its charitable purpose, such as meeting minutes, reports to the committee/board, written details of activities, programs etc.

c. Reports to be provided

The following reports are to be provided to the ACNC annually:

- from 2013, all charities, regardless of their size, must provide an annual information statement in the prescribed form within six months of the end of the financial year of the organisation.
- in addition to the annual information statement, from 2014, all medium and large charities must file an annual financial report. Medium charities must file this report along with a reviewer's report. Large charities must file this report along with an auditor's report.

GOVERNANCE STANDARDS TO BE COMPLIED WITH⁷

The following governance standards that must be met by charities came into effect on 1 July 2013. Charities must continue to meet these standards to stay registered as charities under the ACNC Act. These standards set out a minimum standard of governance, to help promote public trust and confidence in charities. A brief overview of the standards is provided below:

Standard 1: Purposes and not-for-profit nature of a registered entity

Charities must be not-for-profit and work towards their charitable purpose. They must be able to demonstrate this and provide information about their purpose to the public.

Standard 2: Accountability to members

Charities that have members must take reasonable steps to be accountable to their members and provide their members adequate opportunity to raise concerns about how the charity is governed.

Standard 3: Compliance with Australian laws

Charities must not commit a serious offence (such as fraud) under any Australian law or breach a law that may result in a penalty of 60 penalty units (currently \$10,200) or more.

Standard 4: Suitability of responsible persons

Charities must check that their responsible persons (such as board or committee members or trustees – called 'responsible entities' under the ACNC Act) are not disqualified from managing a corporation under the *Corporations Act 2001* (Cth) (Corporations Act) or disqualified from being a responsible person of a registered charity by the ACNC Commissioner. Charities must take reasonable steps to remove any responsible person who does not meet these requirements.

Standard 5: Duties of responsible persons

Charities must take reasonable steps to make sure that responsible persons understand and carry out the duties set out in this standard.

A downloadable guide on the governance standards is available from the ACNC website at www.acnc.gov.au

APPLICABLE LEGISLATION, REGULATIONS AND STANDARDS

Australian Charities and Not-for-Profits Commission Act 2012 (Cth)

WHERE TO FIND MORE INFORMATION

Australian Charities and Not-for-profits Commission:
www.acnc.gov.au

⁷ Downloaded from www.acnc.gov.au

TOP 10 TIPS FOR CHARITY BOARD MEMBERS



The Australian Charities and Not-for-profits Commission (ACNC) is committed to supporting and sustaining a robust, vibrant, independent and innovative Australian not-for-profit sector.

1. Know what your charity's purpose is...

Make sure you and your charity are working towards it – when in doubt, ask yourself whether your actions are furthering your charity's charitable purpose.

2. Be clear about your role...

Make sure that the roles and responsibilities of everyone at your charity are well understood, whether they are a volunteer, member, board member, client or employee.

3. Understand your charity's financial position...

Be familiar with its financial position – everyone on your board shares a responsibility to make sure your charity's finances are well-managed.

4. Know your responsibilities...

Keep your legal and other obligations in mind when making decisions as a board member, particularly difficult ones.

5. Have a copy of your rules...

Read your rules, understand them, follow them and if ever you are uncertain, ask your other board members or get professional advice.

6. Don't just follow the crowd...

Always do what you think is best for your charity, even if sometimes it means taking a different view to other board members.

7. Know your charity's obligations...

Be familiar with your charity's obligations, including to government agencies (such as the ACNC), and make sure they are being met.

8. Work as part of a team...

Listen to other board members. Your board shares a collective responsibility for the organisation and you should see board members as colleagues.

9. Declare and manage conflicts of interest...

Most members of a board will encounter a conflict of interest (or several) at some point and you should feel confident to handle it responsibly.

10. Always act in your charity's best interest...

As a board member you have a responsibility to put the interests of your charity above your own personal interests.

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The committee's role as Approved Provider

BACKGROUND

Early childhood services that provide education and care on a regular basis to children under 13 years of age (other than those specifically excluded by the National Law or National Regulations), including long-day care services, outside school hours care services, kindergartens and family day care services are required to comply with the *Education and Care Services National Law Act 2010* (the Act) and the *Education and Care Services National Regulations 2011* (the Regulations). This includes ensuring the service has been approved to operate and is managed by a person or group of people that have been assessed as fit and proper and granted Provider Approval.

The Act and the Regulations are key components of the National Quality Framework and set out minimum standards and requirements for the operation of early childhood services. Copies of these documents should be on display at the service.

In Victoria, the Regulatory Authority responsible for administering the National Quality Framework is the Department of Education and Training (DET). DET employs Authorised Officers to grant service and provider approvals, assess and rate education and care services, and monitor and enforce compliance with the National Law and National Regulations, including receiving and investigating serious incidents and complaints.

WHO IS THE APPROVED PROVIDER?

The Approved Provider is the person/s with management or control of the approved service. If the provider is an eligible association, the Approved Provider is each member of the executive committee of the association who has the responsibility alone or with others, for managing the delivery of the education and care service.

As decision makers, all committee members should be aware of the requirements of the legislation governing the operation of early childhood services.

OVERVIEW OF THE RESPONSIBILITIES OF THE APPROVED PROVIDER

An Approved Provider has the following responsibilities under the National Act and National Regulations:

- actively comply at all times with the Act and the Regulations, and any conditions and restrictions of the service approval
- develop systems to ensure that they as the Approved Provider, their Nominated Supervisor, Certified Supervisors and staff:
 - understand their obligations under the Act
 - are satisfied at all times that the service is in compliance with the requirements of the National Act and National Regulations
 - are able to promptly address any identified non-compliance
- develop and implement policies and procedures together with monitoring and reporting systems to ensure compliance
- notify DET within 14 days, via the Notification of Change to information about Approved Provider form, of the appointment or removal of a person with management or control of the service
- notify DET of any complaint alleging that the safety, health or wellbeing of child or children was or is being compromised, while being educated and cared for by the approved education and care service, or that the National Law has been contravened
- notify DET of an incident requiring closure or reduction of hours as soon as possible and no later than 24 hours
- notify DET of a serious incident, as defined in Regulation 12, in writing within 24 hours of the incident or the time the person becomes aware of the incident
- notify DET of circumstances at the service that poses a risk to the health, safety or wellbeing of a child or children attending the service. Refer Regulation 175. Notification must be within seven days of the relevant event or within seven days of the approved provider becoming aware of the relevant information.

APPLICABLE LEGISLATION, REGULATIONS AND STANDARDS

- *Education and Care Services National Law Act 2010*
- *Education and Care Services National Regulations 2011*

WHERE TO FIND MORE INFORMATION

- ACECQA: www.acecqa.gov.au
- DET regional office
- Department of Education and Training (DET): www.education.vic.gov.au

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The committee's role as the funded organisation

BACKGROUND

Funding is provided by the Victorian State Government to enable eligible children to participate in a kindergarten program in the year before entering formal school. The amount of funding provided will depend on the location of the kindergarten program.

This funding includes:

- a per capita grant: a subsidy provided to the service for each child who turns four by 30 April in the year of attendance, in a program that meets the criteria set out in the DET Kindergarten Funding Guide
- Kindergarten fee subsidy (refer to Definitions)
- Early Start Kindergarten grants (refer to Definitions).

OTHER FUNDING

Other funding available to services includes early childhood teacher supplement, travel allowance and parental leave reimbursement.

There is no funding available for other programs such as three-year-old kindergarten. Hence, care must be taken to ensure that the costs of delivering these programs are fully covered through fees or other income sources of the service.

All grant types and rates, information, resources and support, requirements and timelines are outlined in the DET *Kindergarten Funding Guide*. This publication may be downloaded from the Department of Education and Training: www.education.vic.gov.au/childhood/providers/funding/Pages/default.aspx

RESPONSIBILITIES OF THE SERVICE PROVIDER

The funded organisation (service provider) is the legal entity that has entered into a service agreement with DET. Under this contractual arrangement, the service provider receives funds from DET for the delivery of the kindergarten program, and acquits the funds. The responsibility for the proper administration and management of the funds and the delivery of the program in accordance with the agreement rests with the service provider.

OVERVIEW OF COMMITTEE'S RESPONSIBILITIES

The committee of the service provider must ensure the service complies with the requirements set out in the DET *Kindergarten Funding Guide* to be eligible to continue receiving funding.

Service providers must meet the following criteria outlined below:

- Must have ABN
- The kindergarten program must be located in Victoria
- Must be compliant with all regulatory requirements
- Must have a business plan and budget showing ongoing financial viability
- Must have strong links with local government including alignment with Municipal Early Years Plans and participation in central enrolment and registration processes where possible
- Must provide a kindergarten program that is planned and delivered by a qualified teacher (see below) and offers at least 15 hours per week for 40 weeks of the year or 600 hours per year
- Early Childhood Teachers must be registered with the Victorian Institute of Teaching (VIT)
- Graduate teachers must be provisionally registered with the VIT and working towards full registration
- Educators working towards an approved early childhood teaching qualification or those holding a diploma level education and care qualification are not considered to be qualified early childhood teachers for the purpose of kindergarten funding
- Must sign and comply with the Department's service agreement and operate in accordance with the stipulated standards and guidelines
- Must declare to the Department any previous legal or financial misconduct
- Must deliver a program that adheres to the Victorian Early Years learning and Development Framework as an approved learning framework in the Education and Care Services National Law
- Must operate in accordance with the Child Safe Standards and No Jab No Play legislation
- Must operate a ratio of 1 educator: 11 children or less.

Committees, as the service provider, also need to be aware of additional funding which may be available for specific purposes and how to apply for that funding.

As mentioned earlier, these include:

- kindergarten fee subsidy for eligible children (refer to *Definitions*)
- funding for a second year of a kindergarten program
- Early Start Kindergarten grants
- early childhood teacher supplement payment for teachers classified at level 2.3 and above
- ratio supplement funding
- parental leave reimbursement
- Indigenous education support
- inclusion support for children with severe disabilities
- travel allowance in rural regions.

APPLICABLE LEGISLATION, REGULATIONS AND STANDARDS

- DET *Kindergarten Funding Guide*
- The service agreement for service providers

WHERE TO GET MORE INFORMATION

- Department of Education and Training:
www.education.vic.gov.au
- Funded Agency Channel: www.dhs.vic.gov.au/funded-agency-channel
- Regional Kindergarten Funding Team, DET

The committee's role as an employer

BACKGROUND

Committees of management of independent early childhood services are responsible for the recruitment and management of employees. This includes attracting, retaining and managing appropriately qualified, skilled and experienced employees to work with children and families at the service.

It is important that the committee assists in creating a positive work environment and working relationship with the employees.

OVERVIEW OF RESPONSIBILITIES

Committee members must have a clear understanding of their role as the employer and the role of the employee. As the employer, the committee must ensure that they:

- are aware of and comply with all relevant legislation pertaining to engagement of employees
- have in place appropriate employment policies including:
 - equal opportunity
 - occupational health and safety and WorkCover
 - prevention and management of harassment and bullying
 - employee counselling and discipline
 - employee grievance
 - return to work
 - non smoking
- pay employees in accordance with the appropriate award/agreement and conditions of employment
- maintain confidential employee personnel files and other employment records, including leave records
- treat employees with respect
- provide a safe workplace
- provide employees with time to discuss issues when they arise and consult with employees appropriately on decisions that affect their employment and the program they deliver
- support employees' professional development in accordance with the provisions of the industrial agreement in place at any given time

- implement and conduct annual performance reviews
- implement the committee-approved process for the organisation of relief employees
- engage employees in accordance with the relevant awards, agreements and conditions of employment. In early childhood services this may include:
 - *Victorian Early Childhood Teachers and Educators Agreement 2016 (VECTEA)*
 - *Educational Services (Teachers) Award 2010*
 - *Children's Services Award 2010*
 - *Clerks – Private Sector Award 2010*
 - *Health Professionals and Support Services Award 2010*
 - *Professional Child Care Standard 2015*
- have appropriate processes in place for the appointment of new employees including recruitment, selection, appointment, management of probation and employee orientation program
- manage change in conditions of employment in an appropriate manner.

UNDERSTANDING THE RELATIONSHIP

The committee (employer) and employees should aim to work as a team towards achieving their common goal, i.e. the provision of a high-quality early childhood program for children and their families.

The committee (employer):

- entrusts and delegates the responsibility for the day-to-day operation of the service to one or more employees at the service
- respects the role of employees in both planning and delivering a high-quality early childhood education program.

The employees:

- are accountable to the committee for the delivery of the program and the responsibilities delegated to them by the committee for this purpose
- need to understand and respect the role of the committee as both manager and employer
- must abide by the committee's decisions and lawful and reasonable directions.

Using ADP Employer Services (ADP) for payroll

ADP assists Victorian kindergarten committees with their payroll requirements. ADP is the largest provider of payroll services and human resources systems in the Asia Pacific Region. Provision of this service is free to community-managed early childhood services that operate a funded program as part of the funding agreement with DET. ADP and ELAA distribute a Kindergarten Welcome Kit annually and ADP provides online and face to face training for all payroll officers.

Services that use ADP are required to:

- appoint and authorise a payroll officer. If there is a change in the authorised person, services must notify ADP
- provide the payroll officer with information required to complete the pay process – it is important all reasonable steps are taken to ensure that employees are paid correctly and on time.

APPLICABLE LEGISLATION, REGULATIONS AND STANDARDS

- Relevant Industrial Awards and Agreements
- *Accident Compensation (Workcover) Act 1985* (Vic)
- *Child Safety and Wellbeing Act 2005* (Vic) (Child Safe Standards)
- *Disability Discrimination Act 1992* (Cth)
- *Education and Training Reform Act 2015* (Vic) (VIT Registration)
- *Equal Opportunity Act 2010* (Vic)
- *Fair Work Act 2009* (Cth)
- *Fair Work Regulations 2009* (Cth)
- *Occupational Health and Safety Act 2004* (Vic)
- *Occupational Health and Safety Regulations 2007* (Vic)
- *Preschool Teachers and Assistants (Leave) Act 1984*
- *Racial and Religious Tolerance Act 2001* (Vic)
- *Superannuation Guarantee (Administration) Act 1992* (Cth)
- *Working With Children Act 2005*

WHERE TO GET MORE INFORMATION

- Early Learning Association Australia
tel: (03) 9489 3500 rural: 1300 730 119
- ELAA's *Early Childhood Management Manual*:
www.elaa.org.au
- Worksafe Victoria: www.worksafe.vic.gov.au
- Fair Work Commission: www.fairwork.gov.au
- Victorian Employer's Chamber of Commerce and Industry (members only) website: www.vecci.org.au
- ADP (for services using ADP), tel: 1300 763 652,
email: payline@au.adp.com, www.payline.com.au
- Australian Education Union (Kindergarten teachers, AGLs and educators) (AEU) tel: (03) 9417 2822,
www.aeuvic.asn.au/
- United Voice (union for kindergarten educators and children's services workers): www.unitedvoice.org.au/
- Funded Agency Channel website:
www.dhs.vic.gov.au/funded-agency-channel

The committee's role in financial management

BACKGROUND

All independent committees are responsible for developing a budget, monitoring income and expenditure, and making financial decisions. They are also accountable to members of the association, funding bodies such as DET and Consumer Affairs Victoria (the regulator of Incorporated Associations in Victoria), and to the Australian Charities and Not-for-profits Commission (ACNC), the not-for-profits regulator established in December 2012.

SOURCES OF FUNDS

The Victorian government, through DET, contributes towards the cost of providing a kindergarten program via per capita grants and subsidies. Additional income required to cover operating expenditure comes from fees and other grants. Services are responsible for developing a fees policy that outlines the fees and methods of payment available.

Fundraising activities may also be used to generate additional income and can be used for additional non-compulsory purchases/expenses such as new equipment or a social event.

OVERVIEW OF RESPONSIBILITIES

Committees are responsible in ensuring their management and governance practices consider the future financial sustainability of the service. Although the *Associations Incorporation Reform Act 2012* provides a level of protection for committee members, those members could face penalties if they allow the association to continue trading while insolvent.

Insolvency is defined as not being able to pay liabilities when they fall due.

The following are some of the financial responsibilities of a committee:

- maintain a financially viable service
- implement sound financial planning and management
- develop and implement effective and transparent financial policies and procedures, including requirements for comprehensive monthly financial reports

- ensure all committee members understand financial reports and participate in financial decision-making
- ensure all committee members oversee and monitor the finances of the service
- develop appropriate fees for the service
- consider applying for grants as appropriate
- comply with the requirements of the DET *Kindergarten Funding Guide*
- complete reports for external bodies such as Australian Taxation Office, Consumer Affairs Victoria, ACNC and DET as required
- maintain appropriate payroll records.

INDICATORS OF EFFECTIVE AND TRANSPARENT FINANCIAL PROCEDURES

The following are indicators of effective and transparent financial procedures:

- there is a delegations schedule approved by the committee that clearly outlines the financial delegation limits for committee members and employees
- purchases are budgeted for and authorised/approved as they are made
- goods or services are received before full payment is made
- payment for purchases is approved in accordance with the delegations by the committee and authorised appropriately
- all details are completed on cheques before being signed by two signatories and blank signed cheques are never made available to effect purchases or payments
- appropriate procedures are in place for dealing with online payments such as passwords and two signatories required
- two people count cash together
- money is counted before it leaves the service or fundraising activity
- as a security measure, money is banked as soon as practicable
- receipts are provided for all payments
- clear purchasing procedures, including management of petty cash, are available and followed

- bank statements are sighted by someone on the committee in addition to the treasurer
- financial reports are provided to the committee every month and include reconciled statements, comparison with budget, and a clear and accurate picture of the financial state of the association
- the committee is involved in the important financial decisions and these are not delegated to the treasurer (or administration employee/bookkeeper).

APPLICABLE LEGISLATION, REGULATIONS AND STANDARDS

- *DET Kindergarten Funding Guide*
- *Income Tax Assessment Act 1997*

WHERE TO GET MORE INFORMATION

- ELAA's Early Childhood Management Manual: www.elaa.org.au
- Australian Tax Office: www.ato.gov.au/non-profit/
- Induction Package for New Administrators: www.ato.gov.au/Non-profit/NP/Induction-package-for-non-profit-administrators/
- Australian Business Register: www.abr.business.gov.au

The committee's role in fundraising

BACKGROUND

Most early childhood services will do some form of fundraising to:

- raise funds for extra resources and for improvement of facilities
- provide opportunities for families to meet and develop a sense of community
- market the service and promote the value of early childhood education.

By its very nature, fundraising is intended to assist with the cost of meeting planned once-off expenditure, such as improving infrastructure, purchase of capital equipment etc. Relying on fundraising as a source of income to balance the service's budget is not financially sustainable for the service in the long term.

OVERVIEW OF RESPONSIBILITIES

Before engaging in fundraising activities, committees must consider what the funds are required for, and whether fundraising is the most appropriate method to raise extra money required. Depending on the nature of the fundraising activity proposed, the committee must consider whether it should establish a sub-committee and entrust it with the responsibility for coordinating the activity.

If a sub-committee is considered essential, the Terms of Reference for the sub-committee must be clearly defined, setting out the responsibilities, and the extent of decision-making and financial authority delegated to the sub-committee. A decision regarding setting the sub-committee as a separate sub-entity to the service may also be called for (see ELAA's *Fundraising Made Simple* or *GST for pre-schools*).

The following are other considerations to be taken into account by the committee:

- how GST will be managed if there isn't a separate sub-entity (input taxed or do nothing)
- compliance with GST and other tax requirements under the *Fundraising Act 1998* rules and requirements of the relevant state's Office of Gambling Regulation for raffles
- support for fundraising activities

- ensure that appropriate procedures are in place for handling money (receiving, counting and banking)
- ensure the charitable status of the service has been declared to potential participants before planning any raffles (refer to the Australian Business Register for information regarding your association's GST and charitable status).

APPLICABLE LEGISLATION, REGULATIONS AND STANDARDS

- *Income Tax Assessment Act 1997*
- *Fundraising Act 1998* (Vic) (Fundraising Act) www.austlii.edu.au/au/legis/vic/consol_act/fa1998132/

WHERE TO GET FURTHER INFORMATION

- ELAA's *Fundraising Made Simple*: www.elaa.org.au
- Australian Business Register: www.abr.business.gov.au
- Australian Taxation Office: www.ato.gov.au/nonprofit
- *GST for pre-schools*: www.ato.gov.au/Business/Consultation--Business/In-detail/Education/Publications/GST-for-preschool-operators/
- Consumer Affairs Victoria: www.consumer.vic.gov.au (see *Fundraising Regulations* section)
- Victorian Commission for Gambling and Liquor Regulation: www.vcglr.vic.gov.au

Other obligations of committee members

ASSESSMENT AS FIT-AND-PROPER PERSON

Committees who are the Approved Provider of the service need to be aware of their obligations according to the *Education and Care Services National Law Act 2010* (the Act) and the *Education and Care Services National Regulations 2011* (the Regulations). The Act requires that each person with management or control be assessed as fit and proper. In the case of an Incorporated Association, the Act defines a person with management or control as each member of the executive committee.

A Fit-and-Proper Assessment requires the individual to:

- be familiar with the requirements and obligations set out under the National Quality Framework, including the *Education and Care Services National Law Act 2010* and the *Education and Care Services National Regulations 2011*
- provide proof of identity
- provide history of any role in an education and care service within the last three years
- provide a current Working With Children assessment and current Criminal History check (National Police Certificate)
- provide information on any disciplinary proceedings under an education law or subject of any proceeding in bankruptcy.

An application for Declaration of Fitness and Propriety can be found on the ACECQA website: www.acecqa.gov.au (search for *Application Forms*).

The National Quality IT System allows you to submit a range of application forms online.

CHILD SAFE STANDARDS

In accordance with the *Children, Youth and Families Act 2005* and the *Crime Act 1958*, (amendments 2014 and 2015), other relevant legislation and the DET Funding Guide, all early childhood services must operate in accordance with the seven child safe standards and have policies and procedures which support the three principles of child protection and the implementation of the standards. The safety of children is everyone's responsibility and the Child Safe Standards are compulsory minimum standards for all Victorian early childhood services and schools. Further information is available at www.education.vic.gov.au/about/programs/health/protect/Pages/default.aspx?Redirect=1

NATIONAL POLICE CERTIFICATE

As part of the fit-and-proper assessment approval process, an applicant is required to present a current (not more than six months old) National Police Certificate to ACECQA with their application. ELAA also recommends that committees consider developing a policy that requires any committee member who will be responsible for handling money to provide a current National Police Certificate prior to commencing in their position.

Application forms can be obtained from the local police station or downloaded from the Victoria Police website: www.police.vic.gov.au/content.asp?Document_ID=274 These should be completed as soon as possible to allow time for processing. A reduced fee for a National Police Certificate is available for volunteers if the service is registered with Victoria Police. If your service does not have its own CVF number, you can apply for one using the application form on the Victoria Police website: www.police.vic.gov.au/content.asp?a=internetBridgingPage&Media_ID=43875

Further information regarding National Police Certificates can be found at www.police.vic.gov.au

WORKING WITH CHILDREN CHECK

Those responsible for the management of children's services (independent committees of management, EYMs etc.) need to be aware of the requirements of the *Working with Children Act 2005* (the WWC Act). This legislation aims to 'assist in protecting children from sexual or physical harm by ensuring that people who work with, or care for, them have their suitability to do so checked by a government body'.

The WWC Act requires all people who participate in child-related work as defined by the WWC Act, either in a paid or unpaid position to hold a valid WWC Check assessment (card). The WWC Act also provides for some exemptions from this requirement, including volunteers who are closely related to a child participating in the activity, teachers registered with the Victorian Institute of Teaching or where the person will be working under the direct supervision of a person who has a valid WWC Check assessment (card).

Generally, parents and general members of the committee will be exempt under the WWC Act from holding a WWC Check assessment (card). However as a demonstration of their commitment to the duty of care for the children in the service committees may decide that those who reelect to specific positions of responsibility will be required to have a valid WWC Check assessment (card). These may include positions which involve regular attendance at the service when children are present.

Volunteer checks are free of charge apart from the cost of a passport sized photo.

Further information and application forms are available from the Working With Children Check website:
www.workingwithchildren.vic.gov.au

Site/advisory committees should check with their EYM regarding any specific policy requirements for committee members to have a WWC Check assessment (card).



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Committee Basics The Handover

2017 – Early Learning Association Australia

ABOUT THIS RESOURCE

Committee Basics – The Handover is a downloadable resource that provides tips and guidelines to ensure committees understand their legal responsibilities following the Annual General Meeting (AGM), and to assist in a smooth transition of governance and management to the newly-elected committee. The information in this resource is relevant for all early childhood Incorporated Associations, including independent kindergartens, community managed long day care services and Early Years Management (EYM) services that have maintained their incorporation status.

BACKGROUND

In Victoria, a wide range of management structures exist in early childhood services. Managing an early childhood service requires a good understanding of the management structure of the service, and the extent of responsibilities imposed on the committee of management by legislation, and other funding and contractual arrangements.

To ensure continuity of governance, it is important that there is a comprehensive and well planned handover from the outgoing committee to the incoming committee as soon as possible following the AGM. A few members of the outgoing committee may also offer to continue working alongside the new committee for a short period of time as mentors.

Committee members should check their constitution to clarify their legal responsibilities following their election to the new committee. While some members of the outgoing committee may work with the incoming committee to support them during the transition process, it is important to note that the responsibility for all matters relating to the association rests with the incoming committee.

RATIONALE FOR A FORMAL HANDOVER

The success of any committee is enhanced by thoughtful succession planning and an effective handover of knowledge, skills and tasks from the previous committee.

Given the circumstances that are unique to the early childhood sector, many services experience high turnover of committee members each year at the AGM. An effective handover process becomes critical in these instances to ensure that valuable knowledge and information is passed on from one committee to the other, not only to avoid re-inventing the wheel, but also to ensure continuity and stability in the service.

Ideally, planning for the handover must commence well before both the AGM and the meeting at which the handover takes place. Documenting decisions made at each committee meeting and filing these in a timely manner along with committee meeting papers, minutes of the meeting, and any other information that assisted the decision-making is a good starting point for the handover to the next committee.

Reflecting on their own handover experience, including what worked well and what could have been improved, will assist committee members in preparation for the handover.

In a service where only a few members of the committee change each year, it may be more appropriate for those members to meet separately with their successors to discuss their responsibilities and handover relevant documents and information. Committees in this situation may consider developing an orientation program to ensure new members are welcomed and provided with the information and support needed as they start in their roles.

PREPARATION FOR HANDOVER

Handover to the next committee requires the transfer of considerable information and completion of a range of forms. These requirements will vary depending on the committee's responsibilities. For example, site/advisory committees under an Early Years Management (EYM) model will not be required to complete forms related to the provider approval or funding agreement as this is the responsibility of the EYM organisation as the Approved Provider and funded organisation.

Committee member operational handbook

A committee member operational handbook is a useful handover tool for all members of current and future committees. An up-to-date and well-organised handbook will enable an effective handover and ensure that the provision of all relevant and important information to new committee members is easier.

Operational handbooks can be designed to include:

- general information regarding the roles and responsibilities of committee members
- specific information relating to positions such as the president, treasurer etc.
- important documents relating to the association, such as the constitution etc.
- committee policies and procedures
- funding and service agreements
- contacts, lists and other operational information etc.

The ELAA *Early Childhood Management Manual v2.1* contains a comprehensive list of suggested material to include in this handbook.

If the committee already uses a committee member operational handbook, it is important that outgoing members ensure that their copy is current and well-organised before the handover to incoming committee members.

Forms to be completed

Forms that must be signed by both outgoing and incoming members are to be completed and submitted to the relevant authorities without delay, enabling the incoming committee to fulfil their legal obligations and ensuring that business continues without interruption. Such forms are best addressed as soon as is practicable after the AGM.

The following organisations must be notified as soon as is practicable:

- **Taxation Office:** The taxation office must be notified when there has been a change in office bearers, authorised contact, financial institution details, main business activity, postal/email or business address and legal or trading name. These details should be updated as soon as possible after the AGM or following any changes mentioned above. Further details and the required form can be downloaded from the ATO website (search under *Not-for-profits*) and can only be completed by the person currently registered with the ATO as the authorised person. The authorised person can also make these changes by phone (**1300 130 248** between 8am and 6pm, Monday to Friday).
- **Consumer Affairs:** If a new secretary has been elected at the AGM, the outgoing secretary must complete and submit a *Change of Association Details* form (Form 0409) within 28 days. There is no fee for this process and the form can be downloaded from www.consumer.vic.gov.au/clubs-and-not-for-profits/incorporated-associations/fees-and-forms.
- **Australian Charities and Not-for-profits Commission (ACNC):** Changes to the committee of management must be notified to the ACNC if the service is a registered charity and is accessing charity tax concessions from the ATO. The appropriate form to notify ACNC of the change can be found on the ACNC website: http://www.acnc.gov.au/ACNC/Pblctns/AF/ACNC/Publications/AF_Forms.aspx.
- **Banks:** The management of finances including signing cheques etc. becomes the responsibility of the incoming committee after the conclusion of the AGM. It is therefore important that the appropriate forms for **change of authorised signatories for bank accounts** are completed as soon as possible. Committees should also ensure that signatures no longer relevant are removed immediately. The treasurer must check with the financial institution regarding the documentation required to enable a change in signatories. In most cases, evidence of authorisation such as minutes of the meeting and identification will be required.
- **DET/ACECQA:** Approved Early Childhood Service providers are required to complete 'Notification of change to information about approved provider' form via the ACECQA online system (NQA ITS) www.acecqa.gov.au/educators-and-providers1/applications

MANAGING THE HANDOVER MEETING

Who attends the meeting?

It is important that all members of the outgoing committee and the newly-elected committee attend the handover meeting. It is not only an opportunity to ensure that all relevant documents and information are passed on to the incoming committee, it is also a strategy to ensure that the incoming committee members feel welcomed, and have an opportunity to discuss matters with and seek clarifications from the outgoing committee members on any aspect of the business.

Purpose of the meeting

The handover meeting is an informal meeting to discuss and exchange information. However, it may be useful training to include some of the usual meeting procedures, as outlined in the following points.

- An agenda will ensure that discussion is kept to the topic and all the necessary items are covered.
- The outgoing president could act as the chair and demonstrate meeting management to the newly-elected president.
- The outgoing committee members can role model meeting etiquette and decision-making processes.

It is important that new committee members are familiarised with the service's building and operations. Where appropriate, consider allocating time at the handover meeting to brief incoming committee members to the location of files, resources, keys, light switches, alarm systems, kitchen supplies and anything else that may be specific to their role.

Matters for discussion

Community managed early childhood organisations have a range of responsibilities. This will vary according to the management structure and can include responsibility for management of the service, compliance with regulatory requirements as an Approved Provider of an Early Childhood Service, funding obligations and employment of staff. It is important to allocate time at the handover meeting to discuss and inform the incoming committee about their obligations and responsibilities as the:

- **manager** (may vary if operating under an EYM arrangement): including Quality Improvement Plan, policy development, implementation and review, service planning and delivery, financial management, strategic planning and any long-term plans currently in place, and roles and responsibilities of any sub committees such as fundraising

- **Approved Provider** (if relevant): including governing legislation such as the *Education and Care Services National Law Act 2010*, the *Education and Care Services National Regulations 2011* and the service agreement with Department of Education and Training (DET)
- **funded organisation** (if relevant): independent committees must also be aware of their obligations as a funded organisation. The *DET Kindergarten Funding Guide* outlines the funding that is available and the requirements of the funded organisation to access this funding www.vic.gov.au/childhood/providers/funding/Pages/kinderfundingcriteria.aspx
- **employer** (if relevant): including staffing, awards/agreements and conditions, rosters, pay processes employment policies, professional development procedures, performance reviews, current staffing issues such as recruitment or validation.
- If the organisation uses ADP for their payroll, refer to the *ADP Kindergarten Welcome Kit* handbook distributed to all users at the commencement of each year, or contact ADP on 1300 763 652 to complete a change of authorised person form.

In addition, all committees (including site/advisory and independent committees) should discuss:

- the committee's relationship, including any relevant service agreements and contracts, with external organisations such as the EYM or local government, DET and ELAA
- the responsibilities of office bearers (due to the complexity of responsibilities of office bearers, it may also be useful for outgoing office bearers to meet separately with their incoming counterparts. This will enable them to explain the more specific requirements of their position and provide new members with time to seek clarification)
- the responsibilities of general members
- the service budget and financial arrangements
- meeting procedures, including minutes, agendas, action sheets, reports, attendance and decision-making
- any incomplete tasks
- the importance of confidentiality
- available resources and where to go for further assistance.

A comprehensive Handover Checklist can be found in the *ELAA Early Childhood Management Manual v2.1*.

THE NEXT STEPS

Following the handover meeting, there may be some loose ends for the outgoing committee to tie up.

The new committee will also have some tasks to do to ensure a good start to their term of office.

Outgoing committee

It is important that the outgoing committee members consider how best to assist the newly-elected committee. This may include:

- acting as a mentor if required
- being available as a sounding board
- spending time passing on the knowledge and insights they have acquired
- ensuring that all individual tasks have been completed and that the committee member operational handbook is organised.

Incoming committee

The first meeting of the incoming committee would normally take place within the timeframe mentioned in the association's constitution/rules. In the absence of a specific provision, it is normal practice to have a meeting within 4 to 6 weeks of the AGM.

This meeting should be used by the incoming committee to ensure that they follow up and undertake any important outstanding business from the previous committee, ensure all legal and contractual requirements have been met and changes notified to relevant organisations, and all required transfers have been made from the old committee to the new committee. Other matters to focus on may include:

- developing a framework for their functioning as a committee of management
- recruiting new committee members if there are still vacancies following the AGM, in accordance with the rules/constitution of the association
- signing a confidentiality agreement
- determining future committee meeting dates and times
- determining the delegation of authority.

USEFUL RESOURCES FOR THE NEW COMMITTEE

- ELAA – Early Learning Association Australia: www.elaa.org.au
- *Early Childhood Management Manual v.2.1*: www.elaa.org.au
- ACECQA (Australian Children's Education and Care Quality Authority) – national independent statutory authority responsible for monitoring and promoting the National Quality Framework: www.acecqa.gov.au
- Australian Tax Office: www.ato.gov.au
- Consumer Affairs – information sheets regarding Incorporated Associations and reporting forms: www.consumer.vic.gov.au
- Department of Education and Training (DET) – advice regarding service/provider approvals, funding and regulatory requirements, and assessment and ratings: www.education.vic.gov.au/ecsmanagement/default.htm
- Department of Justice – advice regarding Working With Children Checks: www.justice.vic.gov.au
- Early Childhood Australia (Victoria): www.earlychildhoodvictoria.org.au
- Our Community – Governance Fact Sheets, information on available grants and grant application, and pro bono support: www.ourcommunity.com.au
- Justice Connect – pro bono legal advice: www.justiceconnect.org.au/
- Play Australia – information regarding playground standards: www.playaustralia.org.au
- Victoria Police: www.police.vic.gov.au
- Victorian WorkCover Authority: www.workcover.vic.gov.au
- Fair Work Commission (previously Fair Work Australia): www.fwc.gov.au
- DET *Kindergarten Funding Guide*: www.education.vic.gov.au/childhood/providers/funding/Pages/kinderfundingcriteria.aspx

RELEVANT LEGISLATION

- *Associations Incorporation Reform Act 2012*
- *Australian Charities and Not-for-profits Commission Act 2012* (Cth)
- *Child Safety and Wellbeing Act 2005*
- *Crimes Act 1958*
- *Education and Care Services National Law Act 2010*
- *Education and Care Services National Regulations 2011*
- *Working With Children Act 2005*

COMPLAINTS AND GRIEVANCES POLICY

Mandatory – Quality Area 7

PURPOSE

This policy will provide guidelines for:

- receiving and dealing with complaints and grievances at Mount Martha Preschool.
- procedures to be followed in investigating complaints and grievances.

Note: This policy does not address complaints relating to staff grievances or employment matters. The relevant awards provide information on the management of such issues.

POLICY STATEMENT

1. VALUES

Mount Martha Preschool is committed to:

- providing an environment of mutual respect and open communication, where the expression of opinions is encouraged
- complying with all legislative and statutory requirements
- dealing with disputes, complaints and complainants with fairness and equity
- establishing mechanisms to promote prompt, efficient and satisfactory resolution of complaints and grievances
- maintaining confidentiality at all times.

2. SCOPE

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

3. BACKGROUND AND LEGISLATION

Background

Complaints or grievances may be received from anyone who comes in contact with Mount Martha Preschool including parents/guardians, volunteers, students, members of the local community and other agencies.

In most cases, dealing with complaints and grievances will be the responsibility of the Approved Provider. All complaints and grievances, when lodged, need to be initially assessed to determine whether they are a general or a notifiable complaint (refer to *Definitions*).

When a complaint or grievance has been assessed as 'notifiable', the Approved Provider must notify Department of Education and Early Childhood Development (DEECD) of the complaint or grievance. The Approved Provider will investigate the complaint or grievance and take any actions deemed necessary, in addition to responding to requests from and assisting with any investigation by DEECD.

There may be occasions when the complainant reports the complaint or grievance directly to DEECD. If DEECD then notifies the Approved Provider about a complaint they have received, the Approved Provider will still have responsibility for investigating and dealing with the complaint or grievance as outlined in this policy, in addition to co-operating with any investigation by DEECD.

DEECD will investigate all complaints and grievances it receives about a service, where it is alleged that the health, safety or wellbeing of any child within the service may have been compromised, or that there may have been a contravention of the *Education and Care Services National Law Act 2010* and the *Education and Care Services National Regulations 2011*.

Legislation and standards

Relevant legislation and standards include but are not limited to:

- *Charter of Human Rights and Responsibilities Act 2006* (Vic)
- *Children, Youth and Families Act 2005* (Vic)
- *Education and Care Services National Law Act 2010*: Section 174(2)(b)
- *Education and Care Services National Regulations 2011*: Regulations 168(2)(o) and 176(2)(b)
- *Information Privacy Act 2000* (Vic)
- *National Quality Standard*, Quality Area 7: Leadership and Service Management
 - Standard 7.3: Administrative systems enable the effective management of a quality service
 - Element 7.3.4: Processes are in place to ensure that all grievances and complaints are addressed, investigated fairly and documented in a timely manner
- *Privacy Act 1988* (Cth)
- *Privacy Regulations 2013*(Cth)

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: <http://www.legislation.vic.gov.au/>
- Commonwealth Legislation – ComLaw: <http://www.comlaw.gov.au/>

4. DEFINITIONS

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

Complaint: (In relation to this policy) a complaint is defined as an issue of a minor nature that can be resolved promptly or within 24 hours, and does not require a detailed investigation. Complaints include an expression of displeasure, such as poor service, and any verbal or written complaint directly related to the service (including general and notifiable complaints).

Complaints do not include staff, industrial or employment matters, occupational health and safety matters (unless related to the safety of the children) and issues related to the legal business entity, such as the incorporated association or co-operative.

Complaints and Grievances Register: (In relation to this policy) records information about complaints and grievances received at the service, together with a record of the outcomes. This register must be kept in a secure file, accessible only to educators and Responsible Persons at the service. The register can provide valuable information to the Approved Provider on meeting the needs of children and families at the service.

Dispute resolution procedure: The method used to resolve complaints, disputes or matters of concern through an agreed resolution process.

General complaint: A general complaint may address any aspect of the service e.g. a lost clothing item or the service's fees. Services do not have to inform DEECD, but the complaint must be dealt with as soon as is practicable to avoid escalation of the issue.

Grievance: A grievance is a formal statement of complaint that cannot be addressed immediately and involves matters of a more serious nature e.g. the service is in breach of a policy or the service did not meet the care expectations of a family.

Mediator: A person (neutral party) who attempts to reconcile differences between disputants.

Mediation: An attempt to bring about a peaceful settlement or compromise between disputants through the objective intervention of a neutral party.

Notifiable complaint: A complaint that alleges a breach of the Act or Regulation, or alleges that the health, safety or wellbeing of a child at the service may have been compromised. Any complaint of this nature must be reported by the Approved Provider to the secretary of DEECD within 24 hours of the complaint being made (Section 174(2)(b), Regulation 176(2)(b)). If the Approved Provider is unsure whether the matter is a notifiable complaint, it is good practice to contact DEECD for confirmation.

Written reports to DEECD must include:

- details of the event or incident
- the name of the person who initially made the complaint
- if appropriate, the name of the child concerned and the condition of the child, including a medical or incident report (where relevant)
- contact details of a nominated member of the Grievances Subcommittee/investigator
- any other relevant information.

Written notification of complaints must be submitted using the appropriate forms, which can be found on the ACECQA website: www.acecqa.gov.au

Serious incident: An incident resulting in the death of a child, or an injury, trauma or illness for which the attention of a registered medical practitioner, emergency services or hospital is sought or should have been sought. This also includes an incident in which a child appears to be missing, cannot be accounted for, is removed from the service in contravention of the Regulations or is mistakenly locked in/out of the service premises (Regulation 12). A serious incident should be documented in an *Incident, Injury, Trauma and Illness Record* (sample form available on the ACECQA website) as soon as possible and within 24 hours of the incident. The Regulatory Authority (DEECD) must be notified within 24 hours of a serious incident occurring at the service (Regulation 176(2)(a)). Records are required to be retained for the periods specified in Regulation 183.

5. SOURCES AND RELATED POLICIES

Sources

- ACECQA: www.acecqa.gov.au
- Department of Education and Early Childhood Development (DEECD) – Regional Office details are available under 'Contact Us' on the DEECD website: www.education.vic.gov.au
- ELAA *Early Childhood Management Manual*: www.elaa.org.au
- *The Kindergarten Guide* (Department of Education and Early Childhood Development) is available under *early childhood / service providers on the DEECD website*: www.education.vic.gov.au

Service policies

- *Code of Conduct Policy*
- *Incident, Injury, Trauma and Illness Policy*
- *Inclusion and Equity Policy*
- *Interactions with Children Policy*
- *Privacy and Confidentiality Policy*
- *Staffing Policy*

PROCEDURES

The Approved Provider is responsible for:

- being familiar with the *Education and Care Services National Law Act 2010* and the *Education and Care Services National Regulations 2011*, service policies and constitution, and complaints and grievances policy and procedures
- identifying, preventing and addressing potential concerns before they become formal complaints/grievances

- ensuring that the name and telephone number of the Responsible Person (refer to *Staffing Policy*) to whom complaints and grievances may be addressed are displayed prominently at the main entrance of the service (Regulation 173(2)(b))
- ensuring that the address and telephone number of the Authorised Officer at the DEECD regional office are displayed prominently at the main entrance of the service (Regulation 173(2)(e))
- advising parents/guardians and any other new members of Mount Martha Preschool of the complaints and grievances policy and procedures upon enrolment
- ensuring that this policy is available for inspection at the service at all times (Regulation 171)
- being aware of, and committed to, the principles of communicating and sharing information with service employees, members and volunteers
- responding to all complaints and grievances in the most appropriate manner and at the earliest opportunity
- treating all complainants fairly and equitably
- providing a *Complaints and Grievances Register* (refer to *Definitions*) and ensuring that staff record complaints and grievances along with outcomes
- complying with the service's *Privacy and Confidentiality Policy* and maintaining confidentiality at all times (Regulations 181, 183)
- establishing a Grievances Subcommittee or appointing an investigator to investigate and resolve grievances (refer to Attachment 1 – Sample terms of reference for a Grievances Subcommittee/investigator)
- referring notifiable complaints (refer to *Definitions*), grievances (refer to *Definitions*) or complaints that are unable to be resolved appropriately and in a timely manner to the Grievances Subcommittee/investigator
- informing DEECD in writing within 24 hours of receiving a notifiable complaint (refer to *Definitions*) (Act 174(4), Regulation 176(2)(b))
- receiving recommendations from the Grievances Subcommittee/investigator and taking appropriate action.

The Nominated Supervisor, Certified Supervisors, educators and other staff are responsible for:

- responding to and resolving issues as they arise where practicable
- maintaining professionalism and integrity at all times
- discussing minor complaints directly with the party involved as a first step towards resolution (the parties are encouraged to discuss the matter professionally and openly work together to achieve a desired outcome)
- informing complainants of the service's *Complaints and Grievances Policy*
- recording all complaints and grievances in the *Complaints and Grievances Register* (refer to *Definitions*)
- notifying the Approved Provider if the complaint escalates and becomes a grievance (refer to *Definitions*), is a notifiable complaint (refer to *Definitions*) or is unable to be resolved appropriately in a timely manner
- providing information as requested by the Approved Provider e.g. written reports relating to the grievance
- complying with the service's *Privacy and Confidentiality Policy* and maintaining confidentiality at all times (Regulations 181, 183)
- working co-operatively with the Approved Provider and DEECD in any investigations related to grievances about Mount Martha Preschool, its programs or staff.

Parents/guardians are responsible for:

- raising a complaint directly with the person involved, in an attempt to resolve the matter without recourse to the complaints and grievances procedures
- communicating (preferably in writing) any concerns relating to the management or operation of the service as soon as is practicable
- raising any unresolved issues or serious concerns directly with the Approved Provider, via the Nominated Supervisor/educator or through the Grievances Subcommittee/investigator
- maintaining complete confidentiality at all times
- co-operating with requests to meet with the Grievances Subcommittee and/or provide relevant information when requested in relation to complaints and grievances.

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

EVALUATION

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

- regularly seek feedback from everyone affected by the policy regarding its effectiveness
- monitor complaints and grievances as recorded in the *Complaints and Grievances Register* to assess whether satisfactory resolutions have been achieved
- review the effectiveness of the policy and procedures to ensure that all complaints have been dealt with in a fair and timely manner
- keep the policy up to date with current legislation, research, policy and best practice
- revise the policy and procedures as part of the service's policy review cycle, or as required
- notify parents/guardians at least 14 days before making any changes to this policy or its procedures.

ATTACHMENTS

- Attachment 1: Sample terms of reference for a Grievances Subcommittee/investigator
- Attachment 2: Dealing with complaints and grievances

AUTHORISATION

This policy was adopted by the Approved Provider of Mount Martha Preschool on 26/11/2018.

REVIEW DATE: 26 NOVEMBER 2020

ATTACHMENT 1

Sample terms of reference for a Grievances Subcommittee/investigator

DATE ESTABLISHED: [Date]

PURPOSE

[Choose one that is appropriate]

- A Grievances Subcommittee has been established by the Approved Provider of Mount Martha Preschool to investigate and resolve grievances lodged with Mount Martha Preschool.
- An investigator/panel of investigators has been appointed by the Approved Provider of Mount Martha Preschool to investigate and resolve grievances lodged with Mount Martha Preschool.

MEMBERSHIP

[If a Grievances Subcommittee is established]

Three people are nominated by the Approved Provider, and membership must include a minimum of one Responsible Person (refer to *Definitions*).

[If an investigator or a panel of investigators is appointed]

[Specify the membership.]

TIME PERIOD NOMINATED

The Grievances Subcommittee/investigator shall be appointed for [insert time frame e.g. one year].

MEETING REQUIREMENTS

The subcommittee convenor/investigator is responsible for organising meetings as soon as is practicable after receiving a complaint or grievance.

DECISION-MAKING AUTHORITY

The subcommittee/investigator is required to fulfil only those tasks and functions as outlined in these terms of reference.

The Approved Provider may decide to alter the decision-making authority of the subcommittee/investigator at any time.

BUDGET ALLOCATION

All expenditure to be incurred by the subcommittee/investigator must be approved by the Approved Provider. A request in writing must be submitted by the subcommittee/investigator.

REPORTING REQUIREMENTS OF THE COMMITTEE

- The subcommittee/investigator is required to keep minutes of all meetings held. These are to be kept in a secure file.
- The convenor is required to present a written report to the Approved Provider about the grievance, ensuring that privacy and confidentiality are maintained according to the service's *Privacy and Confidentiality Policy*.

TASKS AND FUNCTIONS OF THE GRIEVANCES SUBCOMMITTEE/INVESTIGATOR

- Responding to complaints in a timely manner
- Investigating all complaints received in a discreet and responsible manner
- Implementing the procedures outlined in Attachment 2 – Dealing with complaints and grievances
- Acting fairly and equitably, and maintaining confidentiality at all times
- Informing the Approved Provider if a complaint is assessed as notifiable

- Keeping the Approved Provider informed about complaints that have been received and the outcomes of investigations
- Providing the Approved Provider with recommendations for action
- Ensuring decisions are based on the evidence that has been gathered
- Reviewing the terms of reference of the Grievances Subcommittee/investigator at commencement and on completion of their term. Suggestions for alterations are to be presented to and approved by the Approved Provider

ATTACHMENT 2

Dealing with complaints and grievances

DEALING WITH A COMPLAINT

When a complaint is received, the person to whom the complaint is addressed will:

- inform the complainant of the service's *Complaints and Grievances Policy*
- encourage the complainant to resolve the complaint with the person directly, or to submit their complaint in writing
- enter the complaint in the *Complaints and Grievances Register* (refer to *Definitions*) together with the outcome
- comply with the service's *Privacy and Confidentiality Policy* with regard to all meetings/discussions in relation to a complaint
- inform the Approved Provider if the complaint escalates and becomes a grievance (refer to *Definitions*), a notifiable complaint (refer to *Definitions*) or is unable to be resolved appropriately in a timely manner.

DEALING WITH A GRIEVANCE

When a formal complaint or grievance is lodged with the service:

- the staff member receiving the formal complaint or grievance will record all relevant details regarding the grievance in the *Complaints and Grievances Register* (refer to *Definitions*) and immediately inform the Approved Provider
- the Approved Provider must inform the service's Grievances Subcommittee, if there is one, or appoint an investigator(s) to investigate the grievance
- the Grievances Subcommittee/investigator will assess the grievance to determine if it is a notifiable grievance (refer to *Definitions*)
- if the grievance is notifiable, the Approved Provider will be responsible for notifying DEECD. This must be in writing within 24 hours of receiving the complaint (Regulation 176(2)(b))
- the written report to DEECD needs to be submitted using the appropriate forms from ACECQA and will include:
 - details of the event or incident
 - the name of the person who initially made the complaint
 - if appropriate, the name of the child concerned and the condition of the child, including a medical or incident report (where relevant)
 - contact details of a nominated member of the Grievances Subcommittee/investigator
 - any other relevant information
- if the Approved Provider is unsure if the complaint is a notifiable complaint, it is good practice to contact DEECD for confirmation.

GRIEVANCES SUBCOMMITTEE/INVESTIGATOR RESPONSIBILITIES AND PROCEDURES

In the event of a grievance being lodged, the Grievances Subcommittee/investigator will:

- convene as soon as possible to deal with the grievance in a timely manner
- disclose any conflict of interest relating to any member of the subcommittee/panel of investigators. Such members must stand aside from the investigation and subsequent processes
- consider the nature and the details of the grievance
- identify which service policies (if any) the grievance involves
- inform the Approved Provider if their involvement is required under any other service policies
- if the grievance is a notifiable complaint (refer to *Definitions*), inform the complainant of the requirements to notify DEECD of the grievance and explain the role that DEECD may take in investigating the complaint

- maintain appropriate records of the information and data collected, including minutes of meetings, incident reports and copies of relevant documentation relating to the grievance
- respect the confidential nature of information relating to the grievance. The Approved Provider and the subcommittee/investigator must handle any grievance in a discreet and professional manner
- store all written information relating to grievances securely and in compliance with the service's *Privacy and Confidentiality Policy*.

INVESTIGATING THE GRIEVANCE AND GATHERING RELEVANT INFORMATION

When investigating the grievance and gathering relevant information, the Grievances Subcommittee/investigator will:

- meet with individual witnesses, and give right of reply to the person against whom the allegations are made in relation to any accusation or information relating to an alleged incident
 - offer the complainant the opportunity of meeting with the subcommittee/investigator to discuss the complaint and provide additional information where relevant
 - nominate a subcommittee member to inform the complainant of the procedures for dealing with the grievance if the complainant does not take up the opportunity to attend a meeting
- [Note: Delete the previous bullet point if not using a subcommittee]**
- document the time, date and detail of meetings/discussions, and follow this up with a letter to the complainant outlining the information discussed
 - be available to meet with DEECD staff, if required, and provide additional information as requested
 - review relevant information and documents
 - obtain any other relevant information or documentation that will assist in resolving the grievance
 - seek advice, where appropriate, from individuals and organisations that may be able to assist in resolving the grievance (any cost in seeking advice will require prior approval by the Approved Provider).

FOLLOWING THE INVESTIGATION

Once the investigation of the grievance is complete, the Grievances Subcommittee/investigator will:

- endeavour to resolve the grievance by mutual agreement of the parties involved
- meet to discuss the information gathered and determine further action, including generating recommendations to be presented to the Approved Provider
- ensure that any recommendations or actions are in accordance with relevant legislation and funding requirements including, but not limited to:
 - *Education and Care Services National Law Act 2010*
 - *Education and Care Services National Regulations 2011*
- *The Kindergarten Guide* (refer to Sources) report outcomes that may include relevant information gained in investigations and consultations to the Approved Provider and, where required, provide any recommendations for consideration by the Approved Provider
- inform the Approved Provider on the involvement of DEECD and the outcomes of any investigation by DEECD. The Approved Provider will review the report and any subcommittee/investigator recommendations and will be responsible for making decisions on the action to be taken (if any), including relevant review mechanisms
- advise the complainant and other relevant parties of any decisions made by the Approved Provider in relation to the grievance
- follow up to ensure the parties involved are satisfied with the outcome and monitor progress on any actions taken by the Approved Provider.

PRIVACY AND CONFIDENTIALITY POLICY

Mandatory – Quality Area 7

PURPOSE

This policy will provide guidelines:

- for the collection, storage, use, disclosure and disposal of personal information, including photos, videos and health information at Mount Martha Preschool
- to ensure compliance with privacy legislation.

POLICY STATEMENT

1. VALUES

Mount Martha Preschool is committed to:

- responsible and secure collection and handling of personal information
- protecting the privacy of each individual's personal information
- ensuring individuals are fully informed regarding the collection, storage, use, disclosure and disposal of their personal information, and *their* access to that information.

2. SCOPE

This policy applies to the Approved Provider or Persons with Management or Control, Nominated Supervisor, Persons in Day to Day Charge, educators, staff, students on placement, volunteers, parents/guardians, children and others attending the programs and activities of Mount Martha Preschool.

3. BACKGROUND AND LEGISLATION

Background

Early childhood services are obligated by law, service agreements and licensing requirements to comply with the privacy and health records legislation when collecting personal and health information about individuals.

The *Health Records Act 2001* (Part 1, 7.1) and the *Privacy and Data Protection Act 2014 (Vic)* (Part 1, 6 (1)) include a clause that overrides the requirements of these Acts if they conflict with other Acts or Regulations already in place. For example, if there is a requirement under the *Education and Care Services National Law Act 2010* or the *Education and Care Services National Regulations 2011* that is inconsistent with the requirements of the privacy legislation, services are required to abide by the *Education and Care Services National Law Act 2010* and the *Education and Care Services National Regulations 2011*.

Legislation and standards

Relevant legislation and standards include but are not limited to:

- *Associations Incorporation Reform Act 2012 (Vic)*
- *Education and Care Services National Law Act 2010*
- *Education and Care Services National Regulations 2011*: Regulations 181, 183
- *Freedom of Information Act 1982 (Vic)*
- *Health Records Act 2001 (Vic)*
- *National Quality Standard*, Quality Area 7: Leadership and Service Management
 - Standard 7.3: Administrative systems enable the effective management of a quality service

- *Privacy and Data Protection Act 2014* (Vic)
- *Privacy Act 1988* (Cth)
- *Privacy Amendment (Enhancing Privacy Protection) Act 2012* (Cth)
- *Privacy Regulations 2013* (Cth)
- *Public Records Act 1973* (Vic)

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: <http://www.legislation.vic.gov.au/>
- Commonwealth Legislation – ComLaw: <http://www.comlaw.gov.au/>

4. DEFINITIONS

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

Freedom of Information Act 1982: Legislation regarding access and correction of information requests.

Health information: Any information or an opinion about the physical, mental or psychological health or ability (at any time) of an individual.

Health Records Act 2001: State legislation that regulates the management and privacy of health information handled by public and private sector bodies in Victoria.

Identifier/Unique identifier: A symbol or code (usually a number) assigned by an organisation to an individual to distinctively identify that individual while reducing privacy concerns by avoiding use of the person's name.

Personal information: Recorded information (including images) or opinion, whether true or not, about a living individual whose identity can reasonably be ascertained.

Privacy and Data Protection Act 2014: State legislation that provides for responsible collection and handling of personal information in the Victorian public sector, including some organisations, such as early childhood services contracted to provide services for government. It provides remedies for interferences with the information privacy of an individual and establishes the Commissioner for Privacy and Data Protection.

Privacy Act 1988: Commonwealth legislation that operates alongside state or territory Acts and makes provision for the collection, holding, use, correction, disclosure or transfer of personal information. The Privacy Amendment (Enhancing Privacy Protection) Act 2012 (Cth) introduced from 12 March 2014 has made extensive amendments to the Privacy Act 1988. Organisations with a turnover of \$3 million per annum or more must comply with these regulations.

Privacy breach: An act or practice that interferes with the privacy of an individual by being contrary to, or inconsistent with, one or more of the information Privacy Principles (refer to Attachment 2: *Privacy principles in action*) or the new Australian Privacy Principles (Attachment 7) or any relevant code of practice.

Public Records Act 1973 (Vic): Legislation regarding the management of public sector documents.

Sensitive information: Information or an opinion about an individual's racial or ethnic origin, political opinions, membership of a political association, religious beliefs or affiliations, philosophical beliefs, membership of a professional or trade association, membership of a trade union, sexual preference or practices, or criminal record. This is also considered to be personal information.

5. SOURCES AND RELATED POLICIES

Sources

- *Child Care Service Handbook 2017-18*
<http://docs.education.gov.au/documents/child-care-service-handbook>
- Guidelines to the Information Privacy Principles:
<http://www.oaic.gov.au/privacy/privacy-act/information-privacy-principles>
- ELAA *Early Childhood Management Manual*, www.elaa.org.au
- Office of the Health Complaints Commissioner: <https://hcc.vic.gov.au/>
- Privacy Compliance Manual: <http://www.nfplaw.org.au/privacy>
- Australia Not-for-profit Law Guide (2017) *Privacy Guide: A guide to compliance with privacy laws in Australia*: https://www.nfplaw.org.au/sites/default/files/media/Privacy_Guide_0_0_0.pdf
- Office of the Victorian Information Commissioner: <https://ovic.vic.gov.au/>

Service policies

- *Child Safe Environment Policy*
- *Code of Conduct Policy*
- *Complaints and Grievances Policy*
- *Delivery and Collection of Children Policy*
- *Enrolment and Orientation Policy*
- *Information Technology Policy*
- *Staffing Policy*
- *Inclusion and Equity Policy*

PROCEDURES

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

- ensuring all records and documents are maintained and stored in accordance with Regulations 181 and 183 of the *Education and Care Services National Regulations 2011*
- ensuring the service complies with the requirements of the Privacy Principles as outlined in the *Health Records Act 2001*, the *Privacy and Data Protection Act 2014 (Vic)* and, where applicable, the *Privacy Act 1988 (Cth)* and the *Privacy Amendment (Enhancing Privacy Protection) Act 2012 (Cth)*, by developing, reviewing and implementing processes and practices that identify:
 - what information the service collects about individuals, and the source of the information
 - why and how the service collects, uses and discloses the information
 - who will have access to the information
 - risks in relation to the collection, storage, use, disclosure or disposal of and access to personal and health information collected by the service
- ensuring parents/guardians know why the information is being collected and how it will be managed
- providing adequate and appropriate secure storage for personal information collected by the service, including electronic storage
- developing procedures that will protect personal information from unauthorised access
- ensuring the appropriate use of images of children, including being aware of cultural sensitivities and the need for some images to be treated with special care
- developing procedures to monitor compliance with the requirements of this policy
- ensuring all employees and volunteers are provided with a copy of this policy, including the *Privacy Statement* of the service (refer to Attachment 4)

- ensuring all parents/guardians are provided with the service's *Privacy Statement* (refer to Attachment 4) and all relevant forms
- informing parents/guardians that a copy of the complete policy is available on request
- ensuring a copy of this policy, including the *Privacy Statement*, is prominently displayed at the service and available on request
- establishing procedures to be implemented if parents/guardians request that their child's image is *not* to be taken, published or recorded, or when a child requests that their photo *not* be taken
- develop a process to respond to a privacy breach in line with privacy principles (see sources)

The Nominated Supervisor or Persons in Day to Day Charge is responsible for:

- assisting the Approved Provider to implement this policy
- reading and acknowledging they have read the *Privacy and Confidentiality Policy* (refer to Attachment 3)
- providing notice to children and parents/guardians when photos/video recordings are going to be taken at the service
- ensuring educators and all staff are provided a copy of this policy and that they complete the *Letter of acknowledgement and understanding* (Attachment 3)
- obtaining informed and voluntary consent of the parents/guardians of children who will be photographed or videoed.

Educators and other staff are responsible for:

- reading and acknowledging they have read the *Privacy and Confidentiality Policy* (refer to Attachment 3)
- recording information on children, which must be kept secure and may be requested and viewed by the child's parents/guardians and representatives of the Department of Education and Training during an inspection visit
- ensuring they are aware of their responsibilities in relation to the collection, storage, use, disclosure and disposal of personal and health information
- implementing the requirements for the handling of personal and health information, as set out in this policy
- respecting parents' choices about their child being photographed or videoed, and children's choices about being photographed or videoed.

Parents/guardians are responsible for:

- providing accurate information when requested
- maintaining the privacy of any personal or health information provided to them about other individuals, such as contact details
- completing all permission forms and returning them to the service in a timely manner
- being sensitive and respectful to other parent/guardians who do not want their child to be photographed or videoed
- being sensitive and respectful of the privacy of other children and families in photographs/videos when using and disposing of these photographs/videos.

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

EVALUATION

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

- regularly seek feedback from everyone affected by the policy regarding its effectiveness

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

ATTACHMENTS

- Attachment 1: Additional background information
- Attachment 2: Privacy Principles in action
- Attachment 3: *Letter of acknowledgment and understanding*
- Attachment 4: *Privacy Statement*
- Attachment 5: Permission form for photographs and videos
- Attachment 6: Special permission notice for publications/media
- Attachment 7: Australian Privacy Principles

AUTHORISATION

This policy was adopted by the Approved Provider of Mount Martha Preschool on 8/11/19.

REVIEW DATE: 8 NOVEMBER 2020

ATTACHMENT 1

Additional background information

Early childhood services must ensure that their processes for the collection, storage, use, disclosure and disposal of personal and health information meet the requirements of the appropriate privacy legislation and the *Health Records Act 2001*.

The following are examples of practices impacted by the privacy legislation:

- *Enrolment records:* Regulations 160, 161 and 162 of the *Education and Care Services National Regulations 2011* detail the information that must be kept on a child's enrolment record, including personal details about the child and the child's family, parenting orders and medical conditions. This information is regarded as sensitive information (refer to *Definitions*) and must be stored securely and disposed of appropriately.
- *Attendance records:* Regulation 158 of the *Education and Care Services National Regulations 2011* requires details of the date, child's full name, times of arrival and departure, and signature of the person delivering and collecting the child or the Nominated Supervisor/educator, to be recorded in an attendance record kept at the service. Contact details may be kept in a sealed envelope at the back of the attendance record or separate folder for evacuation/emergency purposes.
- *Medication records and incident, injury, trauma and illness records:* Regulations 87 and 92 of the *Education and Care Services National Regulations 2011* require the Approved Provider of a service to maintain incident, injury, trauma and illness records, and medication records which contain personal and medical information about the child.
- *Handling and storage of information:* Limited space can often be an issue in early childhood service environments, and both authorised employees and the Approved Provider need access to secure storage for personal and health information. Documents might be required to be stored off the service premises. Wherever confidential information is stored, it is important that it is not accessible to unauthorised staff or other persons. When confidential information is required to be taken off-site (e.g. on excursions, a list of children with medical conditions and contact numbers will be required), consideration must be given to how this is transported and stored securely.
- *Computerised records:* It is important that computerised records containing personal or health information are stored securely, and can only be accessed by authorised personnel with a password. Services need to incorporate risk management measures to ensure that passwords are recorded and stored in a secure place at the service, and to limit access to the information only to other authorised persons (refer to the *Information Technology Policy*).
- *Forms:* Enrolment forms and any other forms used to collect personal or health information should have the service's *Privacy Statement* (refer to Attachment 4) attached.
- *Collecting information for which there is no immediate use:* A service should only collect the information it needs and for which it has a specific purpose. Services should not collect information that has no immediate use, even though it may be useful in the future.

ATTACHMENT 2

Privacy Principles¹ in action

1. Collection processes (Privacy Principle 1)

1.1 Type of personal and health information to be collected

The service will only collect the information needed, and for which there is a purpose that is legitimate and related to the service's functions, activities and/or obligations.

The type of information collected and held includes (but is not limited to) personal information, including health information, regarding:

- children and parents/guardians prior to and during the child's attendance at a service (this information is collected in order to provide and/or administer services to children and parents/guardians)
- job applicants, employees, members, volunteers and contractors (this information is collected in order to manage the relationship and fulfil the service's legal obligations)
- contact details of other parties that the service deals with.

The service will collect information on the following identifiers (refer to *Definitions*):

- information required to access the *Kindergarten Fee Subsidy* for eligible families (refer to *Fees Policy*)
- tax file number for all employees, to assist with the deduction and forwarding of tax to the Australian Tax Office – failure to provide this would result in maximum tax being deducted
- *For childcare services only*: Customer Reference Number (CRN) for children attending childcare services to enable the family to access the Commonwealth Government's Child Care Benefit (CCB) – failure to provide this would result in parents/guardians not obtaining the benefit.

1.2 Collection of personal and health information

Personal information about individuals, either in relation to themselves or their children enrolled at the service, will generally be collected via forms filled out by parents/guardians. Other information may be collected from job applications, face-to-face interviews and telephone calls. Individuals from whom personal information is collected will be provided with a copy of the service's *Privacy Statement* (Attachment 4).

When the service receives personal information from a source other than directly from the individual or the parents/guardians of the child concerned, the person receiving the information will notify the individual or the parents/guardians of the child to whom the information relates of receipt of this information. The service will advise that individual of their right to request access to this information.

Access will be granted in accordance with the relevant legislation. Please note that the legislation allows the service to deny access in accordance with the limited reasons for denial that are contained in the legislation (refer to Privacy Principle 6.1).

1.3 Anonymity (Privacy Principle 8)

Wherever it is lawful and practicable, individuals will have the option of not identifying themselves when entering into transactions with Mount Martha Preschool.

¹ *Privacy and Data Protection Act 2014 (Vic)*

2. Use and disclosure of personal information (Privacy Principle 2)

2.1 Use of information

The service will use personal information collected for the primary purpose of collection (refer to the table below). The service may also use this information for any secondary purposes directly related to the primary purpose of collection, to which the individual has consented, or could reasonably be expected to consent. The following table identifies the personal information that will be collected by the service, the primary purpose for its collection and some examples of how this information will be used.

Personal and health information collected in relation to:	Primary purpose of collection:	Examples of how the service will use personal and health, (including sensitive) information include:
Children and parents/guardians	<ul style="list-style-type: none"> • To enable the service to provide for the education and care of the child attending the service • To promote the service (refer to Attachments 5 and 6 for permission forms – photographs and videos) 	<ul style="list-style-type: none"> • Day-to-day administration and delivery of service • Provision of a place for their child in the service • Duty rosters • Looking after children’s educational, care and safety needs • For correspondence with parents/guardians relating to their child’s attendance • To satisfy the service’s legal obligations and to allow it to discharge its duty of care • Visual displays in the service • Newsletters • Promoting the service through external media, including the service’s website
The Approved Provider if an individual, or members of the Committee of Management/Board if the Approved Provider is an organisation	<ul style="list-style-type: none"> • For the management of the service 	<ul style="list-style-type: none"> • For communication with, and between, the Approved Provider, other Committee/Board members, employees and members of the association • To satisfy the service’s legal obligations
Job applicants, employees, contractors, volunteers and students	<ul style="list-style-type: none"> • To assess and (if necessary) to engage the applicant, employees, contractor, volunteers or students, as the case may be • To administer the employment, contract or placement 	<ul style="list-style-type: none"> • Administering the individual’s employment, contract or placement, as the case may be • Ensuring the health and safety of the individual • Insurance • Promoting the service through external media, including the service’s website

2.2 Disclosure of personal information, including health information

The service may disclose some personal information held about an individual to:

- government departments or agencies, as part of its legal and funding obligations
- local government authorities, in relation to enrolment details for planning purposes
- organisations providing services related to staff entitlements and employment
- insurance providers, in relation to specific claims or for obtaining cover
- law enforcement agencies
- health organisations and/or families in circumstances where the person requires urgent medical assistance and is incapable of giving permission
- anyone to whom the individual authorises the service to disclose information.

2.3 Disclosure of sensitive information (Privacy Principle 10)

Sensitive information (refer to *Definitions*) will be used and disclosed only for the purpose for which it was collected or a directly related secondary purpose, unless the individual agrees otherwise, or where the use or disclosure of this sensitive information is allowed by law.

3. Storage and security of personal information (Privacy Principle 4)

In order to protect the personal information from misuse, loss, unauthorised access, modification or disclosure, the Approved Provider and staff will ensure that, in relation to personal information:

- access will be limited to authorised staff, the Approved Provider or other individuals who require this information in order to fulfil their responsibilities and duties
- information will not be left in areas that allow unauthorised access to that information
- all materials will be physically stored in a secure cabinet or area
- computerised records containing personal or health information will be stored safely and secured with a password for access
- there is security in transmission of the information via email, fax or telephone, as detailed below:
 - emails will only be sent to a person authorised to receive the information
 - faxes will only be sent to a secure fax, which does not allow unauthorised access
 - telephone – limited and necessary personal information will be provided over the telephone to persons authorised to receive that information
- transfer of information interstate and overseas will only occur with the permission of the person concerned or their parents/guardians.

4. Data quality (Privacy Principle 3)

The service will endeavour to ensure that the personal information it holds is accurate, complete, up to date and relevant to its functions and/or activities.

5. Disposal of information

Personal information will not be stored any longer than necessary.

In disposing of personal information, those with authorised access to the information will ensure that it is either shredded or destroyed in such a way that the information is no longer accessible.

6. Access to personal information (Privacy Principle 6)

6.1 Access to information and updating personal information

Individuals have the right to ask for access to personal information the service holds about them without providing a reason for requesting access.

Under the privacy legislation, an individual has the right to:

- **request** access to personal information that the service holds about them
- access this information
- make corrections if they consider the data is not accurate, complete or up to date.

There are some exceptions set out in the *Privacy and Data Protection Act 2014*, where access may be denied in part or in total. Examples of some exemptions are where:

- the request is frivolous or vexatious
- providing access would have an unreasonable impact on the privacy of other individuals
- providing access would pose a serious threat to the life or health of any person
- the service is involved in the detection, investigation or remedying of serious improper conduct and providing access would prejudice that.

6.2 Process for considering access requests

A person may seek access, to view or update their personal or health information:

- if it relates to their child, by contacting the Nominated Supervisor
- for all other requests, by contacting the Approved Provider/secretary.

Personal information may be accessed in the following way:

- view and inspect the information
- take notes
- obtain a copy.

Individuals requiring access to, or updating of, personal information should nominate the type of access required and specify, if possible, what information is required. The Approved Provider will endeavour to respond to this request within 45 days of receiving the request.

The Approved Provider and employees will provide access in line with the privacy legislation. If the requested information cannot be provided, the reasons for denying access will be given in writing to the person requesting the information.

In accordance with the legislation, the service reserves the right to charge for information provided in order to cover the costs involved in providing that information.

The privacy legislation also provides an individual about whom information is held by the service, the right to request the correction of information that is held. The service will respond to the request within 45 days of receiving the request for correction. If the individual is able to establish to the service's satisfaction that the information held is incorrect, the service will endeavour to correct the information.

ATTACHMENT 3
Letter of acknowledgement and understanding

[Place on service letterhead]

Dear [Insert Name],

Re: *Privacy and Confidentiality Policy*

Please find attached the Mount Martha Preschool *Privacy and Confidentiality Policy*, which outlines how the service will meet the requirements of the *Victorian Health Records Act 2001* and the *Privacy and Data Protection Act 2014* (Vic) (or where applicable, the *Privacy Act 1988*) in relation to both personal and health information.

Employees have an important role in assisting the service to comply with the requirements of the privacy legislation by ensuring they understand and implement the Mount Martha Preschool *Privacy and Confidentiality Policy*. Therefore, all employees are required to read this policy and complete the attached acknowledgement form.

Please return the completed form by [Date].

Yours sincerely,

[insert staff member name]

[insert staff member role]

(on behalf of the Approved Provider)

Please note: this form will be kept with your individual staff record.

Mount Martha Preschool

Acknowledgement of reading the *Privacy and Confidentiality Policy*

I, _____, have received and read the service's *Privacy and Confidentiality Policy*.

Signature: _____

Date: _____

ATTACHMENT 4 Privacy Statement

[Place on service letterhead]

We believe your privacy is important.

Mount Martha Preschool has developed a *Privacy and Confidentiality Policy* that illustrates how we collect, use, disclose, manage and transfer personal information, including health information. This policy is available on request.

To ensure ongoing funding and licensing, our service is required to comply with the requirements of privacy legislation in relation to the collection and use of personal information. If we need to collect health information, our procedures are subject to the *Health Records Act 2001*.

Purpose for which information is collected

The reasons for which we generally collect personal information are given in the table below.

Personal information and health information collected in relation to:	Primary purpose for which information will be used:
Children and parents/guardians	<ul style="list-style-type: none"> To enable us to provide for the education and care of the child attending the service To manage and administer the service as required
The Approved Provider if an individual, or members of the Committee of Management/Board if the Approved Provider is an organisation	<ul style="list-style-type: none"> For the management of the service To comply with relevant legislation requirements
Job applicants, employees, contractors, volunteers and students	<ul style="list-style-type: none"> To assess and (if necessary) to engage employees, contractors, volunteers or students To administer the individual's employment, contracts or placement of students and volunteers

Please note that under relevant privacy legislation, other uses and disclosures of personal information may be permitted, as set out in that legislation.

Disclosure of personal information, including health information

Some personal information, including health information, held about an individual may be disclosed to:

- government departments or agencies, as part of our legal and funding obligations
- local government authorities, for planning purposes
- organisations providing services related to employee entitlements and employment
- insurance providers, in relation to specific claims or for obtaining cover
- law enforcement agencies
- health organisations and/or families in circumstances where the person requires urgent medical assistance and is incapable of giving permission
- anyone to whom the individual authorises us to disclose information.

Laws that require us to collect specific information

The *Education and Care Services National Law Act 2010* and the *Education and Care Services National Regulations 2011*, *Associations Incorporation Reform Act 2012 (Vic)* and employment-related laws and agreements require us to collect specific information about individuals from time-to-time. Failure to provide the required information could affect:

- a child's enrolment at the service

- a person's employment with the service
- the ability to function as an incorporated association.

Access to information

Individuals about whom we hold personal or health information are able to gain access to this information in accordance with applicable legislation. The procedure for doing this is set out in our *Privacy and Confidentiality Policy*, which is available on request.

For information on the *Privacy and Confidentiality Policy*, please refer to the copy available at the service or contact the Approved Provider/Nominated Supervisor.

ATTACHMENT 5

Permission form for photographs and videos

[Place on service letterhead]

Background information

Photographs and videos are now classified as 'personal information' under the *Privacy and Data Protection Act 2014*.

The purpose of this permission form is to:

- comply with the privacy legislation in relation to all photographs/videos taken at the service, whether by the Approved Provider, Nominated Supervisor, Persons in Day to Day Charge, educators, staff, parents/guardians, volunteers or students on placement
- enable photographs/videos of children to be taken as part of the program delivered by the service, whether group photos, videos or photos at special events and excursions etc.
- notify parents/guardians as to who will be permitted to take photographs/videos, where these will be taken and how they will be used.

Photographs/videos taken by staff

Staff at the service may take photographs/videos of children as part of the program. These may be displayed at the service, on the Mount Martha Preschool website or placed in the service's publications or promotional material to promote the service, or for any other purpose aligned to the service's business operations. Some staff may use learning journals in which photographs are included.

When the photographs/videos are no longer being used, the service will destroy them if they are no longer required, or otherwise store them securely at the service. It is important to note that while the service can nominate the use and disposal of photographs they organise, the service has no control over those photographs taken by parents/guardians of children attending the service program or activity.

Group photographs/videos taken by parents/guardians

Parents/guardians may take group photographs/videos of their own child/children at special service events such as birthdays, excursions and other activities. Parents must ensure that where the photographs/videos include other children at the service they are sensitive to and respectful of the privacy of those children and families in using and disposing of the photographs/videos.

Photographs taken by a photographer engaged by the service

A photographer may be engaged by the service to take individual and/or group photographs of children. Information will be provided in written form to parents/guardians prior to the event, and will include the date and the photographer's details.

Photographs/videos for use in newspapers, Mount Martha Preschool website and other external publications

The permission of parents/guardians of children will, on every occasion, be obtained prior to a child's photograph being taken to appear in any newspaper/media or external publication, including the service's newsletter, publications and website.

Photographs/videos taken by students on placement

Students at the service may take photographs/videos of children as part of their placement requirements.

Access to photographs/videos

Access to any photographs or videos, like other personal information, is set out in the service's *Privacy and Confidentiality Policy*, which is displayed at the service and available on request.

Confirmation of consent

I consent/do not consent to the arrangements for the use of photographs and/or videos, as stated in this permission form.

Parent's/guardian's name

Child's name

Signature (parent/guardian)

Date

ATTACHMENT 6
Special permission notice for publications/media

[Place on service letterhead]

Use of photographs, digital recordings, film or video footage of children
in media, newspapers and publications, including any
service publication or media outlet

[Date]

Dear [insert name of parent/guardian],

The purpose of this letter is to obtain permission for your child to be photographed or filmed by [insert name of the organisation/individual taking the photograph or filming the child] and for your child's photograph, digital recording, film or video footage to appear in [insert name of the newspaper, publication (including the service's publication) or media outlet where it will be displayed].

I, _____, consent/do not consent to my child

_____ (name of child)

being photographed or filmed by [insert name of the organisation/individual taking the photograph or filming the child] and for my child's photograph, digital recording, film or video footage to appear in the following publication and/or media outlet: [insert name of the newspaper, publication (including the service's publication) or media outlet where it will be displayed].

Signature (parent/guardian)

Date

ATTACHMENT 7

Australian Privacy Principles

The commonwealth government made extensive amendments to the Privacy Act 1988 (Cth) with effect from 12 March 2014. Under these changes, organisations with an annual turnover greater than \$ 3 million are required to comply with 13 new Australian Privacy Principles (APPs), which replace the current National Privacy Principles (NPPs). (*ELAA advises services to seek specific advice from a legal professional about whether their organisation needs to comply with the Australian Privacy Principles*)

From 12 March 2014, the APPs will apply to all existing and future collections of personal information. This means, that all existing arrangements for collecting, and handling personal information in services to which the old NPPs applied must be reviewed by services to ensure they comply with the new APPs.

Collection processes

Type of personal and health information to be collected

The service will only collect the information needed, and for which there is a legitimate purpose related to the service's functions and/or legislative, regulatory or funding obligations.

The type of information collected and held by the service includes (but is not limited to) personal information, including health information, regarding:

- children and parents/guardians prior to and during the child's attendance at the service (this information is collected in order to provide and/or administer services to children and parents/guardians)
- job applicants, employees, members, volunteers and contractors (this information is collected in order to manage the relationship and fulfil the service's legal obligations)
- contact details of other parties that the service deals with

The service will collect information on the following identifiers (refer to *Definitions*):

- information required to access the *Kindergarten Fee Subsidy* for eligible families (refer to *Fees Policy*)
- tax file number for all employees, to assist with the deduction and forwarding of tax to the Australian Tax Office – failure to provide this would result in maximum tax being deducted
- for childcare services only: Customer Reference Number (CRN) for children attending childcare services to enable the family to access the Commonwealth Government's Child Care Benefit (CCB) – failure to provide this would result in parents/guardians not obtaining the benefit.

The service will not use these government related identifiers as its own identifier of the individual unless it is required or authorised by law or a court order.

Method of collecting personal and health information

Personal and health information about individuals, either in relation to themselves or their children enrolled at the service, will generally be collected directly via forms filled out by parents/guardians. Other information may be collected from job applications, face-to-face interviews and telephone calls. Individuals from whom personal information is collected will be provided with a copy of the service's *Privacy Statement* (Attachment 4).

When the service receives personal information about an individual in relation to themselves or children enrolled at the service from a source other than directly from the individual or the parents/guardians of the child concerned, the person receiving the information will notify the individual, or the parents/guardians of the child to whom the information relates, of receipt of this

information. The service will advise that individual of their right to request access to this information. Access will be granted in accordance with the relevant legislation.

When the service receives unsolicited personal information about an individual, it will destroy the information if it is of the view that it could not have collected the information about the individual under the APP if it had solicited the information.

Anonymity

Wherever it is lawful and practicable, individuals will have the option of not identifying themselves or using a pseudonym when entering into transactions with Mount Martha Preschool.

Use and disclosure of personal information

Use of information

The service will use personal information collected for the primary purpose of collection (refer to the table below). The service may also use this information for any secondary purposes directly related to the primary purpose of collection, to which the individual has consented, or could reasonably be expected to consent.

The following table identifies the personal information that will be collected by the service, the primary purpose for its collection and some examples of how this information will be used.

Personal and health information collected in relation to:	Primary purpose of collection:	Examples of how the service will use personal and health, (including sensitive) information include:
Children and parents/guardians	<ul style="list-style-type: none"> To enable the service to provide for the education and care of the child attending the service To promote the service (refer to Attachments 5 and 6 for permission forms – photographs and videos and publications/media) 	<ul style="list-style-type: none"> Day-to-day administration and delivery of service Provision of a place for their child in the service Duty rosters Looking after children’s educational, care and safety needs For correspondence with parents/guardians relating to their child’s attendance To satisfy the service’s legal obligations and to allow it to discharge its duty of care Visual displays in the service Newsletters Promoting the service through external media, including the service’s website
The Approved Provider if an individual, or members of the Committee of Management/Board if the Approved Provider is an organisation	<ul style="list-style-type: none"> For the management of the service 	<ul style="list-style-type: none"> For communication with, and between, the Approved Provider, other Committee/Board members, employees and members of the association To satisfy the service’s legal obligations

Personal and health information collected in relation to:	Primary purpose of collection:	Examples of how the service will use personal and health, (including sensitive) information include:
Job applicants, employees, contractors, volunteers and students	<ul style="list-style-type: none"> • To assess and (if necessary) to engage the applicant, employees, contractor, volunteers or students, as the case may be • To administer the employment, contract or placement 	<ul style="list-style-type: none"> • Administering the individual's employment, contract or placement, as the case may be • Ensuring the health and safety of the individual • Insurance • Promoting the service through external media, including the service's website

Disclosure of personal information, including health information

The service may disclose some personal information held about an individual to:

- educators at the service for the purpose of providing care and education to the child, and other related on and off site activities such as excursions etc.
- government departments or agencies, as part of its legal and funding obligations
- local government authorities, in relation to enrolment details for planning purposes
- organisations providing services related to staff entitlements and employment
- insurance providers, in relation to specific claims or for obtaining cover
- law enforcement agencies
- health organisations and/or families in circumstances where the person requires urgent medical assistance and is incapable of giving permission
- anyone to whom the individual authorises the service to disclose information.

Individuals aggrieved about the use of personal information collected by the service or concerned about the breach of the Australian Privacy Principles that applies to the service may complain to the service through its complaints processes (Refer to *Complaints and Grievances Policy*)

Disclosure of sensitive information (Privacy Principle 10)

The service will only collect sensitive information about an individual with the individual's consent, and only if it is reasonably necessary for the provision of the service to children or their families. Sensitive information (refer to *Definitions*) will be used and disclosed only for the purpose for which it was collected or a directly related secondary purpose, unless the individual agrees otherwise, or where the use or disclosure of this sensitive information is allowed by law.

Data quality

The service will take reasonable steps to ensure that the personal information it collects, uses and/or discloses is accurate, up-to-date, relevant and complete.

Integrity, storage and security of personal information

In order to protect the personal information from misuse, loss, unauthorised access, modification or disclosure, the Approved Provider and staff will ensure that, in relation to personal information:

- access will be limited to authorised staff, the Approved Provider or other individuals who require this information in order to fulfil their responsibilities and duties
- information will not be left in areas that allow unauthorised access to that information
- all materials will be physically stored in a secure cabinet or area
- computerised records containing personal or health information will be stored safely and secured with a password for access

- there is security in transmission of the information via email, fax or telephone, as detailed below:
 - emails will only be sent to a person authorised to receive the information
 - faxes will only be sent to a secure fax, which does not allow unauthorised access
 - telephone – limited and necessary personal information will be provided over the telephone to persons authorised to receive that information
- transfer of information interstate and overseas will only occur with the permission of the person concerned or their parents/guardians, and the service will ensure that it will take reasonable steps to ensure that the overseas or interstate recipient does not breach the APPs in relation to the information.

Disposal of information

Personal information will not be stored any longer than necessary.

In disposing of personal information, those with authorised access to the information will ensure that it is either shredded or destroyed in such a way that the information is no longer accessible.

Access to personal information

Access to information and updating personal information

Individuals have the right to ask for access to personal information the service holds about them without providing a reason for requesting access. An individual has the right to:

- request access to personal information that the service holds about them
- access this information
- make corrections if they consider the data is not accurate, complete or up to date.

The service can refuse access to personal information under the following circumstances:

- giving access would be unlawful, or prejudice any enforcement related activities conducted by or on behalf of an enforcement body
- denying access is required or authorised by or under an Australian law or a court/tribunal order
- the request is frivolous or vexatious
- providing access would have an unreasonable impact on the privacy of other individuals
- providing access would pose a serious threat to the life or health of any person
- the service is involved in the detection, investigation or remedying of serious improper conduct against an individual and providing access would prejudice that process or outcome
- the information relates to existing or anticipated legal proceedings between the service and the individual and would not be accessible by the process of discovery in those proceedings
- giving access would reveal the intentions of the entity in relation to negotiations with the individual in such a way as to prejudice those negotiations
- giving access would reveal commercially sensitive information about the service, or information in relation to a commercially sensitive decision making process.

Process for considering access requests

A person may seek access, to view or update their personal or health information:

- if it relates to their child, by contacting the Nominated Supervisor
- for all other requests, by contacting the Approved Provider/secretary.

Personal information may be accessed in the following way:

- view and inspect the information
- take notes
- obtain a copy.

Individuals requiring access to, or updating of, personal information should nominate the type of access required and specify, if possible, what information is required. The Approved Provider will endeavour to respond to this request within 45 days of receiving the request.

The Approved Provider and employees will provide access in line with the privacy legislation. If the requested information cannot be provided, the reasons for denying access will be given in writing to the person requesting the information.

In accordance with the legislation, the service reserves the right to charge for information provided in order to cover the costs involved in providing that information.

The privacy legislation also provides an individual, about whom information is held by the service, the right to request the correction of information that is held. The service will respond to the request within 45 days of receiving the request for correction. If the individual is able to establish to the service's satisfaction that the information held is incorrect, having regard to the purpose for which it is held, the service will endeavour to correct the information. The service will notify any other entity to which it has provided that information in accordance with the legislation, of the correction.

FINANCIAL POLICY

Best Practice – Quality Area 7

1. INTRODUCTION AND PURPOSE

This financial policy and procedure framework provides effective financial management to:

- a) uphold the Mount Martha Preschool Association's (also termed the Association) Code of Conduct, core values, missions and strategic goals;
- b) meet the Mount Martha Preschool's requirements for accountability;
- c) promote effective financial management;
- d) provide the Association's Committee of Management with reasonable assurance that the preschool has implemented appropriate systems to comply with the Financial Management Compliance Framework (FMCf);
- e) assist external agencies in identifying the Association's financial compliance status.

2. FINANCIAL COMPLIANCE, MANAGEMENT AND OVERSIGHT

2.1 Financial Delegation

Financial delegations detail the level of authorisation required for incurring non-salary expenditure. The purpose of financial delegations is to ensure that members of the Committee of Management and staff are provided with the level of authority necessary to discharge their financial responsibilities. The underlying principle of financial delegations is that the individual authorising the expenditure will ensure that all policies and procedures are followed.

2.2 Clearly Defined Financial Delegations

The Association's Executive Committee, via the Treasurer, approves all financial authorisations covering the:

- a) overall financial management of the Association, and
- b) creation of financial obligations (including contingent liabilities and obligations) on behalf of the Association.

Financial delegations are assigned to specific positions within the Association.

A financial delegation cannot be given to a contractor or consultant.

2.3 Documentation to Support Authorisations

A Financial Delegations Register Form will be maintained by the Association's Executive Committee — via the incumbent Treasurer.

The register contains:

- a) list of positions holding financial authority;
- b) transaction types (e.g. financing, operational, investing);
- c) dollar amounts and caps for transaction and authorisation types;
- d) specimen signature for each holder of an authorised position.

The Financial Delegations Register shall be stored on SystemHub and maintained as private.

2.4 Annual Review and Approval

The Executive Committee, via the Treasurer, annually reviews, and where relevant makes changes to, the financial delegations.

All new delegations changes/additions must be approved by the Executive Committee.

2.5 Delegation Not to the Further Delegated

A delegation must not be further delegated, nor may a person be authorised to act as an agent for the delegated person, unless there is a formal higher duties assignment.

2.6 Scope and Level of Financial Delegations

All employees must comply with this policy and the associated Financial Delegations Register when exercising financial delegations to approve:

- a) purchases, payments and reimbursements;
- b) contracts for acquiring and supplying of goods and services;
- c) lease and hire of equipment;
- d) bad debts write-off, and
- e) asset disposal.

Employees may only exercise financial delegations where they have formally been approved, or hold the delegation by way of their position.

All authorisations cease immediately upon the change in name of the specific position or a substantial and material change in the duties of the position.

2.7 Responsibilities of Financial Delegates

Financial delegates must:

- a) understand their responsibilities in relation to obligations of this policy and the Financial Code of Conduct;
- b) only approve expenditure:
 - i. up to their delegated limit (see Financial Delegations Register);
 - ii. within their functional area of responsibility (when exercising a financial delegation attached to their position), and
 - iii. where there is clear purchase documentation and the standard purchasing processes have been followed
- c) not split transactions to circumvent financial delegation limits;
- d) approve reimbursement of personal and purchasing card expenses pending submission of appropriate receipts;
- e) not provide their passwords to different people, including any assistants;
- f) exercise the financial delegations in accordance with the Association's Financial Code of Conduct and Code of Conduct policies, and
- g) not approve payments where there is a perceived or actual conflict of interest.

2.8 Restructured Positions

If a position is abolished, renamed or restructured, the delegation should be taken to be a reference to the principal successor to the functions of that position.

2.9 Register, Signature and Enquiries

Persons holding financial delegations must provide specimen signatures to the Treasurer before the delegations are activated.

Treasurer:

- a) maintains and updates the Financial Delegations Register for all approved financial delegations, including specimen signatures;
- b) retains the approved Financial Delegation and Signature Authority Forms for a minimum of seven (7) years after the financial delegation is changed or cancelled, and answers queries regarding financial delegations from employees.

2.10 Compliance and Reporting

The Treasurer is responsible to ensure internal controls are not compromised where multiple financial delegations are assigned to a single position.

On an on-going basis, the Treasurer checks that financial delegates have properly exercised their financial delegations. These compliance checks include ensuring that:

- a) financial delegation limits were not exceeded;
- b) personal expenses were not self-approved;
- c) the Association's policies and procedures are being followed (e.g. purchasing card, bank accounts, procurement);
- d) the expenditure is within the financial delegate's area of responsibilities;
- e) all original supporting documents (e.g. relating to the cash receipts, payments authorisations, signed invoices, payment runs) are to be stored in a secured location for seven (7) years.

Monthly, the Treasurer reports any potential breaches of authorised delegations to the Executive Committee. If a serious breach of delegated authority occurs, the Treasurer will immediately report this to the Executive Committee.

The Administrative Officer reports all breaches of delegated authorities to the Treasurer.

2.11 Responsibilities in Respect of Financial Delegations

Responsible Body

The Responsible Body's (Committee of Management) responsibilities include:

- a) Establishing and maintaining clear financial delegations to specific positions within the Association.
- b) Initiating appropriate actions for breaches of the financial authorisations.

Treasurer

The Treasurer's responsibilities include:

- a) Communicating the financial delegations to employees.
- b) Ensuring appropriate internal control procedures in-place where more than one financial delegation is assigned to a particular position.
- c) Reporting to the Responsible Body any significant breach of delegated financial authorities.

- d) Maintaining the Financial Delegations Register and specimen signatures.
- e) Answering or escalating queries regarding the financial delegations to the Executive Committee.
- f) Initiating investigation of all reported breaches.
- g) Reporting all confirmed breaches to the Committee of Management via the Executive Committee
- h) Assisting employees in compliance with the financial delegations.

Employees and Contractors The employees' and contractors' responsibilities include:

- a) Complying with all aspects of the financial delegations.
- b) Obtaining clarification from the Treasurer or Executive Committee Members if they have any queries regarding the financial delegations.
- c) Acting in the best interest of the Association at all times.
- d) Reporting breaches to the Treasurer, Executive Committee immediately.

2.12 Internal Reporting

The preschool's internal performance and financial reports must be prepared monthly (prior to Committee of Management meetings), on an accrual basis. They will cover:

- a) comprehensive operating statement (profit and loss, income and expenditure);
- b) balance sheet;
- c) statement of changes in equity (interpreted from the balance sheet);
- d) cash flow statement
- e) year-to-date operating statement (including a comparison to prior years)

The report must be distributed, either verbally or physically (via the Treasurer), to all members of the Committee of Management and any relevant stakeholders.

2.13 External Reporting

The Association shall (if required) produce and distribute—either printed or digitally (via email or available on the preschool website) — copies of its audited Annual Report to all members of the Committee of Management, teaching staff, preschool families and all stakeholders.

If produced, the Annual Report shall include:

- a) An Income and Expenditure Statement;
- b) Balance Sheet;
- c) Statement of Changes in Equity;
- d) Statement of Cash Flows;
- e) Notes to the Financial Statements;
- f) Depreciation Schedule;
- g) Statement by members of the Committee of Management;
- h) Auditor's Independence Declaration;
- i) Independent Auditors' Report.

2.14 Thefts and Losses

Mount Martha Preschool is committed to preventing theft, irregularity and fraud in connection with the receipt of money and property. It will achieve this through:

- a) Implementation of risk management and fraud control strategies, including communicating strategies to employees and contractors;
- b) Prevention controls, including internal controls designed to prevent or minimise opportunities for theft, arson, irregularity and fraud;
- c) Detection controls, including initiatives to detect theft, arson, irregularity and fraud as soon as possible before these occur, and
- d) Response strategies, including investigations and other initiatives to deal quickly with detected or suspected theft, arson, irregularity and fraud.

Theft and Losses Register and Reporting

A **Thefts and Losses Register** (Theft and Losses Incident Report Form: Appendix Three [3]) must be maintained to record all cases of suspected or actual theft, arson, irregularity or fraud.

The Committee of Management must be informed of all actual or suspected arson, fraud, irregularity and theft as soon as practical or immediately for all material and significant losses.

Incidents must be reported to the Victoria Police where:

- a) fraud and arson are involved, regardless of the amount;
- b) there is a theft or loss of cash more than \$200
- c) there is theft or loss of stores/property with a value more than \$1,000

Whilst not mandatory, thefts and losses for lesser values may still be reported to the Police if this will:

- a) aid in the recovery of the property, and
- b) send a message that theft will not be tolerated.

Monitoring

The President, Treasurer ensures fraud and theft are monitored through existing assurance programmes such as internal review, internal and external audit and other review mechanisms, which include:

- a) regular monitoring and review of all internal control processes, to identify weaknesses in processes and controls and links to potential fraud and theft risks across functions.

The Treasurer must ensure that:

- a) the Thefts and Losses Register is updated and maintained
- b) retain records of cases for thefts, frauds or irregularities investigated.

3. FINANCIAL CODE OF CONDUCT

3.1 Purpose

This section sets the minimum financial standards of conduct to be followed by the Mount Martha Preschool's employees and contractors in their dealings on behalf of the Mount Martha Preschool Association.

3.2 Policy

The Mount Martha Preschool's Financial Code of Conduct is that:

- Financial Code of Conduct
- a) The Financial Code of Conduct (the Code) forms part of the terms and conditions of employment. It is to be distributed as part of the induction process. New employees and contractors must sign to acknowledge that they have read its contents.
 - b) The Code is available to all employees and contractors, and is available on SystemHub (or online/digital successor) and in the Mount Martha Preschool's Policy Folder.
 - c) Employees and contractors are expected to:
 1. act in the best interest of the Mount Martha Preschool Association at all times;
 2. conduct all dealings with integrity and fairness, and
 3. seek clarification from the Nominated Supervisor, Executive Committee or Committee of Management if they do not fully understand this Code.
 - d) Disciplinary action may be taken against employees and contractors who breach this Code.
 - e) This section is consistent with the requirements of the Victorian Government Whistle-blower Legislation¹.

3.3 Matters Covered Under the Financial Code of Conduct

The Mount Martha Preschool's Financial Code of Conduct is that:

- **Accountability** Mount Martha Preschool has a responsibility to its employees, families, stakeholders and wider community for the administration of public funds.
 - **Independence** The Association shall prepare and present financial information in a manner that is open and transparent for both internal and external audiences.

The Association and its contractors must ensure financial information:

 - a) is accurate and timely;
 - b) represents a true and fair view of the financial performance and condition of the Association, and
 - c) complies with all applicable legislative requirements.
- Integrity** Employees and contractors should perform their duties with honesty and integrity to:
- a) protect and preserve the integrity of the Association's financial processes and records;

- b) ensure the quality of their work;
- c) ensure personal matters do not influence official decisions, and
- d) report unethical behaviour.

The Association's arrangements for prevention and detection of fraud and corruption must be kept under constant review, and suspected irregularities must be investigated.

The Association may apply its disciplinary procedures against employees and contractors who are in breach of this Code. Instances of serious non-compliance or breach with this Code will be reported to all relevant authorities.

3.4 Receiving Gifts and Benefits

The Mount Martha Preschool's Policy for receiving gifts and benefits is as follows:

- a) Employees and contractors must not accept gifts that may be construed as rewards or inducements for directing business towards that body or person.
- b) Goods, vouchers, non-cost payments etc. received from suppliers or agents (other than goods officially ordered) shall be declared to the Mount Martha Preschool President. The President shall then inform the Committee of Management.

3.5 Declaration of Financial and Personal Interests

- Conflict of Interest
 - Personal Relationship with Customers and Providers
- Employees and contractors of the Association involved in any financial business of the Mount Martha Preschool must declare any financial and personal interests, including those with family, friends or business associates, to the Mount Martha Preschool President. The President shall then inform the Committee of Management.
- a) Employees and contractors must not influence the awarding of contracts in which they have any interest.
 - b) Employees and contractors who act as panel members in interview and selection processes must also declare any knowledge they have of candidates to the Mount Martha Preschool President. The President shall then inform the Committee of Management.
 - c) Actual, potential or perceived conflicts of interest must be managed in accordance with the Code of Conduct Policy.
 - d) Instances of serious non-compliance or breach with this Code will be reported to all relevant authorities.

3.6 Secondary Employment

Employees and contractors considering taking up a second post should take into account whether this might conflict with their employment with the Mount Martha Preschool. Employees and contractors of the Association should seek guidance from the Nominated Supervisor or Preschool President if they have reservations.

3.7 Purchasing Cards

Use of Purchasing Cards shall be monitored to ensure that Association Guidelines (outlined below) are adhered to. The Committee Executive (via the Treasurer) will monitor the Purchasing Cards Clause (3.7) and report on its effectiveness as required to the Committee of Management.

It is the Association's policy that Petty Cash is eliminated. All purchases must be made on either the Association Cash Card (and top-ups applied) or personal Credit or Cash Cards and reimbursed (subject to requisite approval[s]).

- a) using purchasing cards for personal use is strictly prohibited;
- b) receipts must submitted for reimbursements within 30 days of purchasing;
- c) top-up of cash card balance will not occur until all receipts are provided for transactions incurred
- d) when cash card requires top-up, Administration Officer to print listing of transactions since last top-up, attach receipts to substantiate all transactions, and advise Treasurer
- e) treasurer to review documentation outlined at 3.7(d) above prior to approving top-up.
- f) **Lost Receipt Form** must be completed and signed-off by person incurring expense, for any lost receipt
- g) monthly transaction reports are monitored;
- h) annual reviews are conducted;
- i) all high value transactions are monitored;
- j) Purchasing Card transactions are monitored by someone other than the cardholder to ensure the Purchasing Card has not been used for a personal purpose.

3.7B Purchasing Goods Over the Internet

The decision to use a Purchasing Card over the internet ultimately rests with those with Financial Delegation. It is recommended that those persons carefully consider the risks associated with using the Purchasing Card over the internet.

Internet shopping is no different to traditional shopping and buyers need to comply with the Association's purchasing policies. Points to Consider:

- a) How well do you know the supplier?
- b) How much information on the security of the transaction does the supplier provide? (e.g. Is information provided on encryption?)
- c) Does the "padlock" symbol appear on the Internet toolbar? Are you required to provide the CVV number or Verified by Visa?)
- d) Does the public authority have internal approval processes in place to deal with Internet transactions?
- e) Are other options for procurement available? If so, do the benefits of using the Internet outweigh any potential risks?

Purchasing Goods Over the Internet Note: Association PayPal account(s) has been closed effective 10 October 2019.

No PayPal account(s) may be opened without authorisation from the Executive Committee only. Should the Executive Committee authorise the opening of a PayPal account(s), it is the responsibility of staff to provide the Treasurer with account log in details (username and password).

3.8 Protection and Proper Use of Assets

Employees and contractors of the Association often have access to facilities, including assets such as, but not limited to, computers, telephones, photocopiers and fax machines, in carrying out their official duties.

Removal of any assets from the work place is not permitted without the Nominated Supervisor's approval. Any use of assets for personal gains is not permitted under any circumstances.

3.9 Fair Dealing

Employees and contractors are expected to:

- a) deal with issues consistently, fairly and in a timely manner, and
- b) use fair criteria, and consider all relevant information in dealing with issues.

Being fair means being just and working within commonly accepted rules.

3.10 Reporting of Unlawful or Unethical Behaviour

The Mount Martha Preschool recognises the value of transparency and accountability in its administrative and management practices, and supports the making of disclosures that reveal:

- a) corrupt conduct;
- b) conduct involving a substantial mismanagement of the agency resources;
- c) conduct involving a substantial risk to employees' or customers' health and safety, and
- d) conduct that represents a risk to the environment.

Employees and contractors should report any behaviours that:

- a) violate any legislations, laws, policies and this Code;
- b) appear to be corrupt, mismanagement of public monies and resources, and
- c) could be dangerous to others or the environment.

3.11 Roles and Responsibilities

Responsible Body

The Responsible Body's (Committee of Management) responsibilities include:

- a) implementing the Code.
- b) ensure that all employees and contractors comply with the Code.
- c) requiring and monitoring, via the Code of Conduct, employees' and contractors' compliance with the Code.
- d) initiating appropriate actions for breaches of the Code.
- e) communicating the Code to employees and contractors.
- f) reinforcing the expectations of the Code.

Nominated Supervisor

The Nominated Supervisor's responsibilities include:

- a) answering or escalating queries regarding the Code to the Committee of Management (Responsible Body) or delegated person(s).
- b) initiating investigation of all reported breaches.
- c) reporting all confirmed breaches to the Accountable Officer or delegated person.

- d) assisting employees to comply with the Code.

Employees and Contractors The employees' and contractors' responsibilities include:

- a) complying with all aspects of the Code.
- b) obtaining clarification for queries regarding the Code.
- c) acting in the best interest of the Mount Martha Preschool at all times.
- d) reporting of breaches to the Director, Nominated Supervisor, Executive Committee or Committee of Management.

4. AUDITING

4.1 Internal Audit

Internal audits ensure governance, risk management and control processes are adequate and functioning in a manner to provide a reasonable level of confidence in financial operations.

A typical review conducted by Internal Audit involves a detailed review of a function to test processes, systems and controls to ensure they are working as desired.

This testing can be conducted in a variety of ways, including:

- a) observation of procedures in place
- b) review of Documentation
- c) re-performance of an operation
- d) compliance Testing of Transactions
- e) substantive Testing of Transactions.

To uphold the principles of integrity, objectivity and competence, the Association shall appoint an independent internal auditor every five (5) years to review financial processes and provide a comprehensive report to the Treasurer.

4.2 External Audit

External financial audit functions provide an independent assessment as to whether the preschool:

- a) records have been properly and accurately kept;
- b) financial statements present a true and fair view of the preschool's financial position; and
- c) financial statements comply with appropriate statutory and regulatory requirements and accounting standards.

To maintain objectivity, accuracy and integrity of financial operations, controls, records and processes, the Mount Martha Preschool Association's Committee of Management will award and assign new accountant(s) every five (5) years.

5. BANK ACCOUNTS

5.1 Accounts are maintained with Bendigo Bank as follows:

Account Name & Number:	Type:	Purpose:
General Operating & Payroll 143288272	Operating	Day-to-day transactions associated with running the preschool.
Reinvestment Account 144115128	Operating	Maintains a short-term emergency cash amount (agreed by CoM) in the instance funds locked into Term Deposits are required. Funds in excess of this agreed amount are available for reinvestment.
Leave Provisioning 143636629	Term Deposit	Maintains full funding for annual and long service book provisions, full funding for sick leave potentially payable per ADP reporting, plus funding for possible parental leave. The amount saved for possible parental leave is maintained by the Association Treasurer. This amount must be reassessed for appropriateness on an annual basis, or when there is any movement in permanent staff members, and adjusted as required.
Emergency & Capital Savings 144115144	Term Deposit	Maintains cash reserve as agreed by the Committee of Management, plus savings for specific capital items as outlined in the Committee of Management Meeting Minutes.
Purchasing Card 143288579	Visa Debit Card	Primarily used for purchase of kinder consumables or other small value items. Maximum balance of \$1,000 maintained on the card.

General & Payroll Account

- 5.2 An assessment should be made by each new Committee of Management as to an appropriate balance to be maintained within this account to fund the operations of the preschool, taking into account timings, which cause fluctuations in the account balance. Agreed balance to be documented in the 'Accounting Assumptions 20XX Memo' maintained on SystemHub.
- 5.3 Any funds in excess of this agreed balance should be 'swept' into the Reinvestment account on a half-yearly basis (March and September). Any shortfall should be funded from the Reinvestment account.

Reinvestment Account

- 5.4 Expenditure in excess of budgeted general operating expenditure is funded from the reinvestment account
- 5.5 Reinvestment expenditure must be approved by the Committee of Management.
- 5.6 A 'quick cash' balance must be agreed by each incoming Committee of Management, to be maintained within this account. This cash is used for capital expenditure, emergencies, or to pay out leave where funds set aside for these purposes are locked in one of the Term Deposit accounts. Agreed 'quick cash' balance to be documented in the 'Accounting Assumptions 20XX Memo' maintained on SystemHub.
- 5.7 The balance of the account should be monitored by the Committee of Management to ensure the preschool is able to maintain its not-for-profit status.

Emergency Cash Reserves

- 5.8 The rationale and calculation for the amount held as a cash reserve is to be documented in the 'Accounting Assumptions 20XX Memo' maintained on SystemHub. This rationale should be agreed by each new Committee of Management.
- 5.9 Where an incoming Committee adopts the existing rationale, the calculation must be reviewed in line with budgeted operating expenditure for the forthcoming year.
- 5.10 The balance of the account should be monitored by the Committee of Management to ensure the preschool is able to maintain its not-for-profit status.

Capital Savings and Capital Works Projects (CWP) — Minor and Major

- 5.11 Capital Savings are maintained by the preschool based on genuine pre-estimates of the cost to purchasing specific capital items within the forthcoming five (5) years. Decisions around amount required to save are outlined in Committee of Management meeting minutes. Supporting costing / quote documentation is maintained by Executive Committee.

All Capital Savings amounts must be connected with genuine Capital Works Projects.

A business case is required for all Capital Works Projects. This includes, but is not limited to, a statement of the Association's financial contribution versus the contribution, if any, from the Mornington Shire Council or other third connected grant monies.

- 5.12 **School Building — Minor Capital Works Guidelines**
(Department of Education and Training, 2019)

When conducting any construction or Capital Works Procurement, schools must comply with Government probity and tendering policy, consistent with the Project Development and Construction Management Act 1994 (PDCMA).

Project value determines the rules for a capital works project, including the number of quotes that must be obtained from the market.

All minor capital works must comply with the Department of Education and Training's [School-Funded Capital Projects Policy](#)

Minor capital works projects include those:

- a) **valued at or under \$50,000 (including GST)** which require at least one (1) supplier quotation and can be conducted autonomously by a school, noting that:
- b) school councils have delegated authority to enter into contracts and carry out building works or improvements for projects in this category subject to the availability of funds and compliance with Departmental policies and legislative requirements.
See: the Department's [Low Value Construction Policy](#)
- c) **valued above \$50,000 and less than \$200,000 (including GST)**, which require at least three (3) supplier quotes, noting that:
 - i. school councils must first seek the approval of appropriate officers within the Victorian School Building Authority (VSBA) in order to proceed with works or procurement activities
 - ii. procedures for managing minor capital works in this category are provided to a school once approval has been granted.

Definitions

Construction works and services include the building, maintenance, rehabilitation, alteration, extension or demolition of any bricks and mortar fixtures or fittings by or on behalf of the Department; including any associated tendering processes, project delivery (i.e. design and engineering) or contract administration.

Minor school construction works and services, are any capital works projects that are

valued at \$200,000 or under, including GST.

Low Value Construction or Capital Works are any capital works projects that are valued at \$200,000 or under, including GST.

Maintenance activities that concern school physical structures and their fixtures, such as structural, roofing or plumbing repairs, are generally thought of as construction and therefore subject to the requirements of the PDCMA. This does not include the maintenance of non-fixtures, such as light globes, portable air conditioning units or modular furniture.

5.13 **School Building — Major Capital Works Guidelines** *(Department of Education and Training, 2019)*

Major capital works projects include the construction of new schools and significant modernisation projects to existing schools, in excess of \$100,000.

The Victorian Government has announced the priority projects to be included in the building program for the first term of Government.

Capital works projects are announced by the Government through annual State Budgets.

Following the announcement of Government funding, the Department works closely with schools to progress the planning and successful delivery of capital projects within the available funding.

The Government is aware that other schools were involved in planning for building projects under the previous government's capital program. The needs of these schools will be given due consideration during the budget process and in determining future priorities for the building program.

Leave Provision Savings

5.14 The cash amount held in this term deposit should equate to:

- a) The book value of provisions for annual leave and long service leave; plus
- b) The full amount payable to employees for sick leave per ADP reporting; plus
- c) The provision for parental leave as agreed by the Committee of Management and documented in the 'Accounting Assumptions 20XX Memo' maintained on SystemHub.

At expiry/renewal of the term deposit, the funds should be adjusted to reflect the calculation outlined above.

- a) Any shortfall in funds should be funded by the General Operating & Payroll account.
- b) Any excess of funds (e.g. resulting from the termination of an employee carrying a sick leave balance or an employee taking long service leave) should be transferred to the reinvestment account.

6. BUDGETING

6.1 Budget Creation

It is the responsibility of the Director, Nominated Supervisor and Administration Officer to plan, develop and prepare budgets for the financial year in consultation with the Treasurer.

Prior to any budget being finalised, draft budgets must be submitted to the Committee of Management's September General Meeting for discussion and final approval. Any and all updates gleaned from the General Meeting shall be incorporated and approved by the outgoing Committee of Management.

The outgoing Treasurer is responsible for discussing budget entailments to the incoming Treasurer.

6.2 Not-for-Profit Status and Making a Profit

A not-for-profit can make a profit, but any profit made must be used for its purpose(s). It can keep profits as long as there is a genuine reason for this and it is to do with its purpose. For example, a good reason to keep profits may be to save up for starting a new project, building new infrastructure or accumulating a reserve so it continues to be sustainable.

If an organisation continues to hold onto significant profits indefinitely, without using them for its charitable purpose, this may suggest that the organisation is not working solely towards its stated charitable purpose (and is not operating as a not-for-profit).

The assets and income of the organisation shall be applied solely to further its objects and no portion shall be distributed directly or indirectly to the members of the organisation except as genuine compensation for services rendered or expenses incurred on behalf of the organisation (Australian Charities and Not-for-Profits Commission, 2019).

6.3 Budget Management

It is the responsibility of the Treasurer to monitor the Association's budget. To achieve this, the Treasurer shall liaise with the Administration Officer as required.

The Treasurer shall keep the Committee of Management updated and well-informed (monthly) of the Association's ongoing budget management.

7. REVENUE AND ACCOUNTS RECEIVABLE

- | | |
|------------------------|---|
| 7.1
Revenue | a) Revenue for preschool services provided shall be recognised on an accrual basis.
b) Association invoices are raised in advance of providing services.
c) All credit notes raised must be approved by the Treasurer, in accordance with the approved financial delegations.
i. Credit Notes shall be approved on a case-by-case basis. |
| 7.2
Delegations | a) Segregation of duties between roles and responsibilities for initiating revenue, debtors, cash collection, banking of money, processing of credit notes, waivers and write-offs of bad debts must be established in accordance with the approved financial delegations. |
| 7.3
Credit | a) All fees must be paid by the date indicated on invoices (refer Fees Policy — Payment of Fees [attachment one]).
b) A Credit Terms Register must be maintained to record all parents or guardians with approved credit terms. |
| 7.4
Debt Collection | a) The Treasurer and Executive Committee (and full membership of the Committee of Management if necessary) will be informed of enduring debts. |

- b) The Treasurer and Executive Committee (and full membership of the Committee of Management if necessary) shall decide on appropriate action(s) to either recover debts or provide extended payment terms (refer 7.9(d)).
- 7.5 Debtors Control
- a) The Mount Martha Preschool must ensure the general ledger debtors control accounts and the detailed debtors ledger are controlled, processed, managed and reconciled.
- b) The recoverability of debts is to be reviewed on a quarterly basis (at least).
- c) An Aged Debtors Register that ages the outstanding balances must be maintained.
- d) An aged debtor's recovery report is presented to the Executive Committee, at least quarterly.
- 7.6 Recognising and Recording Revenue
- a) Refer 7.1(a).
- b) All invoices must include the Association's ABN.
- c) GST shall be charged on goods and services provided in accordance with taxation legislation requirements.
- d) Revenue invoiced and debtors payments must be allocated to the correct debtor, invoice and in the correct accounting period.
- 7.7 Fees and Charges
- a) All fees and charges must be approved by the Responsible Body or delegated person, in accordance with the Association's approved schedule and relevant legislation(s).
- b) The Treasurer or delegated person reviews the fees and charges annually and provides a recommendation to the Responsible Body as to how they should be updated.
- 7.8 Credit Notes
- Credit notes must be:
- a) only raised to correct transactions relating to an incorrect debtors balance charges;
- b) authorised by the Treasurer or delegated person, and
- c) despatched promptly to debtors.
- 7.9 Debtors Reconciliation
- Monthly (at least), the Treasurer or delegated person:
- a) reconciles the general ledger debtors control account with the detailed debtors ledger;
- b) reviews the detailed debtors ledger to ensure:
- i. debtors' details are accurately recorded on an ongoing basis, and
 - ii. debtors' payments are correctly and promptly recorded and matched against the corresponding invoices.
- c) reviews the debtor ageing report for credit worthiness of parents and collectability of outstanding debtor balances, and
- d) actively follow-up on amounts that are 60 to 90 days overdue, by:
- i. providing parents with an digital (email sent from MYOB) automatic reminder. **(Check contact details!)**
 - ii. mailing of letters accompanied with a personal phone call to parents requesting payment. **(Check contact details!)**
 - iii. inviting parents to a Discovery Meeting with the Association Director, Nominator Supervisor or President (if required) to ascertain the purpose of the non/late payment(s).

Note: It is crucial to comprehend Discovery Meetings are highly sensitive. It is similarly important to enter these meetings without confirmation bias and with a mind toward open, understanding and compassionate dialogue.

- iii. if, after the above actions have been exhausted, a second letter must be mailed informing of last resort action(s) to recoup monies unpaid.

Note: Debt collection is a final recourse to achieve the end to a difficult issue. Debt collection can cause serious damage to an individual's life.

- e) monthly, the Treasurer reviews the monthly debtor reconciliation and ensures all issues and discrepancies identified have been promptly followed-up and actioned.
- f) each quarterly, the Administration Officer shall provided the incumbent Treasurer with an analysis of aged debtors recovery.
- a) All financial records, including supporting documents, are to be retained for a minimum of seven (7) years after the financial year audit has been completed.

7.10
Record Keeping

8. PURCHASING AND ACCOUNTS PAYABLE

8.1
Authorising
Expenditure

- a) All expenditure must be approved by those with appropriate financial delegations — President and Treasurer.
- b) Expenditure only to be incurred when duly approved.
- c) Expenditure over \$1,000.00 must be accompanied with three (3) certified quotations prior to approval.
 - i. All Capital Works Projects must, as a matter of prudence, be accompanied with three (3) certified quotations.

8.2
Segregation of
Duties

- d) Purchasing and accounts payable duties are segregated. This ensures:
 - i. payment documents are processed correctly by having different people involved in the payment process, thereby negating errors or overreach.
 - ii. accountability in the authorisation, review and approval of invoices.
- e) Segregation of duties, includes:
 - iii. approval of purchases (via the Committee Executive or Delegated Person — the Treasurer)
 - iv. receiving and verification of ordered materials, goods or services (via the Accounts Officer)
 - v. approval of invoices for payment (via the Responsible Body or Delegated Person — the Treasurer).

8.3
Expense
Recognition

- a) All expenses are recorded on an accrual basis.
- b) The liabilities for goods and services provided are to be recorded in the period they are received, regardless of whether cash is disbursed.
- c) Estimated liabilities in excess of \$500 must be recorded in the general ledger in the period in which the goods or services were received.

8.4
Payment Terms

- a) All debts are to be paid as and when they are due and payable and ensure early payment discounts are fully utilised where appropriate.

- 8.5 Preferred Suppliers
- a) Staff are to use preferred suppliers for provision of certain goods and services if specified.
- 8.6 Payment of Tax Invoices
- a) Invoices are processed for payments after goods and services are received, and in a secure and efficient manner.
- b) All invoices must be approved and certified before payments can be processed by the Responsible Body or Delegated Person (the Treasurer)
- c) Payments for goods and services must be supported by:
- i. original tax invoices or receipts (where tax invoice not required by GST legislation);
 - ii. financial delegate approval.
- 8.7 Record Keeping
- a) All financial records, including supporting documents, are to be retained for a minimum of seven (7) years after the financial year audit has been completed.
- 8.8 Goods Received not Invoiced
- a) Goods Received not Invoiced (\$500 and above) are to be accrued for in MYOB.
- b) Estimate to be determined by Administration Officer through discussion with those involved in procurement process, and recorded in MYOB
- c) Adjustment to accounts to be processed when invoice is received.

9. PETTY CASH

- 9.1 Elimination
- Petty Cash Eliminated as per Executive Committee Decision (16 October 2019).
- Eliminations Instructions:
- a) Existing petty cash balance to be banked into General Operating account
 - b) Staff incidental expenses to be reimbursed via EFT. Staff should be encouraged to utilise store accounts (e.g. IGA) where possible for incidental expenses, and may accumulate receipts and submit in bulk once (1) per month. Purchases must be claimed for reimbursement within 30 days.
 - c) Families requiring change for a cash payment of any kind must be advised that no cash is retained on premises and provided with EFT details or asked to bring correct change to their next session.
- 9.2 Cash Receipting
- Cash received from families must be placed in the Foyer Lock Box **by the family (not by staff)**
- a) Staff must no longer accept cash from families. Families attempting to pay with cash must be advised that cash must be placed in the Foyer Lock Box. Envelopes must be kept on the shelving in the foyer so families can place cash into an envelope and write details on the front.
 - i. Refer above for the instance where a family does not have the correct change for an item.
 - b) Two (2) designated Committee of Management members will hold the Foyer Lock Box keys — each from differing groups (blue, red, purple).
 - c) Frequency of Foyer Lock Box opening is to be determined by the Incumbent Executive Committee — recommend weekly for the case that fees are paid with cash and during a time that the Administration Officer is present).

- d) Details of received cash must be recorded in a logbook. Received cash must be provided to the Administration Officer for storage in the Administration Office Lock Box for MYOB recording and banking as soon as possible.

10. ACCOUNTING

- 10.1 Accounts are maintained in MYOB by the Mount Martha Preschool Administration Officer.
- 10.2 All transactions within MYOB are substantiated with supporting documentation or online information.
- 10.3 Access to view the accounts within MYOB is restricted to the Administration Officer. Any member of the Committee of Management may ask to review the accounts or have reports generated at any time.
- 10.4 Bank reconciliations (General Operating & Payroll Account and Reinvestment Account) are performed on a monthly basis by the Administration Officer and reviewed by the Treasurer.
- 10.5 Full provision for Annual Leave and Long Service Leave is recorded in MYOB based on ADP calculation of these provision amounts.
- 10.6 A provision is maintained in MYOB for employee sick leave. The rationale for the amount provisioned is maintained by the Association Treasurer. This provision must be reassessed for appropriateness on an annual bases.
- 10.7 Adjustment to the carrying value of fixed assets or accumulated depreciation occurs only upon documented advice from the preschool's external auditors.
- 10.8 Changes to the nature and name of accounts maintained within the ledger, or the addition or removal of an account from the chart of accounts require Committee approval.
- 10.9 Financial records are maintained for a minimum of seven (7) years.

11. PURCHASING CARDS

- 11.1 Card Holder Criteria
 - a) Only Approved Persons are eligible to hold Purchasing Cards, and must hold a Financial Delegation approved by the Executive Committee.
 - i. The eligibility of other employees is predicated is the discretion of the Committee of Management
 - b) Contractors, outsource providers and agents are not eligible to hold a Card.
 - c) Only one Card is to be issued to each employee approved as cardholder.
- 11.2 Issuance or cancellation of Purchasing Cards
 - a) The Committee of Management or Treasurer:
 - i. must approve the issue of all Cards, and
 - ii. may cancel a Card at any time without prior notice and/or without giving any reason.
- 11.3 Conditions to Hold a Card
 - a) Cards may only be used for preschool-related expenditure and purchases of goods and services for the Mount Martha Preschool Association, as opposed to personal interest or convenience.
 - b) Card use supplements normal preschool purchasing methods, when vendors are not approved as preferred suppliers by the Association or purchasing via the internet (secure sites) only.
 - c) The cardholder must provide supporting documentation for all purchases in a given period by the time the card statement is received from the bank:
 - i. a complying Tax invoice, or

- ii. a receipt or approved expenditure form.
 - d) The Administration Officer must reconcile the card statement to supporting documentation and follow-up any discrepancies / document reasons. The Treasurer will review the purchase card statement and supporting documentation and sign-off on a monthly basis.
 - e) Lost or stolen Cards must be reported to the Finance Manager.
 - f) The cardholders must surrender their Cards on ceasing employment.
 - g) Card transactions form part of the Association's financial records.
- 11.4 Purchasing Card Register
- a) A register for all Purchasing Cards must be developed and maintained by the Treasurer.
- 11.5 Prohibited Card Purchases
- a) Cardholders must not use Purchasing Cards for the following:
 - i. the cost of domestic and overseas travel (meals, accommodations and fares) and hospitality (for external people);
 - ii. purchases of physical assets (pre-approval required);
 - iii. personal expenses;
 - iv. cash advances, and
 - v. purchase bank cheques, traveller's cheques or money orders.
- 11.6 Unauthorised Use of Cards
- a) All fraudulent use of a Purchasing Card is considered a theft and all thefts are to be reported to the preschool President, Treasurer, Executive or General Committee Members.
 - b) The Accountable Officer is required to report:
 - i. any and all instances of unauthorised use of Purchasing Cards

12. EMPLOYEE COSTS

- 12.1 Employee Expense Reimbursement
- a) Employees will be reimbursed for all approved Association expenses incurred in the course of employment.
 - b) Approved Association expenses include:
 - i. purchases, in accordance with the approved financial delegations;
 - ii. travel and accommodation expenses, and
 - iii. purchase of fuel for rental cars only.
 - c) All claims are to be made on the **Employee Reimbursement Form** (Appendix Three [3]).
 - d) All claims must be signed by the employee and authorised by the Treasurer or Delegated Person with the appropriate financial delegations.
- 12.2 Employee Travel
- a) Employee travel expenditure as a general rule is:
 - i. reimbursed on the basis of actual expenses incurred, or
 - ii. paid on a per diem basis.

- Reimbursement
- b) In instances, where employee travel expenditure is paid on the basis of the actual expenses incurred, approval for reimbursement of expenditure must be in accordance with the Association's Financial Delegation.
 - c) All reimbursements of actual travel expenses are to be made on the Employee Reimbursement Form and supported by the original receipts or invoices.
 - d) All claims must be signed (or electronically submitted) by the employee and authorised by the Treasurer or Delegated Person.
 - e) The Administration Officer, once approved, will process the reimbursement form and enter the details into the accounts payable system (MYOB).
- 12.3
Travel
Allowance
- a) Travel expenses may be advanced to the traveller in some circumstances, or reimbursed after travel.
 - b) Transport costs will be reimbursed in full, provided that the most cost-effective travel arrangements have been made.
 - c) Accommodation expenses will be reimbursed up to the maximum rates prescribed in the ATO Maximum Rates Schedule, unless approved in advance.
 - d) Meal and incidental expenses will be reimbursed up to the maximum rates prescribed in the ATO Maximum Rates Schedule, provided the expenses are actually and necessarily incurred in the course of travel and approved in advance.
- 12.4
Mileage Claims
- a) Where employees use their own vehicles for Association purposes, they are only entitled to make a reimbursement claim for the total business travel on a cents per Kilometer basis.
 - b) The reimbursement rates are determined by the ATO's mileage rates taking into account all costs including wear and tear, fuel, repairs and motor vehicle insurance excess / expenses.
 - c) All reimbursements for use of personnel vehicles for work are to be made on the Vehicle Expense Claim Form (Appendix Four [4]).
 - d) The approved Car Allowance Form is to be forwarded to the Treasurer for approval then sent to the Account Officer for payment.
- 12.5
Personal
Development
- a) Teaching staff may, from time-to-time, attend Personal Development classes, seminars or inter-preschool related meetings. These events may be held outside of normal preschool hours. Nevertheless, these events are considered to be held in working time and must be paid accordingly.
 - b) Teaching staffing must submit event details to the Treasurer or Delegated Person at least one (1) week prior to the event for approval.

13. FIXED ASSETS

All assets with a cost of \$1,000 or more shall be recorded in the Fixed Assets Register. A documented review (stocktake) of assets against the Fixed Asset Registers shall be undertaken at least once (1) a year. Other items with an individual value below \$1,000 are expensed with the exception of furniture and fittings that are purchased in quantity where the total value exceeds \$5000. This is to reflect their significant total value as a percentage of the total assets held by the Association.

Books, even when purchased in quantity, are recorded as a learning resource expense and not capitalised on purchase. This reflects the high usage and frequent curriculum changes that make books obsolete.

Predicted on an External Financial Auditor's or Accountant's advice (also outline in a detailed report), the Executive Committee shall have delegated authority to dispose of assets that have reached the end of their useful life (as recorded in the Fixed Assets Register), provided the original cost of that asset was less than \$10,000. The Executive Committee (accompanied with an External Financial Auditor's or Accountants Report and advice) shall report to the Committee of Management about reasons for disposal, disposal process and any net disposal proceeds. The Committee of Management shall approve the disposal of any asset that had an original cost of over \$10,000, including the reasons for disposal, disposal process and use of any disposal proceeds.

14. PRIVACY AND CONFIDENTIALITY

Mount Martha Preschool strives to maintain privacy and confidentiality at all times. Employees and contractors are expected to maintain and respect the confidentiality and privacy, as per the *Confidentiality and Privacy Policy*, of financial information and other matters of a financial nature that they come across during the course of their employment.

Unless authorised, employees and members of the Committee of Management (whether they are a part of the Executive or General membership) are not to use confidential information for personal use or to benefit another third party.

15. FINANCIAL REPORTING

15.1 Monthly Reporting

Refer to sections 2.12 and 2.13.

15.2 Yearly Reporting

During the Annual General Meeting (AGM), the Treasurer shall submit the Annual Financial Report for the previous financial year to the preschool membership.

AUTHORISATION

This policy was adopted by the Approved Provider of Mount Martha Preschool Association on 8/11/19.

REVIEW DATE: 15 JULY 2021

Appendix One (1): Financial Delegation and Signatory Authority Form (TEMPLATE ONLY)

Return Completed Form To: Treasurer (via the Administration Officer)

Name:	Employee number (if any):
Position title:	Position classification (if any):
Group / Division (if any)	

Financial delegation being sought: \$
Reason for requiring a new / increased delegation:

Indicate the action to be taken

- Authorise approval authority for the above employee beginning from this date:
- Cancel the existing approval authority for the above employee from this date:

Employee Declaration:

In exercising my employment delegation, I acknowledge that I will adhere to the requirements of the Financial Delegations Policy and Procedure. I will only authorise expenditure up to the amount of my delegation and within my functional area of responsibility. I will not split transactions to circumvent delegations limit. I will not provide my password to others.

Name:

Signature:

Date:

(After signing forward to the Administration Officer for recommendation / endorsement. The Administration Officer must seek the appropriate approval from the Treasurer)

Administration Officer Recommendation / Endorsement:

Name:

Signature:

Date:

Treasurer / Executive Committee Approval:

Name:

Executive Committee Position:

Signature:

Date:

Notes:

- a) The delegation relates to the position, not the person.
- b) The Treasurer or member of the Executive Committee is to approve this form before any financial delegation can be exercised.
- c) Delegations can be altered or revoked at any time due to Association requirements or breaches of delegation responsibilities.

Appendix Two (2) TEMPLATE ONLY:

Mount Martha Preschool Association: Financial Delegations Register

Committee of Management Calendar Year:	
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Persons with delegated limits are not permitted to exceed allocated values (expressed in Australian Dollars AUD\$). Person(s) requesting amounts above/beyond their delegated limited must seek approval from the Committee of Management prior to purchasing.

Family Name:	First Name:	Position:	Delegation Effective Date:		Delegated Limit:	Financial Delegate's Specimen Signature
			Start	End	(AUD\$)	
		President			\$1,000.00	
		Vice-President			NO DELEGATED AMOUNT	
		Treasurer			\$1,000.00	
		Secretary			NO DELEGATED AMOUNT	
		Nominated Supervisor			\$50.00	
		Lead Educator			\$50.00	

Revoked Financial Delegates:

Family Name:	First Name:	Position:	Delegation Effective Date:		Reason for Revoking Financial Delegation
			Start	End	

This form must be completed and filed securely (either by the outgoing Treasurer or Treasurer Elect) upon the election of each new Committee of Management.

Appendix Three (3): Theft and Losses Incident Report Form (TEMPLATE ONLY)

Return Completed Form To: Treasurer (via the Administration Officer)

Details of Theft / loss — To Be Completed by Employee

REQUIREMENT:	INSERT REQUIRED INFORMATION:	GUIDANCE:
Date:	/ /	Insert date theft / loss is believed to have occurred (or was first noticed).
Asset / Item Description:		Provide detailed description of lost/stolen item(s) – such as make and model
Asset Custodian:		Insert name of person who was assigned the asset / item.
Asset Tag Number:		Where asset / item had been tagged, provide the asset number (if known).
Asset Value (AUD\$):	\$	Where item recorded on Fixed Asset Register, reflect written down value (available from <insert position>). In all other cases reflect market value.
Details of Theft / Loss:		Provide full details of how theft / loss are believed to have occurred, and whether it was the result of any fraudulent activity. Note: If a police report was obtained, this is to be attached to this form.

Employee Details (Employee may be contacted if any queries)

Signature:	
Name:	
Phone Number:	
Date This Form Completed	/ /

Details of Theft / Loss — To Be Completed by Administration Officer

REQUIREMENT:	INSERT REQUIRED INFORMATION:	GUIDANCE:
Internal Control Review:		Provide details of internal controls (processes) that were reviewed and whether control weaknesses were identified.
Rectification Plan:		Explain how internal controls have been or will be improved. Indicate who is responsible and when the action is due for completion.
Investigations, Asset Recovery and Disciplinary Actions:		<p>As applicable, advise:</p> <ul style="list-style-type: none"> a) what investigations occurred? b) whether the event was reported to police c) whether individual responsible for theft/loss was identified d) whether fraud was involved e) whether recovery of loss occurred f) whether the asset was recovered, an insurance claim lodged or the loss written off g) whether there were disciplinary actions.

Treasurer Endorsement *

Signature	
Name	
Date of Endorsement	/ /

Association President Approval *

Signature	
Name	
Date of Approval	/ /

By signing this report the endorsing / approving Executive Committee member must consider the actions taken and / or proposed to be appropriate

Appendix Four (4): Purchasing Card Application Form (TEMPLATE ONLY)

Return Completed Form To: Treasurer (via the Administration Officer)

Note: To obtain a purchasing card you must be an employee of the Mount Martha Preschool Association.

Title:	Surname:	First Name:	Middle Initial:

SOE:	Date of Birth:	Gender:	Group/Division/Location (if any):	Work Phone No:
		M <input type="checkbox"/> F <input type="checkbox"/>		

The issue of a Purchasing Card to the above employee is subject to the following limitations: <insert amount approved>

Monthly Credit Limit: AUD\$

Transaction Limit: AUD\$

Brief business requirements for requesting a Purchasing Card:

Applicants Agreement	Proposed Purchasing Card Endorser
<p>As a purchasing card applicant I:</p> <ul style="list-style-type: none"> a) have read, understand and agree to comply with the Purchasing Card Policy and Procedure b) will confirm monthly statements on receipt of Card statement, allowing sufficient time for my manager to approve prior to month end c) will immediately advise the Treasurer of any unauthorised or fraudulent use of my purchasing card d) will not split transactions to circumvent transaction limits e) will not make prohibited purchases as per the Purchasing Card Policy and Procedure f) will not permit my purchasing card to be used by any other person; and g) will not provide my password to others h) will surrender my purchasing card on ceasing employment. 	<p>Recommendation:</p> <p>As proposed purchasing card endorser for this applicant I:</p> <ul style="list-style-type: none"> a) am aware of purchasing card requirements; b) will approve and sign-off cardholder statements before month end; c) consider the card will be used for up to <insert amount> in purchases per month unless there is a good business case for lesser use; d) believe the applicant has a valid business reason for holding an Association purchasing card. <p>Endorser's Name:</p> <p>.....</p> <p>Endorser's Signature / Date:</p>
Treasurer Officer Approval	President Approval — Evaluation of Application
<p>Name:</p> <p>Date:</p> <p>Signature:</p>	<p>Name:</p> <p>Date:</p> <p>Signature:</p>

Please submit to the Administration Officer upon completion. It is the responsibility for the Administration Officer to submit this form to the Treasurer for assessment and approval.

Appendix Five (5) TEMPLATE ONLY:

Mount Martha Preschool Association: Purchasing Cards Register

Committee of Management Calendar Year:	
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Persons authorised with possession and use of Association Purchasing Cards must adhere the Association's Financial Policy — specifically section 11 (Purchasing Cards) and section three (3) (Financial Code of Conduct).

Family Name:	First Name:	Position:	Last Four (Digits of Purchasing Card Number):	Card Expiry Year / Date Card Authorised for Use:
			XXXX XXXX XXXX 0000	
			XXXX XXXX XXXX 0000	
			XXXX XXXX XXXX 0000	
			XXXX XXXX XXXX 0000	
			XXXX XXXX XXXX 0000	
			XXXX XXXX XXXX 0000	

Revoked Purchasing Cards:

Family Name:	First Name:	Position:	Rescinding Date / Card Cancellation Date:	Reason for Revoking Purchasing Card

This form must be completed and filed securely (either by the outgoing Treasurer or Treasurer Elect) upon the election of each new Committee of Management.

Appendix Six (6): Employee Reimbursement and Lost Receipt Form (TEMPLATE ONLY)

Return Completed Form To: Treasurer (via the Administration Officer)

CLAIM DETAILS (Claimant to Complete)

Reference	Date:

Instructions:

This form is to be used for Employee Reimbursement Claims only.

Complete the form and forward to Administration Officer, <insert email address>, with ALL original supporting documentation.

Please ensure the form is authorised as per the Approved Financial Delegation. Expenditure was for Association related business only.

Claimant Details:

Employee Name:

Employee Position:

Contact Number:

Claim Details

Employee Reimbursement Type:	Internal Order (if any):	Price (Excluding GST) (A)	GST Amount (B)	Invoice Amount (C) = A + B

Explanation of Expenditure:

Note (1): Please describe the main reason behind the expenditure incurred to assist with the review and approval of your request, if multiple reasons please provide an overview of the expenditure above and indicate the specific purpose on the attached receipts.

Note (2): If receipt(s) have been lost, it is imperative that all areas on this form are completed with as much supporting detail as possible.

Claimant Signature:

Treasurer / Executive Committee Member Authorisation Details:

Authorised By:

Signature:

Date:

Appendix Seven (7): Vehicle Expense Claim Form (TEMPLATE ONLY)

Return Completed Form To: Treasurer (via the Administration Officer)

Traveller's Details:

Name:

Position:

Date:

Purpose of Travel (include details and comments to support travel decision):

Travel Period:

From:

To:

Date:

From:

To:

Date:

From:

To:

Date:

From:

To:

Date:

From:

To:

Date:

From:

To:

Date:

From:

To:

Date:

Total Kilometres Travelled:

Submission:

Traveller's Signature:

Submission Date:

Authorisation:

Approved By (Please Print):

Approved By (Signature):

Executive Committee Member Position:

FEES POLICY

Mandatory – Quality Area 7

PURPOSE

This policy will provide clear guidelines for:

- the setting, payment and collection of fees
- ensuring the viability of Mount Martha Preschool, by setting appropriate fees and charges
- the equitable and non-discriminatory application of fees across the programs provided by Mount Martha Preschool.

POLICY STATEMENT

1. VALUES

Mount Martha Preschool is committed to:

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

2. SCOPE

This policy applies to the Approved Provider, Person with Management and Control, Nominated Supervisor, Person in Day-to-Day Charge, educators and parents/guardians with an enrolled child, or who wish to enrol a child at Mount Martha Preschool.

3. BACKGROUND AND LEGISLATION

3.1 Background

The Department of Education and Training (DET) provides funding for each child who is enrolled and attending a funded kindergarten program in the year before school. Income from other sources, primarily fees, is required to meet all the additional costs incurred by the service in the delivery of the children's program. In addition, the Kindergarten Fee Subsidy (refer to *Definitions*) enables eligible children to attend a funded kindergarten program free of charge in the year before school.

DET also funds Early Start Kindergarten for three-year-old Aboriginal and Torres Strait Islander children, and children known to Child Protection, to access kindergarten programs as outlined in *The Kindergarten Funding Guide* (refer to *Sources*).

DET requires that funded services have a comprehensive written fees policy, and the content of this policy must be communicated to families. The policy must include a written statement about the fees to be charged, as required under Regulation 168(2)(n), and the payment process. All families must be informed of applicable term and annual fees at the time of enrolment. Services must also advise eligible families of the Kindergarten Fee Subsidy arrangements. The fees charged must comply with the *Kindergarten Fee Subsidy – Fees Policy* (refer to *Definitions*), and be responsive to the local

community and the viability of the service. *The Kindergarten Funding Guide* (refer to *Sources*) outlines the criteria to be covered in the policy.

3.2 Legislation and standards

Relevant legislation and standards include but are not limited to:

- *Charter of Human Rights and Responsibilities 2006* (Vic)
- *Child Wellbeing and Safety Act 2005* (Vic)
- *Disability Discrimination Act 1992* (Cth)
- *Education and Care Services National Law Act 2010*
- *Education and Care Services National Regulations 2011*: Regulation 168(2)(n)
- *Equal Opportunity Act 1995* (Vic)
- *National Quality Standard*, including Quality Area 7: Governance and Leadership

4. DEFINITIONS

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

4.1 Approved care: Approved child care services, such as long day care, family day care, before-and-after school care, vacation care, some occasional care and some in-home care childcare services, which have Australian Government approval to pass on Child Care Benefit (refer to Definitions) as a reduction in child care fees: www.humanservices.gov.au (Note: There will be changes to child care assistance from 2 July 2018. More information about the New Child Care Package can be found at: www.education.gov.au)

4.2 Child Care Subsidy (formerly the Child Care Benefit [CCB] stopped 1 July 2018): The Child Care Subsidy is the main way the Australian Federal Government assists families with their child care fees. The Child Care Subsidy commenced on 2 July 2018 (Department of Education [Cth]):

- a) replaced the Child Care Benefit (CCB) and Child Care Rebate (CCR) with a single, means-tested subsidy
- b) is generally paid directly to child care providers to be passed on to families
- c) is simpler than the previous multi-payment system
- d) is better targeted and provides more assistance to low and middle income families.

<https://www.education.gov.au/child-care-subsidy-0>

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

4.3 Early Start Kindergarten (outlined in part six [6]): A funding program that enables three-year-old Aboriginal and Torres Strait Islander children, and children known to Child Protection to attend a kindergarten program that is planned and delivered by an early childhood teacher for up to 15 hours per week. Details are available at: www.education.vic.gov.au

4.4 Enrolment application fee: A payment to cover administrative costs associated with the processing of a child's enrolment application for a place in a program at the service.

4.5 Excursion/service event charge: An additional charge required to meet the cost of special events or excursions that occur in response to emerging children's program needs. Events that are planned ahead and are included as an expenditure item in the service's budget do not incur this additional charge (refer to *Excursions and Service Events Policy*).

4.6 Fees: A charge for a place within a program at the service.

4.7 Health Care Card: A Commonwealth Government entitlement providing concessions for low-income earners and other eligible people. Details are available at: www.humanservices.gov.au

4.8 Kindergarten fee deposit: A charge to secure a place that has been offered in a program at the service. This is deducted from term fees.

4.9 Kindergarten Fee Subsidy (KFS): A state government subsidy paid in addition to per capita grants to subsidise the costs of parent fees and enable eligible children to attend a funded kindergarten for 15 hours free of charge (*The Kindergarten Funding Guide* (refer to *Sources*)).

4.10 Late collection charge: A charge that may be imposed by the Approved Provider when parents/guardians are late to collect their child/children from the program (refer to Attachment 1 – Fee information for families).

4.11 Registered carer: Registered child care is provided by individuals who are registered as carers with the Department of Human Services. A registered carer may include grandparents, relatives, friends, neighbours or nannies. In some cases, it can also include care provided by individuals in private preschools, kindergartens and some outside school hour services, including before and after school care, vacation care and holiday programs: www.humanservices.gov.au (Note: There will be changes to child care assistance from 2 July 2018. More information about the New Child Care Package can be found at: www.education.gov.au)

4.12 Voluntary parent/guardian contribution: A voluntary payment for items not directly related to the provision of the children's program. Attendance at the service is not conditional on this payment.

5. SOURCES AND RELATED POLICIES

5.1 Sources

- *The Kindergarten Funding Guide* (Department of Education and Training): www.education.vic.gov.au
- The constitution of Mount Martha Preschool

5.2 Service policies

- *Complaints and Grievances Policy*
- *Delivery and Collection of Children Policy*
- *Enrolment and Orientation Policy*
- *Excursions and Service Events Policy*
- *Inclusion and Equity Policy*
- *Privacy and Confidentiality Policy*

6. EARLY START KINDERGARTEN / KINDERGARTEN FEE SUBSIDY

All Aboriginal and Torres Strait Islander children are eligible for two (2) years of free or low-cost kindergarten or preschool before starting school regardless of whether they are enrolled in sessional or integrated long-day care services.

Early Start Kindergarten provides eligible children 15 hours of free or low-cost kindergarten per week.

Eligibility is predicated upon the following:

- children must be three-years-old (3) by 30 April in the year they will start kindergarten,
- children are Aboriginal or Torres Strait Islander
- families have had contact with Child Protection (or been referred to Child FIRST).

Notes: *Early Start Kindergarten Program* is provided to three-year-old Aboriginal and Torres Strait Islander children. The *Kindergarten Fee Subsidy* is provided to four-year-old Aboriginal and Torres Strait Islander children.

7.PROCEDURES

7.1 The Approved Provider and Person with Management and Control are responsible for:

- reviewing the current budget to determine fee income requirements
- developing a fee policy that balances the parent's/guardian's capacity to pay, with providing a high-quality program and maintaining service viability
- implementing and reviewing this policy in consultation with parents/guardians, the Nominated Supervisor and staff, and in line with the requirements of DET's *The Kindergarten Funding Guide* (refer to *Sources*)
- considering any issues regarding fees that may be a barrier to families enrolling at Mount Martha Preschool and removing those barriers wherever possible
- reviewing the effectiveness of the procedures for late payment and support offered
- considering options for payment when affordability is an issue for families
- clearly communicating this policy and payment options to families in a culturally-sensitive way, and in the family's first language where possible
- ensuring that the *Fees Policy* is readily accessible at the service (Regulation 171)
- providing all parents/guardians with fee information (refer to Attachment 1)
- providing all parents/guardians with a statement of fees and charges (refer to samples in Attachments 2 and 3) upon enrolment of their child
- providing all parents/guardians with a fee payment agreement (refer to samples in Attachments 4 and 5)
- ensuring fees are collected and receipted
- collecting all relevant information and maintaining relevant documentation regarding those with entitlement to concessions, where applicable
- complying with the service's *Privacy and Confidentiality Policy* regarding financial and other information received, including in relation to the payment/non-payment of fees
- notifying parents/guardians a minimum of 14 days of any proposed changes to the fees charged or the way in which the fees are collected (Regulation 172(2)), and ideally providing one term's notice.

7.2 The Nominated Supervisor and Person in Day-to-Day Charge is responsible for:

- assisting the Approved Provider in developing this policy, and ensuring that this policy is based on the *Kindergarten Funding Guide* (refer to *Definitions*)
- implementing and reviewing this policy, in consultation with parents/guardians, the Approved Provider and staff, and in line with the requirements of DET's *The Kindergarten Funding Guide* (refer to *Sources*)
- considering any issues regarding fees that may be a barrier to families enrolling at Mount Martha Preschool and removing those barriers wherever possible
- considering options for payment when affordability is an issue for families
- communicating this policy, the availability of the Kindergarten Fee Subsidy and payment options to families in a culturally-sensitive way and in the family's first language where possible
- providing all parents/guardians with fee information (refer to Attachment 1)
- providing all parents/guardians with a statement of fees and charges (refer to samples in Attachments 2 and 3) upon enrolment of their child, and ensuring that the *Fees Policy* is readily accessible at the service
- providing all parents/guardians with a fee payment agreement (refer to samples in Attachments 4 and 5)
- collecting all relevant information and maintaining relevant documents regarding those with entitlement to concessions, where applicable
- complying with the service's *Privacy and Confidentiality Policy* regarding financial and other information received, including in relation to the payment/non-payment of fees

- notifying parents/guardians within 14 days of any proposed changes to the fees charged or the way in which the fees are collected.

7.3 All other staff are responsible for:

- informing the Approved Provider of any complaints or concerns that have been raised regarding fees at the service
- referring parents'/guardians' questions in relation to this policy to the Approved Provider.

7.4 Parents/guardians are responsible for:

- reading the Mount Martha Preschool Fee information for families (refer to Attachment 1), the Fee Payment Agreement (refer to Attachments 4 and 5) and the Statement of Fees and Charges (refer to Attachments 2 and 3)
- signing and complying with the Fee Payment Agreement (refer to Attachments 4 and 5)
- notifying the Approved Provider if experiencing difficulties with the payment of fees
- providing the required documentation to enable the service to claim the Kindergarten Fee Subsidy for eligible families (refer to Attachment 1 – Fee information for families).

EVALUATION

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

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

ATTACHMENTS

- Attachment 1: Fee information for families
- Attachment 2: Statement of Fees and Charges – Fee schedule – Four-year-old (funded) kindergarten program
- Attachment 3: Statement of Fees and Charges – Fee schedule – Three-year-old kindergarten program
- Attachment 4: Fee Payment Agreement – Four-year-old (funded) kindergarten program
- Attachment 5: Fee Payment Agreement – Three-year-old kindergarten program

AUTHORISATION

This policy was adopted by the Approved Provider of Mount Martha Preschool on 15/7/2018.

REVIEW DATE: 15 JULY 2020

ATTACHMENT 1

Fee information for families

Mount Martha Preschool

[Note: this information must be adapted to suit each individual service's requirements.]

1. General information

The Department of Education and Training (DET) provides funding for each child enrolled and attending kindergarten in the year before school as a contribution toward the costs of providing the program. Services meet the balance of costs through charging fees and fundraising activities.

DET provides a Kindergarten Fee Subsidy (see below) that enables children from eligible families to attend a kindergarten program free of charge in the year before school.

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

Mount Martha Preschool provides a range of support options to parents/guardians experiencing difficulty with payment of fees (see below).

2. How fees are set

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

- the financial viability of the service
- the level of government funding provided for the program, including the Kindergarten Fee Subsidy
- the availability of other income sources, such as grants
- the fees charged by similar services in the area
- the capacity of parents/guardians to pay fees
- reasonable expenditure in meeting agreed program quality and standards
- requirements of *The Kindergarten Funding Guide* (Department of Education and Training) available from the DET website: www.education.vic.gov.au

Once fees are set for the year, they will only be reviewed in extraordinary circumstances, for example, if enrolments drop and the service is at risk of not being able to meet its expenses.

3. Other charges

Other charges levied by Mount Martha Preschool are included on the Statement of Fees and Charges. These include: [delete whichever is not applicable]

- **Excursion/service event charge:** At times throughout the year an additional excursion(s) or event(s) may be arranged where it is considered relevant to the service's program and the children's interests. At this time any additional costs to families are taken into consideration before a decision is made (refer to *Excursions and Service Events Policy*).
- **Refundable levy:** The participation of parents/guardians is encouraged by the service and can help to keep costs more affordable. As not all families are able to assist at the service, a refundable levy system has been introduced to replace volunteering or fundraising activities. Payment will be refunded to parents/guardians on participation in specified activities which may include working bees, maintenance and gardening etc. Eligible concession card holders will not be required to pay this levy. The levy is not intended to be a barrier to participation and families experiencing difficulties should discuss this with the service.

- **Non-refundable levy:** This levy is retained by the service and is included in the total fees charged by the service.
- **Late collection charge:** The Committee of Management/Board [delete whichever is not applicable] reserves the right to implement a late collection charge when parents/guardians are frequently late in collecting a child from the service. This charge will be set at a level determined by the Committee of Management/Board [delete whichever is not applicable].

4. Statement of fees and charges

A statement of fees and charges for **four-year-old or three-year-old kindergarten** will be provided to families on enrolment.

5. Fundraising

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

6. Subsidies

6.1 Kindergarten Fee Subsidy (four-year-old programs only)

The Kindergarten Fee Subsidy is provided by DET and enables eligible children to attend 15 hours of kindergarten free of charge. Eligibility conditions may change from time-to-time and must be checked in the most recent edition of the *Kindergarten Funding Guide* (refer to *Sources*).

Families may be eligible for the Kindergarten Fee Subsidy in the year before school if their child:

- is Aboriginal and/or Torres Strait Islander; or
- holds, or has a parent/guardian who holds a Humanitarian or refugee Visa; or
- is a multiple birth child (triplets or more); or
- holds, or has a parent who holds a Commonwealth Health Care Card, Pensioner Concession Card or Veteran's Affairs Card.

Exclusions and exceptions: Not available for long day care services in receipt of Commonwealth Child Care Benefit.

Where a child is identified by a parent, carer or legal guardian as an Aboriginal and/or Torres Strait Islander, no verification is required.

In all other instances, supporting documentation should be sighted by the service on acceptance of a place or on commencement in the program, however where there are delays, such as in obtaining health care cards for children in out-of-home care, the delay should not provide a barrier to the child accessing the Kindergarten Fee Subsidy. Families are eligible for the Kindergarten Fee Subsidy for the full term in which their concession is valid. Contact the service for further information.

6.2 Early Start Kindergarten fee subsidy

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

6.3 Child Care Benefit (CCB) [delete if not applicable]

Child Care Benefit (CCB) is an Australian Government payment that can assist eligible families with the costs of childcare at an approved or registered care provider. Mount Martha Preschool is an approved/registered [delete whichever is not applicable] care provider.

Approved care is childcare that meets certain standards and requirements, and is approved by the Australian Government. Approved care providers must hold a licence to operate, have qualified and trained staff, be open certain hours and meet health, safety and other quality standards. Most long day

care, family day care, before-and-after school care, vacation care, some occasional care and some in-home care childcare services are approved providers.

Registered care is childcare provided for work-related purposes, including training and studying, maternity leave, sick leave or voluntary work, and the work-related purpose must have occurred at some time during the week in which the registered care was used. Registered care is provided by individuals registered with the Department of Human Services and may include care given by kindergarten staff.

The amount payable is set by the Australian Government. Further details are available at: www.humanservices.gov.au (Note: There will be changes to child care assistance from 2 July 2018. More information about the New Child Care Package can be found at: www.education.gov.au)

7. Payment of fees

The Committee of Management/Board [delete whichever is not applicable] will regularly review payment options and procedures to ensure that they are inclusive and sensitive to families' cultural and financial situations.

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

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

8. Unpaid fees

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

- An initial reminder letter will be sent to parents/guardians with a specified payment date, and will include information on a range of support options available for the family.
- Where payment is still not received, families will be invited to attend a meeting to discuss the range of support options available and establish a payment plan.
- Failure to attend the meeting and continued non-payment may result in a second and final letter notifying parents/guardians that the child's place at the service may be withdrawn unless payment is made or a payment plan is entered into within a specified period of time. This letter will also include information on a range of support options available for the family.
- The Committee of Management/Board [delete whichever is not applicable] will continue to offer support and will reserve the right to employ the services of a debt collector.
- If a decision is made to withdraw the child's place at the service, the parents/guardians will be provided with 14 days' notice in writing.
- No further enrolments of children from the parents/guardians will be accepted until all outstanding fees have been paid.

9. Refund of fees

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

In any other case, fees are non-refundable (exceptional circumstances may apply – these are at the discretion of the Committee of Management/Board [delete whichever is not applicable]). There will be no refund of fees in the following circumstances:

- a child's short-term illness

- public holidays
- family holiday during operational times
- closure of the service for one or more days when a qualified educator is absent and a qualified reliever is not available
- closure of the service for staff training days
- closure of the service due to extreme and unavoidable circumstances.

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

10. Children turning three during the year of enrolment

Full payment from the first day of Term 1 is required if a place is to be reserved for a child in the three-year-old kindergarten program. Children can only commence the program when they have turned three.

11. Support services

Families experiencing financial hardship often require access to family support services. Information on these services may be available from the kindergarten service provider or alternatively families may contact the local council.

12. Notification of fee changes during the year

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

ATTACHMENT 2
Statement of Fees and Charges

[Place on service letterhead]

Mount Martha Preschool

Fee schedule [Year]

Four-year-old (funded) kindergarten

Hours: [number of hours] hours per week

	Fees (\$)	Other charges (\$)	Total (\$)	Families eligible for the Kindergarten Fee Subsidy		
				Fees (\$)	Other charges (\$)	Total (\$)
Kindergarten fee deposit	[amount]	[item and cost]	[charge]	[amount]	[item and cost]	[charge]
Term 1	[amount]	[item and cost]	[charge]	[amount]	[item and cost]	[charge]
Term 2	[amount]	[item and cost]	[charge]	[amount]	[item and cost]	[charge]
Term 3	[amount]	[item and cost]	[charge]	[amount]	[item and cost]	[charge]
Term 4	[amount]	[item and cost]	[charge]	[amount]	[item and cost]	[charge]
Total	[amount]	[item and cost]	[charge]	[amount]	[item and cost]	[charge]

Payment of fees

Invoices will be issued [timeframe] and must be paid by the due date.

Kindergarten fee deposit

Parents/guardians are required to pay the fee deposit on offer of a place. This payment is retained and deducted from term fees. Payment will secure the child’s place in the four-year-old (funded) kindergarten program.

Kindergarten Fee Subsidy

Families who are eligible for the Kindergarten Fee Subsidy (refer to Fee information for families) will not be required to make fee payments.

Child Care Benefit (CCB)

For information on the Child Care Benefit, refer to Fee information for families. (Note: There will be changes to child care assistance from 2 July 2018. More information about the New Child Care Package can be found at: www.education.gov.au)

Late collection charge [delete if not applicable]

The Committee of Management/Board [delete whichever is not applicable] reserves the right to implement a late collection charge when parents/guardians are frequently late in collecting a child (refer to Fee information for families).

ATTACHMENT 3 Statement of Fees and Charges

[Place on service letterhead]

Mount Martha Preschool

Fee schedule [Year]

Three-year-old kindergarten

Hours: [number of hours] hours per week

	Fees (\$)	Other charges (\$)	Total (\$)
Kindergarten fee deposit	[fees]	[item and cost]	[charge]
Term 1	[fees]	[item and cost]	[charge]
Term 2	[fees]	[item and cost]	[charge]
Term 3	[fees]	[item and cost]	[charge]
Term 4	[fees]	[item and cost]	[charge]
Total	[fees]	[item and cost]	[charge]

Payment of fees

Invoices will be issued [timeframe] and must be paid by the due date.

Kindergarten fee deposit

Parents/guardians are required to pay the fee deposit on offer of a place. This payment is retained and deducted from term fees. Payment will secure the child's place in the three-year-old kindergarten program.

Early Start Kindergarten fee subsidy

Families who are eligible for the Early Start Kindergarten fee subsidy (refer to Fee information for families) will not be required to make fee payments.

Child Care Benefit (CCB)

For information on the Child Care Benefit, refer to Fee information for families. (Note: There will be changes to child care assistance from 2 July 2018. More information about the New Child Care Package can be found at: www.education.gov.au)

Children turning three during the year

Full payment from the first day of Term 1 is required if a place is to be reserved for a child in the three-year-old kindergarten program. Children can only commence the program when they have turned three.

Late collection charge [delete if not applicable]

The Committee of Management/Board [delete whichever is not applicable] reserves the right to implement a late collection charge when parents/guardians are frequently late in collecting a child (refer to Fee information for families).

ATTACHMENT 4 Fee Payment Agreement

[Year]

Four-year-old (funded) kindergarten program

Please complete this form and return to Mount Martha Preschool by [Date]

Fee payment contract

Child's full name: _____

Parent's/guardian's full name: _____

- I/we acknowledge that the four-year-old kindergarten program is partly funded by the state government, with the balance of funds coming from fees paid by parents/guardians.
- I/we understand that I/we am/are entitled to obtain the Kindergarten Fee Subsidy if I/we meet one of the criteria. If my/our eligibility lapses, then I/we understand that full payment of fees is required from the beginning of the following term.
- I/we agree to pay fees by the due date on the invoice.
- I/we understand that term fees are non-refundable.
- I/we acknowledge that if fees are not paid by the due date, the Committee of Management/Board [delete whichever is not applicable] will implement the late payment of fees procedures, as outlined in the *Fee Information for Families*, which could result in the withdrawal of my/our child's place at the service and no further enrolments until the outstanding fees are paid.
- I/we agree that if my/our financial circumstances change and I/we am/are unable to pay as agreed, I/we will immediately notify the [responsible position] to discuss alternative payment options.
- I/we acknowledge that I/we have received and read the service's Fee information for families, which outlines the procedure for payment of fees.

Kindergarten Fee Subsidy

Please advise if the child is Aboriginal or Torres Strait Islander Please tick: Yes No

Please indicate below which concession you are eligible for – the criteria is outlined on Attachment 1 Section 6.

Concession: _____

Except in the case of an Aboriginal or Torres Strait Islander child, supporting documentation will need to be sighted on commencement at Mount Martha Preschool by the [responsible position].

Note: the eligibility of concessions may vary from time-to-time. Up-to-date information can be found in *The Kindergarten Funding Guide* (Department of Education and Training):

www.education.vic.gov.au

Signature (parent/guardian)

Date

Note: Invoices, receipts and collection of fees will be in accordance with the Mount Martha Preschool *Fees Policy*.

ATTACHMENT 5 Fee Payment Agreement

[Year]

Three-year-old kindergarten program

Please complete this form and return to Mount Martha Preschool by [Date].

Fee payment contract

Child's full name: _____

Parent's/guardian's full name: _____

- I/we acknowledge that the three-year-old kindergarten is not funded by the state government and that the program cannot operate without receiving fees (the only exception is where a child is eligible for the Early Start Kindergarten fee subsidy – see below).
- I/we agree to pay fees by the due date on the invoice.
- I/we acknowledge that if fees are not paid by the due date, the Committee of Management/Board [delete whichever is not applicable] will implement the late payment of fees procedures, as outlined in the *Fees Information for Families* which could result in the withdrawal of my/our child's place at the service and no further enrolments being accepted until the outstanding fees are paid.
- I/we understand that term fees are non-refundable.
- I/we agree that if my/our financial circumstances change and I/we am/are unable to pay as agreed, I/we will immediately notify the [responsible position] to discuss alternative payment options.
- I/we acknowledge that I/we have received and read the service's Fee information for families, which outlines the procedures for payment of fees.

Signature (parent/guardian)

Date

Note: invoices, receipts and collection of fees will be in accordance with the Mount Martha Preschool *Fees Policy*.

Early Start Kindergarten

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

Please advise if the child is Aboriginal or Torres Strait Islander *Please tick:* Yes No

Please advise if the child is known to child protection *Please tick:* Yes No

INFORMATION AND COMMUNICATION TECHNOLOGY (ICT) POLICY

Best Practice – Quality Area 7

PURPOSE

This policy will provide guidelines to ensure that all users of information and communication technology (ICT) at Mount Martha Preschool or on behalf of Mount Martha Preschool:

- understand and follow procedures to ensure the safe and appropriate use of ICT at the service, including maintaining secure storage of information
- take responsibility to protect and maintain privacy in accordance with the service's *Privacy and Confidentiality Policy*
- are aware that only those persons authorised by the Approved Provider are permitted to access ICT at the service
- understand what constitutes illegal and inappropriate use of ICT facilities and avoid such activities.

POLICY STATEMENT

1. VALUES

Mount Martha Preschool is committed to:

- professional, ethical and responsible use of ICT at the service
- providing a safe workplace for management, educators, staff and others using the service's ICT facilities
- safeguarding the privacy and confidentiality of information received, transmitted or stored electronically
- ensuring that the use of the service's ICT facilities complies with all service policies and relevant government legislation
- providing management, educators and staff with online information, resources and communication tools to support the effective operation of the service.

2. SCOPE

This policy applies to the Approved Provider, Nominated Supervisor, Certified Supervisor, educators, staff, students on placement and volunteers at Mount Martha Preschool. This policy does **not** apply to children. Where services are using ICT within their educational programs, they should develop a separate policy concerning the use of ICT by children.

This policy applies to all aspects of the use of ICT including:

- internet usage
- electronic mail (email)
- electronic bulletins/notice boards
- electronic discussion/news groups
- weblogs (blogs)
- social networking
- file transfer
- file storage (including the use of end point data storage devices – refer to *Definitions*)
- file sharing
- video conferencing
- streaming media
- instant messaging

- online discussion groups and chat facilities
- subscriptions to list servers, mailing lists or other like services
- copying, saving or distributing files
- viewing material electronically
- printing material
- portable communication devices including mobile and cordless phones.

3. BACKGROUND AND LEGISLATION

Background

The Victorian Government has funded the provision of ICT infrastructure and support to kindergartens since 2003. This support has included:

- purchase and installation of ICT equipment
- installation and maintenance of internet connection
- provision of email addresses
- training in the use of software and the internet
- help desk support.

The purpose of this support is to:

- establish ICT infrastructure to assist teachers in the development and exchange of learning materials, and in recording children's learning
- contribute to the professional development of kindergarten teachers and assistants, and enhance their access to research in relation to child development
- establish ICT infrastructure that enhances the management of kindergartens and reduces the workload on management committees
- contribute to the sustainability of kindergartens by providing for the better management of records, including budget and finance records (refer to Kindergarten IT Program: <http://www.kindergarten.vic.gov.au/>).

The ICT environment is continually changing. Early childhood services now have access to a wide variety of technologies via fixed, wireless and mobile devices. While ICT is a cost-effective, timely and efficient tool for research, communication and management of a service, there are also legal responsibilities in relation to information privacy, security and the protection of employees, families and children.

State and federal laws, including those governing information privacy, copyright, occupational health and safety, anti-discrimination and sexual harassment, apply to the use of ICT (refer to *Legislation and standards*). Illegal and inappropriate use of ICT resources includes pornography, fraud, defamation, breach of copyright, unlawful discrimination or vilification, harassment (including sexual harassment, stalking and privacy violations) and illegal activity, including illegal peer-to-peer file sharing.

Legislation and standards

Relevant legislation and standards include but are not limited to:

- *Broadcasting Services Act 1992 (Cth)*
- *Charter of Human Rights and Responsibilities Act 2006 (Vic)*
- *Classification (Publications, Films and Computer Games) Act 1995*
- *Commonwealth Classification (Publication, Films and Computer Games) Act 1995*
- *Competition and Consumer Act 2010 (Cth)*
- *Copyright Act 1968 (Cth)*
- *Copyright Amendment Act 2006 (Cth)*
- *Education and Care Services National Law Act 2010*
- *Education and Care Services National Regulations 2011*

- *Equal Opportunity Act 2010* (Vic)
- *Freedom of Information Act 1982*
- *Health Records Act 2001* (Vic)
- *Information Privacy Act 2000* (Vic)
- *National Quality Standard*, Quality Area 7: Leadership and Service Management
 - Standard 7.3: Administrative systems enable the effective management of a quality service
- *Occupational Health and Safety Act 2004* (Vic)
- *Privacy Act 1988* (Cth)
- *Public Records Act 1973* (Vic)
- *Sex Discrimination Act 1984* (Cth)
- *Spam Act 2003* (Cth)
- *Trade Marks Act 1995* (Cth)

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: <http://www.legislation.vic.gov.au/>
- Commonwealth Legislation – ComLaw: <http://www.comlaw.gov.au/>

4. DEFINITIONS

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

Anti-spyware: Software designed to remove spyware: a type of malware (refer to *Definitions*), that collects information about users without their knowledge.

Chain email: An email instructing recipients to send out multiple copies of the same email so that circulation increases exponentially.

Computer virus: Malicious software programs, a form of malware (refer to *Definitions*), that can spread from one computer to another through the sharing of infected files, and that may harm a computer system's data or performance.

Defamation: To injure or harm another person's reputation without good reason or justification. Defamation is often in the form of slander or libel.

Disclaimer: Statement(s) that seeks to exclude or limit liability and is usually related to issues such as copyright, accuracy and privacy.

Electronic communications: Email, instant messaging, communication through social media and any other material or communication sent electronically.

Encryption: The process of systematically encoding data before transmission so that an unauthorised party cannot decipher it. There are different levels of encryption available.

Endpoint data storage devices: Devices capable of storing information/data. New devices are continually being developed, and current devices include:

- laptops
- USB sticks, external or removable hard drives, thumb drives, pen drives and flash drives
- iPods or other similar devices
- cameras with USB drive connection
- iPhones/smartphones
- PCI/PC Card/PCMCIA storage cards
- PDAs (Personal Digital Assistants)
- other data-storage devices (CD-ROM and DVD).

Firewall: The primary method of keeping a computer/network secure. A firewall controls (by permitting or restricting) traffic into and out of a computer/network and, as a result, can protect these from damage by unauthorised users.

Flash drive: A small data-storage device that uses flash memory, and has a built-in USB connection. Flash drives have many names, including jump drives, thumb drives, pen drives and USB keychain drives.

Integrity: (In relation to this policy) refers to the accuracy of data. Loss of data integrity may be either gross and evident (e.g. a computer disk failing) or subtle (e.g. the alteration of information in an electronic file).

Malware: Short for 'malicious software'. Malware is intended to damage or disable computers or computer systems.

PDA (Personal Digital Assistants): A handheld computer for managing contacts, appointments and tasks. PDAs typically include a name and address database, calendar, to-do list and note taker. Wireless PDAs may also offer email and web browsing, and data can be synchronised between a PDA and a desktop computer via a USB or wireless connection.

Portable storage device (PSD) or removable storage device (RSD): Small, lightweight, portable easy-to-use device that is capable of storing and transferring large volumes of data. These devices are either exclusively used for data storage (for example, USB keys) or are capable of multiple other functions (such as iPods and PDAs).

Spam: Unsolicited and unwanted emails or other electronic communication.

Security: (In relation to this policy) refers to the protection of data against unauthorised access, ensuring confidentiality of information, integrity of data and the appropriate use of computer systems and other resources.

USB interface: Universal Serial Bus (USB) is a widely used interface for attaching devices to a host computer. PCs and laptops have multiple USB ports that enable many devices to be connected without rebooting the computer or turning off the USB device.

USB key: Also known as sticks, drives, memory keys and flash drives, a USB key is a device that plugs into the computer's USB port and is small enough to hook onto a key ring. A USB key allows data to be easily downloaded and transported/transferred.

Vicnet: An organisation that provides a range of internet services to libraries and community groups (including kindergartens, as part of a government-funded project), including broadband and dial-up internet and email access, website and domain hosting, and website design and development. Vicnet delivers information and communication technologies, and support services to strengthen Victorian communities. For more information, visit: www.kindergarten.vic.gov.au

Virus: A program or programming code that multiplies by being copied to another program, computer or document. Viruses can be sent in attachments to an email or file, or be present on a disk or CD. While some viruses are benign or playful in intent, others can be quite harmful: erasing data or requiring the reformatting of hard drives.

5. SOURCES AND RELATED POLICIES

Sources

- *Acceptance Use Policy*, DEECD Information, Communications and Technology (ICT) Resources: www.education.vic.gov.au/about/deptpolicies/acceptableuse.htm
- IT for Kindergartens: www.kindergarten.vic.gov.au
- Organisation for Economic Co-operation and Development (OECD) (2002) *Guidelines for the Security of Information Systems and Networks: Towards a Culture of Security*: www.oecd.org

Service policies

- *Code of Conduct Policy*
- *Complaints and Grievances Policy*
- *Curriculum Development Policy*
- *Enrolment and Orientation Policy*
- *Governance and Management of the Service Policy*
- *Occupational Health and Safety Policy*
- *Privacy and Confidentiality Policy*
- *Staffing Policy*

PROCEDURES

The Approved Provider is responsible for:

- ensuring that the use of the service's ICT complies with all relevant state and federal legislation (refer to *Legislation and standards*), and all service policies (including *Privacy and Confidentiality Policy* and *Code of Conduct Policy*)
- providing suitable ICT facilities to enable educators and staff to effectively manage and operate the service
- authorising the access of educators, staff, volunteers and students to the service's ICT facilities, as appropriate
- providing clear procedures and protocols that outline the parameters for use of the service's ICT facilities (refer to Attachment 1 – Procedures for use of ICT at the service)
- embedding a culture of awareness and understanding of security issues at the service (refer to Attachment 2 – Guiding principles for security of information systems)
- ensuring that effective financial procedures and security measures are implemented where transactions are made using the service's ICT facilities, e.g. handling fee and invoice payments, and using online banking
- ensuring that the service's computer software and hardware are purchased from an appropriate and reputable supplier
- identifying the need for additional password-protected email accounts for management, educators, staff and others at the service, and providing these as appropriate
- identifying the training needs of educators and staff in relation to ICT, and providing recommendations for the inclusion of training in ICT in professional development activities
- ensuring that procedures are in place for the regular backup of critical data and information at the service
- ensuring secure storage of all information at the service, including backup files (refer to *Privacy and Confidentiality Policy*)
- adhering to the requirements of the *Privacy and Confidentiality Policy* in relation to accessing information on the service's computer/s, including emails
- considering encryption (refer to *Definitions*) of data for extra security
- ensuring that reputable anti-virus and firewall software (refer to *Definitions*) are installed on service computers, and that software is kept up to date
- developing procedures to minimise unauthorised access, use and disclosure of information and data, which may include limiting access and passwords, and encryption (refer to *Definitions*)
- ensuring that the service's liability in the event of security breaches, or unauthorised access, use and disclosure of information and data is limited by developing and publishing appropriate disclaimers (refer to *Definitions*)
- developing procedures to ensure data and information (e.g. passwords) are kept secure, and only disclosed to individuals where necessary e.g. to new educators, staff or committee of management

- developing procedures to ensure that all educators, staff, volunteers and students are aware of the requirements of this policy
- ensuring the appropriate use of endpoint data storage devices (refer to *Definitions*) by all ICT users at the service
- ensuring that all material stored on endpoint data storage devices is also stored on a backup drive, and that both device and drive are kept in a secure location
- ensuring compliance with this policy by all users of the service's ICT facilities
- ensuring that written permission is provided by parents/guardians for authorised access to the service's computer systems and internet by persons under 18 years of age (e.g. a student on placement at the service) (refer to Attachment 3 – Parent/guardian authorisation for under-age access to the Mount Martha Preschool ICT facilities).

The Nominated Supervisor, Certified Supervisors, educators, staff and other authorised users of the service's ICT facilities are responsible for:

- complying with all relevant legislation and service policies, protocols and procedures, including those outlined in Attachments 1 and 2
- completing the authorised user agreement form (see Attachment 4)
- keeping allocated passwords secure, including not sharing passwords and logging off after using a computer
- maintaining the security of ICT facilities belonging to Mount Martha Preschool
- accessing accounts, data or files on the service's computers only where authorisation has been provided
- co-operating with other users of the service's ICT to ensure fair and equitable access to resources
- obtaining approval from the Approved Provider before purchasing licensed computer software and hardware
- ensuring confidential information is transmitted with password protection or encryption, as required
- ensuring no illegal material is transmitted at any time via any ICT medium
- using the service's email, messaging and social media facilities for service-related and lawful activities only
- using endpoint data storage devices (refer to *Definitions*) supplied by the service for service-related business only, and ensuring that this information is protected from unauthorised access and use
- ensuring that all material stored on an endpoint data storage device is also stored on a backup drive, and that both device and drive are kept in a secure location
- notifying the Approved Provider of any damage, faults or loss of endpoint data storage devices
- signing an acknowledgement form upon receipt of a USB or portable storage device (including a laptop) (refer to Attachment 4 – Authorised user agreement)
- restricting the use of personal mobile phones to rostered breaks
- responding only to emergency phone calls when responsible for supervising children to ensure adequate supervision of children at all times (refer to *Supervision of Children Policy*)
- ensuring electronic files containing information about children and families are kept secure at all times (refer to *Privacy and Confidentiality Policy*).

Parents/guardians are responsible for:

- reading and understanding this *Information and Communication Technology (ICT) Policy*
- complying with all state and federal laws, the requirements of the *Education and Care Services National Regulations 2011*, and all service policies and procedures
- maintaining the privacy of any personal or health information provided to them about other individuals e.g. contact details.

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

SYSTEMHUB PERMISSIONS FRAMEWORK

SystemHub is the Mount Martha Preschool Association's policy and systems online SOP software/server. All documents and information relating to, or in connection with, any and all relevant positions, projects and systems must be uploaded to the server under the relevant section(s).

The preschool's SystemHub software has four (4) Master Permissions access levels:

- Executive Committee Members;
- General Committee Members;
- Staff (Nominated Supervisor / Lead Educator);
- Staff (General).

Permissions access levels are described as follows:

- Executive Committee members have full access, including sections designated as Private;
- General Committee members have access to all areas other than Private sections;
- Staff (Nominated Supervisor / Lead Educator) have access to all areas other than Private sections;
- Staff (General) have access to all areas other than Private sections.

It is the responsibility of the outgoing Committee of Management and its Committee Transition Officer (nominated by the members of the standing Committee) to ensure all documents and information are uploaded to SystemHub (or succeeding software system).

The incoming Committee of Management Executive must take on, or nominate and install its own Committee Transition Officer, the responsibility to facilitate the smooth transition between Committees of Management.

EVALUATION

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

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

ATTACHMENTS

- Attachment 1: Procedures for use of ICT at the service
- Attachment 2: Guiding principles for security of information systems
- Attachment 3: Parent/guardian authorisation for under-age access to the Mount Martha Preschool ICT facilities
- Attachment 4: Authorised user agreement

AUTHORISATION

This policy was adopted by the Approved Provider of Mount Martha Preschool on 16/10/19.

REVIEW DATE: 16 OCTOBER 2022

ATTACHMENT 1

Procedures for use of ICT at the service

EMAIL USAGE

- Content of emails and email addresses must always be checked before sending.
- When sending emails to multiple recipients, care should be taken to avoid the inappropriate disclosure of email addresses to a whole group of recipients; blind copying (BCC) should be used where appropriate.
- Always include a subject description in the subject line.
- Always include a disclaimer (refer to *Definitions*) which is common to all users, on emails to limit liability.
- Be cautious about opening files or launching programs that have been received as an attachment via email from the email itself. Instead, save an attachment to disk and scan with anti-virus software before opening, and keep an eye out for unusual filenames.
- Never open emails if unsure of the sender.
- Check email accounts on a regular basis and forward relevant emails to the Approved Provider or appropriate committee members/staff.
- Remove correspondence that is no longer required from the computer quarterly.
- Respond to emails as soon as is practicable.

UNACCEPTABLE/INAPPROPRIATE USE OF ICT FACILITIES

Users of the ICT facilities (and in particular, the internet, email and social media) provided by Mount Martha Preschool must not:

- create or exchange messages that are offensive, harassing, obscene or threatening
- create, copy, transmit or retransmit chain emails (refer to *Definitions*), spam (refer to *Definitions*) or other unauthorised mass communication
- use the ICT facilities as a platform to gain unauthorised access to other systems
- carry out activities that are illegal, inappropriate or offensive to fellow employees or the public. Such activities include, but are not limited to, hate speech or material that ridicules/discriminates against others on the basis of race, nationality, creed, religion, ability/disability, gender or sexual orientation
- use the ICT facilities to access, download, create, store or distribute illegal, offensive, obscene or objectionable material (including pornography and sexually explicit material). It will not be a defence to claim that the recipient was a consenting adult
- use the ICT facilities to make any personal communication that could suggest that such communication was made in that person's official capacity as an employee or volunteer of Mount Martha Preschool
- conduct any outside business or engage in activities related to employment with another organisation
- play games
- assist any election campaign or lobby any government organisation
- exchange any confidential or sensitive information held by Mount Martha Preschool unless authorised as part of their duties
- publish the service's email address on a 'private' business card
- harass, slander, intimidate, embarrass, defame, vilify, seek to offend or make threats against another person or group of people
- breach copyright laws through making copies of, or transmitting, material or commercial software.

INFORMATION STORED ON COMPUTERS

- Computer records containing personal, sensitive and/or health information, or photographs of children must be stored securely so that privacy and confidentiality is maintained. This information must not be removed from the service without authorisation, as security of the information could be at risk (refer to *Privacy and Confidentiality Policy*).
- Computer records containing personal, sensitive and/or health information, or photographs of children may need to be removed from the service from time-to-time for various reasons, including for:
 - excursions and service events (refer to *Excursions and Service Events Policy*)
 - offsite storage, where there is not enough space at the service premises to store the records.In such circumstances, services must ensure that the information is transported, handled and stored securely so that privacy and confidentiality is maintained at all times.
- Computer users are not to view or interfere with other users' files or directories, knowingly obtain unauthorised access to information or damage, delete, insert or otherwise alter data without permission.
- Ensure all material stored on an endpoint data storage device is also stored on a backup drive, and that both device and drive are kept in a secure location.

BREACHES OF THIS POLICY

- Individuals who use ICT at the service for unlawful purposes may be liable to criminal or civil legal action. This could result in serious consequences, such as a fine, damages and/or costs being awarded against the individual, or imprisonment. The Approved Provider will not defend or support any individual using the service's ICT facilities for an unlawful purpose.
- The service may block access to internet sites where inappropriate use is identified.
- Employees who fail to adhere to this policy may be liable to counselling, disciplinary action or dismissal.
- Management, educators, staff, volunteers and students who fail to adhere to this policy may have their access to the service's ICT facilities restricted/denied.

ATTACHMENT 2

Guiding principles for security of information systems

The Organisation for Economic Co-operation and Development's (OECD) guidelines encourage an awareness and understanding of security issues and the need for a culture of security.

The OECD describes nine guiding principles that encourage awareness, education, information sharing and training as effective strategies in maintaining security of information systems. The guiding principles are explained in the table below.

Awareness	Users should be aware of the need for security of information systems and networks and what they can do to enhance security.
Responsibility	All users are responsible for the security of information systems and networks.
Response	Users should act in a timely and cooperative manner to prevent, detect and respond to security issues.
Ethics	Users should respect the legitimate interest of others.
Democracy	The security of information systems and networks should be compatible with the essential values of a democratic society.
Risk assessment	Users should conduct risk assessments.
Security design and implementation	Users should incorporate security as an essential element of information systems and networks.
Security management	Users should adopt a comprehensive approach to security management.
Reassessment	Users should review and reassess the security of information systems and networks, and make appropriate modifications to security policies, measures and procedures.

Sourced from Organisation for Economic Co-operation and Development's (OECD) (2002) *Guidelines for the Security of Information Systems and Networks: Towards a Culture of Security*.

ATTACHMENT 3

Parent/guardian authorisation for under-age access to the Mount Martha Preschool ICT facilities

Student's name: _____

Date of placement: _____

I, _____, am a parent/guardian of

I have read the Mount Martha Preschool *Information and Communication Technology (ICT) Policy* and agree to the conditions of use of the service's ICT facilities for the above-named student.

I also understand that Mount Martha Preschool provides no censorship of access to ICT facilities.

Signature (student)

Date

Signature (parent/guardian)

Date

ATTACHMENT 4 Authorised user agreement

Portable storage device (PSD) (including laptops)

I, _____,

- acknowledge that I have received a PSD belonging to Mount Martha Preschool
- will ensure that the PSD:
 - is used for work-related purposes only
 - is password-protected at all times
 - will not be loaned to unauthorised persons
 - will be returned to Mount Martha Preschool on cessation of employment
- will notify the [insert responsible position e.g. president] as soon as is practicable if the PSD is damaged, faulty or lost
- have read the Mount Martha Preschool *Information and Communication (ICT) Technology Policy* and agree to abide by the procedures outlined within.

Signature (authorised user)

Position

Date

Authorised by

Position

Date

TRANSPARENCY AND ACCOUNTABILITY POLICY

Best Practice – Quality Area 7

INTRODUCTION

Mount Martha Preschool values its relationship with its clients, its members, its donors, its volunteers, its families and other stakeholders who partner with it to enable it to achieve its purpose.

The preschool recognises that transparency and accountability builds trust and helps those relationships to flourish.

PURPOSE

The purpose of this policy is to recognise the importance of transparency and accountability and facilitate the development and implementation of measures by the Mount Martha Preschool Committee of Management, educators and staff to provide appropriate transparency and accountability.

POLICY

1. Committee of Management Reporting

1. The Mount Martha Preschool Committee of Management must ensure that it complies with its legal and contractual reporting obligations.

These include:

- a. reporting annually to the educators, staff, families and other stakeholders in accordance with the requirements of the constitution, on the organisation's activities in the preceding year, and providing an opportunity for questions;
- b. preparing financial reports as required by law;
- c. preparing an annual report in accordance with the requirements of the fundraising license;
- d. reporting to government agencies in accordance with the terms of grants and funding contracts;
- e. reporting to the Australian Taxation Office, and/or other relevant Commonwealth Government departments, in accordance with the requirements of its deductible gift recipient status [e.g. health promotion charities must provide an annual statistical return report to the Department of Social Services];
- f. reporting to donors in accordance with the terms of any philanthropic grants issued;
- g. reporting to the Australian Charities and Not-for-profits Commission;
- h. issue and publish all policy documents on the Mount Martha Preschool website allowing for ease of access for all members, donors, volunteers, families and other stakeholders.

2. In addition to its specific legal and contractual obligations, the Committee of Management will consider each year whether there are any other stakeholder relationships that could benefit from receiving a report from the Mount Martha Preschool on the organisation's activities and performance.

3. In preparing its reports, the Committee of Management will consider the extent to which it can report on each of the following matters:

- a. the purpose of Mount Martha Preschool
 - i. a report on the purpose of Mount Martha Preschool involves explaining the environment in which the organisation operates. It includes reporting Mount Martha Preschool's mission, vision and values.

- b. Mount Martha Preschool stakeholder reporting and engagement
 - i. this includes reporting on how stakeholder relationships are managed, how employees and volunteers are recruited, trained, rewarded, retained and recognised, and how the organisation is funded.
- c. Fundraising and investments
 - i. this includes reporting on the source of funds, fundraising and funding targets;
 - ii. it includes reporting on accountability mechanisms governing the use of the funds;
 - iii. it includes an assessment of Mount Martha Preschool's ability to maintain the current levels of funding in the future, and how its fundraising approach is being evolved or adapted to changes in circumstances;
 - iv. it includes reporting on investments, and the management oversight and skills in Mount Martha Preschool to manage investment risks and performance;
 - v. it includes reporting on movements in the level of funding, particularly where it has fallen in any year.
- d. institutional strategies and mission
 - i. this includes explaining strategies and structures that enable Mount Martha Preschool to operate and to grow;
 - ii. this includes identifying the priorities and associated budgets and allocation of resources.
 - iii. this also includes honest self-assessment and disclosure of performance and plans to address underperformance and/or ongoing challenges, recognising that this helps to build trust.
- e. Governance structure and processes
 - i. this includes reporting on governance structures, systems, processes and how risk management frameworks are aligned with those structures, systems and processes;
 - ii. it includes providing clear diagrams of the organisational structure with reporting lines and key roles identified;
 - iii. it includes disclosure of qualifications, experience and length of service of the members of the Mount Martha Preschool Committee of Management;
 - iv. it includes reporting on how Mount Martha Preschool identifies and manages risks, and what risks are specific to Mount Martha Preschool in addition to general risks.
- f. Activity and performance
 - i. this includes reporting on outputs, outcomes and impacts;
 - ii. it also includes reporting on KPIs.
- g. Financial performance and position
 - i. this includes reporting on sources of revenue, revenue recognition policies and a discussion and analysis of the factors affecting the organisation's financial performance.

4. In undertaking its function of reporting to stakeholders, the Committee of Management must be mindful of the organisation's privacy and confidentiality policy, underpinned by its privacy law obligations, and it must take care to act in the interests of Mount Martha Preschool

5. Deliberations of the Committee of Management and its subcommittees (if any) shall be dealt with in accordance with the association's privacy and confidentiality policy/procedure.

2. Committee of Management Meetings and Staff Access

The Mount Martha Preschool Association's Committee of Management holds fast to the principles of transparency and accountability. The Committee of Management believes that optimal transparency between the Committee and the teaching faculty and staff members is paramount at all times. As such, all members of the teaching faculty and staff are openly welcome to attend all Committee of Management meetings.

This rule will not be infringed. Exclusion from Committee of Management meetings is only permitted if disciplinary action is in process against the particular member(s) that would otherwise cause a conflict of interest.

3. Client Records

Mount Martha Preschool will deal with client records in accordance with its privacy and confidentiality policy and privacy law obligations.

4. Staff Records

Mount Martha Preschool will deal with staff records in accordance with the *Fair Work Act 2009* (Cth), and its *Privacy and Confidentiality Policy* and privacy law obligations.

5. Member and Donor records

Mount Martha Preschool will deal with client records in accordance with its privacy and confidentiality policy and privacy law obligations.

Evaluation

The Mount Martha Preschool Committee of Management (included any relevant subcommittee [if convened]), educators, staff, will monitor the *Transparency and Accountability Policy*. It will be reviewed at least once every three (3) years as part of a policy review schedule.

Legislation and standards

Relevant legislation and standards include but are not limited to:

- *Privacy and Data Protection Act 2014* (Vic)
- *Privacy Act 1988* (Cth)
- *Privacy Amendment (Enhancing Privacy Protection) Act 2012* (Cth)
- *Privacy Regulations 2013* (Cth)
- *Public Records Act 1973* (Vic)
- *Fair Work Act 2009* (Cth).

Related documents

- *Governance & Management of the Service Policy*
- *Privacy & Confidentiality Policy*.

Authorisation

This policy was adopted by the Approved Provider of Mount Martha Preschool on 16/10/19.

Review Date: 16 OCTOBER 2022