



Magill Campus
Community
Children's Centre
LEARNING TOGETHER, EVERY DAY



Centre Information Handbook



Magill Campus & Community Children's Centre Inc.
we are a not-for-profit Centre.

Magill Campus & Community Children's Centre
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WELCOME

The decision to place your child in a childcare centre, and to choose the right centre, is one of the most important decisions you, as a parent, guardian, or caregiver, will make. We look forward to getting to know you and trust that your time with us will be a happy and rewarding experience.

The attached booklet will serve as a helpful introduction to the Magill Campus & Community Children's Centre [The Centre] and as a useful reference throughout the year. We recommend keeping it in an easily accessible place. While this information might seem overwhelming at first, it will all become clearer once you're involved in the regular routine of childcare. You can also visit our website at <https://magillcccc.com.au/> for additional information.

We encourage all parents of new children to visit the Centre with their child at least twice before your child's official start. This will help your child feel more comfortable and secure when the time comes for you to leave.

We look forward to a productive and exciting period of growth and development with you and your child.

GOVERNANCE STRUCTURE

The Centre is managed by the Governing Council, which consists of parents, staff, and other interested members.

Committee Responsibilities: • Foster and nurture an environment that encourages the highest possible level of quality service for all children at the Centre.

- Ensure proper management of funds and other incoming monies.
- Fulfill all legal responsibilities according to the relevant Acts and Regulations.
- Uphold the responsibilities of an employer.
- Make and review policies.
- Oversee property management, including the maintenance and provision of equipment, facilities, and buildings.

A list of current Governing Council Representatives is displayed in the foyer for your reference.

The Governing Council consists of no fewer than 8 and no more than 12 members, including:

- The Centre Director and a Staff Representative
- No fewer than six and no more than ten Parent Representatives, elected at the Annual General Meeting.

The Centre may also have additional Sub-Committees, and parental participation and support are greatly appreciated.

Governing Council meetings are held after hours, once a month, with at least 10 meetings per year, from February to December.

'Free' childcare is offered to all parents attending Sub-committees during normal hours of operation, subject to the availability of childcare places.

CENTRE PHILOSOPHY

Vision

Magill Campus and Community Children's Centre will provide a high quality service that is respectful and responsive to the uniqueness of the individual needs of every child in our care through our commitment to families and the community. We will actively foster an understanding and respect for the rich culture and knowledge of the Kurna people, the traditional owners and custodians of the Adelaide Plains.

Partnerships

By developing strong relationships with families, we can ensure that different preferences, views and interests are valued and respected, enhancing the care given to children.

An integral part of developing strong relationships is the practice of Primary Care, which establishes a secure attachment between the child and their primary educator, setting up a strong partnership between our educators and families.

Community

In order to broaden children's learning the Centre is committed to building and maintaining connections within our local community.

Underpinning our success are a Governing Council, a team of educators and committed staff who will respect each individual child, their families and the broader community. Each child will have equal opportunities regardless of class, learning style, disability, gender, race, religion or ability.

The Centre provides educators and staff with a safe and supportive work environment that actively promotes opportunities for professional development and encourages contributions to decision making, and the overall day to day operation of the centre.

Curriculum

The Centre's environment is a place for holistic education, through child led learning, discovery and experimentation. We aim to provide a high quality creative educational programme within a warm and caring environment that develops our children's social, intellectual, physical and emotional wellbeing through play in a safe environment using the Early Years Learning Framework.

Our focus is for all children to experience play-based learning that is engaging and educational, providing the foundation for success in life.

*We believe children learn through **PLAY**, 'Play enhances every aspect of children's development and learning. It is children's window to the world. Play is so important that its significance in children's lives is recognised by the United Nations as a specific right in addition to, and distinct from, a child's right to recreation and leisure.'* (1)

Sustainability & the Environment

Our educational practices promote an exploration of natural environments and sustainable living. We will encourage children to play in natural surroundings, cultivate an interest in growing their own food in our garden and learn about recycling practices.

Source: Early Years Learning Framework, Education and Care Services National Regulations 2011, The United Nations Convention on the Rights of the child. (1991) (1)

25/09/2019

THE PARENTS

Parents are entitled to expect high-quality care for their children and to feel comfortable and welcome at the Centre. We encourage open communication with parents and families, believing that providing high-quality education, care, and efficient administration requires a team effort between families and staff.

We believe that good communication between parents and staff fosters a greater understanding of each other's needs and creates a more relaxed and open environment, where there are regular opportunities to discuss each child's individual needs.

While we recognize and accept our role in the overall development of your child, we welcome and encourage your active participation in the activities of our Centre. Parents are encouraged to engage in their child's care and education through opportunities such as:

- Representing families on our Governing Council
- Engaging in regular communication, both formal and informal, to promote partnerships with parents. Spending a few moments each day talking with an educator, reviewing the program and environment, and discussing what your child has been involved in is very important.
- Participating in Centre events, such as Working Bees and various celebrations throughout the year.
- Talking informally with educators and staff daily, as time and availability permit, or scheduling a longer discussion by appointment.

Parents are always welcome to visit or phone the Centre during operating hours.

At times, children may show reluctance to come to the Centre, which can happen for various reasons. Identifying the exact cause can be challenging, but we suggest considering the following factors and communicating any relevant information with our staff:

- Changes in the home environment
- Not feeling well or being overtired (e.g., late nights, disrupted sleep)
- Difficulty leaving activities they enjoy at home
- Challenges with peers in the education and care setting
- Visitors or relatives staying at home
- The arrival of a new sibling, which may affect home dynamics

Children express reluctance in different ways, but in most cases, these protests are short-lived and resolve by the time parents are out of sight. If you're concerned, feel free to call later to check on how your child is settling in—especially during the initial transition or when they move to a new section.

Our Centre maintains an "Open Door Policy," and we highly recommend taking a few moments to help your child settle in upon arrival. For example, reading a story, working on a puzzle together, or staying for a few minutes at the end of the day can reassure your child that you also enjoy being at the Centre

THE STAFF/EDUCATORS

We aim to provide a supportive and caring work environment that recognizes personal and professional skills and abilities, ensuring a stable and cohesive staff team.

Educators are given regular non-contact time to prepare their programs and resources, as well as to maintain and evaluate their teaching practices. Each individual child will have a developmental portfolio created as part of the teaching process, which will be sent home twice a year.

We believe that educators and staff play a central role in the operations of the Centre. Educator and staff development is a key component of professional growth and the maintenance of quality education and care.

The Centre supports the involvement of educators in relevant workshops, seminars, and training to enhance their skills and knowledge in the ever-evolving childcare sector.

Parents will be informed of staff absences due to illness or professional development through a notice on the inside of the front door.

ENROLMENT

The enrolment process typically takes about an hour and is usually conducted with the Director, Assistant Director, and Room Coordinator.

Relevant information is recorded via the enrolment form, including emergency contact details, health information, immunisation verification, birth certificate provision, dietary requirements, allergies, etc. Time is also spent discussing policies and practices, such as safety and hygiene, positive guidance of children's behaviour, nutrition, fee payment, and ongoing communication opportunities and procedures. New parents and children will be shown around the Centre, introduced to educators, and encouraged to ask questions or seek clarification on routines, policies, and procedures.

For families from non-English speaking backgrounds, an interpreter may be arranged to assist with the enrolment process.

Parents are encouraged to bring their children in for two to three 30–40 minute visits before starting. Parents MUST stay at the Centre during these visits. [Fees are not charged for these visit times.]

Management of the Waiting List:

We are a licensed 63-place Centre, and at times, community and University demand may exceed the available places. In such cases, we need to manage a waiting list for when a position becomes available. Placement into the Centre is managed according to the Commonwealth Priority of Access Guidelines. Siblings of children already enrolled in the Centre are automatically given priority for care (when a position is available), as we believe it is important to keep families together and provide continuity.

A minimum attendance of one (1) full day per week is the current Centre policy, with a developmental recommendation of 2 days of care. This will enable educators to offer a curriculum that supports the development of the whole child and provide regular opportunities to observe each child in attendance. It will also help your child settle more comfortably into the Centre by fostering relationships with educators and other children, and assist them in understanding daily routines. Please be mindful that attending only one day per week may result in your child taking longer to settle into care.

GOVERNMENT CHILD CARE SUBSIDY AND FEES

CHILD CARE SUBSIDY

CCS is a payment from the Government that can provide financial assistance towards the cost of your child's care and reduce the cost of your total child care fees. It is available to you if you are a parent foster parent or grandparent with a child in your care who is attending a child care program approved by the Government. The government will pay it directly to your childcare provider to reduce the fees you have to pay

To find out if you are eligible you will need to complete a Child Care Subsidy assessment with Centrelink by following the below steps:

- Sign in to your [myGov](https://my.gov.au) account. If you don't have one, you will need to create a myGov account at <https://my.gov.au>.
- Select Complete your Child Care Subsidy assessment task.
- Work through the steps to provide new information and confirm your current details.

There are certain requirements you need to meet to be eligible for CCS. Until your CCS has been approved and has commenced, we will require full payment of your child's early learning and care fees.

There are three key factors that will determine how much Child Care Subsidy families may receive:

- The combined family income – how much families earn
- Your fortnightly family activity level – how much families work, train, study or volunteer
- The fees charged by the child care service

For more information on the Child Care Subsidy (CCS) log onto <https://www.mychild.gov.au/>
Australian Government's - New Child Care Package - education.gov.au
<https://www.education.gov.au/ChildCarePackage>

It is the responsibility of the parent to ensure that the **fee assessments** are **current** at all times, **you** must inform the Australian Government Department of Human Services <https://www.mychild.gov.au/>

All families attending any form of care are required to apply for a Customer Reference Number (CRN).

Allowable Absences

It is the parent's responsibility to ensure that they limit their child's absent days to a maximum of 42 per financial year.

Child Care Subsidy (CCS) is **not** paid for further absences unless the absences are taken for an approved absent day, reason (i.e. illness with doctor's certificate). Should you exceed your 42 approved absent days in one financial year it is a good idea to ask for a doctor's certificate should your child be absent due to illness or you are ill and cannot get your child to care.

Additional Financial Assistance:

You may also be eligible for Additional Child Care Subsidy (ACCS) Transition to work.

You need to be eligible for Child Care Subsidy (CCS) and meet some extra criteria to be eligible.

Families must be doing:

- work (including looking for work)
- study, or
- training activities

Eligibility & Priorities

The Centre is approved to offer full day care for children between the ages of birth to school age. Eligibility and priorities are in accordance with Priority of Access Guidelines.

However, as vacancies in a service arise, we prioritise children who are:

- At risk of serious abuse or neglect
- A child of a sole parent who satisfies, or parents who both satisfy, the activity test through paid employment.
- Children in Aboriginal and Torres Strait Islander families.

This reflects the Australian Government's intention to help families who are most in need, and support the safety and wellbeing of children at risk in accordance with the [Framework for Protecting Australia's Children 2009 -2020](#).

Fees Policy

Preamble

Magill Campus & Community Children's Centre is a non-profit organisation where the fees are decided by the Governing Council in response to budget requirements. The Centre relies on the fees paid by families to maintain its operation and quality care. For the Centre to provide a high-quality environment and an appropriate program for the children we must remain financially viable, while ensuring child care fees are at an affordable level for all families.

Fees usually go up around July each year with occasional increases mid-year if needed. All parents and families are notified of the changes 2 – 4 weeks before implementation.

Policy Statement

Magill Campus and Community Children's Centre will remain financially viable, offering a high standard of education and care by ensuring that all fees are paid in a timely manner.

Procedure

Child Care Subsidy System **(also see Government Child Care Subsidy and Fees, page 8)**

CCS is a payment from the Government that can provide financial assistance towards the cost of your child's care and reduce the cost of your total child care fees. It is available to you if you are a parent, foster parent or grandparent with a child in your care who is attending a child care program approved by the Government.

To find out if you are eligible you will need to complete a Child Care Subsidy assessment with Centrelink by following the below steps:

- Sign in to your myGov account. If you don't have one, you will need to create a myGov account at <https://my.gov.au>.
- Select Complete your Child Care Subsidy assessment task.
- Work through the steps to provide new information and confirm your current details.

There are certain requirements you need to meet to be eligible for CCS. Until your CCS has been approved and has commenced, we will require full payment of your child's early learning and care fees.

There are three key factors that will determine how much Child Care Subsidy families may receive:

- The combined family income – how much families earn
- Your fortnightly family activity level – how much families work, train, study or volunteer
- The fees charged by the child care service

For more information on the Child Care Subsidy (CCS) log onto [https://www.mychild.gov.au/Australian Government's - New Child Care Package - education.gov.au](https://www.mychild.gov.au/Australian-Government's-New-Child-Care-Package-education.gov.au)
<https://www.education.gov.au/ChildCarePackage>

It is the responsibility of the parent to ensure that the **fee assessments** are **current** at all times, **you** must inform the Australian Government Department of Human Services <https://www.mychild.gov.au/>

All families attending any form of care are required to apply for a Customer Reference Number (CRN).

Charging Fees

- A **minimum booking** of one full day per week for each child is a Centre requirement. **The developmental recommendation is 2 days of care.**
- A **two week BOND which is equivalent to two weeks of full fees excluding the subsidy** is charged and is to be paid in full before commencing care. If you are unable to pay the bond in full please ask to discuss this with the Director. This is refunded at the end of your child's period in care often enabling the Centre to finalise outstanding accounts without having to chase families for final payments.
- The centre payment method is bank transfer or direct debit, you can apply for direct debit using the OWNA app once your child is enrolled.

1. **Bank Transfer** (you can set up a direct debit)

**Account Name - Magill Campus and Community Children's Centre
BSB – 105141**

Account Number – 529277640

Please include your family surname as the reference

- Educators caring for children are **not** able to process fee payments. Further details can be obtained from the Administration Officer and/or Director at the front desk.
- **Regular weekly or fortnightly payments must be made in order for your child's position to be maintained at the Centre.**
- **We do not accept cash payments for fees**
- Receipts will be noted on your next weekly account by the Administrative Officer following receipt of payment. Any adjustments required will be made on the subsequent account. If you have any enquiries concerning fees, please ask the Director or Administration Officer for clarification
- All families are charged the same fee but the gap you will be charged will depend on your CCS (Child Care Subsidy).
- Fees charged are based on the booked days with additional fees charged for extra care provided outside of the booked days.
- The Admin Team **MUST BE GIVEN TWO (2) WEEKS NOTICE IN WRITING** that a child will be leaving/withdrawing from the Centre. Please complete a '*Cancellation of Care*' form available at the front counter. Two (2) weeks notice must be given or full payment will be required for that period in lieu of two weeks' notice. The **government will not** provide any benefits should you choose not to attend care in the final two (2) weeks of bookings and you will be charged full fees

- Due to the fact that The Centre still incurs costs whilst the Centre is closed, you will be charged for Public Holidays if they fall on your usual booked in days excluding the Summer closure period e.g. If your child attends on Tuesdays and Fridays and there is a Public Holiday on Friday, then you will still be charged your usual weekly fee even though the Centre is closed on the Friday. The CCS eligible entitlement continues to be provided on Public Holidays from myGov **The Australian Government Department of Human Services** <https://www.humanservices.gov.au/individuals/subjects/assistance-child-care-fee> and will be counted as part of the allowable 42 days absence from care.
- Regular fees are charged whether you attend or not. The Centre operates for a minimum of 50 weeks a year and you are charged for the bookings that you make for each child in care. If you have booked a day for your child, you will be charged for it, whether or not your child attends. This includes public holidays, sick days and family holidays, to ensure families retain their education and care placement.
- If you cancel your bookings before Christmas there is no guarantee that you will be able to pick them up in the New Year.
- **Be aware that an enrolment is taken to have ceased for Child Care Subsidy (CCS) purposes if the child does not attend child care for eight continuous weeks, in this instance, you will be charged full fees.**
- **Fees are not charged over the Christmas, New Year closure of the Centre (approximately two weeks).** The Governing Council will determine the operating weeks in consultation with the Director and taking into account family needs and effective and viable operating costs.
- A **\$6.00** contribution from each family per week is charged in lieu of most fundraising activities. This contribution from each family per week goes towards purchasing equipment, toys and resources for the children and minimises the need to undertake regular fund-raising events. This contribution will be added to each family's weekly account. Some minimal fundraising does occur each year i.e. Entertainment Books, Scholastic Book Club, Easter and Christmas raffles, though there is no obligation to take part in these additional fundraising opportunities
- Your child will receive a hat upon enrolment. A \$10.00 fee will be charged to your account.
- Fees are charged weekly in arrears. Accounts are sent via email to the account holder or a paper copy can be placed in parents' pigeonhole upon request.

Overdue Payments and Debts

Where fees are not paid within 14 days of an invoice/payment advice being issued they are classed as overdue. The following outlines the process for overdue payments:

- After 14 days: Families will receive an invoice with an overdue message 'Account Overdue please pay'
- If not paid within three weeks Families will be notified in writing on that week's invoice to pay all overdue fees and a \$20 late fee will be added to the account for each week of non-payment until paid in full.
- After five weeks: If no contact has been made with the Centre to make a payment or discuss payment options, there is the possibility of the cessation of care.

Debt Collection

Where a family has failed to comply with the request for payment as outlined above, the outstanding debt

will be placed in the hands of a Collection Agency and the family will also be responsible for any incurred 'collection agency' fees.

Right to Appeal

If a family believes the decision of the Governing Council & Director to cancel a child's place at the Centre has been unjust, they have seven days after notification, to state their objections or appeal against the decision. This must be in writing.

Financial Hardship

For families experiencing financial hardship, there are options available that may assist with the cost of education and care services. To request options for financial assistance, or to discuss payment options for overdue accounts, you can speak with the Director or Assistant Director.

Late Fee

Parents who are late collecting their children are charged \$5 a minute after 6.00 pm. This fee is added to the next account and is not eligible for any Child Care Subsidy [CCS]. **The Centre closes at 6.00 pm.**

Legislative Requirements

National Quality Framework for Early Childhood Education and Care Services including:
Education and Care Services National Law 2011
Education and Care Services National Regulations 2011
Family Assistance Law

Sources

Australian Government Department of Human Services. <https://www.humanservices.gov.au/individuals/families>
Education and Care Services National Regulations 2011
Essential Guide to early learning service Management in Australia – CELA Community Early Learning Australia –
Lisa Bryant and Leanne Gibbs 2017

Updated and Reviewed: July 2021

Date for next review: July 2022

BOOKINGS

Cancellation of Bookings

Two weeks (2) notice, is required via email.

Should you wish to cancel your child's place at the Centre or should management make the decision to terminate your child's place, 2 weeks written notice is required from the ending/terminating party. If this does not occur, 2 weeks fees will be billed to the enrolling parent/s or guardian. Parents will be ineligible for CCS during this period if their child does not attend the centre on their last day of care.

Occasional/Emergency Care Bookings:

Requests for Occasional/Emergency Care can be made any time before the care is needed but will only be available should vacancies and appropriate staffing exist. Additional days of care are charged at the current daily fee, and CCS will apply if you are eligible. Please send requests via email. Once any additional occasional care has been approved by the administration team, you will be notified via email or in person.

Change of session requirements:

From time to time, parents need to adjust or alter their child's attending sessions to meet study or work commitments. The Centre requires all requests for change of sessions in writing via email at least two weeks prior to the need and every effort will be undertaken to accommodate changes providing suitable child care places exist.

Altering booked in times:

Parents **cannot swap** booked in sessions for occasional care sessions. Any sessions utilised outside the child's regular booking times will be considered as occasional care and additional charges will apply to your weekly account.

Staff Training Day:

Two (2) days per year The Centre will be closed to enable the staff team to undertake professional development training. **No fees will be charged during these closure days.** Parents will be notified in advance of the closure date linking it to a quiet operating day/period within the year i.e. prior to The Centre re-opening in January each year.

CELEBRATIONS

Please speak to the Admin Staff or the educators in your child's room in regards to celebrations, i.e. Birthdays, Cultural events.

We will celebrate your child's birthday with candles and sing some special songs. Our cook will prepare a suitable cake, at a small cost (\$10), that will meet all the children's dietary restrictions, we just need advanced notice.

Please confirm this with the educators and remind us of your child's up and coming birthday as we may have a number of children attending the same section with dietary restrictions and or food allergies who will need to be considered during these special occasions.

Celebrating Diversity - We're also very keen to acknowledge any special cultural celebrations that may be part of your family cultural background i.e. Diwali, Ramadan, Hanukkah, Chinese New Year, Tet, Now-Ruz etc....

SECURITY

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

1. **NO** child will be released from the Centre to any person other than the designated parent, unless written authority stating the person's name and other relevant details are given to the educators in your child's section and/or written confirmation has been documented on the child's confidential file. Should you forget, please give us a phone call to confirm details.
2. Please notify a staff member each time you deliver or pick-up a child and sign the register, on arrival and departure even if you see an educator is present and you think they have seen you leave with your child, please tell them personally. When dropping your child off at Centre please make sure that they are not left unattended. If the other children and educators are outside when you arrive, please sign your child in and take them to an educator outside
3. All **access / custody** arrangements must be supplied in writing and legally documented, stating full details of legal restraints on access in order to maintain the safety and security of your child, educators on duty and the Centre as a whole.
4. **CLOSE all gates and doors** securely this includes the doors to your child's section when entering and leaving. Please do not allow your child to swing or climb on our gates – repairs are expensive!
5. We have a key-pad installed on the front door. Your code will be given to you upon confirmed enrolment.
6. Please remember: Your code is to be given only to people who regularly drop off or pick up your child. People who collect only occasionally should use the front doorbell. The door is locked when the Administration team, are in the front office area, so they can monitor arrivals and departures.

DAILY OPERATIONS

Settling In

Children may not only be very shy the first few days or weeks at The Centre, but also very tired. It is an emotional strain for children to adjust to their new childcare environment – even if a child seems to be coping well. We encourage you stay with and settle your child. **Never leave without saying goodbye**

On Arrival

- Please **SIGN** your child **IN** each time
- Take your child to greet an educator
- Help your child to place belongings in his/her locker
- Assist your child to wash his/her hands

Write any information educators may need in the notes section e.g.: if you have a change of phone number for the day or someone else will be collecting your child. ***A signed authority is required if another person is to collect your child. We will not allow them to leave the Centre with another person without your authority.***

On Leaving

- Help your child to collect their belongings: shoes, bag, paintings and art work etc.
- Take your child to farewell at least one (1) educator in your child's room
- Remember to **SIGN OUT** your child

Important: Please ensure that the Centre gates are always closed upon entering and exiting the premises as well as the door to your child's room/section. Please hold your child's hand in the car park area or when on the footpath near the road. It is often difficult for traffic to see small children. Vehicles do travel at some speed sometimes in the carpark and often along Bunday Street, even with signage, and it is extremely dangerous for small children to walk behind or near reversing cars in the carpark or near roadways.

Meal Times

Meal times are seen as pleasant social experiences for all to enjoy, good eating habits are encouraged! Parents/guardians will be consulted and asked to share family and multicultural values and experiences to enrich the variety and enjoyment of food, planned to meet each child's daily nutritional needs.

Educators will sit with the children and interact with them to encourage good eating habits and an appreciation of a variety of foods. Children will be assisted where required but will be encouraged to be independent and to help themselves wherever appropriate. The menu is seasonal with a four week rotation. Wherever possible fresh, local, seasonally available produce will be used. Menus will be displayed in each room and visible to all.

Water is offered to children throughout the day not just at meal times. The use of added sugar, salt, preservatives and colourings will be avoided where possible.

Children who have sterilized bottles and/or individual formulas will need to bring these to the Centre, prepared and clearly labeled. Staff must be informed whether the bottled milk is breast milk, formula or cow's milk. Breast milk will be warmed in a bottle warmer and not microwaved.

EXCURSIONS/OUTINGS

Excursions and neighbourhood walks are an important part of providing experiences for young children, which extend the child's knowledge, interests and enjoyment. Educators, plan such experiences to broaden the children's general knowledge and understanding of their environment, the neighbourhood and the wider community.

At the beginning of each year (or when a child moves rooms) parents sign a consent form for local walks, which may be arranged spontaneously. e.g.: a visit to the University library, regular nature walks around the campus or to kick a ball or fly a kite on the University oval.

Parents' written consent is obtained for all other excursions. Sound staff to child ratios are adhered to for all excursions. Parents are encouraged to join in and share in these experiences when possible.

ASSESSMENT AND RATING

The Centre is assessed by Authorised Officers from the Education & Standards Board in accordance with regulations developed by the Australian Children's Education & Care Quality Authority (ACECQA). In order to achieve this, The Centre must reach an agreed standard on all aspects of quality childcare reviewed through the National Quality Standards (NQS) and the curriculum based around the Early Years Learning Framework (EYLF) for Long Day Care Centre's. Your participation in this process is an important component of our ongoing success and actions developed through our Quality Improvement Plans.

POLICIES

The Centre has written policies and procedures on child protection, health and safety; and educators monitor and act to protect the health, safety and well-being of each child. A detailed 'Policy Folder' can be located on the counter in the hallway, and includes provision for: child protection, infection control, sick children, nutrition, dental care, immunisation, sun protection and much more. The policies are developed in consultation with Governing Council, educators & staff, families, recognised health and safety authorities and The Education and Care Services National Laws and Regulations. These policies provide the framework for good practice and a safe environment for children and adults

Parent Grievance Policy

Preamble

The Governing Council recognises that, from time to time, parents may have a concern, issue or grievance regarding some aspect of the Centre. Communication is paramount to successful relationships between families and the Centre.

An effective complaints and grievance management system confirms to staff, families and the community that complaints and grievances are taken seriously and investigated promptly, fairly and thoroughly. Effective management of complaints may inform quality improvement processes and is an efficient way of considering and acting on feedback from families. NQS7.1.2

Policy Statement

The Parent Grievance Policy will ensure that all persons are presented with procedures that:

1. value the opportunity to be heard;
2. promote conflict resolution;
3. encourage the development of harmonious relationships;
4. ensure that conflicts and grievances are mediated fairly; and
5. are transparent and equitable.

Procedure

The following steps are to be taken should such an issue arise:

1. The Centre encourages parents to discuss any room/child related issue with the Room Coordinator/ Qualified staff in the child's relevant room. The Governing Council recognises that some issues are confidential, so prior arrangements need to be made to discuss the issue with staff without children present.
2. If Step 1 is not possible or appropriate, or the grievance involves Centre issues outside of those that are room/child related, i.e. management issues, then the issue is to be discussed with the Centre Director, whether personally or by telephone. Prior arrangements may need to be made for this discussion. Should a conflict of interest between parties arise, an alternate mediator will be chosen to the satisfaction of all parties.
3. If the issue is unable to be resolved at this level, the issue should be raised in writing with either the Chairperson or an Executive Member of the Governing Council. The Governing Council will discuss the issue at the immediate next Governing Council meeting and come to a resolution, recommending any necessary actions. The aggrieved party and all other parties to the process will be advised in writing of the Governing Council's decision within 7 days of that decision.
4. Should the issue still not be resolved to the parent's satisfaction, the grievance can be taken to ESB (Education and Standards Board). Contact details for these bodies can be found on the information board in the foyer.

All parties may record this grievance and the involved process for future reference. The grievance is recorded in the Register.

The aggrieved party may have a support person present at any stage of the process.

The confidentiality of all parties to the process will be maintained within the structure of the

grievance procedure.

At any stage of the grievance process, the parent has the right to withdraw any such grievance.

This policy links to

Privacy and Confidentiality Policy
Code of Conduct

Legislation and Government Requirements

Privacy Act 1988 Assistance Law
Education & Care Services National Law Act 2010
Education & Care Services National Regulations 2011

Sources:

The Centre Inc. Articles of Constitution.
Privacy Amendment (Enhancing Privacy Protection) Act 2012
New Australian Privacy Principles (APP'S) (March 2014)–Australian Government Office of the Australian
Early Childhood Australia (ECA) (2016) *The Code of Ethics.* –
Education and Care Services National Law Act 2010
Education and Care Services National Regulations
National Quality Standard for Early Childhood Education and Care and School Age Care (Nov 2010) *NQS7.1.2*

Policy Reviewed: October 2021

Next Review Date: October 2024

Medical Conditions

Preamble

Magill Campus & Community Children’s Centre educators will effectively respond to and manage medical conditions including asthma, diabetes and anaphylaxis at the Centre to ensure the safety and wellbeing of children, staff and visitors. Informing the Director and staff members of, and volunteers at, the service of practices in relation to managing those medical conditions and the requirements arising if a child enrolled at the education and care service has a specific healthcare need, allergy or relevant medical condition.

Policy Statement

Magill Campus & Community Children’s Centre and all educators can effectively respond to and manage medical conditions including asthma, diabetes and anaphylaxis at the Centre to ensure the safety and wellbeing of children, staff and visitors.

Procedure

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

- A copy of the Medical Conditions Policy should be provided to all educators and volunteers at the Centre. The Policy should also be provided to parents of children enrolled at the Centre including those whose child has been identified as having a specific health care need or allergy.
- Educators are also responsible for raising any concerns with a child’s parents about any medical condition/suspected medical condition, or known allergens that pose a risk to the child.

- Families of children attending the Centre are required to provide information about their child's health care needs, allergies, medical conditions and medication on the Enrolment Form and are responsible for updating the Centre about all medication requirements, including any new medication, ceasing of medication, or changes to their child's prescription.
- No child enrolled at the Centre with a prescribed medical requirement will be able to attend the Centre without their medication which has been prescribed by their medical practitioner. In particular, no child who has been prescribed an adrenaline auto-injection device, insulin injection device or asthma inhaler is permitted to attend the Centre or its programs without the appropriate medical device.
- Regular medication i.e. Ventolin/Asmol must include a Medication Plan filled in by the child's doctor. It is the parent/s responsibility to have all Medical and Medication Action Plans reviewed at least every 12 months. Any new information will be attached to the Enrolment Form and kept on file at the Centre. Educators will ensure the information that is displayed about a child's medical conditions is updated.
- All educators and volunteers at the Centre must follow a child's Medical Action Plan in the event of an incident related to a child's specific health care need, allergy or medical condition.

Information that must be provided in Enrolment Record

The Centre's Enrolment Form provides an opportunity for parents to help the Centre effectively meet their child's needs relating to any medical condition.

The following information is completed on the Enrolment Form, and any information is attached to the Enrolment Form as necessary and kept on file at The Centre—

- Asthma
- Diabetes
- Epilepsy/Febrile convulsions
- Allergies/Intolerances
- Anaphylaxis
- **Diagnosed at risk of anaphylaxis**
- Any other specific medical condition(s) mentioned by a child's parents/guardians or registered medical practitioner using the Enrolment Form.

Copies of the plan should be kept with the child's medication and also accompany them on any excursions.

Identifying Children with Medical Conditions

Any information relating to a child's medical condition/s will be shared with relevant educators, volunteers and the Director. Educators will be briefed by the family on the specific health needs of each child.

The Centre will implement the following communication plans to ensure that relevant educators, staff and volunteers are:

- informed about the Medical Conditions Policy

- easily able to identify a child with medical conditions
- are aware of the location of each child's medication
- be updated on the child's treatment along with any regulatory changes that may affect practices for specific medical conditions.

The Centre will display information about a child's medical management plan/allergies in the food serving areas to ensure all procedures are followed. Medications will be kept in individual containers in cupboards not accessible to children.

Where a child has been diagnosed at risk of anaphylaxis, a notice stating this must be displayed at the service so it is clearly visible from the main entrance. The privacy and confidentiality of the child will be maintained at all times and the public notice will not name the child. The Centre is a nut aware centre.

The Centre will provide support and information to all parents and other members of our community about resources and support for managing allergies, anaphylaxis asthma and diabetes.

The Centre will routinely review each child's medication to ensure it hasn't expired.

Using a child's Medical Action Plan, the Centre will develop a Risk Minimisation Plan in consultation with a child's parents/guardians and medical practitioner. The Risk Minimisation Plan must ensure that any risks are addressed and minimised. **This must be completed before the child begins care.**

To promote consistency and ensure the welfare of all children using the service, we will follow all health, hygiene and safe food policies and procedures. Any allergens that may be present at The Centre are communicated to guardians and addressed through the Risk Minimisation Plan.

Communication Plan

Ensure a communication plan is put into place once the Risk Minimisation Plan is completed.

- Ensure all staff members have received a copy of the medical conditions policy
- Ensure all staff members, including new staff members, are made aware of any children with a health care need, allergy or relevant medical condition including any medical action plans and risk minimisation plans for that child. This should be recorded on the communication plan. (New communication plans are available at the front desk)
- Any relevant changes relating to the nature or management of the child's specific health care need, allergy or relevant medical condition are also recorded on the communication plan.

Anaphylaxis/Allergy Management

While not common, anaphylaxis is life-threatening. Anaphylaxis is a severe allergic reaction to a substance. While prior exposure to allergens is needed for the development of true anaphylaxis, severe allergic reactions can occur when no documented history exists. The Centre is aware that allergies are very specific to the individual and it is possible to have an allergy to any foreign substance.

Anaphylaxis is usually caused by a food allergy. Foods most commonly associated with anaphylaxis include peanuts, seafood, nuts and in children eggs and cow's milk. To minimise the risk of exposure of children to foods that might trigger severe allergy or anaphylaxis in susceptible children, the Centre will:

- not allow children to trade food, utensils or food containers.
- prepare food in line with a child's medical action plan and family recommendations.
- use non-food rewards with children, for example, stickers for appropriate behaviour.
- request families to label all bottles with their child's name.

- consider whether it's necessary to change or restrict the use of food products in craft, science experiments and cooking classes so children with allergies can participate.
- instruct educators on the need to prevent cross-contamination.
- request all parents not to send food with their children that contain highly allergenic elements even if their child does not have an allergy. See the last page in Parents Information Book, '*Important Health & Safety Information re Food Allergies*'
- be aware that a child may have several food allergies or there may be a number of children with different food allergies, and it may not be possible to have an allergy-free policy for all those foods involved. Nut allergy is the most likely to cause a severe reaction and will take precedence.
- if appropriate, seat a child with allergies at a different table if food is being served that he/she is allergic to. This will always be done in a sensitive manner so that the child does not feel excluded.
- hold non-allergic babies when they drink formula/milk or there is a child diagnosed at risk of anaphylaxis from a milk allergy.
- instruct food preparation staff about measures necessary to prevent contamination between foods during the handling, preparation and serving of food, such as careful cleaning of food preparation areas and utensils.
- closely supervise all children at meal and snack times and ensure food is eaten in specified areas. To minimise risk children will not be permitted to 'wander around' the Centre with food.

Allergic reactions and anaphylaxis are also commonly caused by:

- all types of animals, insects, spiders and reptiles.
- all drugs and medications, especially antibiotics and vaccines.
- many homeopathic, naturopathic and vitamin preparations.
- many species of plants, especially those with thorns and stings.
- latex and rubber products.
- Band-Aids, Elastoplast and products containing rubber-based adhesives.
- The Centre will ensure that body lotions, shampoos and creams used on allergic children are approved by their parents. This may require some children to use Sorbolene Cream instead of soap products when washing hands.
- Risk minimisation practices will be carried out to ensure that the Centre is to the best of our ability providing an environment that will not trigger an anaphylactic reaction.
- The Centre will display an Australasian Society of Clinical Immunology and Allergy Inc. (ASCI) generic poster called Action Plan for Anaphylaxis in a key location in each meal area.
- The Centre will ensure that the auto-injection device kit is stored in a location that is known to all staff, including relief staff, easily accessible to adults (not locked away), inaccessible to children, and away from direct sources of heat.

Educators should be on the lookout for symptoms of an allergic reaction as they need to act rapidly if they do occur. If a child is displaying symptoms of an anaphylactic reaction the Centre will:

- call an ambulance immediately by dialling 000

- ensure the first aid trained educator/educators with approved anaphylaxis management training provides appropriate first aid which may include the injection of an auto immune device EpiPen® in line with the steps outlined by the Australian Society of Clinical Immunology and CPR if the child stops breathing.
- contact the parent/guardian or the person to be notified in the event of illness if the parent/guardian cannot be contacted.

Asthma Management

Asthma is a chronic lung disease that inflames and narrows the airways. While developing the Medical Conditions Risk Minimisation Plan the Centre will implement procedures where possible to minimise the exposure of susceptible children to the common triggers which can cause an asthma attack. These triggers include:

- dust and pollution
- inhaled allergens, for example; mould, pollen, pet hair
- changes in temperature and weather, heating and air conditioning
- emotional changes including laughing and stress
- activity and exercise

Risk minimisation practices will be carried out to ensure that the Centre is to the best of our ability providing an environment that will not trigger an asthmatic reaction.

The Centre will display an Asthma chart called Asthma First Aid in a key location at the Centre, for example, in the children's room, the staff room or near the medication cabinet.

An asthma attack can become life-threatening if not treated properly. If a child is displaying asthma symptoms, the Centre will:

- ensure a first aid trained educator/educator with approved asthma management training immediately attends to the child. If the procedures outlined in the child's medical management plan do not alleviate the asthma symptoms, or the child does not have a medical management plan, the educator will provide appropriate first aid and call an ambulance '000'.
- contact the child's parent or authorised contact where the parent cannot be reached

The Centre will ensure that an Emergency Asthma First Aid Kit is stored in a location that is known to all staff, including relief staff, easily accessible to adults (not locked away), inaccessible to children, and at room temperature in dry areas. An Emergency Asthma First Aid kit should contain:

- Blue, green or grey reliever puffer
- At least 1 spacer device that is compatible with the puffer
- At least 1 face mask compatible with the spacer for use by children under 5

Spacers and masks must be washed in warm soapy water following use and air-dried.

Diabetes

Diabetes is a chronic condition where the levels of glucose (sugar) in the blood are too high. Glucose levels are normally regulated by the hormone insulin.

The most common form of diabetes in children is type 1. The body's immune system attacks the insulin-producing cells so insulin can no longer be made. People with type 1 diabetes need to have insulin daily and test their blood glucose several times a day, follow a healthy eating plan and participate in regular physical activity.

Type 2 diabetes is managed by regular physical activity and healthy eating. Over time type 2 diabetics may also require insulin.

While developing the Medical Conditions Risk Minimisation Plan the Centre will implement procedures where possible to ensure children or staff with diabetes do not suffer any adverse effects from their condition while at the Centre. These include ensuring they do not suffer from hypoglycaemia (have a "hypo") which occurs when blood sugar levels are too low. Things that can cause a "hypo" include:

- A delayed or missed meal, or a meal with too little carbohydrate
- Extra strenuous or unplanned physical activity
- Too much insulin or medication for diabetes
- Vomiting

Children and adults with Type 1 diabetes may also need to limit their intake of sweet foods. The Centre will ensure information about the child's diet including the types and amounts of appropriate foods is part of the child's Medical Action Plan.

If a person is displaying symptoms of a "hypo" the Centre will:

- ensure the first aid trained educator/s provide immediate first aid which will be outlined in the child's or adults medical management plan and may include giving the person some quick-acting and easily consumed carbohydrate.
- call an ambulance by dialling 000 if the person does not respond to the first aid and CPR if the person stops breathing.
- contact the parent/guardian or the person to be notified in the event of illness.

Epilepsy

Children with epilepsy will have a Medical Action Plan provided by their doctor and /or parents. This Plan should include information about:

- the type of seizures the child has
- their severity and timing
- whether there are any warning signs before a seizure
- any first aid requirements in addition to standard first aid
- known triggers
- emotional needs of the child
- The level of participation, supervision and protection required for the child during activities, whether the child's safety may be compromised during an activity.

Risk Minimisation Plan

The Centre prepares a Risk Minimisation Plan with the enrolling parent outlining procedures we can implement to minimise the incidence and effect of a child's epilepsy. The Plan covers the child's known triggers and where relevant other common triggers which may cause an epileptic seizure. These include:

- missing medication for non-epileptic conditions
- suddenly stopping anti-convulsion medication or missing a dose
- infection or illness, especially if associated with a temperature
- lack of sleep
- extreme emotions, such as excitement about an excursion, stress or boredom
- hyperventilation/over-breathing
- head injury
- flickering lights (computers are not usually a problem)—only with certain kinds of epilepsy
- missing meals
- dehydration
- Significant changes in temperature or extreme temperatures, e.g. on a hot day sitting on the sunny side of a bus with no air conditioning.

The Centre encourages children with epilepsy to participate in all activities at our service unless any are specifically excluded by the child's doctor or parents. Independence and social acceptance are important to all children. The Risk Minimisation Plan covers whether any adjustments need to be made to an activity to ensure the child can participate. These may include the child wearing protective gear and providing increased supervision of the activity.

Educator Training and Qualifications

The approved provider must ensure that at least one educator attending the Centre:

- holds a current approved first aid qualification
- has undertaken current approved anaphylaxis management training and
- has undertaken current approved emergency asthma management training.

Educators at the Centre recognise how serious anaphylaxis is and will undertake steps to minimise the possibility of occurrence. The Centre will maintain the following in relation to educator qualifications for anaphylaxis:

- all educators at the Centre whether or not they have a child diagnosed at risk of anaphylaxis undertakes training in the administration of the adrenaline auto-injection device and cardio-pulmonary resuscitation regularly.
- the Centre will also require all relief educators used by the Centre to adhere to these qualification requirements.

Sources

Eastern Health Authority

Education and Care Services National Regulations 2011 *Reg. 90, 91*

National Quality Standard *QA2 & QA7*

Asthma Australia

Australasian Society of Clinical Immunology and Allergy www.allergy.org.au

Australian Diabetes Council

Staying Healthy in Childcare 5th Edition

Last reviewed: October 2021

Date for next review: October 2024

Medication Policy

Preamble

Medication under the Regulations includes medication covered by the therapeutic Goods Act 1989. Therapeutic goods include those for therapeutic use to:

- Prevent, diagnose, cure or alleviate a disease, ailment, defect or injury
- Influence, inhibit or modify a psychological process.

Policy Statement

Magill Campus & Community Children's Centre and all educators, will only administer medication that is prescribed medication and/or 'Pharmacy Medicine' by a medical practitioner to a child if it is authorised or the child is experiencing an asthma or anaphylaxis emergency. The Centre recognises that it is essential to follow strict procedures to promote the health, safety and wellbeing of each child using the Centre.

Procedure

All medication brought to the Centre that is prescribed for your child by a Doctor and/or with a label 'Pharmacy Medicine' must be accompanied by a Medication Authority issued by a medical practitioner.

This includes medications that can be purchased over the counter without a prescription and homeopathic medication. It should be noted that these medications can often obstruct the signs and symptoms of serious illness or injury.

Staff cannot administer eye and ear drops/ ointments as they are not trained to do so. If your child needs drops/ointments they will have to be administered at home.

If your child needs to be on antibiotics, they must have been taking them for a **full 24 hours** before they will be allowed back to child care. With all medication the first dose must be administered at home. Staff cannot monitor the effects of medication on the child as they have no training to do so and will seek emergency medical assistance if concerned with a child's behaviour following medication.

Staff will not administer Prescribed Medication or Pharmacy Medicine without clear written instructions from a medical practitioner.

The centre has Medical Condition and **Medication Authority** forms available for you to take with you to the medical practitioner. We also encourage you to ask the medical practitioner for a twice a

day dosage, rather than 3 or 4, when issuing antibiotics so that they can be administered by you the parents at home.

(Medication Authority Forms are available at the front desk and on the Centres web page).

Administration of medication (non-emergency)

Educators will administer medication to a child:

1. The medication is **to be authorised in writing by a Medical Practitioner** and is in the
 - Original container.
 - Original label that is clearly readable.
 - Child's name clearly on the label.
 - Any instructions attached to the medication or related to the use of the medication.
 - Written instructions provided by the child's registered medical practitioner.
 - Has not expired - Educators will not administer medication that is past the 'use by date'.

Anyone delivering a child to the Centre **must not** leave the medication in the child's locker or bag. Medication must be given directly to an educator on arrival for appropriate storage. Auto injection devices (Epipens etc.) and asthma puffers will be stored in the allocated medication cupboard so they are inaccessible to children. All other medication will be stored in accordance with the storage instructions on the medication in labelled containers, in the cupboard or kitchen fridge. Non-refrigerated medication will be kept away from direct sources of heat.

No child enrolled at MCCCC with a prescribed medical requirement will be able to attend MCCCC without their medication which has been prescribed by their medical practitioner. In particular, no child who has been prescribed an adrenaline auto-injection device, insulin injection device or asthma inhaler is permitted to attend MCCCC or its programs without the appropriate medical device.

Administration of Medication during Anaphylaxis or Asthma emergencies

- Educators may administer medication to a child or adult in an anaphylaxis or asthma emergency without authorisation.
- The child or adult will be positively reassured, calmed and removed to a quiet area under the direct supervision of a suitably experienced and trained educator.
- In the event of an emergency and where the administration of medication must occur, the Centre must contact the child's parent and the emergency services (if required) as soon as possible.
- In the event of an emergency and where the administration of medication must occur, written notice must be provided to a parent of the child or other emergency contact person listed on the child's Enrolment Form.
- In the event of an emergency, the Centre must follow the Incident, Injury, Trauma and Illness Policy and complete the Incident, Injury, Trauma and Illness Record and notify all relevant parties.

Medication Record

Educators and/or parents will complete a Medication Record with the name of the child which:

- Contains the authorisation to administer medication.
- Details the name of the medication, the dose to be administered and how it will be administered, the time and date it was last administered, and the time and date or circumstances when it should be administered next.
- If medication is administered to a child (including during an emergency), details of the dosage administered and how it is administered, the time and date it is administered, the name and signature (initials) of the person that administered the medication, and the name and signature (initials) of the person that checked the child's identity and dosage before it was administered and whom witnessed the administration of such medication.

The Centre will use the Medication Record template published by the National Authority – ACECQA which is available at <http://www.acecqa.gov.au/SearchResults.aspx?keywords=medication+record>

Related Policies

Enrolment Policy

Food & Nutrition Policy

Staying Healthy (exclusion) & Immunisation

Incident, Injury, Trauma and Illness Policy

Medical Conditions Policy

Sources

Education and Care Services National Regulations 2011 *Regs 90-96*

National Quality Standard *QA2 2.10*

Early Years Learning Framework

Australian Government Department of Health- Therapeutic Goods Administration

Health Direct

Last reviewed: April 2018 Updated November 2020 Date for next review: November 2022

Staying Healthy (exclusion) & Immunisation

Preamble

The health and safety of children, educators and staff, and supporting children's ongoing wellbeing, is a fundamental provision of an Education and Care Service. Educators in services need to be aware of the likelihood of young children being exposed to an infectious illness whilst in care. Maintaining hygiene practices within the service and teaching young children about health and hygiene will assist in the prevention of infectious diseases. Providing families with timely and current information will further support this process.

Policy Statement

Magill Campus & Community Children's Centre will ensure the health and safety of children educators and staff through, encouraging immunisation, exclusion during illness, good hygiene and following the recommendations as set out in '5th Edition Staying Healthy- Preventing infectious diseases in early childhood education and care services' handbook and recommendations from Government of South Australia - SA Health

Procedure

Immunisation

Immunisation is one of the safest and most effective methods of protecting a person against a number of potentially fatal childhood diseases.

South Australian Public Health Act 2011 (the Act), from 7 August 2020 states; 'children will not be able to enrol in or attend early childhood services unless all immunisation requirements are met.'

- An early childhood service must not enrol a child if all immunisation requirements are not met
- A child cannot attend, or continue to attend, an early childhood service if all immunisation requirements are not met
- Early childhood services must keep a current copy of an approved immunisation record for each child enrolled in, or attending that service, and
- Approved immunisation records must be supplied by parents/guardians to the early childhood service at specified times.

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

Children and Staff attending the Centre should be immunised according to the schedule and guidelines recommended by the National Health and Medical Research Council *and the SA Public Health Act 2011*

Children & Immunisation

- Childcare Centre's are required to keep the immunisation history statement's, which is downloaded from the Australian Immunisation Register (AIR). The immunisation history statement is an official record of immunisations given to a child, and it will also indicate if a child has an approved exemption.- **Blue books are no longer acceptable**

The immunisation history statement will show:

- the child's name
- date of birth
- the date the statement was downloaded, and
- immunisation status, this may indicate
 - up to date
 - not up to date; or
 - on a catch-up schedule.
- These records assist staff in identifying children who may be at risk if there is an outbreak of a vaccine preventable disease. We obtain information at the time of enrolment and with information update forms during a child's time in care.

- Following the initial provision of the record, you must supply us with your child's immunisation records within the time frames identified in the table below. If this does not occur you will be asked to remove your child from the Centre until the records are received.
-
- Exemptions are applied through the Commonwealth Medicare system. They are usually applied by the child's medical practitioner and reflected on the child's immunisation history statement.
- Immunisation records must be provided:
 - at the time of the child's enrolment at the time of attending the service
 - after the child turns 7 months of age but before the child turns 9 months of age
 - after the child turns 13 months of age but before the child turns 15 months of age
 - after the child turns 19 months of age but before the child turns 21 months of age
 - after the child turns 4 years and 2 months of age but before the child turns 4 years 8 months of age.
- If we do not receive the forms in time and upon request, the Centre may receive a penalty of up to \$2500.
 - If we do receive a penalty because a family has not provided us with an AIR we may pass on the penalty to the family or families responsible.
- To be eligible for CCS (Child Care Subsidy) Children who are younger than seven must meet the Australian Government's immunisation requirements or have an approved exemption from the requirements

Parents will be notified of infectious illnesses in the Centre via a sign on the front door. Parents of children not immunised will be notified by a phone call when there is an outbreak of a disease.

Staff & Immunisation

Immunisation protects not only staff but also the young children they work with, who may be more vulnerable to vaccine-preventable diseases and may have more serious outcomes if they do contract a vaccine-preventable disease.

- The Director and/or Work, Health & Safety Representative will encourage Educators & Staff to keep their immunisations up to date.
- Educators and staff are required to complete a Staff Immunisation Record at the time of Employment and this will be reviewed on a yearly basis or as needed.
- The Governing Council encourage a safe and healthy working environment by following strict WHS and hygiene policies, which are readily available.

The National Health and Medical Research Council (NHMRC) recommend that all educators and other staff are immunised against:

- **Pertussis**—this is especially important for educators and other staff caring for the youngest children who are not fully vaccinated. Even if the adult was vaccinated in childhood, booster vaccination may be necessary because immunity to pertussis decreases over time
- **Measles–mumps–rubella** (MMR) for educators and other staff born during or since 1966 who do not have vaccination records of two doses of MMR, or do not have antibodies against rubella
- **Varicella** for educators and other staff who have not previously had varicella (a blood test is required to prove previous infection)
- **Hepatitis A**, because young children can be infectious even if they are not showing any symptoms.
- **All staff** should also consider having *yearly influenza* vaccinations. Influenza is very infectious and can spread through the air by coughing and sneezing, as well as by hands, cups and other objects that have been in contact with an infected person's mouth or nose.
- NHMRC recommend that all people working with children with a disability should be immunised against Hepatitis B.

Information on the latest schedules and local immunisation clinics is available at the Centre, either on the

notice board in the foyer or you can ask staff for further information.

National Immunisation Program Schedule- 5th Edition Staying healthy in child care

Infectious Diseases during Pregnancy

Child care staff who are pregnant need to be aware of how some infections can affect the unborn child. This is a good time for the Centre to make sure that all workers are following good infection control practices.

If a staff member tells you that she is pregnant you need to immediately refer her to *Staying Healthy in Childcare*. You need to ensure she has time to read all sections of the publication regarding infectious diseases and make sure this is documented. Especially Part 4.3- Infectious Diseases During Pregnancy and the information regarding **cytomegalovirus(CMV)**.

CMV is part of the herpes family of viruses. It is common throughout the population and most carriers of the virus may not even know they have it. The virus does not usually pose a health threat to an otherwise healthy person, but it can be fatal to people with a compromised immune system. **CMV can cause serious defects to an unborn child if the mother is infected while pregnant.** Refer to Part 5 for its Fact Sheets; 5th Edition Staying healthy in Childcare.

It is important to advise the staff member to speak with her GP about the risks of continuing to work in childcare, as well as following her doctor's advice on undergoing blood tests to check for susceptibility to infections.

Pregnant women could be relocated within the service to reduce their risk of exposure to diseases that can harm their unborn baby. For example, if an educator who usually works in the baby/toddler room becomes pregnant, she could be relocated to a preschool room, where she is less likely to be exposed to cytomegalovirus through nappy changing and feeding.

EXCLUSION/ILLNESS

Infectious Diseases – Children, Educators and Staff will be excluded

- If symptoms occur while the child is in care, that indicate they may be contagious, or have a fever: parents/guardians will be contacted and asked to collect their child as soon as possible.
- If Educators & Staff consider it necessary, emergency medical advice/treatment will be sought.
- If your child has been sent home they will not be allowed back to child care for a full 24 hours after symptoms have ceased (ie temperature), or if they become unwell at home or have a known contagious illness they must not be brought to the Centre until they are no longer contagious and they are fit and well to return. Or until the recommended exclusion period according to 5th Edition *Staying Healthy*, has passed.
- Under certain circumstances, the Director may request a clearance letter from the Doctor.
- If Educators & Staff show signs/symptoms that they are unwell they should inform the Director and go home.
- Educators & Staff members will observe the same principles of exclusion with regards to infectious illnesses. Such as foodborne illnesses and those mentioned below.

When an infectious disease is present in the Centre, notices will be placed on the front door of the Centre and on the door of each room.

If an infectious disease arises at The Centre we will respond to any symptoms in the following manner

- Isolate the child from other children.
- Ensure the child is comfortable and appropriately supervised by an educator/staff.
- Contact the child's parents or nominated emergency contact. If the child's parents are unavailable, the Centre will contact the next nominated person. The Centre will inform the

contact of the child's condition and ask for a parent or other authorised person to pick the child up as quickly as possible. Any person picking the child up from the Centre must be approved by the child's parents and be able to show identification.

- Ensure all bedding, towels and clothing which has been used by the child is washed.
- Ensure all toys used by the child are washed in warm soapy water.
- Provide information in the child's home languages to the best of our ability.
- Inform all the Centre families and educators of the presence of an infectious disease.
- Ensure confidentiality of any personal health-related information obtained by The Centre and educators in relation to any child or their family.
- A child, who has a temperature of 38 degrees or above, will be sent home and may not return to care for 24 hours and only then if they have no symptoms

The Nominated Supervisor or another Responsible Person may require a child or staff member to provide a doctor's certificate following the exclusion period and on the first day back from an infectious illness, stating they are okay to return to Education and Care.

Common Colds

- Children with a common cold will be admitted to the Centre as long as they are not suffering from other symptoms.

Vomiting and Diarrhea

- Parents/guardians will be contacted and asked to collect their child from the centre if their child vomits and/or has diarrhoea twice on the same day.
- The child cannot return to the Centre until 48 hours **after all symptoms have ceased**.
- All Educators & Staff with symptoms of diarrhoea/vomiting must be excluded from work for 48 hours after diarrhoea and vomiting ceases.
- Educators & Staff who develop symptoms at work must go home immediately.

Eye and Ear Discharge

- Parents/guardians will be contacted if their child has discharge coming from his/her eyes or ears and will need to collect their child as soon as possible.
- A child may not return to the Centre until all discharge has ceased.

Head Lice

- Any child found to have lice will be sent home immediately and cannot return until hair has been treated effectively and there is no sign of lice. Hair must be checked every two days once treatment has commenced.
- Checking for head lice is a household responsibility.
- Any inspection by education or childcare workers of a child's head requires the consent of the parent or guardian and the child. (Parents will receive permission forms on enrolment).

Oral Thrush

- Babies with Oral Thrush will be excluded from care as they constantly place objects in their mouth which is a risk to other children.

Medication

- If a child has been given an analgesic (i.e. Panadol) within 24 hours of attending Child care it is a sign that they are unwell and will not be able to attend child care.
- A child attending child care with medication that does not have an accompanying Medication Authority will either be sent home or not given the medication.
- If your child needs to be on antibiotics, they must have been taking them for a **full 24 hours** before they will be allowed back to child care. With all medication, the first dose must be administered

at home. Staff cannot monitor the effects of medication on the child as they have no training to do so and will seek emergency medical assistance if concerned with a child's behaviour following medication.

General

- As a general rule children should not be brought into the Centre unless they are able to cope with normal child care routines and experiences.
- If there is any doubt as to whether a child or an educator/staff member is fit to come to Childcare, please contact the Director for advice, prior to returning to the Centre.
- Under certain circumstances, the Director may request a clearance letter from the Doctor.
- Education and Children's services workers must adhere to a range of legislative requirements.
- Educators will ensure that an "Incident, Injury, Trauma and Illness" record is completed as soon as practicable as or no later than 24 hours of the illness occurring;

See recommended minimum exclusion periods - Staying healthy 5th Edition

Child with Temperature

If the child's temperature does not reduce and respond to the undressing to underclothes and the parent/guardian or emergency contacts have not arrived within an hour or if they cannot be contacted at all, then Centre Staff will:

- Telephone the SA Ambulance Service for advice and/or transportation to the nearest hospital if required.

The Educators will make their decision regarding appropriate action to be taken, based on 'duty of care' and the best interest of the child's well-being, health and safety.

The Centre will not be liable for any medical fees, ambulance or other costs, which may arise due to these emergencies.

If a child is suffering from a fever or pain, they are better off at home, in a quiet atmosphere, resting.

Procedure for Communicating with State or Territory Health Authorities in the Event of a Notifiable Disease.

In the case of an outbreak of a disease that must be reported by a GP to the Health Department, the Centre reserves the right to exclude any child or staff member who is afflicted, as well as those carrying the disease. The Centre will seek advice from recognized health authorities.

Procedure for Educators & Staff:

- Inform the Director (Assistant Director or Chairperson in the Director's absence) immediately.
- Refer to *5th Edition Staying Healthy- Preventing infectious diseases in early childhood education and care services*
- Fill out appropriate forms- Incident, Injury, Trauma and Illness Form
- Place notices on the room door and the front door of the Centre.

Procedure for Director:

- Refer to *5th Edition Staying Healthy- Preventing infectious diseases in early childhood education and care services'* – located in the office and each room
- Call SA Health
- Notify all unimmunized children's parents or guardians.
- Ensure that notices are placed on doors
- Inform the Chairperson of the Governing council

- Write a written report stating ages of children and rooms which they are in – keep on file.
- Submit a report to ACECQA/ESB (Education & Standards Board of SA) to inform them of the outbreak.

Legislation:

Education & Care Services National Law Act 2010
 Education & Care Services National Regulations 2011
 Education and Care Services National Further Amendment Regulations 2017

Sources

Education and Care Services National Regulations 2011 *Reg. 90, 91*
 National Quality Standard QA2 & QA7
 EYLF – Belonging Being Becoming (2009)
 5th Edition Staying Healthy- Preventing infectious diseases in early childhood education and care services
 National Health and Medical Research Council: www.nhmrc.gov.au
 Australian Government Department Health <https://beta.health.gov.au/topics/immunisation>
 5th Edition Staying Healthy In Childcare-
https://www.nhmrc.gov.au/files/nhmrc/publications/attachments/ch55_staying_healthy_childcare_5th_edition_0.pdf
 Immunisation Handbook – 10th Edition
 Work Health & Safety Act 2012
 CHES/DECD (Department for Education and Child Development)
 Guild Insurance
 SA Public Health Act 2011

Reviewed and Updated: January 2020 **Date for next review: January 2023**

Relationships with Children Policy

Policy Statement

Magill Campus and Community Children’s Centre aims to ensure that all educators form positive relationships with children that make them feel safe and supported in.. Educators will encourage positive relationships between children and their peers as well as with educators and volunteers at MCCCC.

Procedure

MCCC's statement of philosophy will guide our interactions with children.

In order to maintain positive interactions with children MCCCC and educators will maintain the following:

- Provide a relaxed and happy atmosphere for the children.
- Ensure mealtimes are relaxed and unhurried and educators take the time to sit and talk with children.

- Encourage children to initiate conversations about their experiences inside and outside MCCCC as well as what is happening around them, express their ideas and feelings, share humour with the nominated supervisor, educators, coordinators and staff and seek assistance as they take on new challenges and try to do things for themselves.
- Respond sensitively and appropriately to children's efforts to communicate and engage them in sustained conversations about their interests in a positive manner.
- Talk with children in a two-sided manner. That is, encourage children to have their own opinions, ideas and comments. Educators should support children with this and let them know that their ideas are valued.
- Have in place, predictable personal-care routines that are enjoyable experiences for babies and toddlers and will respond to babies and toddlers when they practice their verbal communication skills.
- Routines, as well as planned and spontaneous experiences will be organised to maximise opportunity for meaningful conversations between children and educators and MCCCC will ensure that all children have equal opportunity to engage in one to one and small group conversations with educators.
- Be knowledgeable in the communication strategies and nonverbal cues of babies and toddlers and staffing and grouping arrangements within MCCCC will support the development of trusting relationships between educators, babies and toddlers to allow them to feel secure in MCCCC.
- Participate in children's play using children's cues to guide their level and type of involvement while always maintaining a positive approach when responding to children and offering assistance.
- Model reasoning, prediction and reflection processes and language.
- Collaborate with children about routines and experiences.
- Will use techniques such as sign language and other resources and tools to support children with additional needs.
- Engage in give and take communication by adding to interactions initiated by babies and toddlers by describing objects and talking about routine activities with babies and toddlers.
- Use their interactions with children to support the maintenance of home languages and learning English as an additional language.
- Use information from their observations of interactions with children to extend the children's thinking and learning.
- Support children to build secure attachments with one and then many educators and use a favourite toy or comfort item to help them feel secure during the settling-in process. Most toddlers suffer a form of separation anxiety when away from their families. Educators need to reassure the toddler and work with the toddler's family in order to make the child feel safe and happy at MCCCC.
- Ensure that there are many opportunities for babies and toddlers to experience relaxed physical contact and close interactions with familiar educators.
- Will learn more about the histories, cultures, languages, traditions, child rearing practices and lifestyle choices of families using MCCCC.
- Talk with families to get an idea of the non-verbal forms of communication used by their children in order to convey messages such as hunger, needing the toilet, tiredness and emotions.
- Allow time to talk to parents about their children. This allows educators to gain insight into their home life.

- Implement strategies to assist all children to develop a sense of belonging and confidence through positive interactions between the children and educators.
- A staffing roster will be planned in a way that promotes continuity for children.
- Gather information from families in the enrolment form in order to be able to provide support for children during the settling in process including gathering some simple words in the child's home language to support each individual child.
- When children have special needs MCCCC will consult with other professionals or support agencies (i.e. *Inclusive Directions*), that work with children to gather information that will guide our interactions with these children. This information will be recorded in the child's file.
- MCCCC's approach to equity and inclusion will be documented in our statement of philosophy.
- Ensure that educators document the knowledge gained about children, through their interactions, in the child's file for reference for other educators and will continually review the experiences that are planned for children in light of this information.

Group Relationships

In order to encourage respectful and positive relationships between children and their peers and educators MCCCC will adhere to the following practices:

- Encourage children to participate in enjoyable interactions with their peers, respond positively to ideas, negotiate roles and relationships, contribute to shared play, and develop friendships.
- Engage children in ongoing group projects that involve research, planning, problem solving and shared decision making.
- Model strategies for children to initiate interactions and participate in group play and social activities and assist them when they have trouble understanding or communicating with each other.
- Ensure that the children have many opportunities for peerscaffolding.
- Promote a sense of community in the service.
- Coordinate the staffing and grouping arrangements to support positive relationships between children.
- Support and promote children's interpersonal relationships and support the inclusion of children from diverse backgrounds and capabilities in group play, projects and experience
- Learn about children's shared interests and will use this information to plan further experiences that provide collaborative learning opportunities.
- Pre-empt potential conflicts or challenging behaviours by monitoring children's play and supporting interactions where there is conflict.
- Ensure that the program and routines will include regular opportunities for children to engage in social play and group experiences.
- Ensure that food is being used appropriately and not as a reward or punishment.
- Ensure that corporal punishment is not used as part of behaviour guidance or any other aspect of our interactions with children.

Behaviour Guidance

Positive Behaviour

Educators, staff and students/volunteers will model positive behaviour and guide children's behaviour in ways that promote their self-esteem by:

- Encouraging children to engage in cooperative and helpful, to express their feelings and responses to others' behaviour confidently and constructively, and to respectfully guide the behaviour of other children when it is disrespectful or unfair.
- Supporting children to explore different identities and points of view, to negotiate their rights and the rights of others in a positive, respectful manner and to communicate effectively when resolving disagreements
- Discussing emotions and issues of inclusion and exclusion, fairness and bias.
- Encouraging children to listen to other children's ideas, consider alternate behaviour and cooperate to solve problems.
- Using positive language, gestures, facial expression and tone of voice when redirecting or discussing children's behaviour with them, and remaining calm, gentle, patient and reassuring even when children strongly express distress, frustration and anger.
- Listening empathetically to children when they express their emotions, reassure them that it is normal to experience positive and negative emotions and guide children to remove themselves from situations where they are experiencing frustration, anger or fear.
- Supporting children to negotiate their rights and rights of others and intervene sensitively when children experience difficulty in resolving a disagreement.
- Learning about children's relationships with others and the relationship preferences they have and use this knowledge to support children manage their own behaviour and develop empathy.
- Educators will work with each child's family and, where applicable, use this information to engage children in experiences that support their social development
- Speaking in comforting tones and holding babies to soothe them when they are distressed, and responding positively to babies' and toddlers exploratory play.
- Collaborating with other professionals or support agencies that work with children who have diagnosed behavioural or social difficulties to develop plans for the inclusion of these specific children. These will be kept in the individual child's file.
- Promoting children's agency by allowing them to be as independent as possible, to try things they see for themselves and experience the consequences of their choices while considering the risk and benefit to others. This may include teaching children how to use things.
- Ensuring that the curriculum is based on both children's ideas and interests as well as an inclusive curriculum developed from the educators ideas.
- Ensuring that children are being acknowledged when they make positive choices in managing their behaviour.
- Setting up the environment to foster positive behaviour e.g.: rooms are interesting but not cluttered, overly defined and with obstacle free walkways and that resources are attractively displayed. The environment may include mirrors to help children focus and provide interest, contains photos of where some resources belong.
- Ensuring experiences are of interest to children e.g.: visual, sensory/tactile and have patterns

- Supporting children with strategies to deal with their raw emotions e.g.: anger, fear, panic and being patient when children revert to old behaviours if they are stressed, tired or hungry. This includes listening empathetically to children when they express their emotions and reassuring them that it is normal to experience positive and negative emotions
- Enabling educators and coordinators to encourage positive behaviour in children while minimising negative behaviour. Educators will also have strategies in place to involve children in developing behaviour limits and the consequences of inappropriate behaviour. Strategies will also be put in place for the nominated supervisor, educators and coordinators to manage situations when a child's behaviour is particularly challenging and when families have different expectations from MCCCC in relation to guiding children's behaviour.
- Ensuring the children's basic needs are met.
- Allowing children to have uninterrupted play where they can continue their engagement in learning as they explore and improvise.
- Providing instruction for routines and learning.
- Understanding that children's comprehension of vocabulary concepts or instructions may require support with visual aids, key word signing, two step instructions or allowing time for a child to process the instruction and/or information. This may be as simple as waiting a few seconds after speaking to the child so they can process what has been said.
- Supporting children who appear to be insecurely attached by sensitively building relationships with the child and their family.
- Supporting educators and coordinators to enhance their skills and knowledge in relation to guiding children's positive behaviour. e.g.: through additional training.
- Understanding that children may not be able to interpret or understand some words e.g.: 'sharing' may not be understood as 'taking turns'

Inappropriate Behaviour

Educators, staff and students/volunteers understand that inappropriate behaviour is a child's way of saying they need support. Educators will reflect on the reasons for the child's behaviour and develop strategies or a plan which can be implemented by all educators to ensure consistent responses to the child's behaviour while at MCCCC.

Children's behaviour may be inappropriate for a variety of reasons. Some of these include:

- Insecure attachment to educators or families
- Emotional insecurity
- Insufficient language skills to express their needs and wishes
- Used to gaining attention from negative behaviours
- Condition or number of toys, resources or equipment
- A diagnosed or undiagnosed spectrum disorder

Depending on the reason for the behaviour, some strategies for dealing with inappropriate behaviour may include:

- Ignoring the negative behaviour and praising the positive behaviour (while ensuring the safety of all the children, staff and others) and ensuring all body language is consistent with actions and words.
- Building strong social bonds through a focus on attachment theory and Circle of Security approaches
- Using key words with home language or signing and with objects or visuals to help children with communication difficulties
- Using minimal steps in directions then allowing time for a child to understand e.g.: 3 - 5 seconds
- Using terminology that children understand such as 'my turn', 'your turn' rather than assuming children understand e.g.: children may not understand what it means to 'share' or that saying 'sorry' does not mean they can repeat the behaviour
- Allowing children to develop their reasoning and emotional knowledge by helping them to reflect their actions e.g.: 'Mary, what are you doing?' 'I saw you...' 'What were you about to do with....?'
- Not telling a child to do something but asking the child a question e.g.: 'What do we have to do so we can have lunch?' or providing cues to indicate a change is about to occur. e.g.: using a tambourine sound to inform the children it's time for morning tea.
- Talking to the children about the consequences of their actions, our collective rules and why we have them.
- Providing sufficient opportunities for exercise including running which can calm anxious or agitated children through the production of certain chemicals.
- Intentionally teaching behaviours like walking inside, never assuming children know how to do things or behave, and reaffirming those and other positive behaviours.
- Using empathy and putting themselves in the child's position to try to understand where the behaviour came from (not yelling at the end result).
- Documenting incidences of inappropriate behaviours and when they are occurring and developing strategies and/or a behaviour plan with parents and if relevant other professionals.

Parents will:

- Work in partnership with educators and staff where concerns are raised about the behaviour of their child.
- *Consent in writing where educators believe liaising with relevant professionals to support the learning and development of their child and apply for funding to do this if necessary e.g.: liaising with Inclusive Directions.*
- *Agree to work with the educators to minimise risk where the child's behaviour is a danger to others. This may include seeking professional support from, for example a paediatrician, speech pathologist or family support services, or reducing the hours of care until the child's behaviour is supported and risk to others is minimised.*

If parents do not comply with these requirements, the Nominated Supervisor following discussion with the Approved Provider (Governing Council) may suspend or terminate the child's enrolment after providing two (2) weeks' notice. The Nominated Supervisor may, however, suspend or terminate a child's enrolment without providing two (2)

weeks' notice if he/she believes the child's behaviour poses an unacceptable risk to the safety and welfare of other children and educators.

Inclusion

In order to reduce bias and ensure that no child is excluded MCCCC will abide by the following practices:

- Promote and value cultural diversity and equity for all children, families and educators from diverse cultural and linguistic backgrounds;
- Recognize that children and adults from all cultures have similar needs and that each person is unique and valuable;
- Develop a positive self-concept for each child and adult in the group by exploring the cultural backgrounds of each family and child;
- Endeavour to provide a foundation that instills in each child a sense of self identity, dignity and tolerance for all people;
- Increase the knowledge and understanding each child has about his or her own cultural ethnic heritage in partnership with their family, educators and community and other children attending MCCCC;
- Explore family compositions, customs and lifestyles of children and families in many cultures;
- Assist in partnership with parents, extended family and the community in exploring their own "roots" as they involve children in the culturally diverse environment of MCCCC;
- Provide support for fostered or adopted children to develop a sense of heritage and belonging;
- Avoid common stereotypes and recognise individual differences within a cultural or ethnic group;
- Assist wherever possible families who are new to Australia with a transition to a new and different culture. e.g.: Seek the aid and assistance of Bicultural Support
- Educators will become aware of their own beliefs, attitudes, cultural backgrounds, their relationship with the larger society and their attitudes to people;
- Educators will acknowledge that they too have been influenced by their own background prejudices and their points of view;
- Educators will accept that all children can learn and that differences in lifestyles and languages does not mean ignorance;
- Educators will broaden their own cultural and ethnic group awareness and help children to understand themselves in relation to their family, community and other cultures;
- Educators will be actively involved in the development of appropriate resources, support and implement an anti bias, cross cultural program throughout MCCCC's environment which is reflective of all families/children/staff and the diversity present in Australian society and network with community agencies involved with cross cultural issues wherever possible;
- Educators will be actively involved with children, showing respect, sharing ideas and experiences and asking questions.
- Educators will access and make available resources and information supporting the

delivery of anti bias concepts in the program and attend regular training courses as required. Such resources will be integrated into the daily program and be made available to families.

- Educators will reflect on MCCCC's philosophy and ensure that practices and attitude concur with the philosophy.
- Educators will work with families to encourage positive attitudes to diversity and an anti-bias ethos.
- Educators will ensure that casual workers or visitors to MCCCC are aware of these practices and respect these values.
- Children will listen to records and practice singing songs in different languages;
- Children will learn words and phrases in a language not native to children in their group;
- Children will be supported to talk to other children using the words from their culture;
- Children will be encouraged to become independent wherever possible and be actively involved with their peers.
- Children will explore with foods from other cultures (e.g. have family members from different home cultures come in and cook, to have "food tasting" opportunities through cooking experiences);
- MCCCC will encourage children to bring in real objects and artifacts used by their families that may be historical or typical of that child's/family's cultural group including food at the same time being aware of MCCCC's allergy and food restrictions;
- MCCCC will help children to develop ease with and have a respect for physical, racial, religious and cultural differences.
- MCCCC will encourage children to develop autonomy, independence, competency, confidence and pride.
- MCCCC will provide all children with accurate and appropriate material that provides information about their own and other's disabilities and cultures.
- MCCCC will not plan to isolate a child for any reason other than illness, accident or a prearranged appointment with parental consent.

Supporting Children through Difficult Situations

When a child, family, educator or MCCCC as a whole experiences a stressful or traumatic situation such as a car accident, family break-up/separation, sudden illness or death, crime or violent situation it is important to provide appropriate support so they can recover from the ordeal. A child's reaction to a stressful or traumatic situation will depend on factors such as their age, stage of development and impact of the event on people around them. A child may react in ways that you don't expect and sometimes will act normally at first but be wary of a delayed reaction. Some reactions include:

- Physical symptoms such as stomach aches and headaches.
- Being anxious or clingy.
- Suffering from separation anxiety.
- Having sleeping problems or nightmares.

- Re-living the experience through drawing or play.
- Losing interest in activities.
- Loss of self-confidence.
- Regressing to "babyish" activities.

MCCCC educators will talk with a child about the event to bring any issues out into the open.

The ways MCCCC educators will approach this are:

- Reassuring the child that they are safe, but only if they really are.
- Talking to the child about what happened in a way that they will understand and without going into frightening or graphic detail. MCCCC educators will not leave out important information though, as children will fill in the gaps.
- Ensuring the child hasn't jumped to conclusions. Some children will think they are to blame in a tragic event; our educators will make sure they know this isn't so.
- Talking about the event with appropriate people (for example, all children if the event has affected the whole Centre or the children that have been affected) and letting everyone have their say including children.
- Talking to the children about how people react to stressful or traumatic situations and that the feelings they are feelings are normal.

Coping Mechanisms

Some strategies that MCCCC educators will use to help children cope in these situations are:

- Giving children a sense of control of their environment and life. Letting the child make minor decisions, such as what to eat for lunch, what to wear or what toy to play with will make the child feel more in control.
- Allowing the children plenty of time to play and to do physical exercise; this will help the child burn off stress chemicals and allow for more sleep.
- Helping the children physically relax with story times and cuddles.
- Limiting stimulants like chocolate or too much sugar

It is important to remember how you respond to the stressful or traumatic event will affect your child's response. Children look to their families and educators to find ways to deal with a situation they probably don't understand. Children need their family members (and other adults who are close to them) to help them understand the situation and their emotions and also offer comfort and support. If adults are distressed about a situation it is important for them to seek help for themselves.

At MCCCC, staff wish to help in whatever way we can if your family has undergone a tragedy. Talk to educators (or confidentially to the Nominated Supervisor) and we will endeavour to work with families and children to support all parties through the situation.

Should it be required, educators will liaise with appropriate authorities, such as the Education and Early Childhood Services Registration and Standards Board of South Australia, ACECQA, and follow any recommendations made by these authorities.

Bullying

In order to overcome bullying in MCCCC, our educators will be aware of the following information and maintain the following practices:

Educators will be aware of the following characteristics in children who bully -

- Children of all backgrounds can bully.
- Preconceived notions of children who bully should be avoided.
- The child who bullies may also be the victim of bullying.
- The child who bullies will often think that they are innocent, and that the child being bullied is somehow deserving of this negative experience.
- Recent research demonstrates that aggressive behaviour and bullying inclinations begin in some children as early as two years old, which highlights the importance of children's services educators in effectively responding to children who bully.

Educators will be aware of the following characteristics of victims of bullying -

- Children of all backgrounds can fall victim to bullying
- Preconceived notions of children who fall victim to bullying should be avoided
- Boys are victims of bullying more than girls.
- Victims may have low self-esteem, lack of confidence, lack social skills or be viewed as unpopular
- It is important to remember that victims are often sensitive and easily hurt, and feel incapable of preventing such negative experiences.

Educators will implement the following strategies to overcome bullying -

- Practice all-encompassing and socially inclusive care.
- Daily programs will recognise, value and reflect the social and cultural diversity of our community.
- Educators will role model and actively encourage appropriate behaviours.
- Educators will form a close relationship with family members in order to work cooperatively to overcome instances of bullying.
- Educators will empower children by giving those responsibilities that will make them feel valued.
- Educators will help children deal with their anger. This includes offering alternative dispute resolution techniques that are socially acceptable.
- Educators will seek the support of children's services professionals when it is necessary.
- Educators will respond promptly to children's aggressive or bullying behaviour.

Biting

MCCCC recognizes that small children from time to time, and for a variety of reasons will attempt or succeed in biting another child. While the motivation and attempt to bite is seen as a stage in a child's development, the result can concern. Biting is not uncommon in the behavior of children under two years and can trickle on into that of the over twos. It appears to be linked to a child's lack of ability to use language and a need to use a strategy for quick communication.

Some reasons a child might bite are:

- o Infants - experimental, sensory pleasure, teething
 - o Toddlers - frustration, fatigue, attention seeking, confined spaces
 - o Older children - aggression, deliberate
-
- While educators aim to minimize biting incidents at MCCCC and to protect children from danger of cross infection caused by bites, it is not always possible to prevent these incidents from happening given the speed at which biting incidents occur.
 - Educators will monitor the behavior of the child who has bitten and use distraction techniques to prevent the child reaching the point where the child feels the need to bite.
 - Where a bite does occur, educators will immediately check the skin. Broken and unbroken skin will be washed and first aid steps will be followed.
 - All known incidents including bites are documented and kept on an Accident & Injury record for parents to acknowledge.
 - Where skin is broken due to biting incidents, the parents will be notified by an educator and the parent will be responsible for any medical follow-up.
 - Educators will review the environment and develop strategies to try to endeavor and prevent repeated biting incidents.
 - In line with MCCCC's Confidentiality Policy educators cannot disclose the biter's information unless there is known danger of possible cross infection.

Where educators need additional help in developing strategies, the child's parents will be consulted to work through a 'Behaviour Management' process and/or obtain permission to seek outside assistance and support. (I.e. Inclusive Directions, Parenting S.A.)

Be assured that educators will be actively seeking ways of eliminating the problem, whilst maintaining the self-esteem of all parties involved.

Legislation

Education & Care Services National Law Act 2010

Education & Care Services National Regulations 2011 *Regs. 155-156, 168 (2) (j)*,

Education and Care Services National Further Amendment Regulations 2017

Sources

National Quality Standard QA 5, 5.1, 5.2.

Years Learning Framework

Inclusive

Directions

Parenting

S.A.

Reviewed: September 2018

Date for next review: September 2021

Nutrition Policy

Preamble

Healthy eating and physical activity contribute to children's ability to socialise, concentrate, cooperate and learn. Learning about healthy lifestyles, including nutrition and physical fitness, is integral to wellbeing and self-confidence (*Early Years Learning Framework*, p. 30; *Framework for School Age Care*, p. 29). Good nutrition is essential to healthy living and enables children to be active participants in play and leisure (*Framework for School Age Care*, p. 29). Education and care settings provide many opportunities for children to experience a range of nutritious food and to learn about healthy food choices from educators and other children.

Policy Statement

At Magill Campus and Community Children's Centre we will aim to:

- meet the nutritional and dietary needs of children at the Centre by providing food and drinks that are safe, varied, nutritious and culturally diverse.
- encourage and support breast-feeding.
- provide a positive, supportive and social environment in which children can enjoy eating.
- encourage and role model healthy eating habits and behaviours.
- communicate with families about their children's eating patterns.
- maintain consistent high standards of food hygiene and safety.

Procedure

The Centre's menu is nutritionally balanced and based on the *Dietary Guidelines for Children and Adolescents in Australia*

- Foods containing calcium are offered with all meals/and or snacks.
- Low salt foods and ingredients are used, and no salt is added to food.
- Drinking water is freely available throughout the day and is offered with all meals and snacks.
- Foods that are high in iron are offered daily.
- The Centre provides lunch, morning tea and afternoon tea, all accompanied by refreshments.
- We offer nutritious foods at all meal and snack times to ensure each child is offered adequate food and drinks.
 - At lunch children will be offered extra servings, as needed.
- A late snack such as cruskits and/or fruit for example are offered to children still here after 5.00 pm.
- There is an emphasis on serving fresh foods and left-overs are not served
- Mealtimes are an integral part of the daily learning experiences and staff discuss food and good nutrition with the children.
- Written details of food eaten are provided to parents of babies and toddlers daily, and older children as requested.
- Information and resources about nutrition are readily available at the Centre and are distributed to parents to promote good nutrition and eating habits.

Social enjoyment at meal and snack times

- Children may be involved in food preparation and mealtime tasks.
- During meals and snacks staff always sit and eat with children in a relaxed and pleasant environment, encouraging independence and the development of social skills.
- Staff observe and respond to children's appetite cues of both hunger and fullness, which can be communicated verbally and non-verbally.
- Children's food preferences are respected.
- Children are required to remain seated while eating. Care is taken to ensure very young children are well-supervised especially when trying new foods, in case of allergic reaction.
- Food is not used as a reward, bribe or punishment.

Centre Menu

The menu is planned on a four-week rotating cycle taking into account:

- the nutritional needs of the children, including any special dietary needs,
- children's age-appropriate preferences and needs,
- consideration of the colour, flavour, texture and variety of foods
- the availability of seasonal foods,
- foods and dishes from diverse cultures,
- dental health, by
 - minimising foods and drinks which cause dental decay, eg foods with high sugar content,
 - rinsing teeth by drinking water after the meal, and
 - minimising eating between meal and snack times.
- suggestions from parents. Parents are invited to help prepare special dishes which may be part of their culture, that are also in line with this Nutrition Policy.

The menu is planned with input from the Chef, Educators, Staff and Families.

The weekly menu is displayed in all the rooms and on the web page, including the ingredients used. Recipes are available from our Chef.

Children with specific dietary requirements:

- To minimise the risk of severe, life threatening allergies in some children nuts and products containing nut are not used in the Centre.
- Parents of children with special dietary needs (reasons include health/medical, cultural and religious preferences) are asked to provide written details and medical confirmation of their child's requirements. This should be updated every twelve months (or more frequently if required) and discussed with our Chef, Director and Room Coordinators (Refer to Form: Modified diet care plan).
- Relevant details of children with special health and dietary needs or prohibitions are displayed in their section of the Centre. Details of any relevant emergency procedures are included.
- Care is taken to ensure very young children are well-supervised especially when trying new foods, in case of allergic reaction.
- Common allergens include, but are not limited to: nuts, seafood, cow's milk/dairy foods, soy based foods, wheat, egg, legumes, and proteins.

Food from Home

- *In most situations due to the high incidence of anaphylaxis and allergies, food from home is not permitted to be brought into the Centre.*
- *Foods that are permitted:*
 - *All rooms – a piece of fruit*
 - *For some special dietary needs, parents may be asked to provide some/all of the food required for their child*

Birthday and other celebrations

- Parents/Guardians can order a cake baked here at the centre for their child's birthday.
- The cake needs to be ordered a week in advance and a small fee is applied to your account.

Food safety and hygiene

- The kitchen, food storage and preparation areas, and all equipment and utensils are maintained to a high standard of cleanliness. Strict hygiene procedures are followed in all food-handling. (Refer to the Food Safety Program and Policy)
- Importance is placed on ensuring that all food is safe from choking for young children to eat, particularly for children under 4 years of age, as per recommendations from Child Youth and Women's Health Service (CYWHS); Kidsafe and the SA Dental Service). Therefore
 - round foods such as grapes, cherry tomatoes and cherries will be cut in half;
 - foods with seeds, pips and stones such as cherries, stone fruit and olives will have their seeds removed and cut into smaller pieces;
 - foods that are hard, crunchy or stringy such as apples, carrot and celery will be grated, very finely sliced, cooked or mashed;
 - foods that are tough or chewy like meat with gristle or bone or tough meat will have the fat, gristle and bone removed, and cut into small pieces, minced, shredded or slow cooked; and
 - foods containing small bones such as fish or chicken will have bones removed and cut into small pieces lengthwise and then into smaller pieces;
 - corn chips, popcorn, nuts, or hard crackers will not be served;
 - food safety is discussed with older children;
 - precautions to prevent choking are known and implemented by all staff;
 - All permanent staff are trained in first aid.

Additional strategies for Baby Room

- Cow's milk is supplied by the Centre for children aged over twelve months.
- Cow's milk as a drink is not recommended for children under twelve months.
- The Centre provides baby cereal for children under 12 months as required.
- Staff, usually the Primary Educator/Carer, hold babies under twelve months in their arms to give them their bottles. This provides an important opportunity for one-to-one interaction and developing secure attachments.
- Water is boiled for children under six months.
- Beverages apart from milk/formula and water are not recommended for children under five years and are not offered in the Centre.
- Recommendations are in a period of change and ambiguity; existing recommendations are that solids are introduced to babies' diets after six months. Newer recommendations are that solids are introduced between the ages for four to six months. Delaying the introduction of foods other than breast milk/ infant formula may reduce the occurrence and severity of allergies.
- Caregivers follow parents' requests for the introduction of solids, and keep a record of new foods as they are offered. Baby rice cereal (iron-enriched) is recommended first and then pureed vegetables and fruit, with only one new food being offered at a time. By one year, children are offered most foods on the menu. Young babies' food is usually served at body temperature.
- Children in the Baby room are offered food (meal or snack) about two-hourly and according to individual needs.

Breastfeeding, Breast Milk and Bottle Warming

Healthy lifestyles and good nutrition for each child is paramount. The Centre encourages all families to continue breast feeding their child until at least 12 months in line with recommendations by recognised authorities, and will feed children breast milk supplied by their families.

Mothers are encouraged to breast feed their infants and are given information and support to continue when they return to work. A comfortable place is provided for mothers to feed their babies at the Centre. This may

be at any time during the Centre's opening periods. Families are encouraged to have a feeding routine already established when their babies start in child care.

Educators who breastfeed at the Centre

The Centre recognises the importance and benefits of breastfeeding and that many women will return to work before they wish to wean their children. The Centre aims to provide the facilities and the support necessary to enable mothers in our employment to balance breastfeeding with work. For example, an educator returning from maternity leave may have a meeting with the Nominated Supervisor to discuss:

- more temporary flexible work arrangements
- The provision of lactation breaks for the educator/staff member to express milk or breastfeed her child. Educator to child ratios will not be compromised during these breaks.

The Centre will provide up to two 30-minute lactation breaks, for the purpose of breastfeeding and/or expressing, each day, providing staff cover can be arranged (educator to child ratios are not compromised) and minimum disruption to the Centre programme occurs. These breaks are available in addition to regular breaks and are taken by arrangement as unpaid/annual leave or time in lieu. The time of these breaks is negotiated between mother and the Nominated Supervisor.

Breast milk procedure

Breast milk that has been expressed should be brought to the Centre in a clean sterile container labelled with the date of expression and the child's name. Educators and staff encourage families to transport milk to the Centre in cooler bags and eskies.

Educators will:

- put the breastmilk in the fridge as soon as families arrive
- refrigerate the milk at 4° Celsius until it is required
- warm and/or thaw breastmilk by standing the container/bottle in a container of warm water
- test the temperature of the milk before giving it to the child
- consult individual families for instructions if they do not have enough breast to meet the child's needs that day Provide families with daily information about their child's food and beverage intake and related experiences.
- Return any unused breastmilk to families when they collect their child. Educators will not store unused milk at the Centre.
- **Breast milk** is stored in named bottles in the back of the refrigerator (not in the door which is the warmest place). Bottles are heated once only, in warm water (not in the microwave oven). Breast milk is kept for 48 hours fresh, 24 hours thawed in the fridge, or three months frozen (in separate freezer in kitchen area) and then discarded. **Expressed breast milk must be clearly named with date of expression and must be discarded if there is any doubt about name or date.** Breast milk should never be microwaved. The contents should be discarded of particularly used bottles after 1 hour. Any unused formula should be thrown out after 24 hours. Breast milk should only be warmed by standing the bottle in warm water.

Procedure for Heating Bottles (*not breast milk*) in the microwave oven.

- Ensure that it is a microwave safe bottle.
- There must be at least 120 mls in the bottle.
- Remove the teat and leave outside the microwave.
- Use a microwave that is 700 w or less
 - For a 120 ml heat for 30 seconds.
 - For a 240 ml heat for 45 seconds.
- Minimise the risk of uneven heating by adequately rotating and shaking the bottle directly after microwaving. After the teat/bottle top is replaced, invert the bottle at least 10 times [to eliminate hot spots].
- Check the temperature of the formula/milk on the inside of the wrist before giving to the child to ensure contents are at a safe temperature.

General Information

The nutrition policy is given to new families upon enrolment and opportunity is provided for open discussion between the Director, cook, educators & staff and parents. The policy is reviewed every 3 years or as required, with input from parents/Governing Council, educators, staff and children and can be found in the policy folder on the bench in the foyer. Updates on Nutrition are passed onto educators & staff during meetings and to parents either verbally or via the Centre newsletter.

If families are concerned about their child's eating at the Centre we will discuss this with parents to resolve concerns.

Legislation

Education and Care Services National Law Act 2010

National Regulations 2011. Regulation 168

Source

Early Years Learning Framework

National Quality Standards. QA 2

Dietary Hawk – correct dietary requirement management www.dietaryhawk.com.au

Dietary Requirement management Plan Information for families and carers: Preventing choking on food: Children under 4 years of age.

Staying Healthy, 5th Edition, https://nhmrc.gov.au/sites/default/files/documents/reports/clinical_guidelines/ch55-staying-healthy.pdf

Start Right Eat Right Program, Government of South Australia.

SRER Guidelines “Recommended schedule for introducing solids to infants” 2009

Child and Youth Health www.cyh.com.au.

Australian Breastfeeding Association Guidelines.

Feed Australia <https://www.feedaustralia.org.au/>

Get Up and Grow <http://www.health.gov.au/internet/main/publishing.nsf/Content/phd-early-childhood-nutrition-resources>

Australian Dietary Guidelines <https://www.eatforhealth.gov.au/guidelines/about-australian-dietary-guidelines>

Reviewed: March 2020

Date for next review: March 2023

ACCIDENTS

Every effort is made to prevent accidents, however, if a known accident does occur, educators will take appropriate action. If your child does have a minor accident, (i.e. scratch or scraped knee) educators are trained in first aid, and are able to deal with the problems. An accident record book is kept by educators in each section; recording the date, time of accident, the nature of the wound, who treated the child and what treatment was given. Parents are asked to sign each ‘child accident record’ when they pick up their child.

Every effort will be made to notify the parent/guardian if medical attention is required (**it is of utmost importance that the Centre has accurate day time contact phone numbers of parents/guardians**). Depending on the severity of the accident/illness, the child will be taken to a local medical centre or the Women's & Children's Hospital.

The Centre **does not** maintain a subscription to cover emergency ambulance travel for children attending The Centre. **It is strongly recommended that families take out their own ambulance cover.** The Centre **will not** be responsible or liable for any medical fees or other costs, which may arise due to emergencies or accidents.

CLOTHING

1. Please be sure that children have **adequate clothing** with them at all times. All clothing should be clearly labelled. The Centre cannot take responsibility for lost property.
2. Don't forget to send your child in with **shoes** at all times, especially during summer as bees may be prolific. For safety reasons, thongs, clogs and loose fitting shoes are **not** to be worn at The Centre. Open toed sandals are considered suitable.
3. The Cancer Council of SA recommends the wearing of shirts with collars and sleeves at all times. The Centre will supply a suitable **sun hat (wide brimmed)** at a small cost, during the warmer weather and on all sunny days. The hats are to remain at The Centre for your child to use. The Centre's SunSafe Policy requires all children and staff to wear suitable sun hats when playing outdoors (between 1st August to 30th April each year), or when the UV rating is at or above 3. Check the signage as you enter the front door for today's rating.
4. During colder weather your child may wear a 'beanie' when outside.
5. Some of our paint may soil and mark clothing. We will endeavour to help minimize this problem by having children wear smocks during painting experiences. Just in case, please dress your child in clothes that can handle the accidents of children's experiences, and that will cause little concern should staining occur.
6. Please be aware of your child's toileting needs. Clothing can hamper easy access to undressing especially when one is in a hurry. We have found track-suits or similar clothing with elastic waist bands the most convenient for children to manage.

PROGRAMMING

Our program is centered on the belief that children learn best through play. As they discover, create, improvise, and imagine, they develop essential skills such as problem-solving, social interaction, inquiry, and critical thinking. These opportunities to engage actively with their environment foster curiosity and a deeper understanding of the world around them. Our approach is engrained in the Early Years Learning Framework (EYLF), ensuring that all learning experiences are purposeful, meaningful, and supportive of each child's development.

In our rooms, the learning environment is driven by inquiry, where children's interests and educators' observations guide the focus of each room. In the Wattle room, we have introduced a "talking tub," which encourages dialogue and shared exploration. This inquiry process is made visible and accessible through an inclusive floor book, which children actively contribute to. Through this process, we shape our curriculum with the children's voices and ideas at the forefront, building on their experiences and fostering deeper engagement with the world.

We also believe that children thrive when they have the chance to connect with nature and take risks in their learning. That's why we ensure daily opportunities for outdoor play (weather permitting), where children can explore freely, take on new challenges, and discover their environment. These outdoor spaces encourage spontaneity, physical development, and a deeper appreciation for nature.

Our documentation of children's learning is diverse, reflecting the variety of ways children express their understanding. This includes the use of floor books, visual displays (referred to as "Mind Maps"), daily

communication through our app, verbal exchanges, and regular feedback forms. We take a holistic approach to documenting children's growth, ensuring that their learning journey is captured and celebrated in multiple forms.

Each child's development is tracked in an individual portfolio, where educators document progress and highlight developmental milestones based on their unique interests. Through this process, we create a personalized learning pathway that evolves with the child, fostering both individual growth and a sense of belonging in our learning community.

The entire approach aligns with the EYLF outcomes, ensuring children's learning is underpinned by principles of inclusion, agency, and collaboration, while providing a solid foundation for their future success.

SPECIAL ITEMS FROM HOME

The Centre Will Not Be Responsible for the Loss or Damage of Any Items from Home

Unless special circumstances exist, we prefer that children do not bring personal possessions to the Centre. These items are often damaged or lost (for which staff will not be held responsible) and can lead to disagreements between children. We offer a rich variety of resources and materials at the Centre for your child to enjoy. However, if your child has a special or security item, it may be acceptable. ALL items brought from home MUST be labeled and handed to an educator upon arrival. These items will be returned to the child when needed or when it's time to go home.

STUDENTS & VOLUNTEERS

As this Centre is part of the University of South Australia educational facility at Magill & a TAFE 'Learning Centre' it is a condition of enrolment that University/TAFE staff & students have reasonable access to children for observation purposes while the children are at the Centre. High school students and volunteers will be allowed to participate only at the Director's discretion and providing that the children are not disadvantaged.

The Centre recognizes the importance of student practicum placements, volunteers and study leave as being consistent with the long term training of staff in the provision of high quality child care.

PARENTAL/FAMILY INVOLVEMENT

Can you help out with the following?

Simple Dress-up Clothes	Dolls clothes, both casual & cultural
Small boxes, Odds 'n' Ends for collage materials	Old buttons, Natural resources i.e. pinecones
Lunch wrap cylinders	Material scraps & Ribbon off-cuts
Used suitable magazines for cutting out pictures	Used wrapping paper / clean choc. foil wraps

Can you play an instrument? Maybe you could visit occasionally and share your knowledge and expertise no matter how limited or advanced!

Can you spare a few hours to assist at our regular Working Bees? (usually held in April/May & Sept/Oct on a Sunday morning, between 9 a.m. – 12 noon. Your 2+ hrs. help per family per working bee would be greatly appreciated.

IMPORTANT THINGS TO REMEMBER

Please check your child's pigeon hole in the foyer for children's work, notes etc....

Notice boards are provided throughout the Centre with parent information displayed for your interest.

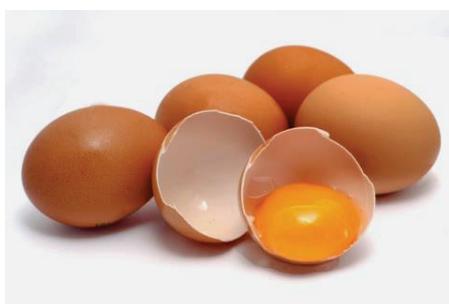
Your child **must be picked up** and **signed out** and have left the Centre **before** closing time. [Before 6:00pm]

A fine will be incurred if a child is not collected before closing time. This is to cover the cost of two (2) staff members, overtime and any additional administration costs.

PLEASE PICK YOUR CHILD UP BY 5:55p.m. in the evening.

This will enable you to have a quick opportunity to gather your child's belongings and briefly chat with an educator about the day's happenings.

IMPORTANT HEALTH & SAFETY INFORMATION RE FOOD ALLERGIES



The Centre has a number of children who have food allergies to items such as peanuts, eggs, milk, fish, soy, wheat, certain fresh fruits, and occasionally other foods. Many children start childcare at a very young age, so not all allergies may have been identified before they begin. A food allergy is a reaction to a specific protein in a food, and it can cause various symptoms, including eczema, hives, facial swelling, vomiting, and breathing difficulties.

Some of our children are at risk of life-threatening reactions to nuts in any form (e.g., peanut butter, peanut oil, Nutella, muesli bars, biscuits, and cakes) and eggs or egg products.

We kindly ask for your assistance in avoiding these items (NUTS & EGGS) in your child's breakfast or snacks before attending the Centre.

This request is made to maintain high safety standards and reduce the likelihood of allergic reactions as children integrate into our Centre.

The allergy can be so severe that even trace amounts of nuts or eggs on a child's person—such as from consuming them at home—can trigger a life-threatening anaphylactic reaction if they come into contact with a child who has an allergy (for example, being kissed or holding hands with a child who has consumed nuts within the past few hours).

We greatly appreciate your participation, understanding, and vigilance regarding this request.

Thank you.