



Family Hand Book

Monash (Caulfield) Childcare Centre



Welcome to Monash (Caulfield) Childcare Centre

Educators/Staff

Management

Ramila (July '18) Director and Pedagogical Leader (Bachelor of Teaching and Learning Early Childhood)

Thanuja (Feb '15) Assistant Director (Diploma of Children's Services)

Niranjala (Feb '18) Assistant Director (Diploma of Children's Services)

Admin Support

Claire (Dec '13)

Team Leaders

Palika (Jul '16) Kinder Teacher, Bunjil Room (Bachelor of Early Childhood Education)

Thanuja (Feb '15) Team Leader (3 year old group), Bunjil Room (Diploma of Children's Services)

Dinata (Apr '08) Co-Team Leader, Waa Room (Diploma of Children's Services)

Niranjala (Feb '18) Co-Team Leader, Waa Room (Diploma of Children's Services)

Wadia (Jan '04) Co-Team Leader, Binbeal Room (Diploma of Children's Services; Advanced Diploma of Children's Services)

Shavi (March '10) Co-Team Leader (Diploma of Children's Services)

Educators

Trupti (Jan '11) Educator (Diploma of Children's Services)

Nishanthi (March '12) Educator (Diploma of Children's Services)

Maria (Oct '11) Educator (Cert III in Children's Services, currently studying Diploma of Children's Services)

Cristina (Mar '98) Educator (Diploma of Children's Services)

Meherun (Jan '05) Educator (Diploma of Children's Services)

Lim (May '12) Educator (Cert III in Children's Services, currently studying Diploma of Children's Services)

Dimple (Mar '14) Educator (Diploma of Children's Services)

Lita (Nov '13) Educator (Cert III in Children's Services, currently studying Diploma of Children's Services)

Shezaana (May '18) Educator (Currently studying Cert III in Children's Services)

Kitchen

Nami (Sep '12) Chef (Cert III in Children's Services, Cert III in Hospitality)

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INTRODUCTION

Welcome to Monash (Caulfield) Childcare Centre, where education and care are provided for the children of staff and students of Monash University, as well as those living and working in the local community.

All Victorian education and care services operate according to the Education and Care Services National Law and Regulations (2011) and the National Quality Standards (2011). The educational curriculum of the Centre is based on the Victorian Early Years Learning and Development Framework and Being, Belonging, Becoming – Early Years Learning Framework. These documents are available for viewing at the Centre.



CENTRE DETAILS

Monash (Caulfield) Childcare Centre

22-24 Derby Road

Caulfield East 3145 VIC

Ph: 9903 2366 F: 9903 1822

Email: caulfield.childcare@monash.edu

Website:

www.monashcaulfieldchildcare.vpweb.com.au

COMMITTEE

The Committee of Management of the Monash (Caulfield) Childcare Centre Association is the Approved Provider for the Centre, with the President of the Association as the designated person with management control. The Association is a not-for-profit organisation responsible for managing the business of the Centre, and any surplus funds are

redirected back into the Centre. The membership (families of the children enrolled at the Centre) elects the Committee of Management each year.

FUNDING BODY

Australian Government Department of Human Services (DHS):

DHS provides information on Childcare Benefit and Childcare Rebate – payments that aim to assist eligible families with the cost of childcare. Contact DHS: Ph 136 150

www.humanservices.gov.au/customer/services/centrelink/child-care-benefit or your local Centrelink or Medicare Office.

KINDERGARTEN

The Department of Education and Early Childhood Development (DEECD) has a range of funding mechanisms to promote participation in high-quality kindergarten programs delivered by a qualified early childhood teacher in the year before school. Our Centre operates a Funded Kindergarten program. Your child may be eligible for free or low-cost kindergarten.

For more information go to:

<http://www.education.vic.gov.au/childhood>

SPONSORING BODY

Monash University provides the purpose built facility in which Monash (Caulfield) Childcare Centre operates. The Centre Committee of Management has a license agreement with Monash University to operate a children's education and care service which is accessible by the university and the local community.

CENTRE PHILOSOPHY



Monash Caulfield Child Care Centre Philosophy

Principle 1: MCCC as made by multiple communities

We recognise and celebrate MCCC as located in multiple communities, including social, cultural, local, university, national and international. The first and foremost community we value, respect and acknowledge is that of our First Nation, the Aboriginal and Torres Strait Islander people. We strive to foster and develop these relationships through our practice and pedagogy.

Principle 2: Fostering stewardship in the social and natural world

MCCC strives to encourage a sense of responsibility and accountability (but not ownership) for the people, living things and environments of which we are part, and pursue an ethics of care that recognises how our actions can have multiple positive and negative impacts that may be both known and as yet unknown.

Principle 3: Positively exploring our voice in the world

In respecting that we come together as individuals with different personalities, outlooks and ways of experiencing the world, MCCC strives to encourage multiple ways of exploring and understanding how we engage and relate to ourselves and our place in the world.

Principle 4: Nurture and care as the foundation for emotional, social and intellectual development

We believe that learning and development thrive when we create a nurturing, safe and loving environment. Our primary focus at MCCC is therefore led by a principle of child, staff and family wellbeing first and foremost. We believe in exploring current thinking and research to guide our programs.

Principle 5: The child-parent-educator relationship as central to MCCC

MCCC is a community based not-for-profit centre, whose success is reliant upon the close relationships, collective collaboration and active participation of children, parents and educators.



RELEVANT LEGISLATION & STANDARDS

NATIONAL QUALITY FRAMEWORK (NQF)

The National Quality Framework (NQF) is the result of an agreement between all Australian governments to work together to provide better educational and developmental outcomes for children using education and care services. The NQF introduces a new quality standard to improve education and care across long day care, family day care, preschool/kindergarten, and outside school hours care.

The National Quality Standard (NQS) is a key aspect of the NQF and sets a national benchmark for early childhood education and care, and outside school hours care.

The NQS is linked to national learning frameworks that recognise children learn from birth. It outlines practices that support and promote children's learning. These are:

Belonging, Being and Becoming: The Early Years Learning Framework for Australia (EYLF)

My Time, Our Place: Framework for School Age Care in Australia

NEW AND CONSISTENT RATINGS

The NQS introduces ratings for children's education and care services. The ratings cover Australian long day care, family day care, outside school hours care and some preschools/kindergartens.

The NQS consists of seven quality areas, each containing standards and elements, that children's education and care services are assessed and rated against:

1. Educational program and practice
2. Children's health and safety
3. Physical environment
4. Staffing arrangements
5. Relationships with children
6. Collaborative partnerships with families and communities
7. Leadership and service management

THERE ARE FIVE RATING LEVELS WITHIN THE NATIONAL QUALITY RATING AND ASSESSMENT PROCESS:

Excellent rating – awarded by ACECQA

Exceeding National Quality Standard

Meeting National Quality Standard

Working Towards National Quality Standard

Significant Improvement Required

Quality ratings of assessed services are published on the national register of services and on the MyChild website.

The Centre undertakes a systematic process for continuous quality improvement through self-review and ongoing critical reflection. Families are encouraged to provide feedback at any time about the service through formal and informal processes.

MONASH CHILDCARE HANDBOOKS

This publication (Family Handbook), The staff Handbook and the Policy and Procedure Manual are reviewed and updated as part of an ongoing cycle of review. This process involves consultation with families and educators during which feedback and suggestions are invited.

POLICY AND PROCEDURE MANUAL

The policies and procedures in this handbook have been written based on recommended best practice guidelines and legislative standards to assist management, families and educators in daily operation of the Centre. The Centre is registered with DEECD and operates under the Education and Care Services National Law and Regulations (2011). The Centre is obliged to meet the National Quality Standards, as outlined in the National Quality Framework 2011 (www.acecqa.gov.au) and aims to provide early childhood education and care at a standard that either meets or exceeds National Quality Standard.

Changes to the Centre's Policy and Procedures will be distributed to staff and families in advance. All review and associated changes to the Policy and Procedure manual are the responsibility of the approved provider MCCC committee in consultation with the Quality Working Group, management, staff and families. The Policy and Procedure manual is available for viewing at the Centre.

LEGISLATION

Education and Care Services National Law 2010

Education and Care Services National Regulations 2011

National Quality Framework – National Quality Standards 2011

Being, Belonging, Becoming – Early Years Learning and Development Framework 2009

Victorian Early Years Learning and Development Framework 2009

Charter of Human Rights and Responsibilities Act 2006 (Vic)

Children, Youth and Families Act 2005 (Vic), as amended 2011

Child Wellbeing and Safety Act 2005 (Vic), as amended 2012

The Disability Discrimination Act 1992 (Cth)

The Equal Opportunity Act 2010 (Vic)

The Trade Practices Act 1996

The Sex Discrimination Act 1984

Racial Discrimination Act 1975

The Information Privacy Act 2000

The Occupation Health and Safety Act 2004

The Children, Youth and Family Act 2005

Child Protection Protocol 2010 (DEECD)

Code of Ethics 2016 - Australian Early Childhood Association

Food Act 1984

Working with Children Act 2005

Child Wellbeing and Safety Amendment (Child Safe Standards) Act 2015



ENROLMENT AND FEES

Eligibility, priority of access and enrolment procedure

The following procedures have been established to ensure goals are met:

- Families requesting child care services need to complete a waitlist application form; which can be obtained from the Centre or on the Monash University website.
- Completed waitlist forms are lodged at the office of the Centre.
- Fees rates are outlined below.
- Please note that you may be eligible to receive the Child Care Subsidy (CCS). Please see <https://www.humanservices.gov.au/individuals/services/centrelink/child-care-subsidy> for further information

2018 DAILY FEES

Monash Student: \$101

Monash Staff: \$107

Community: \$113

FEE STRUCTURE

The Centre's fee structure will be reviewed annually at the discretion of the Committee of Management. Fee increases are based on projected expenditure for the following year.

PAYMENT OF FEES

The Centre prefers that families pay their fees via Direct Debit. A Direct Debit form will be included in enrolment information.

STATEMENT OF FEES

Fee statements are electronically emailed to families on a fortnightly basis.

OVERDUE FEES

It is the responsibility of the family to contact Centre Management, should difficulties arise in fee payment. If fees are overdue by more than two weeks, the child's place may be denied and/or revoked.

NOTICE PERIOD

A minimum of 4 weeks' notice must be given if a family wishes to terminate care; this notice must be discussed with Centre Management and provided in writing to the Centre. If the child/ren do not attend during this notice period the family will be responsible for paying full fees (not subject to CCB discount).

If families wish to terminate their place before they start at the Centre, they will forfeit their deposit.

ACCEPTANCE OF AN OFFER

Once a place has been offered and a family wishes to accept this offer, they are required to pay a non-refundable deposit of 4 weeks of childcare within 5 business days, \$60 of which is an administration fee.

This deposit is then credited to the family's account, once they start attending the Centre. If the family decides not to take up their place after accepting in

writing and paying their deposit, the deposit will not be refunded.

The Centre is unable to hold a place for any length of time. Families will need to begin care no more than 2 weeks after the place becomes available, unless otherwise negotiated with the Centre.

If the offer of a place is declined, the applicant may elect to remain on the waiting list. A parent will be removed from the wait list if they do not respond after an offer has been made. A parent who has refused three offers may request to remain on the wait list, but will be moved to the end of the list.

CHILDHOOD IMMUNISATION REGULATIONS

The "No Jab, No Play" Victorian State Government legislation requires all children to be fully immunised for their age. Parents are required to provide a copy of the child's Immunisation History Statement obtained from the Australian Childhood Immunisation Register prior to commencing at the centre.

PRIORITY OF ACCESS

The Department of Education, Employment and Workplace Relations (DEEWR) Priority of Access Guidelines for child care services will be followed when

offering a child care place. Please refer to the Enrolment and Orientation Policy and Inclusion and Equity Policy.

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INCLUSION AND EQUITY

- To ensure the Centre is fully aware of and operates in a manner which reflects commitment to all the principles of equal opportunity and in compliance with all relevant State and Federal legislation.
- To ensure all adults and children at the Centre are treated equitably and with respect, regardless of their background, ethnicity, culture, language, beliefs, gender, age, socio-economic status, level of ability, additional needs, family structure or lifestyle.
- To promote inclusive practices and ensure the successful participation of all children at the Centre.

child care and will only be shared with those directly responsible for providing or administering the service. Monash Childcare Centre complies with the Information Privacy Act 2000. Further details of privacy and confidentiality can be viewed in the Policy and Procedure Manual, and Privacy and Confidentiality Policy.

(Appendix 8 and 9)

PRIVACY AND CONFIDENTIALITY

Personal information requested from families and staff is required primarily for the provision of



COLLABORATIVE PARTNERSHIPS WITH FAMILIES

ENROLMENT AND ORIENTATION

In accordance with the Centre philosophy, it is important that families and children feel welcome and begin to develop a sense of belonging to the Centre community during the orientation process.

The Centre recognises and values the role of parents, guardians and/or family members in children's orientation to childcare.

The Centre recognises the importance of promoting secure attachments between children and educators. The Centre recognises the child's need to develop a secure relationship with a primary carer at the Centre where possible, and implements strategies for specific staff to spend time with specific children in order to build secure relationships.

The Centre recognises that each child and family is unique, and that it may take varying amounts of time and communication for each child and family to feel comfortable at the Centre.

Where possible, it is beneficial for both the children and families to spend time with their children playing, exploring, meeting staff and becoming familiar with the environment, before the children are left at the Centre for the first time.

Families are obliged to:

- complete an enrolment form (including Children's Routines Form)
- meet with a representative of the Centre to discuss the enrolment form and share information about individual children's needs and routines
- arrange a suitable date to begin orientation
- Discuss with staff an appropriate orientation program, including beginning to leave the child/ren at the Centre for short periods of time
- Discuss with staff an appropriate starting date for the child/ren
- Discuss and ask as many questions as they wish during the orientation process, and throughout their time at the Centre
- Prepare their child before the starting childcare (talking to them about childcare and what happens there) and allow time for a relaxed handover
- Share information regarding their child with staff
- Bring along any comfort/familiar items
- Develop a routine with their child on arrival at the Centre to support separation - this could include:
 - Encouraging the child to greet other children and staff
 - Settling the child into an activity with a small group

- telling the child where they are going and when they will be returning
- saying goodbye and leaving when ready, so as to avoid prolonging separation
- complete the New Family Survey, once orientation is complete

What to bring:

- A full spare set (or sets) of suitable clothing (Sun Smart and cold weather) in case of accidents (please name all items).
- Ensure all shoes are suitable (no thongs etc).
- Nappies for the day (4-5).
- Plenty of spare underwear if toilet training.
- A named sun hat to be kept at the Centre (only sun smart approved will be acceptable)
- A warm jacket for winter.
- Rain coat and Gumboots for wet weather play.
- A clearly named bag to place all belongings in.
- Any special sleeping bags or comforters/wraps/dummies /teddies, etc.
- Milk bottles (formula/breast milk) clearly labelled and enough for the child's daily consumption.

PARENT/GUARDIAN COMMUNICATION AND INVOLVEMENT

Concerns, suggestions and feedback from parents/guardians are encouraged and used to contribute to the development and operation of the service. Families are encouraged to provide feedback to the service through the Director and staff on an informal basis or formally as required. Staff are sensitive and responsive to the cultural needs of families and offer communication in home languages as required.

Formal meetings between staff and parents/guardians can be arranged at a mutually convenient time to discuss the development of their child or any aspect of the program. Centre newsletters are sent throughout the year to all parents/guardians providing information on the program, parenting issues, new initiatives, outings etc.

Centre staff will contribute to the newsletter in addition to distributing regular information regarding room-specific information.

All families and children enrolling at the Centre are effectively oriented and welcomed to the Centre community, in a way that is consistent with the organisational culture of the Centre and helps to build trusting relationships and establish a sense of belonging.



ADMINISTRATION

Parents are expected to accompany their child and let staff know of their arrival. When picking up your child at the end of the day, please tell a staff member that you are leaving.

SIGNING IN AND OUT

Parents must sign their child in and out of the Centre each day. This is a legal document used for government auditing and role-call purposes in the event of an emergency evacuation. If there is any variation to the normal pick-up and delivery arrangements please write them in the book. Change of daily contact numbers must also be noted.

If you will be delayed more than half an hour past your scheduled pick-up time please call the Centre as your child may become worried if you fail to arrive at your usual time.

INCIDENT, INJURY, TRAUMA AND ILLNESS

Staff will ensure that families are notified at the end of the child's day (or sooner) if their child is involved in an incident, injury, trauma or illness at the Centre. Staff will record details on the *Incident, Injury, Trauma and Illness Record*.

MEDICATION/ILLNESS BOOK

If your child has been ill during their time at the Centre or is taking medication, this needs to be documented in the medication book. Parents must complete and sign the medication administration book each day on arrival and departure or medication will not be administered.

COMPLAINTS AND GRIEVANCES

If a parent/guardian has a concern, problem or complaint regarding the Centre, protection or safety of their

child, they should speak with a staff member from their child's room in the first instance. In most cases, the grievance will be resolved without delay, where possible. For problems not resolved at this level, the official grievance procedure will be adopted.

It is hoped that the majority of problems can be solved during the first step of the six-stage grievance procedure. Please refer to the complaints and grievances policy in the policy and procedure manual for more information. Please note, there is an appointed Grievance and Complaints Officer on the Committee, this information is displayed in the foyer. (Appendix 6 and 7)

CENTRE CLOSURE PERIODS

Monash Caulfield Child Care follow Monash Holidays with regards to public holidays and some other closures:

Open:

Labour Day
Queen's Birthday
Melbourne Cup

Closed:

Easter Tuesday
Professional development day (TBA at the start of each year via the Centre newsletter and notice boards)
All other public holidays as per Victorian closures

The Centre closes for approximately 2 weeks during the Summer/Christmas period. Dates will be announced at the

start of the year. Fees do not apply during this period.

Fees apply to all Victorian public holidays if it's your child's regular day. CCB and CCR is applicable to these days.

DELIVERY AND COLLECTION OF CHILDREN

Early childhood professionals have a duty of care not to endanger children at the Centre by knowingly placing them in a situation that could reasonably be expected to be dangerous, including releasing a child into the care of an inappropriate person. Only parents, guardians and authorised people are able to collect children from the Centre. An *authorised person* is someone other than the parent/guardian, over 16 years of age who has been nominated by the family on the enrolment form. Either parent/guardian may collect children at any time without authorisation from each other unless there is a custody order.

If staff have not met a parent/guardian collecting their child, photo identification will be checked. At the time of enrolment, parent/guardians must provide the Centre with the names and contact details (including telephone numbers) of at least two people other than themselves who are authorised to collect their child.

If at any time, there are any changes to the authorised people, it is the parent/guardian's responsibility to

inform the Centre of the details of this change.

If for some reason you are unable to collect your child from the Centre, the coordinator or staff must be informed in writing or via telephone (with two staff to take verbal consent) of the name and contact details of the person who will be collecting your child.

When the nominated person arrives we will check the identification before the child will be permitted to leave the Centre.

CUSTODIAL ACCESS

Any custody arrangements should be made known to the Centre Director.

LATE COLLECTION

The Centre closes at 5:45pm each day. Two staff will remain on duty until all the children are collected.

Families are requested to notify the Centre as soon as possible if they are going to be late so that appropriate staffing arrangements can be made.

Any family collecting their child after 5:45pm will be charged a late fee.

Procedure for administering late fees:

- late fees are calculated at \$15 for the first 15 minutes (or part thereof) after closing time (5:45pm) and will be added to the family's next fee statement
- after 6:00pm, late fees are charged at \$1 per minute
- Child Care Subsidy (CCS) does not apply to late fees
- the family member or authorised person collecting a child late will be required to sign a late collection register

- After a late fee has been charged three times to one family, the family will be requested to attend a meeting with Management and a representative from the Committee of Management. In cases where a resolution cannot be reached, a child's place at the Centre may be revoked.
- Late fees are administered at the Director's discretion.

“The Framework conveys the highest expectations for all children’s learning from birth to five years and through the transitions to school. It communicates these expectations through the five Learning Outcomes:

- Children have a strong sense of identity.
- Children are connected with and contribute to their world.
- Children have a strong sense of wellbeing.
- Children are confident and involved learners.
- Children are effective communicators.



The Centre recognises the importance and benefits of family-centred practice and actively seeks family input, involvement and feedback regarding the educational program. Management, the educational leader, the educators and children continuously reflect and evaluate the educational program. Through this process, the strengths of the program are identified, the children are recognised as capable learners, educators can reflect on their intentional teaching, and with a view of continuous improvement, learning and development is visible for all.

Educators develop indoor and outdoor programs and monitor all children's progress on a regular basis. Educators will plan and prepare a variety of group and individual experiences based on children's strengths and interests and link each experience with previous documentation.

Silas Painting

Author: Tara Hart



Notice: I offered Silas paints, a yellow tub, a purple tub and a red tub with paint brushes in each, he started to dot the paper using the paint brushes. After he used each colour he started to take out all the paint brushes from the tubs and then stack the tubs together. This game went on for a while, putting the paint brushes in one tub and stacking the others. I also noticed that when Silas was putting the paint brushes back into the individual tubs he put the corresponding colour brush into the correct coloured tub.



Recognise: Although Silas wanted to do painting and was interested in putting marks on the paper with paint, he then changed the direction of play and started stacking, sorting and organising. I intentionally sat back and watched, I didn't interrupt his play and as a result he was initiating a play experience emerging from his own ideas and was focused for a sustained period of time. As I was observing I could see that when he was stacking the tubs he came across a problem of the paintbrushes being inside the tubs and could not stack them properly. He was able to solve this problem by taking all of the paintbrushes out first and then stacking the tubs. Silas explored colours and patterns and was able to match the coloured brushes to the coloured tubs.

Respond: To provide a stacking experience for Silas and other children, this will develop their hand-eye coordination and their fine motor skills.

To provide a colour matching experience, perhaps incorporating stacking objects, to extend children's colour exploration and language.

Children are provided the opportunity for exploration and imagination with experiences that reflect the real world, their interests, strengths and current passions with an emphasis on choice and independence.

EDUCATIONAL PROGRAMS

The centre's philosophy is considered by educators when developing and evaluating an educational program.

The philosophy of the centre reflects the diversity of families and staff and is evaluated annually and updated as required, to ensure it reflects current early childhood practices and ideals. Educators and families participate in the evaluation process of the Centre philosophy. (The Centre philosophy may be viewed on page 5 of this handbook).

EDUCATIONAL PROGRAMS

It is our aim that the Centre philosophy and goals are reflected in the educational program at all times. In doing so, we seek to provide educational programs that actively encourage and promote self-learning and development in a safe and secure environment.

The educational program in each of the three rooms are developed in line with the National Quality Framework.

The team leaders use the National and the Victorian curriculum frameworks to guide the educational programs. (Being, belonging and becoming, The Early Years Learning Framework {EYLF}, and the Victorian Early Years Learning and Development Framework {VEYLDF}).

Educators will plan, prepare and evaluate a variety of group and individual experiences based on children's interests, abilities, development, progress and analysis of previous documentation.

Educators incorporate children's cultural celebrations, community events and Global, National and State wide days of significance into the educational program.

Programs are reviewed regularly to reflect and evaluate the program's relevance to the children, families, community and to the Centre philosophy.

An electronic program called StoryPark is used to capture the learning of children and the events that occur within the room. The electronic program provides an engaging and sustainable portfolio of children's learning and development. On enrolment families are encouraged to download the StoryPark application on their smart device to access documentation. Documentation is sent to families via the app on smart devices. Observations and documentation play an important role in providing quality programs for children and will be carried out during the course of each day.

Educators gather a range of data from children and families to incorporate into the educational program and is used to explain, reflect and evaluate the educational program. This data is collected via a range of methods including, group and individual learning stories, project learning stories, "WOW" moments, educator's observations, parents conversations summative assessments, educators individual

reflections, child interviews, individual development plans and developmental checklists. All of these types of reflections and documentation of children's learning contribute and drive the indoor and outdoor educational programs and experiences.

Children's electronic portfolios are available to parents, children, educators and staff at all times.

The Centre acknowledges the importance of play and believes that open-ended experiences benefit children. The centre curriculum comprises a balance of indoor/ outdoor programming. The outdoor program is recognised to be as important as the indoor program and is developed to offer experiences that enrich and stimulate. Whenever weather permits, all groups participate in the outdoor program in accordance with the Centres sun protection procedures. The outdoor program aims to encourage spontaneity, risk taking, collaboration between ages and abilities, exploration with the natural world, sustainable practices and country.

Educators will be the facilitators of a learning environment recognising and believing that children, given the freedom within the environment to create, investigate, explore and discover, will develop inner motivation and more readily take responsibility for their own learning.

Educators play an integral role in learning through intentional teaching. Educators will provide materials and experiences that recognise and support the innate intelligence and creativity of children.

Educators and staff recognise that families are children’s first and most influential educators. Family and cultural stories and observations are encouraged and invited as the Centre values working in partnership with families. Family partnerships benefit the educational program and in turn assist in children’s learning.

“Intentional teaching is deliberate, purposeful and thoughtful.”

“Educators actively promote children’s learning through worthwhile and challenging experiences and interactions that foster high-level thinking skills. They use strategies such as modelling and demonstrating, open questioning, speculating, explaining, engaging in shared thinking and problem solving to extend children’s thinking and learning.” EYLF *Belonging, Being and Becoming*.



EDUCATIONAL PROGRAMMES

(Cont...)

INTERACTIONS WITH CHILDREN

Management and educators at the Centre aim to provide a safe, secure, respectful and empowering environment for all children, where they are able to learn and develop their independence, social and emotional communication, self-regulation and conflict resolution skills, with support and positive guidance from educators. Likewise, building positive, respectful relationships between educators and children creates an environment where children are able to develop their self-esteem, self-reliance, independence and sense of belonging.

When educators spend time getting to know individual children, they are able to observe children's behaviour, reflect on and modify their own behaviour and teaching methods to ensure they are sensitive to and respectful of each child's needs. Likewise, through building warm and respectful relationships with families, educators are able to develop a holistic understanding of each child.

A caring relationship with an adult, who can provide the learning and emotional support required, is pivotal to dealing with a child's challenging behaviour. Challenging behaviour is common in young children and is best managed through a collaborative strategy developed between educators and families.

A five step approach is utilised to develop an individual behaviour guidance plan:

Step 1: Observe

Step 2: Discuss

Step 3: Consult

Step 4: Develop

Step 5: Monitor and Review

For further information please view the Policy and Procedure Manual and the Behaviour Guidance Plan located in the appendices.

SUPERVISION OF CHILDREN

Centre educators and staff follow strict procedures to ensure that children are supervised at all times they are in care. Children are supervised at all times by a staff member and the environment is taken into consideration when doing so. Staff and educators adhere to Education and Care Services National Regulations having a minimum of two staff members on the premises and correct child/staff ratios at all times.

CLOTHING, NAPPIES AND DAILY NEEDS

Please provide all nappies and clothing that may be required throughout the course of the day. It is important that children are dressed in clothes that allow them to feel comfortable, move freely and are safe.

Clothes that children can manage themselves are recommended, as this will encourage independence and self help skills – especially for toileting and rest time. Clothing with cords, drawstrings and long ribbons such as parkas, hooded windcheaters and capes can present choking hazards, suffocation or can catch on play equipment and should be avoided. Footwear should be safe and sturdy.

Thongs offer little protection for children and can also catch on climbing equipment and should not be worn to the Centre.

All clothing needs to be clearly named to assist the Centre in keeping track of

children's clothing. Regardless of age, children should be supplied with a complete change of clothing, as garments may get wet or soiled during activities. A range of weather-appropriate clothing should be supplied, including a warm coat in cold weather and a labelled sun hat for warmer weather.

Children's individual needs for nappy changing and toileting are implemented at the Centre in a positive and supportive manner. Family's preferences for special words will be respected and should be included on the enrolment form; otherwise educators will use anatomically correct words.

Educators will follow the child's and parents/guardian's lead regarding toilet training.

HEALTH AND SAFETY

ACTIVE PLAY HEALTHY LIFESTYLE

We aim to promote Active Play and healthy Lifestyle for all children, educators, staff and families. This is achieved through taking part in the Victorian Prevention and Health Promotion Achievement Program. This program provides guidelines to:

- promote a healthy lifestyle to children at the Centre, including participating in physical activity
- provide opportunities for children to engage in active play and learn the connection between a healthy body and a healthy mind
- encourage children to make healthy lifestyle choices consistent with national and state guidelines and recommendations

This policy is based on the Victorian Prevention and Health Promotion Achievement Program (VPHAP for early childhood education and care services), which includes the following eight health priority areas:

- Healthy eating and oral health
- Physical activity
- Mental health and wellbeing
- Safe environments
- Sun protection
- Sexual health and wellbeing
- Tobacco control
- Alcohol and other drug use

According to the VPHAP, a health promoting service supports the health and wellbeing of children, staff and families through learning, policies, creating a safe and healthy physical and social environment, and developing community links and partnerships.



NUTRITION

MCCC acknowledges the importance of healthy eating and its contribution to good health and overall wellbeing. The Nutrition policy provides guidelines to:

- promote a healthy lifestyle to children at the Centre, including eating a variety of nutritious foods that meet children's daily nutritional and dietary requirements
- encourage children to make healthy lifestyle choices consistent with national and state guidelines and recommendations
- ensure that the dietary and cultural needs of children and families are taken into consideration when planning menus for Centre events and activities
- ensure children are provided with access to fresh drinking water at all times at the Centre and during excursions and events

BOTTLES AND BREAST FEEDING

The Centre supports breast-feeding - families may bring their own breast milk for their babies, or express or breast feed at the Centre, as required.

- The Centre provides dairy and soy milk - families may bring their own infant formula for their babies, as required.
- Where families are providing breast-milk or formula, clearly labelled, sterilised bottles are also required (refer to Food Safety Policy - Storage of Breast Milk Procedure).

ALLERGIES AND DIETARY REQUIREMENTS

No food is to be brought into the Centre by families. No nuts or nut products are used or brought into the

Centre as these may be a choking hazard for children and/or may cause allergic reactions in some children.



Families are responsible for providing relevant information at the time of enrolment regarding any child who has a food allergy or intolerance, including evidence of advice from health professional and a written Allergy Action Plan, as required. Families should update staff with any changes to information and amend their child's enrolment and/or Allergy Action Plan as required and provide an adequate supply of any required medication and/or equipment for their child at all times. Please refer to the Allergies and Dietary Requirements policy for more information.

SUN PROTECTION

Monash Caulfield Childcare is a Sun Smart Centre and seeks to ensure that children and staff are protected from skin damage caused by the harmful rays of the sun, through adherence to the relevant policy. Sun protection procedures are implemented from the beginning of September until the end of April the following year. Please supply your child with a wide-brimmed hat to be worn during these times. SPF 30+ (or higher) broad spectrum water-resistant sunscreen will be provided for staff and children to use as necessary.

Parents should apply sunscreen in the morning prior to arriving at the Centre and staff will assist children to reapply throughout the day.

CHILD PROTECTION

All staff at the Centre follow one procedure outlined with regard to child abuse issues. Staff will act to ensure the children are protected. The Centre director will report both serious incidents and complaints about health, wellbeing and safety of a child under the Education and Care Services National Regulations.

Please refer to the "Providing a child safe environment - Child protection Policy" for guidance on assessment and reporting.

IMMUNISATION

All families are required to confirm that their child's immunisation is up-to-date or that they have obtained an exemption. If your child is not immunised Centre link will discontinue your Child Care Benefit/Rebate until the immunisation schedule is resumed.

Any child who is not vaccinated will be excluded from care during outbreaks of some infectious diseases, such as measles and whooping cough, even if the child is well.

ADMINISTRATION OF MEDICATION

If your child requires medication please inform the staff. Medication should not be left in your child's bag. All medications must be provided by the family as the Centre does not provide or store medication for the personal use of children with the exception of emergency medications.

If medication needs to be administered to a child whilst in care, parents/guardians are asked to write clear directions as per centre policy.

Medications will only be administered under the following conditions:

- It must be prescribed by a doctor and must be specifically labelled for the child.
- It must be current and presented in the original container.
- The stated dose must not be exceeded and the use-by date must not have expired.

Non-prescription medications such as cough medicine, teething gels, or natural therapies will only be administered on two consecutive days without a doctor's prescription, only when the parent/guardian provides written request and instructions to do so and only in accordance with the dosage prescribed on the label. Doses on subsequent days will only be given on a doctor's written instruction.

In the case of fever 38.5 degrees Celsius or more, staff will consult with parent guardians the possibility of giving one dose of paracetamol as per the Administration of Medication Policy.

Paracetamol and Ibuprofen

When a parent/guardian requests for paracetamol/ibuprofen to be given to a child, the following should be considered:

- Why is the child having the medication?
- What are the child's symptoms?
- Is the child well enough to be at the Centre?

Staff will administer only one dose of paracetamol or ibuprofen in a 24-hour period and only for 2 consecutive days under clear written instruction, after which a doctor's written authorisation will be required.

Over-the-counter medication (other than Paracetamol/Ibuprofen)

- Over-the-counter medications will only be given for two consecutive days on the parents' written instructions, without a doctor's written instruction.
- Doses will only be administered after 2 consecutive days on a doctor's written authorisation.
- Over-the-counter medications include teething gels.

Ongoing medication

Parents/guardians of a child with a diagnosed condition, such as asthma, epilepsy, anaphylaxis or other conditions that require ongoing medication will be required to provide a written Medical Management Plan (Appendix 4) which has been developed and approved by a medical practitioner and which includes details about the condition, symptoms, treatment and medication required, including a current photo of the child. This procedure must be updated if changes occur and the medication must be left with the staff at all times when the child is in care. (Please refer to the appropriate medical management policy, i.e. Epilepsy, Anaphylaxis, etc).

Nappy Rash and Skin Creams

Nappy Rash and skin creams such as eczema creams will be administered with written permission (see skin cream permission form).

Complementary and alternative medicines

Natural therapies will only be administered on 2 consecutive days without written instruction from the administering practitioner and only in

accordance with the details outlined on the label.

A natural therapy will only be administered if it:

- bears the original label;
- is presented in the original container;
- is specifically labelled for the child;
- states all the ingredients; and
- provides instructions on the amount of medication to be given, the frequency and how it is to be administered with the reason for the natural therapy's use (e.g. ear infection).

APPENDIX 2

Minimum Period of Exclusion from Primary Schools and Children's Services Centres for Infectious Diseases Cases and Contacts (Public Health and Wellbeing Regulations 2009)

In this Schedule, medical certificate means a certificate of a registered medical practitioner.

[1] Conditions	[2] Exclusion of cases	[3] Exclusion of Contacts
Amoebiasis (<i>Entamoeba histolytica</i>)	Exclude until there has not been a loose bowel motion for 24 hours	Not excluded
Campylobacter	Exclude until there has not been a loose bowel motion for 24 hours	Not excluded
Chickenpox	Exclude until all blisters have dried. This is usually at least 5 days after the rash appears in unimmunised children, but may be less in previously immunised children	Any child with an immune deficiency (for example, leukaemia) or receiving chemotherapy should be excluded for their own protection. Otherwise not excluded
Conjunctivitis	Exclude until discharge from eyes has ceased	Not excluded
Diarrhoea	Exclude until there has not been a loose bowel motion for 24 hours	Not excluded
Diphtheria	Exclude until medical certificate of recovery is received following at least two negative throat swabs, the first not less than 24 hours after finishing a course of antibiotics and the other 48 hours later	Exclude family/household contacts until cleared to return by the Secretary
Hand, Foot and Mouth disease	Exclude until all blisters have dried	Not excluded
Haemophilus influenzae type b (Hib)	Exclude until at least 4 days of appropriate antibiotic treatment has been completed	Not excluded
Hepatitis A	Exclude until a medical certificate of recovery is received, but not before 7 days after the onset of jaundice or illness	Not excluded
Hepatitis B	Exclusion is not necessary	Not excluded
Hepatitis C	Exclusion is not necessary	Not excluded
Herpes (cold sores)	Young children unable to comply with good hygiene practices should be excluded while the lesion is weeping. Lesions to be covered by dressing, where possible	Not excluded
Human immuno-deficiency virus infection (HIV/AIDS virus)	Exclusion is not necessary	Not excluded
Impetigo	Exclude until appropriate treatment has commenced.	Not excluded
Influenza and influenza like illnesses	Exclude until well	Not excluded unless considered necessary by the Secretary

Leprosy	Exclude until approval to return has been given by the Secretary	Not excluded
Measles*	Exclude for at least 4 days after onset of rash	Immunised contacts not excluded. Unimmunised contacts should be excluded until 14 days after the first day of appearance of rash in the last case. If unimmunised contacts are vaccinated within 72 hours of their first contact with the first case, or received NHIG within 144 hours of exposure, they may return to the facility
Meningitis (bacteria —other than meningococcal meningitis)	Exclude until well	Not excluded
Meningococcal infection*	Exclude until adequate carrier eradication therapy has been completed	Not excluded if receiving carrier eradication therapy
Mumps*	Exclude for 9 days or until swelling goes down (whichever is sooner)	Not excluded
Pertussis* (Whooping cough)	Exclude the child for 21 days after the onset of cough or until they have completed 5 days of a course of antibiotic treatment	Contacts aged less than 7 years in the same room as the case who have not received three effective doses of pertussis vaccine should be excluded for 14 days after the last exposure to the infectious case, or until they have taken 5 days of a course of effective antibiotic treatment
Poliomyelitis*	Exclude for at least 14 days from onset.	Not excluded
Ringworm, scabies, pediculosis (head lice)	Exclude until the day after appropriate treatment has commenced	Not excluded
Rubella (German measles)	Exclude until fully recovered or for at least four days after the onset of rash	Not excluded
Salmonella, Shigella	Exclude until there has not been a loose bowel motion for 24 hours	Not excluded
Severe Acute Respiratory Syndrome (SARS)	Exclude until medical certificate of recovery is produced	Not excluded unless considered necessary by the Secretary
Streptococcal infection (including scarlet fever)	Exclude until the child has received antibiotic treatment for at least 24	Not excluded
Tuberculosis	Exclude until receipt of a medical certificate from the treating physician	Not excluded
Typhoid fever (including paratyphoid fever)	Exclude until approval to return has been given by the Secretary	Not excluded unless considered necessary by the Secretary
Verotoxin producing Escherichia coli (VTEC)	Exclude if required by the Secretary and only for the period specified by the Secretary	Not excluded
Worms	Exclude until there has not been a loose bowel motion for 24 hours	Not excluded

APPENDIX 3

Australian Early Childhood Association Code of Ethics



VISION

Professionals who adhere to this Code of Ethics act in the best interests of all children and work collectively to ensure that every child is thriving and learning.

PREAMBLE

Early Childhood Australia recognises that Aboriginal and Torres Strait Islander people have been nurturing and teaching children on this land for thousands of years. The Code of Ethics acknowledges Aboriginal and Torres Strait Islander traditional ways of being and caring for children.

This Code of Ethics is informed by the principles in the United Nations Convention on the Rights of the Child (1991) and the Declaration on the Rights of Indigenous Peoples (2007). A Code of Ethics is an aspirational framework for reflection about the ethical responsibilities of childhood professionals who work with, or on behalf, of children and their families. In this Code of Ethics the protection and wellbeing of children is paramount and therefore speaking out or taking action in the presence of unethical practice is an essential professional responsibility.

Being ethical involves thinking about everyday actions and decision making, either individually or collectively, and responding with respect to all concerned. The Code of Ethics recognises that childhood professionals are in a unique position of trust and influence in their relationships with children, families, colleagues and the community, therefore professional accountability is vital.

CORE PRINCIPLES

The core principles in this Code of Ethics are based on the fundamental and prized values of the profession. They act to guide decision making in relation to ethical responsibilities. These core principles require a commitment to respect and maintain the rights and dignity of children, families, colleagues and communities.

- Each child has unique interests and strengths and the capacity to contribute to their communities.
- Children are citizens from birth with civil, cultural, linguistic, social and economic rights.
- Effective learning and teaching is characterised by professional decisions that draw on specialised knowledge and multiple perspectives.
- Partnerships with families and communities support shared responsibility for children's learning, development and wellbeing.
- Democratic, fair and inclusive practices promote equity and a strong sense of belonging.
- Respectful, responsive and reciprocal relationships are central to children's education and care.
- Play and leisure are essential for children's learning, development and wellbeing.
- Research, inquiry and practice-based evidence inform quality education and care.



DEFINITIONS OF TERMS IN ECA'S CODE OF ETHICS

A CODE OF ETHICS—defines the core aspirational values of the profession and provides guidance for professional decision making especially when there are conflicting obligations or responsibilities.

CORE PRINCIPLES—fundamental and prized values of the profession.

FAMILIES—the people who have significant care responsibilities for and/or kinship relationships with a child.

CHILDHOOD PROFESSIONAL—a person who works with or on behalf of children and families in education and care settings.

COMMUNITIES—a group of people living in the same place or having a particular characteristic in common.

COLLEAGUES—includes employers and those with whom you work directly or more broadly.

STUDENT—a person undertaking study at a secondary or tertiary institution.

ACKNOWLEDGEMENT

The first Code of Ethics for the Australian early childhood profession was developed in 1988; it was widely cited and used for 19 years. The first review of the Code of Ethics began in 2003 with the second version launched in 2007. The second review of the Code of Ethics began in 2014 with the third (current) version approved by the ECA National Board in February 2016.

ECA is grateful to everyone who has contributed to the development and ongoing review of the Code of Ethics including those who have participated in consultation surveys, forums and workshops over the years as well as those who have provided advice and oversight through their service on reference and advisory groups. We would particularly like to acknowledge those engaged in writing each version of the Code.



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Code of Ethics



Early Childhood Australia
A voice for young children



IN RELATION TO CHILDREN, I WILL:

- act in the best interests of all children
- create and maintain safe, healthy, inclusive environments that support children's agency and enhance their learning
- provide a meaningful curriculum to enrich children's learning, balancing child and educator initiated experiences
- understand and be able to explain to others how play and leisure enhance children's learning, development and wellbeing
- ensure childhood is a time for being in the here and now and not solely about preparation for the future
- collaborate with children as global citizens in learning about our shared responsibilities to the environment and humanity
- value the relationship between children and their families and enhance these relationships through my practice
- ensure that children are not discriminated against on the basis of gender, sexuality, age, ability, economic status, family structure, lifestyle, ethnicity, religion, language, culture, or national origin
- negotiate children's participation in research, by taking into account their safety, privacy, levels of fatigue and interest
- respect children as capable learners by including their perspectives in teaching, learning and assessment
- safeguard the security of information and documentation about children, particularly when shared on digital platforms.



IN RELATION TO COLLEAGUES, I WILL:

- encourage others to adopt and act in accordance with this Code, and take action in the presence of unethical behaviours
- build a spirit of collegiality and professionalism through collaborative relationships based on trust, respect and honesty
- acknowledge and support the diverse strengths and experiences of colleagues in order to build shared professional knowledge, understanding and skills
- use constructive processes to address differences of opinion in order to negotiate shared perspectives and actions
- participate in a 'lively culture of professional inquiry' to support continuous improvement
- implement strategies that support and mentor colleagues to make positive contributions to the profession
- maintain ethical relationships in my online interactions.



IN RELATION TO FAMILIES, I WILL:

- support families as children's first and most important teacher and respect their right to make decisions about their children
- listen to and learn with families and engage in shared decision making, planning and assessment practices in relation to children's learning, development and wellbeing
- develop respectful relationships based on open communication with the aim of encouraging families' engagement and to build a strong sense of belonging
- learn about, respect and respond to the uniqueness of each family, their circumstances, culture, family structure, customs, language, beliefs and kinship systems
- respect families' right to privacy and maintain confidentiality.



IN RELATION TO THE PROFESSION, I WILL:

- base my work on research, theories, content knowledge, practice evidence and my understanding of the children and families with whom I work
- take responsibility for articulating my professional values, knowledge and practice and the positive contribution our profession makes to society
- engage in critical reflection, ongoing professional learning and support research that builds my knowledge and that of the profession
- work within the scope of my professional role and avoid misrepresentation of my professional competence and qualifications
- encourage qualities and practices of ethical leadership within the profession
- model quality practice and provide constructive feedback and assessment for students as aspiring professionals
- mentor new graduates by supporting their induction into the profession
- advocate for my profession and the provision of quality education and care.



IN RELATION TO COMMUNITY AND SOCIETY, I WILL:

- learn about local community contexts and aspirations in order to create responsive programs to enhance children's learning, development and wellbeing
- collaborate with people, services and agencies to develop shared understandings and actions that support children and families
- use research and practice-based evidence to advocate for a society where all children have access to quality education and care
- promote the value of children's contribution as citizens to the development of strong communities
- work to promote increased appreciation of the importance of childhood including how children learn and develop, in order to inform programs and systems of assessment that benefit children
- advocate for the development and implementation of laws and policies that promote the rights and best interests of children and families.



Name: _____
Date of birth: _____

Photo

Allergens to be avoided:

Family/carer name(s):

Work Ph: _____
Home Ph: _____
Mobile Ph: _____

Plan prepared by: _____
Dr: _____

Signed _____
Date _____

MILD TO MODERATE ALLERGIC REACTION

- swelling of lips, face, eyes
- hives or welts
- tingling mouth
- abdominal pain, vomiting (these are signs of a severe allergic reaction to insects)

ACTION

- for insect allergy, flick out sting if it can be seen (but do not remove ticks)
- stay with person and call for help
- give medications (if prescribed)
- contact family/carer

Watch for any one of the following signs of Anaphylaxis

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- difficult/noisy breathing
- swelling of tongue
- swelling/tightness in throat
- difficulty talking and/or hoarse voice
- wheeze or persistent cough
- loss of consciousness and/or collapse
- pale and floppy (young children)

ACTION

- Call Ambulance if there are any signs of anaphylaxis - telephone 000 (Aus) or 111 (NZ)
- Lay person flat and elevate legs. If breathing is difficult, allow to sit but do not stand
- Contact family/carer

Additional Information

Note: The ASCIA Action Plan for Allergic Reactions is for people with mild to moderate allergies, who need to avoid certain allergens. For people with severe allergies (and at risk of anaphylaxis) there are ASCIA Action Plans for Anaphylaxis, which include adrenaline autoinjector instructions.

© ASCIA 2009. This plan was developed by ASCIA

Name: _____
Date of birth: _____

Photo

Confirmed allergens:

Family/emergency contact name(s):

Work Ph: _____
Home Ph: _____
Mobile Ph: _____

Plan prepared by: _____
Dr: _____

Signed _____
Date _____

For use with EpiPen® adrenaline autoinjectors

MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of a severe allergic reaction to insects)

ACTION

- For insect allergy, flick out sting if visible. Do not remove ticks.
- Stay with person and call for help
- Locate EpiPen® or EpiPen® Jr
- Give other medications (if prescribed)
- Dose: _____
- Phone family/emergency contact

Mild to moderate allergic reactions may or may not precede anaphylaxis

Watch for any one of the following signs of Anaphylaxis

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- Difficult/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat
- Difficulty talking and/or hoarse voice
- Wheeze or persistent cough
- Persistent dizziness or collapse
- Pale and floppy (young children)

ACTION

- Lay person flat. Do not allow them to stand or walk. If breathing is difficult allow them to sit.
- Give EpiPen® or EpiPen® Jr
- Phone ambulance - 000 (AU), 111 (NZ), 112 (mobile)
- Phone family/emergency contact
- Further adrenaline doses may be given if no response after 5 minutes (if another adrenaline autoinjector is available)

If in doubt, give adrenaline autoinjector

After giving adrenaline:

- Commence CPR if there are no signs of life
- Give asthma medication if unsure whether it is asthma or anaphylaxis

EpiPen® is generally prescribed for adults and children over 5 years. EpiPen® Jr is generally prescribed for children aged 1-5 years. *Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.

How to give EpiPen®

- Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE
- PLACE ORANGE END against outer mid thigh (with or without clothing)
- PUSH DOWN HARD until a click is heard or felt and hold in place for 10 seconds.
- REMOVE EpiPen®. Massage injection site for 10 seconds.

© 2009 Asthma Foundation of Victoria. All rights reserved. See www.allergy.org.au/health-professionals/anaphylaxis-resources

Additional information

Note: This is a medical document that can only be completed and signed by the patient's treating medical doctor and cannot be altered without their permission.



ASTHMA ACTION PLAN

(To be updated at least annually and as needed)

For children in childcare, kindergarten and family day care

Instructions

- To be completed by parents in consultation with their child's doctor.
- Parents should inform their child's childcare service, kindergarten or family day care immediately if there are any changes to this record.
- Please tick the appropriate box or print your responses in the blank spaces where indicated (for some questions you may need to tick more than one box).

Privacy

The information on this Plan is confidential. All staff that care for your child will have access to this information. It will only be distributed to them to provide safe asthma management for your child. The service will only disclose this information to others with your consent if it is to be used elsewhere.

Child's name: _____ Sex: M F Date of birth: ____/____/____
(First Name) (Family Name)

PERSONAL DETAILS

Parent's Name: _____
Telephone: (H) _____ (W) _____ (M) _____
Emergency contact (e.g. parent/guardian): _____
Relationship: _____
Emergency contact telephone: (H) _____ (W) _____ (M) _____
Doctor: _____ Telephone: _____
Ambulance subscriber: Yes No Subscriber number: _____

PHOTO (optional)

USUAL ASTHMA ACTION PLAN

Usual signs of child's asthma

Signs of child's asthma worsening

What triggers the child's asthma?

Increased signs of:

Wheeze Tightness in chest Coughing Difficulty breathing Difficulty speaking Other (Please specify)

Wheeze Tightness in chest Coughing Difficulty breathing Difficulty speaking Other (Please specify)

Exercise Colds/Viruses Pollens Dust Smoke Pets Other (Please specify)

Does the child tell the carer when they need medication? Yes No

Does the child take any asthma medication before exercise/play? Yes No

MEDICATION REQUIREMENTS USUALLY TAKEN IN CARE

(Include relievers, preventers, symptom controllers and medication before exercise)

Name of Medication	Method (e.g. puffer & spacer)	When and how much?

© The Asthma Foundation of Victoria January 2008

ASTHMA FIRST AID PLAN

Please tick your preferred Asthma First Aid Plan

4 STEP ASTHMA FIRST AID PLAN

- Sit the child down and remain calm to reassure them. Do not leave the child alone.
- Without delay shake a blue reliever puffer (Aiomir, Asmol, Epaq or Ventolin) and give 4 separate puffs through a spacer* (use the puffer alone if a spacer is not available). Use one puff at a time and ask the child to take 4 breaths from the spacer after each puff.
- Wait 4 minutes. If there is no improvement, repeat step 2.
- If still no improvement after a further 4 minutes – call an ambulance immediately (dial 000) and state that the child is having an asthma attack. Continuously repeat steps 2 and 3 while waiting for the ambulance.

If the child's condition suddenly deteriorates or if at any time you are concerned — call an ambulance immediately.

*Children under five years of age may need to use a facemask attached to the spacer.

OR

CHILD'S EMERGENCY TREATMENT APPROVED BY YOUR DOCTOR (if different from above)

If the child's condition suddenly deteriorates or if at any time you are concerned — call an ambulance immediately.

In the event of an asthma attack, I agree to my child receiving the treatment described above.

- I authorise children's services staff to assist my child with taking asthma medication should he/she require help.
- I will notify you in writing if there are any changes to these instructions.
- I agree to pay all expenses incurred for any medical treatment deemed necessary.
- Please notify me if my child has received asthma first aid.

Parent's/Guardian's Signature: _____ Date ____/____/____

Doctor's Signature: _____ Date ____/____/____

For further information please contact The Asthma Foundation of Victoria on (03) 9326 7088, toll free 1800 645 130, or visit our website www.asthma.org.au

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Incident/Injury/Illness/Trauma Record

Childs Details		Date:
Surname:	First name:	Time:
D.O.B.:		Location:
<p>Details of, and circumstances (including equipment or products involved) leading to the incident/injury/illness/Trauma.</p>		
		 <p style="text-align: center;">Front</p>
Action Taken by Educator/Staff		<p style="text-align: right;">Back</p> 
Name of person making the entry		
Staff name: _____		Staff signature: _____
Name of the person who witnessed the Incident/Injury/Illness/Trauma		
Staff name: _____		Staff signature: _____
Parent/Guardian/Person Notified of Incident/Injury/Illness/Trauma (to be filled out by the educator)		
Full name of Person Notified: _____		Date Notified: _____ Time Notified: _____
How was the person notified (phone call, face-to-face): _____		
Parent/Guardian/Person Notified of Incident/Injury/Illness/Trauma (to be filled out by the parent/guardian/person notified)		
Signature of Person Notified: _____		
Date: _____		Time: _____
Follow Up notes (action taken to prevent further incidence):		

APPENDIX 5

Procedure for developing a behaviour guidance plan

Step 1 – Observe

- Observe children exhibiting challenging behaviour, including in the broader context of their environment, the culture of the Centre, and the interactions of the whole group and other educators working with the child.
- Identify, based on observations, whether there is a need to develop an individual behaviour guidance plan for the child.

Step 2 – Discuss

Invite the family to a meeting to discuss:

- the ongoing behaviour displayed by the child, including highlighting improvements and celebrating successes
- their aspirations, as well as the Centre's aspirations, for the child
- the child's individual characteristics, including interests, temperament, age and cultural background
- recommended strategies to support the child's development, and how these strategies will be reviewed and evaluated
- resources or changes to the environment/program that may be required for a behaviour guidance plan to be implemented e.g. changes to routines and transitions
- the support already accessed by the family to assist with managing the child's behaviour
- other support available, such as a Preschool Field Officer, Noah's Ark, referral for specialist assessment and additional adult support (written consent is

required from the family before any intervention/assessment is undertaken).

- any other matter that will assist with the development of a behaviour guidance plan.

Step 3 – Consult

- If appropriate, and with the permission of the family, consult with other support agencies or service providers who are already working with the child, to assist with the development of a behaviour guidance plan.

Step 4 – Develop

- Develop an individual behaviour guidance plan, based on consultation with the child's family and other support agencies, that is:
 - appropriate to the needs of the child and accepted/agreed to by the family and other professionals involved in the education and care of that child
 - clear and easy to follow for all educators, staff, family and/or volunteers/students working with the child.

Step 5 – Monitor and review

- Continually review, reflect, evaluate and revise the strategies that have been implemented.
- Communicate with the family regarding the child's progress and involve them in evaluating and revising the strategies.

APPENDIX 6

Terms of Reference for a Grievances Representative on the Committee of Management

DATE ESTABLISHED: 13/02/2013

Purpose

A representative has been appointed by the Committee of Management of Monash Caulfield Child Care Centre to investigate and resolve grievances lodged with Monash Caulfield Child Care Centre.

Time period nominated

The Grievances Representative shall be appointed for one year, following the MCCC AGM.

Meeting requirements

The representative is responsible for organising meetings with the Director and/or President and the complainant as soon as is practicable after receiving a complaint or grievance.

Decision-making authority

The representative is required to fulfil only those tasks and functions as outlined in these terms of reference.

The President (Approved Provider) and the Committee of Management may decide to alter the decision-making authority of the representative at any time.

Budget allocation

All expenditure to be incurred by the representative must be approved by the President. A request in writing must be submitted by the representative to the Committee of Management, prior to any expenditure being incurred.

Reporting requirements of the committee

The representative is required to present a written report to the Committee of Management about the grievance, ensuring that privacy and confidentiality are maintained according to the Centre's *Privacy and Confidentiality Policy*.

Tasks and functions of the Grievances Representative

- Responding to complaints in a timely manner
- Investigating all complaints received in a discreet and responsible manner
- Implementing the procedures outlined in Appendix B – *Dealing with complaints and grievances*
- Acting fairly and equitably, and maintaining confidentiality at all times
- Informing the President and the Director if a complaint is assessed as notifiable
- Keeping the Committee of Management informed about complaints that have been received and the outcomes of investigations
- Providing the Committee of Management with recommendations for action
- Ensuring decisions are based on the evidence that has been gathered
- Reviewing the terms of reference of the Grievances Representative at commencement and on completion of their term (AGM). Suggestions for alterations are to be presented to and approved by the Committee of Management.

APPENDIX 7

Procedure for dealing with complaints and grievances

Objective

To ensure that:

- complaints and grievances at the Centre are dealt with promptly and with fairness and equity, considering privacy and any relevant legislative and statutory requirements
- all parties are aware of the procedures to be followed in making and investigating complaints and grievances

Procedure

Management is responsible for:

- identifying, preventing and addressing potential concerns before they become formal complaints/grievances
- maintaining professionalism, integrity and complete confidentiality at all times
- discussing minor complaints directly with the party involved as a first step towards resolution (the parties are encouraged to discuss the matter professionally and openly work together to achieve a desired outcome – refer to the 6-Step procedure below)
- ensuring that the name and telephone number of the person to whom complaints and grievances may be addressed (Grievances Representative) are displayed prominently at the main entrance of the Centre
- ensuring that the address and telephone number of the Authorised Officer at the DEECD regional office are displayed prominently at the main entrance of the Centre
- advising families and any other new members of the Centre of the complaints and grievances policy and procedures upon enrolment
- being aware of, and committed to, the principles of communicating and sharing information with Centre employees, members and volunteers
- responding to all complaints and grievances in the most appropriate manner and at the earliest opportunity
- treating all complainants fairly and equitably
- providing a *Complaints and Grievances Record* and ensuring that staff record complaints and grievances along with outcomes
- complying with the Centre's *Privacy and Confidentiality Policy* and maintaining confidentiality at all times
- supporting the Committee of Management's annual appointment of a Grievances Representative to investigate and resolve grievances (refer to Appendix A – Terms of reference for a Grievances Representative)
- raising a complaint directly with the person involved (Step 1 of the 6-Step procedure) in an attempt to resolve the matter without recourse to the complaints and grievances procedures
- referring grievances or complaints that are unable to be resolved appropriately and in a timely manner, and any notifiable complaints to the Grievances Representative and/or the President, as appropriate
- assisting the Grievances Representative to investigate and resolve grievances according to the 6-Step procedure and any further procedures required (refer to Appendix B)
- informing DEECD in writing within 24 hours of receiving a notifiable complaint
- receiving recommendations from the Grievances Representative and Committee of Management (and/or DEECD) and taking appropriate action, including policy change if required
- working co-operatively with the Grievances Representative and DEECD in any investigations related to grievances about the Centre, its programs or staff.

Staff are responsible for:

- responding to and resolving issues as they arise where practicable
- maintaining professionalism, integrity and complete confidentiality at all times
- following the 6-Step procedure indicated below
- discussing minor complaints directly with the party involved as a first step towards resolution (Step 1 of the 6 Step procedure). The parties are encouraged to discuss the matter professionally and openly work together to achieve a desired outcome
- informing complainants of the Centre's *Complaints and Grievances Policy*
- complying with the Centre's *Privacy and Confidentiality Policy*
- providing information and working co-operatively and to Management, the Committee of Management and DEECD in any investigations related to grievances about the Centre, its programs or staff.

Families are responsible for:

- following the 6-Step procedure indicated below
- raising a complaint directly with the person involved, in an attempt to resolve the matter without recourse to the complaints and grievances procedures (Step 1 of the 6-Step procedure)
- communicating (preferably in writing) any concerns to Management as soon as is practicable
- raising any unresolved issues or serious concerns directly through the Grievances Representative and/or the President, as appropriate
- maintaining complete confidentiality at all times
- co-operating with requests to meet with the Grievances Representative and/or to provide relevant information when requested in relation to complaints and grievances.

6-Step Procedure when making or dealing with complaints:

1. Discussion with the staff member(s) to whom the complaint relates and the Team Leader
2. In the absence of a resolution, discussion with Director and relevant staff members. This provides an opportunity for open communication and prompt resolution of the matter
3. In the absence of a resolution, the complaint may be escalated to Grievances Representative and/or the President of the Committee of Management, as appropriate
4. Presenting the complaint in writing, addressed to the Grievances Representative (Director or Grievances Representative will enter the complaint into the Complaints and Grievances Record)
5. Attend any meetings requested by the Grievances Representative
6. In the absence of a resolution, the complaint may be escalated to DEECD and/or the complainant may seek advice through an independent mediator (at their own expense).

APPENDIX 8

Privacy Principles in action

I. Collection processes (Privacy Principle 1)

I.1 Type of personal and health information to be collected

The Centre will only collect the information needed, and for which there is a purpose that is legitimate and related to the Centre's functions and/or obligations.

The type of information collected and held includes (but is not limited to) personal information, including health information, regarding:

- children and families prior to and during the child's attendance at a Centre (this information is collected in order to provide and/or administer Centres to children and families)
- job applicants, employees, members, volunteers and contractors (this information is collected in order to manage the relationship and fulfil the Centre's legal obligations)
- contact details of other parties that the Centre deals with.

The Centre will collect information on the following identifiers (refer to *Definitions*):

- information required to access the *Kindergarten Fee Subsidy* for eligible families (refer to *Fees Policy*)
- tax file number for all employees, to assist with the deduction and forwarding of tax to the Australian Tax Office – failure to provide this would result in maximum tax being deducted
- *For childcare Centres only:* Customer Reference Number (CRN) for children attending childcare Centres to enable the family to access the Commonwealth Government's Child Care Benefit (CCB) – failure to provide this would result in families not obtaining the benefit.

I.2 Collection of personal and health information

Personal information about individuals, either in relation to themselves or their children enrolled at the Centre, will generally be collected via forms filled out by families. Other information may be collected from job applications, face-to-face interviews and telephone calls. Individuals from whom personal information is collected will be provided with a copy of the Centre's *Privacy Statement* (Appendix 9).

When the Centre receives personal information from a source other than directly from the individual or the families of the child concerned, the person receiving the information will notify the individual or the families of the child to whom the information relates of receipt of this information. The Centre will advise that individual of their right to request access to this information.

Access will be granted in accordance with the relevant legislation. Please note that the legislation allows the Centre to deny access in accordance with the limited reasons for denial that are contained in the legislation (refer to Privacy Principle 6.1).

I.3 Anonymity (Privacy Principle 8)

Wherever it is lawful and practicable, individuals will have the option of not identifying themselves when entering into transactions with Monash Caulfield Child Care Centre.

2. Use and disclosure of personal information (Privacy Principle 2)

2.1 Use of information

The Centre will use personal information collected for the primary purpose of collection (refer to the table below). The Centre may also use this information for any secondary purposes directly related to the primary purpose of collection, to which the individual has consented, or could reasonably be expected to consent. The following table identifies the personal information that will be collected by the Centre, the primary purpose for its collection and some examples of how this information will be used.

Personal and health information collected in relation to:	Primary purpose of collection:	Examples of how the Centre will use personal and health (including sensitive) information include:
Children and families	<ul style="list-style-type: none"> • To enable the Centre to provide for the education and care of the child attending the Centre • To promote the Centre (refer to Appendix 10 for permission forms – photographs and videos) 	<ul style="list-style-type: none"> • Day-to-day administration and delivery of Centre • Provision of a place for their child in the Centre • Duty rosters • Looking after children’s educational, care and safety needs • For correspondence with families relating to their child’s attendance • To satisfy the Centre’s legal obligations and to allow it to discharge its duty of care • Visual displays in the Centre • Newsletters • Promoting the Centre through external media, including the Centre’s website
The Approved Provider if an individual, or members of the Committee of Management/Board if the Approved Provider is an organisation	<ul style="list-style-type: none"> • For the management of the Centre 	<ul style="list-style-type: none"> • For communication with, and between, the Approved Provider, other Committee/Board members, employees and members of the association • To satisfy the Centre’s legal obligations
Job applicants, employees, contractors, volunteers and students	<ul style="list-style-type: none"> • To assess and (if necessary) to engage the applicant, employees, contractor, volunteers or students, as the case may be • To administer the employment, contract or placement 	<ul style="list-style-type: none"> • Administering the individual’s employment, contract or placement, as the case may be • Ensuring the health and safety of the individual • Insurance • Promoting the Centre through external media, including the Centre’s website

2.2 Disclosure of personal information, including health information

The Centre may disclose some personal information held about an individual to:

- government departments or agencies, as part of its legal and funding obligations
- local government authorities, in relation to enrolment details for planning purposes
- organisations providing Centres related to staff entitlements and employment
- insurance providers, in relation to specific claims or for obtaining cover
- law enforcement agencies
- health organisations and/or families in circumstances where the person requires urgent medical assistance and is incapable of giving permission
- anyone to whom the individual authorises the Centre to disclose information.

2.3 Disclosure of sensitive information (Privacy Principle 10)

Sensitive information (refer to *Definitions*) will be used and disclosed only for the purpose for which it was collected or a directly related secondary purpose, unless the individual agrees otherwise, or where the use or disclosure of this sensitive information is allowed by law.

3. Storage and security of personal information (Privacy Principle 4)

In order to protect the personal information from misuse, loss, unauthorised access, modification or disclosure, the Approved Provider and staff will ensure that, in relation to personal information:

- access will be limited to authorised staff, the Approved Provider or other individuals who require this information in order to fulfil their responsibilities and duties
- information will not be left in areas that allow unauthorised access to that information
- all materials will be physically stored in a secure cabinet or area
- computerised records containing personal or health information will be stored safely and secured with a password for access
- there is security in transmission of the information via email, fax or telephone, as detailed below:
 1. emails will only be sent to a person authorised to receive the information
 2. faxes will only be sent to a secure fax, which does not allow unauthorised access
 3. telephone – limited and necessary personal information will be provided over the telephone to persons authorised to receive that information
- transfer of information interstate and overseas will only occur with the permission of the person concerned or their families.

4. Data quality (Privacy Principle 3)

The Centre will endeavour to ensure that the personal information it holds is accurate, complete, up to date and relevant to its functions and/or activities.

5. Disposal of information

Personal information will not be stored any longer than necessary.

In disposing of personal information, those with authorised access to the information will ensure that it is either shredded or destroyed in such a way that the information is no longer accessible.

6. Access to personal information (Privacy Principle 6)

6.1 Access to information and updating personal information

Individuals have the right to ask for access to personal information the Centre holds about them without providing a reason for requesting access.

Under the privacy legislation, an individual has the right to:

- request access to personal information that the Centre holds about them
- access this information
- make corrections if they consider the data is not accurate, complete or up to date.

There are some exceptions set out in the *Information Privacy Act 2000*, where access may be denied in part or in total. Examples of some exemptions are where:

- the request is frivolous or vexatious
- providing access would have an unreasonable impact on the privacy of other individuals
- providing access would pose a serious threat to the life or health of any person
- the Centre is involved in the detection, investigation or remedying of serious improper conduct and providing access would prejudice that.

6.2 Process for considering access requests

A person may seek access, to view or update their personal or health information:

- if it relates to their child, by contacting the Nominated Supervisor
- for all other requests, by contacting the Approved Provider/secretary.

Personal information may be accessed in the following way:

- view and inspect the information
- take notes
- obtain a copy.

Individuals requiring access to, or updating of, personal information should nominate the type of access required and specify, if possible, what information is required. The Approved Provider will endeavour to respond to this request within 45 days of receiving the request.

The Approved Provider and employees will provide access in line with the privacy legislation. If the requested information cannot be provided, the reasons for denying access will be given in writing to the person requesting the information.

In accordance with the legislation, the Centre reserves the right to charge for information provided in order to cover the costs involved in providing that information.

The privacy legislation also provides an individual about whom information is held by the Centre, the right to request the correction of information that is held. The Centre will respond to the request within 45 days of receiving the request for correction. If the individual is able to establish to the Centre's satisfaction that the information held is incorrect, the Centre will endeavour to correct the information.

APPENDIX 9

Privacy Statement

We believe your privacy is important.

Monash Caulfield Childcare Centre has developed a *Privacy and Confidentiality Policy* that illustrates how we collect, use, disclose, manage and transfer personal information, including health information. This policy is available on request.

To ensure ongoing funding and licensing, our Centre is required to comply with the requirements of privacy legislation in relation to the collection and use of personal information. If we need to collect health information, our procedures are subject to the *Health Records Act 2001*.

Purpose for which information is collected

The reasons for which we generally collect personal information are given in the table below.

Personal information and health information collected in relation to:	Primary purpose for which information will be used:
Children and families	<ul style="list-style-type: none">• To enable us to provide for the education and care of the child attending the Centre• To manage and administer the Centre as required
The Approved Provider if an individual, or members of the Committee of Management/Board if the Approved Provider is an organisation	<ul style="list-style-type: none">• For the management of the Centre• To comply with relevant legislation requirements
Job applicants, employees, contractors, volunteers and students	<ul style="list-style-type: none">• To assess and (if necessary) to engage employees, contractors, volunteers or students• To administer the individual's employment, contracts or placement of students and volunteers

Please note that under relevant privacy legislation, other uses and disclosures of personal information may be permitted, as set out in that legislation.

Disclosure of personal information, including health information

Some personal information, including health information, held about an individual may be disclosed to:

- government departments or agencies, as part of our legal and funding obligations
- local government authorities, for planning purposes
- organisations providing Centres related to employee entitlements and employment
- insurance providers, in relation to specific claims or for obtaining cover
- law enforcement agencies
- health organisations and/or families in circumstances where the person requires urgent medical assistance and is incapable of giving permission
- anyone to whom the individual authorises us to disclose information.

Laws that require us to collect specific information

The *Education and Care Centres National Law Act 2010* and the *Education and Care Centres National Regulations 2011*, *Associations Incorporation Act 1981* and employment-related laws and agreements require us to collect specific information about individuals from time-to-time. Failure to provide the required information could affect:

- a child's enrolment at the Centre

- a person's employment with the Centre
- the ability to function as an incorporated association.

Access to information

Individuals about whom we hold personal or health information are able to gain access to this information in accordance with applicable legislation. The procedure for doing this is set out in our *Privacy and Confidentiality Policy*, which is available on request.

For information on the *Privacy and Confidentiality Policy*, please refer to the copy available at the Centre or contact the Approved Provider/Nominated Supervisor.

APPENDIX 10

Permission form for photographs and videos

Background information

Photographs and videos are now classified as 'personal information' under the *Information Privacy Act 2000*.

The purpose of this permission form is to:

- comply with the privacy legislation in relation to all photographs/videos taken at the Centre, whether by the Approved Provider, Nominated Supervisor, Certified Supervisor, educators, staff, families, volunteers or students on placement
- enable photographs/videos of children to be taken as part of the program delivered by the Centre, whether group photos, videos or photos at special events and excursions etc.
- notify families as to who will be permitted to take photographs/videos, where these will be taken and how they will be used.

Photographs/videos taken by staff

Staff at the Centre may take photographs/videos of children as part of the program. These may be displayed at the Centre, on the Monash Caulfield Child Care Centre website or placed in the Centre's publications or promotional material to promote the Centre, or for any other purpose aligned to the Centre's business operations. Some staff may use learning journals in which photographs are included.

When the photographs/videos are no longer being used, the Centre will destroy them if they are no longer required, or otherwise store them securely at the Centre. It is important to note that while the Centre can nominate the use and disposal of photographs they organise, the Centre has no control over those photographs taken by families of children attending the Centre program or activity.

Group photographs/videos taken by families

Families may take group photographs/videos of their own child/children at special Centre events such as birthdays, excursions and other activities. Parents must ensure that where the photographs/videos include other children at the Centre they are sensitive to and respectful of the privacy of those children and families in using and disposing of the photographs/videos.

Photographs taken by a photographer engaged by the Centre

A photographer may be engaged by the Centre to take individual and/or group photographs of children. Information will be provided in written form to families prior to the event, and will include the date and the photographer’s details.

Photographs/videos for use in newspapers, Monash Caulfield Childcare Centre website and other external publications

The permission of families of children will, on every occasion, be obtained prior to a child’s photograph being taken to appear in any newspaper/media or external publication, including the Centre’s newsletter, publications and website.

Photographs/videos taken by students on placement

Students at the Centre may take photographs/videos of children as part of their placement requirements.

Access to photographs/videos

Access to any photographs or videos, like other personal information, is set out in the Centre’s *Privacy and Confidentiality Policy*, which is displayed at the Centre and available on request.

Letter of acknowledgement and understanding 2018

Dear Family,

Re: Family Handbook and Privacy and Confidentiality Policy

Please find attached a current copy of the Family Handbook.

Also included in the Family Handbook you will find Monash Caulfield Childcare Centre *Privacy and Confidentiality Policy*, which outlines how the Centre will meet the requirements of the *Victorian Health Records Act 2001* and the *Victorian Privacy Act 2000* (or where applicable, the *Privacy Act 1988*) in relation to both personal and health information.

It is important that you are aware of these policies in particular and we require you to complete the attached acknowledgement form.

Please return the completed form by (Insert Date here)

Please note: this form will be kept with your individual family enrollment records.

Monash Caulfield Childcare Centre

Acknowledgement of reading the Family Handbook, in particular, *Privacy and Confidentiality Policy*

I, _____, have received and read the Centre’s Family Handbook, with particular regard to the *Privacy and Confidentiality Policy*.

Signature: _____

Date: _____