

Parent Handbook



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Open: Mon-Fri 6.30am- 6.30pm
Open -52 weeks per year

Revised July 2010

Centre Philosophy

To express our notions of the teaching and learning of Early Childhood we have developed a metaphoric representation of a decorated cake. It is our belief that the ingredients that make up the cake symbolises our notion of teaching and learning in the early years. Each cake or room that is made will be different and enhanced and influenced by the past. Some make our cakes or teach our children we will become more effective and reflective in our teaching and learning practices.

Ingredients:

125g of butter or margarine

This is the blending ingredient that blends and moistens our cake. It adds flavour and provides us with the context to create a soft fluffy cake. The butter represents teaching skills and strategies that will be used in our rooms to develop children that are capable of sharing information, discussion, problem solving, higher order, metacognitive behaviours and critical thinking. These techniques include guided discovery, modelling, scaffolding, investigating and open ended questioning. They must reflect the diverse needs of the children and the availability of resources. We believe that the butter or teaching skills and strategies are an essential part of making a successful and effective cake/childcare service.

3/4 cup of castor sugar

Sugar is added to the cake to provide the sweet taste that most people enjoy. This represents how our children should feel about their room and their care givers. We want children to feel that learning is fun and that teaching approaches and experiences will be relevant, exciting and will cater to diversity. By emphasising incorporating a variety of aspects of play children develop cognitive, social and problem solving skills. By utilising these ideas we then hope to make our cake or rooms sweet, fun and enjoyable for all.

2 eggs

The eggs symbolise what binds each room together. They encompass things such as common goals, motivation and the desire to learn. We are aware of five teaching practices that develop student motivation and encourage learning. These include inquiry learning, collaborative learning, language based interactions, apprenticeship models and learning communities. By utilising these approaches our cake/rooms will be well-blended, moist inviting and relaxed environments for our children.

2 cups of Self-raising flour

We feel our place in the cake is in the Self Raising Flour. This ingredient symbolises our intention to encourage the children to develop and reach their potential as capable learners. We believe in acknowledging the complex knowledge, values, experiences and attitudes that individual children's development. Therefore seeing ourselves as key providers in the cake is an acknowledgment of our responsibility to fulfil this obligation to our children.

Subsequently, we feel that the Self Raising Flour also represents the commitment we hold to continue our personal and professional development. It reflects our belief that learning is life long. We hold the notion that we must keep informed of new theories and practices related to early childhood education, which then transfers into our rooms. Therefore our cakes and our teaching will continue to rise and be light and fluffy as will our childcare centre.

½ cup of milk

I believe that the milk represents the different theoretical perspectives and frameworks that have influenced our personal development as early child care specialists these include socio-cultural theory, ecological theory, developmental theory inquiry framework, play based curriculum framework, independent learning and the multiple intelligences. As early childhood specialists we must adapt and manipulate the various teaching perspectives and frameworks available and choose elements from each to suit the individual needs of our children. Therefore our cakes will all contain elements of milk/theory and frameworks to enhance our centre.

1 pkt coloured choc bits

These choc bits are representative of our children. We chose the choc bits because they come in several colours and sizes. Each choc bit is designed to represent diverse cultures, physical, emotional, psychological and psychosocial differences, experiences, abilities and personalities that we are likely to encounter within our centre. We know that young children are more able to reach outcomes if their context considers individual diversity. We also know that each child's environmental, familial and community context all affect students learning abilities. What this means is we must be aware of the different forms diversity take and the contexts in which it lies and to ensure that our teaching practices recognise and adapt to suit the individual needs of our children.

The completed cake:

The completed cake is our representation of the centre itself. We feel that it contains all of the elements/ingredients of the cake. The ingredients have been mixed together and have been baked to perfection to create a warm, caring teaching and learning environment that is encouraging and safe for the children. The children are embedded and emersed in the cake/classroom and are comfortable with their place within the context of the cake. We feel that the classroom context should provide children with the following key components: an understanding of children, partnership building, flexible learning environment, supportive of play and exploration of the foundation learning areas. For us this means that we can work towards providing an environment that is supportive of children's learning.

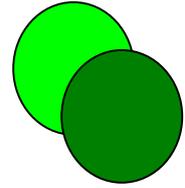
Icing- Ingredients:

One container of Mrs Crocket's chocolate icing mix, lollies and sprinkles to decorate.

For us the icing and decoration on the cake represent outside influences such as the school community, parent input and the outside community coming to share with and contribute to the learning of the children. We know that children's education is derived from these inter-relationships. Also children need the influences of the people, places, resources and the physical environment in order to create a woven mat of learning experiences for young children. Therefore by knowing that children come from communities and then turning to these communities for support, we can enhance and develop the knowledge of our children as well as those working within our centre.

Mission Statement:

We are committed to providing a loving, supportive environment for all children in our care.



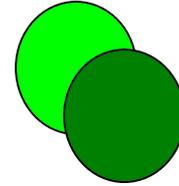
We believe that children are unique and special human beings with their own unique interests and rates of development. Therefore, our qualified and experienced staff provide sound educational programs and activities, appropriate to age and developmental levels.

We will ensure on-going training for our staff to maintain a high quality service.

Parents are valuable clients. We encourage their active participation in our centre at any time. We respect and recognize parents as primary caregivers in children's lives.

Children are also part of the community so in their best interest, we will maintain professional relationships with all family and child orientated organizations at local and regional levels. We are proud to provide non-discriminatory access to all.

Code of Conduct



For Staff

- * Staff shall behave honestly and with integrity.
- * Staff shall avoid any act which may bring our profession into disrepute.
- * Staff shall work in partnership with colleagues and community organisations to support the well being of families.
- * Staff shall treat colleagues and families with respect and courtesy and without harassment.
- * Staff shall maintain a professional relationship with colleagues and parents. Where staff feel a colleague/parents behaviour, competency or integrity is in question, they should discuss this with the colleague/parent. If no satisfactory outcome is achieved the complaint should be referred to those in position to correct the situation.
- * Where a childcare worker receives a complaint from a parent, they should listen carefully to the nature and substance of the complaint. Give due consideration and full account to its content and advise the parent of the formal and informal avenues to obtain consideration of the complaint. If the staff member is in any doubt of the appropriate action, they shall seek guidance from senior staff.
- * Staff shall not make improper use of -
 - * information imparted to them
 - * their duties, status or authority.
- * Staff shall work in ways that enhance human dignity and carry out their duties in a professional and conscientious manner.

For Parents:

- * Parents shall treat staff with respect and courtesy and without harassment.
- * Parents shall become familiar with centre policies and procedures.
- * Parents shall work collaboratively with their child's teachers to ensure the best possible educational outcomes for their child.
- * Parents shall avoid behaviour which may be perceived as belittling or intimidating.

Failure to comply with this code of conduct may result in your child's care being ceased or in the case of a staff member your employment being terminated.

Behaviour considered a breach includes:

- * Inappropriate language such as swearing, using demeaning language, or non-supportive language, inappropriate written material, sexual material in any form on work premise or work functions.
- * Inappropriate conduct such as the consumption of alcohol / drugs in the presence of children and young people.
- * Inappropriate use of facilities and resources such as the personal usage of the company credit card, stealing work belongings or sending inappropriate emails.
- * Inappropriate contact with young children- no parent or staff member shall strike a child as a method of discipline.
- * Giving personal information about families / staff to people not authorized to have that information.
- * Inappropriate gossip, malicious and negative talk and backstabbing is destructive and will not be tolerated.

Reviewed Jan 2010

Welcome to our Centre

We would like to take this opportunity to extend a warm welcome to you and your child/ren to what we trust will be an extension of your home. By working together we will provide a learning environment that promotes high quality care and education to each and every individual. If you require translation of the contents of the centre handbook, we will endeavour to provide this service for you. Translation services are available 24hours a day and can translate and interpret a variety of languages to assist you with a smooth transition into our service. The translation and interpreter service can be contacted on 13 14 50. The centre will assist you in contacting this service.

We operate an open door policy, where parents and family are welcome into the Centre at anytime. Parent participation sends strong positive messages to your child that you support them and are part of the child care environment. There are many levels of parent participation and we appreciate that time is of a premium for all parents, but we will be willing to accommodate any form of involvement you may desire to assist you and your child, which will ultimately benefit the whole Centre. The staff sincerely wish for you and your child to be happy and feel welcomed at our Centre. Be aware that a three way relationship between parents, care givers and the child exists in this setting. Communication is a vital ingredient to the success of this partnership.

A Parent Committee is formed for the benefit of the Centre. This is necessary and valuable in gaining input from you, to evaluate our service in accordance with the standards set by the NCAC. All parents will be advised of and welcome to participate in these meetings.

Full Parent involvement in the Centre can be accommodated to meet your availability and commitments. Such as:-

- Assist in fundraising
- Attend Special activities and functions in the Centre
- Volunteer time
- Suggestions for programming
- Feedback of service
- Attend Parent/Teacher Nights
- Assisting with the development and review of policies and procedures

Siblings are always welcome in our Centre when children are being dropped off, picked up or attending other Centre functions, however, the staff cannot assume responsibility for them.

Information for Parents / Guardians

Policy Statement:

In accordance with the child care regulations 2003 the licensee of a child care centre must ensure that when a child first receives child care at a service that parents/ guardians receive certain aspects of centre information, including the requirements relating to activities, experiences and programs, staff members qualifications, numbers of staff members and children.

Parents are encouraged to ask the Group Leader or Director for information relating to the following:

- Your child's enrolment at the service including the activities and experiences provided by the service.
- The service philosophy about learning and child development outcomes and how it is intended the outcomes will be achieved: and
- The goals about knowledge and skills to be developed through activities and experiences.

Strategies and Practices:

- That the child care centre is licensed under the Child Care Act 2002.
- That the centre complies with the 2002 Act and 2003 Regulations – this handbook outlines the policies in which Tanah Merah complies with the regulations.
- That parents/ caregivers receive information regarding the age group in which your child is to receive care – this is outlined in the centre and room brochures and again within the centre handbook.
- That Parents / Guardians receive the telephone number for the departments information service – this number is 1800 637 711 or 3224 4225.
- That Parents/ Guardians receive the name position and qualifications of your childrens carers – this is in parent enrolment pack.
- That notices about current staff are displayed within the centre – this can be found in the centre hallway.
- General information can be found in the centre's handbook which is located within the parent library – in the hallway.

Child Care Regulations 2003

Developmental Programs

Our centre provides child –centered developmental programs. The programming is based on observing children on a regular basis, evaluating their needs and planning activities from these observations. Each child will be guided to develop at an individual pace according to their individual way. Programs are evaluated on a regular basis. The skills that each rooms program is based on are:

- Fine Motor (small muscle development)
- Gross Motor (large muscle development)
- Social (learning to work co-operatively)
- Cultural (learning about ourselves and our community and communities of others)
- Emotional (self esteem and self worth)
- Cognitive (thinking and problem solving)
- Language (speaking, communicating)

The staff develop programs that are supported by the current Queensland Pre-school curriculum guidelines. The curriculum is not viewed as a series of activities but rather as a full range of experiences provided for children and their families at the centre.

Implementation of Programs/Routines

We aim to provide an atmosphere and environment in which all children are able to realise their full potential regardless of gender. Indoor and outdoor experiences are an integral part of our program and routine. Play is central to a child's development therefore opportunities for both structured and spontaneous activities are provided. Play is a child's unique way to learn about their world. It is also a means of expressing knowledge from previous experience. We aim to provide opportunities for boys and girls to play freely regardless of any stereotype roles they may choose.

Your child's Developmental Records will be available for discussion and completed 6 monthly. Please speak with the Group Leader or Director.

Staffing

Our Centre has a policy of employing fully qualified staff under the Childcare Regulations. Staff are encouraged to participate in professional development in order to broaden and upgrade their skills. The Director is responsible for the overall management of the Centre. The Centre maintains correct staffing ratios as defined by the Child Care Regulations (State) 2003.

Relief Staff Policy

- The centre has diligently built a core of relief staff that are familiar to the centre and the children. This has been achieved to assist in the continuity of care when permanent staff are absent. The centre will maintain the correct ratio's at all times and relief staff will be fully qualified.

Professional Development

- We believe that your child benefits from quality programs and well trained staff. We have therefore established staff appraisal, training and development procedures in order to identify where staff perform well, determine actions for enhancing job performance and encourage future training and development.
- In accordance with Child Care Regulations, staff must hold a Positive suitability card and current First Aid Certificate. We endeavour to provide the highest quality of child care through multiple support systems for our staff, which allow staff to determine their work performance, provide high job satisfaction and opportunities for advancement, further training and development. To assist staff to perform to their optimum capability and provide opportunities for advancement within the workplace, we have initiated a variety of procedures such as:
 - In-house staff training
 - Outside presentation workshops;
 - We encourage all staff to formalise their education through short TAFE or university courses;
 - We also provide relevant resources to all our staff including books, articles and videos on new innovations in child care, development and training.

If you have any queries about the qualifications, training, or techniques used by our staff, please do not hesitate to contact the Director who will be happy to discuss various training procedures and how they benefit your child.



Students, Volunteers and Visitors

From time to time, you will see new faces at the Centre. Relief staff and volunteers are screened before participating in our daily activities and must adhere to our philosophy whilst at the Centre. At no stage will a volunteer worker or student be left in charge of a group of children. However, they will interact with the children, giving help and attention as needed.

Healthy Eating Policy

Policy Statement:

- The Healthy Eating Policy reflects the following concepts, to:
 - support breastfeeding. If a child is not breastfeeding, support appropriate formula/bottle feeding strategies;
 - promote a child's normal growth and development;
 - promote appropriate food choices and physical activity; and
 - regularly review children's physical growth.

(National Health and Medical Research Council, 2003)
- The service plays an important role in meeting the nutritional needs of children while in care.
- The service provides/encourages children with opportunities to experience a healthy, balanced and nutritious menu/meals and/or snacks.
- The service ensures that meals and snack times are conducted in safe, clean, positive environments that promote meaningful interactions between children and other persons.

There is now clear evidence that childhood nutrition has a lasting effect on many aspects of health. Children need fresh, nutritional food and well balanced meals. Nutrition Australia (QLD) 2006 encourages the following areas:

- Children need sufficient nutritious foods to grow and develop.
- Eat plenty of vegetables, legumes and fruits.
- Eat plenty of cereals preferably wholegrain
- Include lean meat, fish, poultry and or alternatives.
- Include milks, yoghurts, cheeses and or alternatives.
- **Choose water as a drink.**
- Limit saturated fat and moderate total fat intake. Low fat diets are not suitable for infants.
- Choose foods low in salt
- Consume only moderate amounts of sugars and foods containing added sugars.

Nutrition Australia (QLD) 2007

Food provided by the service

The centre aims to provide all children with at least 50% of their daily recommended daily dietary intake. We aim to take into account all children's individual requirements, and to value the children's home and cultural backgrounds.

Providing suitable foods which meet children's nutritional needs

- The centre aims to provide a nutritious diet with foods chosen from the five food groups – breads and cereals, fruits and vegetables, dairy foods, meats and fats and oils.
- Fresh fruits and vegetables will be used where appropriate.
- Fats and Oils will be used sparingly.

- Drinking water will be readily available.
- Food will be served taking into consideration colour, texture and presentation.
- Food will not be used as a form of punishment either in its provision or denial.
- Children will be allowed second helpings when available.
- The menu is on display outside the kitchen.
- Food awareness activities will be included in the program.

Menu planning and review

- The menu at the centre has to take into consideration many aspects- food groups, time, space, cost and logistics of feeding 74 children all at the same time.
- The centre's Director, Cook and staff are responsible for the centre's menu. We encourage all parents to leave menu suggestion and yearly we will survey parents and ask for their suggestions.
- The menu is reviewed yearly with the assistance of Nutrition Australia and families.

Minimising the risk of choking

- To minimise the risk of choking on food the centre ensures that all children are seated while eating. A staff member is encouraged where possible to sit and eat with the children.
- Foods such as apples will be peeled for the children under 3 and high risk foods such as carrots will be omitted unless cooked and deemed safe for a Toddler to eat.

Documenting children's nutritional and fluid input

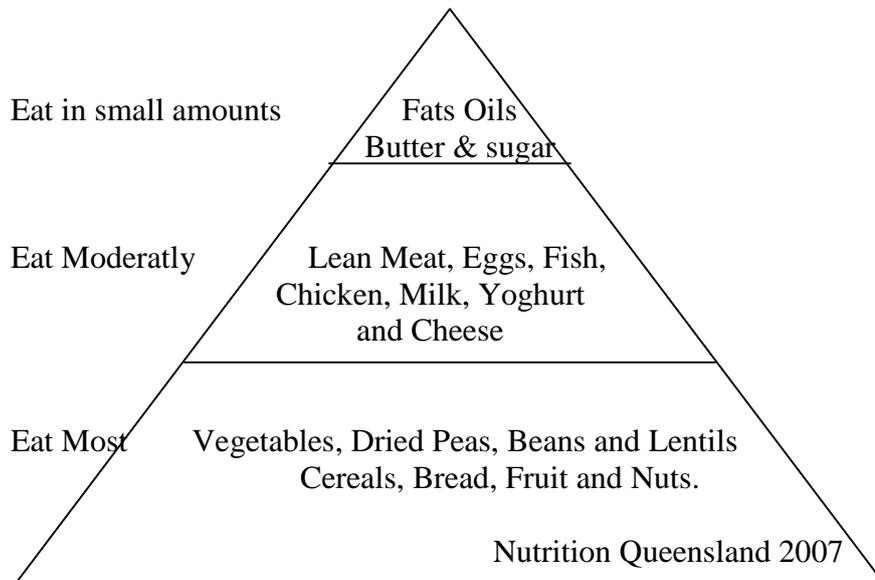
- Monitoring fluid input is an important care giving strategy for children under three, as the risk of dehydration is higher in children than in adults. Documenting the nutritional and fluid intake of children allows the service to monitor a child's wellbeing and communicates this information to families.
- In the Toddlers and Junior Kindy groups specific recordings will be maintained for each family to view upon pick up as to how often their child has had fluid and how often their child has toileted.
- Children are free to access their drink bottles and the centre bubblers at any time during the day and will also be provided with their drink at meal times.
- If a carer feels a child is hungry outside of the scheduled meal times then the kitchen always has a supply of fruits and nutritious snacks that they can offer the child.
- Should an infant use all of the supplied formula or nappies then families will be contacted to discuss what action they would like the centre to follow.

Meeting individual needs

Where your child has special nutritional requirements (allergies, tolerances, etc.) please inform your child's Group Leader or Assistant and the Centre Director and make a note of these needs on your child's background information sheet and enrolment form. For more information regarding our menus please speak to the Director or Group Leader.

Exclusions to the Healthy Eating Policy

If you intend to bring food to the centre we ask that it be nutritious and healthy. Please find the following 5 food groups a guide for what the centre considers Healthy Eating



The centre will always respect a families wishes, religious beliefs and lifestyle. Should you not want your child to participate in any food activity or menu item please list this on your child's background information sheet and enrolment form. This will then come to the attention of centre staff and cook.

- Individual requirements will be recorded on the kitchen whiteboard for staff to follow.
- The centre will also consider the menu if a child is allergic to any aspects of the menu. With family consultation it will be decided as to whether the menu can be changed to accomadate the child's individual needs or families provide the food that the child requires.
- The centre will develop an emergency action plan for all children with food allergies –this plan will be developed with the assistance of the child's family, medical practitioner and will be reviewed 6 monthly.

Mealtimes and Snacks

Mealtime and snack routines and safe eating behaviours

- All children will be transitioned from their play to meal times, allowing for toileting and handwashing before they eat. Group times are a useful tool for allowing children to calm from their play and discuss hygiene practices.
- All children will be encouraged to sit at the tables during meal time.
- Children will be discouraged from running inside.
- During meal times staff will sit with children, this is seen as a very important way of role modelling healthy eating and socially appropriate behaviours. Staff are ti use this time to engage children in meaningfull conversations.

Bottle Feeding-preparing bottles and formula

Making up formula:

- Put gloves on before bottle preparation.
- Bottle caps teats, not to be put on bench- eg. Paper towel on bench.
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- Wash hands before making the formula.
- Follow the instructions on the can very carefully.
- **It is important that the formula is made to the right strength.**
- Measure the right amount of cooled boiled water into the bottle – water first then powder.
- Add the right amount of scoops, using a knife to level of scoop.
- Seal the bottle with cap and disc and shake to mix.
- If you are not using milk straight away, store bottle back in the fridge.
- Throw away any formula not used within 24hrs.

Warming bottles:

- Put gloves on before bottle preparation.
- Bottle caps teats, not to be put on bench- eg. Paper towel on bench.
- The microwave may be used to heat milk but great care will be taken to avoid hot spots.
- For fridge cold milk try
 - 30 secs on high for 90-120mls.
 - 45 sec on high for 150-180mls
 - 50 secs on high for 180-240 mls
- Actual times may vary depending on the microwave and bottle.
- Use shorter time if the bottle is not fridge cold to start with.
- Replace the seal on the bottle.
- **After heating shake the bottle to avoid hot spots which could cause burns to the child's mouth or throat.**
- Let a little milk drop onto the inside of your wrist to check the temperature. It should feel comfortably warm or even a little cool.

Child and Youth Health 2007

Special Occasions and Celebrations

The National Heart Foundation recommends that snack foods such as cakes, biscuits and takeaway foods are limited to just once a week. However the centre does acknowledge the importance of celebrations and special occasions.

- Birthdays are special times for children and the centre enjoys sharing the occasion. You may like to help in this regard by providing individual cup cakes with a single candle on your child's cake, having individual treats for birthdays is an excellent way of reducing the spread of droplet infections. "Staying Healthy in Childcare 4th Ed" (You may like to consult your child's Group Leader first to check on any child allergies).
- REMEMBER we can always arrange celebration time to coincide with your availability to join us. As children get older, they often have birthday parties at home with their friends from the centre. In order not to hurt feelings, the issuing of invitations is best handled quietly between parents outside of the centre or with the Group Leader.

Healthy Eating and Dental Health

Tanah Merah Child Care Centre is committed to the reduction of dental disease in early childhood children. The centre will make every effort to reinforce and educate the

children on healthy eating and dental care. Daily tooth brushing is essential in preventing tooth decay and gum disease. Within the centre the Pre-school children will work in conjunction with Queensland Health to promote:

- Establishing early habits of tooth brushing.
- Promote tooth brushing at home.
- Reinforce new skills.
- Practice tooth brushing, these skills improved with practise.

Promoting healthy teeth with Kindy, Junior Kindy and Toddlers:

- Children will be weaned off any unhealthy oral health behaviours, such as bottles.
- Become familiar with words such as healthy, unhealthy, tooth friendly foods and toothpaste.
- Begin understanding what our teeth are for.
- Begin understanding how to take care of them.
- Be given opportunities for Dental Health workers to meet children and talk about dental hygiene.

Pre-school Tooth brushing Program Routine:

- Children wash and dry hands before lunch.
- Children eat lunch, seated at the tables.
- Children remain seated and as each child finishes eating, a staff member places a smear of fluoride toothpaste from each child's tube onto the brush and hands the brush to them.
- The child remains seated and brushes their teeth as they have been shown previously.
- Pre-school aged children rinse their brush in the bathroom and hand it back to a staff member.
- Excess water is removed with paper towel.
- The toothbrush is returned to its case and left open to dry on a table in the room under a fan while children are having a rest.
- Cases are then closed and stored in a basket.
- Containers and brushes are cleaned in anti-bacterial solution once a fortnight.

Australian Dental Association (<http://www.ada.org.au/>)
Happy Teeth Resource folder 2006

Healthy Eating and Physical Activity

- Physical activity, combined with a nutritious, balanced food intake, contributes to a child's health, wellbeing and self-esteem. Young children require at least 30 minutes of moderate to vigorous physical activity a day for general health, wellbeing and to develop healthy bones, muscles and joints.
- The centre encourages all children to have 30 minutes or more of physical activity a day. We play an important role in promoting fitness, which assists in reducing health problems such as childhood obesity and diabetes. We endeavour to do this through individual and whole group gross motor experiences.
- The centre will endeavour to find fun inclusive ways to build children's understanding of healthy eating choices and physical activity.

Eat well Be Active (www.eatwellbeactive.qld.gov.au)

Communication with Stakeholders on Menu

Families

- The centre has a large range of healthy eating books and activity books within the parent library in the hall. These resources are updated regularly and are for all families please just sign the borrowing book and return in a timely manner.
- Families are asked to complete the child Background Information form which will be passed onto the group leader, this needs to have specific dietary and health information recorded. Your child's enrolment form will be retained in the office.

Staff

- Staff may be encouraged to attend professional development in the areas of children's nutrition, allergies, understanding and responding to anaphylaxis, diabetes, nutrition, healthy eating and exercise, understanding eating disorders, nutritional needs of babies
- Staff will be provided with Safe Food Handling course every 2 years.

Behaviour Management Policy

Children face many challenges throughout their lives. Learning acceptable behaviours and being able to regulate their own behaviours in different social and emotional environments, or when interacting with their peers or adults, are two of those challenges. Our child behaviour management policy is centred on the importance of respect and dignity for the child, acknowledging and accepting children's feelings and encouraging these feelings to be expressed.

Policy Statement:

Tanah Merah is committed to a Behaviour Guidance Policy because it:

- reflects the values, attitudes and current recommended strategies that promote positive play behaviours and patterns;
- respects the importance of interactions and relationships between children, families and staff
- understands why children behave in certain ways in specific circumstances;
- promotes realistic play and behaviour limits that guide children's safety and security rather than curb their play experiences, curiosity or creativity;
- defines clear and transparent caregiving strategies that communicate how behaviour guidance is implemented by the service;
- informs the service's stakeholders about the procedures involved in behaviour guidance management plans; and
- explains the service's commitment to professional development and utilisation of external agencies.

The purpose of the service's Behaviour Guidance Policy is to:

- encourage acceptable forms of behaviour by using strategies that build children's confidence and self-esteem;
- provide children with support, guidance and opportunities to manage their own behaviour; and
- promote collaborative approaches to behaviour guidance between the service's stakeholders and/or external agencies.

The service recognises and understands that a child's behaviour may be affected by their:

- age and development;
 - general health and wellbeing;
 - relationships with their family;
 - play and learning environments, which includes the physical indoor/outdoor settings, the weather, the time of year, the time of day;
 - staff caregiving strategies and practices, which includes how those strategies are implemented;
 - relationship with other children and stakeholders, such as students, volunteers and visitors; and
 - external factors, such as family, home life, school or peer group experiences, or media coverage of traumatic events.
-
- Families and staff display respect and empathy towards children when they label behaviour and not the individual child. This means that behaviours are managed, not children.
 - While staff are aware and respect individual children's and families' backgrounds and beliefs, it may be necessary to balance the individual needs of stakeholders with staff knowledge of developmentally appropriate practices and current best practice recommendations from recognised authorities.
 - The *Occupational Health and Safety Act* states that employers have a duty of care to their employees to ensure that the working environment supports emotional and mental wellbeing. Staff/carers who are implementing behaviour guidance strategies and/or plans for children that display inappropriate behaviours, (especially if the behaviour is aggressive towards other children or adults) need continued support and assistance. Staff/carers can experience levels of stress or anxiety, which may lead to sickness or apathy in the workplace. Therefore the centre has a duty of care to ensure that employees' mental and emotional wellbeing is considered, as well as the child's need for positive behaviour guidance strategies.

Strategies and Practices:

Our program promotes a positive approach to managing the behaviour of all children. We believe in encouraging children to resolve problems, defeats and frustrations where appropriate. This can be achieved by exploring possible solutions, and helping children understand and deal with their emotions. This will depend on the child's age and level of development. Steps that we take towards establishing good behaviour management include:-

- Setting and maintaining appropriate limits of behaviour, encourage children to be involved in this. Write up rules and display them on a poster.
- Explaining the appropriate uses of materials and equipment, establish play spaces which include areas where children can find solace, peace and relaxation.
- Reinforcing positive behaviour with praise
- Explaining why a behaviour is inappropriate or unacceptable and providing acceptable options
- Offering children choices and encouraging decision making, and
- Setting realistic expectations which are age and stage appropriate
- A calm, controlled tone of voice and attitude should be assumed by the caregiver in all situations. It is not appropriate to use any form of physical punishment with

children, and it is important not to demean, make fun of belittle or frighten a child as a form of punishment.

It is often important to remember that what works for one does not always work for all.

The following behaviour management techniques are implemented:

Prevention

A well-designed and equipped room, tailored to the needs of the children prevents frustration, interruption and hazards. It offers privacy, independence and easy supervision. The daily routine should provide enough time for play, a sense of security, little waiting, and well-planned transitions between activities.

Positive Redirection

This could be the basic procedure used in all rooms. By redirecting unacceptable behaviour to an acceptable alternative, focuses on the positive rather than the negative. This can be enhanced through praise.

Modelling

When staff demonstrate appropriate behaviour and communication through their every day actions, children learn what is expected from them i.e. it is not appropriate to sit on tables and benches and then ask children not to do this.

Limit Setting

Staff need to set a few, clear simple rules that are appropriate to the age of the children in their care. It is appropriate to involve older children in the process by creating and discussing the 'rules' together. Limits should be displayed both in pictures and writing the children, parents and other staff to read. Children should be reminded of what they need to do in a positive tone.

Problem Solving

Staff can appeal to children's growing cognitive reasoning by involving them in solving their own issues. Staff can ask children questions to help them identify their needs, feelings, causes and choices. The following problem solving techniques are to be used for all children within the centre:

- Tell the child to stop and take a deep breath!
- Collect information about the event and how the child feels "What happened? Why did you...? How are you feeling?"
- State the problem clearly back "You want the block but so does Amy. What can we do so you are both happy?" "What would be a better way to sort that out"
- Generate ideas with the children about what can be done, encourage silly ideas as well as practical ones avoid criticizing ideas.
- Evaluate these ideas "So what will happen if you..." "Will it solve the problem?"
- Go back through the ideas the children generate and ask which one they are going to try. Implement their strategy and congratulate the child on their problem solving.

Logical Consequences

Through the use of an "if...then..." statement, children can be helped to see the logical outcomes of their actions. For example "If you run inside then you could trip over".

Family Communication:

Enrolling, orientation and settling in:

- Upon enrolment families will receive a copy of our behavioural guidance policy and will seek information from families about the guidance strategies used at home.

Continued communication:

- Families are always welcome to express their thoughts, expectations and feelings openly with staff.
- Should a child's behaviour begin to affect overall classroom management overall, the director will ensure the following processes are adhered to;
- Organize formal and informal meetings to provide feedback to parents regarding the problems being raised in the classroom.
- Families are to be encouraged to make an appointment with their family GP and if necessary ask for a referral to a paediatrician.
- If possible we may arrange with the family a short break for the child to allow staff and the child a break. This will give everyone time to take a breath and the child a chance to stop the cycle of behaviour.
- Families who are unwilling to follow through with centre recommendations will have their care reduced to more manageable times or ultimately if the centre feels they are unable to manage a child's care taking into consideration, the child's welfare, the rest of the group and staff then the centre will be forced to cease care. This decision would not be taken lightly and would be the last resort.

Staff Communication

- Staff and parents can provide an individual behavioural management plan with which all staff within the group are aware of and implement. Strategies may include;
 1. Specific teaching of problem solving techniques.
 2. Specific teaching of feelings, both of our own and of others.
 3. Use a communication book to record when behaviour has been inappropriate.
 4. Praise, praise any behaviours and rewards with verbal and non-verbal gestures.
 5. Ignore behaviour where reasonable and appropriate.
 6. Offer choice where possible
 7. Remember children learn slowly and forget quickly.
 8. Use Makaton for non-verbal children.
- Consider a change of group, within the childcare setting.
- Consult with Inclusion Support Team, and together ascertain whether a further referral is to be made. Follow up with staff workshops and educational material the Inclusion Support Team has to offer.

Staff professional development

The centre has a huge range of behavioural guidance material for reading and referring to for both staff, students and volunteers. The centre encourages each staff member to attend professional development in this area every two to three years or as set out in the staff

members work plan.

Management responsibilities in behavioural referral

Managing children's behaviour can be a complex task, at times it may be necessary for the group leader to discuss with the Director elements of a child's behaviour that they may find challenging. The Director will take the following steps:

1. Continue to document with the group leader the behaviour, looking for patterns, causes and triggers. Plan developmentally consistent strategies and share these with all staff allowing feedback and consistency.
2. The Director will liaise with parents asking them for background information regarding the behaviour. The centre will ask parents to support the work that the centre is trying to achieve reinforcing at home the appropriate behaviours. Feedback to families may occur informally or formally in a meeting situation. Families are encouraged to have both parents involved in these meetings.
3. Meetings held with parents will include both the Director and Group Leader. If the group leader is unable to participate in the meeting then the Director will include a member of staff who is available at this time. Parents may be asked to make an appointment with their GP and seek assistance from a paediatrician.
4. The Director will contact the Inclusion Support Team for external assistance in helping with the behaviour. A referral may be made.
5. The Group leader and Director will continue to monitor the child's behaviour, daily observations will be reviewed. If a child's behaviour begins to affect the other children within the group, parents may be required to collect their child. Continuing behaviour that puts at risk staff and children needs full investigation, the centre is happy to work with families during this time however it may be decided that shorter monitored inclusion is the best for all concerned. The centre will constantly liaise with families sharing information, offering support and assistance where possible. **Families who do not support the centre or follow up with centre or Inclusion support recommendations, and their child continues to put staff and children at risk may have their care suspended.**

Inclusion Support Team

Inclusion Support Team is a SUPS service that assists child care to provide inclusive care for children with additional needs. They do this through support, training and resources. Emphasis is given to increasing the confidence, skills and knowledge of centre staff to provide inclusive practice.

Staff having difficulties or ongoing concerns about a child's behaviour should consult with the Director. Staff should have a clear understanding of behaviour management techniques used at the centre and why they are used, to enable communication with parents.

Biting

Biting is not uncommon in young children. Children who bite usually do so because they are frustrated or angry. They often act impulsively and quickly, and are too young and immature to think of other choices or consequences. Children usually bite because their language skills are not yet developed to express themselves. Teething may also be a cause of biting. Biting is most frequent in the 13th to the 30th month old age bracket. When biting occurs, it is often VERY distressing for Parents. Please remember that this is a natural phase of development for some children, and will be dealt with in an appropriate manner by the Group Leader and Director.

Staff and parents should consider frequency of the occurrences, time, the conditions, environment, the child being bitten and the circumstances prior to the occurrence. Staff and parents are encouraged to discuss strategies to be used at home and at the centre in order to discourage the idea of biting.

Grievance and Conflict Resolution Policy

Parents are requested to raise any concerns they may have regarding their child's care with the group leader in the first instance. This should be followed up by speaking to the Director if the concern has not been satisfactorily resolved.

If you have any suggestions please do not hesitate to contact the Director, so that appropriate action can be taken. Parent suggestions can also be placed in the centres suggestion box and be left for consideration – anonymous suggestions will be addressed through the bi-monthly newsletter.

All concerns will be dealt with in the following manner:

1. With confidentiality.
2. Meet with the staff members in the group (if appropriate) to discuss the issue.
3. The centres licensee will be informed of the grievance and discuss with the director possible strategies to resolve the grievance.
4. Meet with the parents to discuss the grievance document outcomes. Meetings will be conducted with two members of Tanah Merah Child Care centre.
5. Outside agencies or community resource programs may be accessed if families and the centre require the support.
6. The centre may engage the resources of an independent Conflict Resolution Centre to assist with mediation of a dispute.
7. **The centre insists that through and conflict resolution process the centres code of Conduct must be adhered to.**

Parents have the right to contact the local Department in the event of a concern:

Office of Early Childhood Education and Care

P.H. 3884 7813

P.H. 1800 637 711

Website: www.communities.qld.gov.au

Specific Needs

Before enrolling your child at our centre, it is important to discuss with us any specific needs your child might have and how we can meet them.

Planning for children with specific needs requires careful thought and often the assistance of specialists. It is important to know how the specific needs may or may not affect the child's learning and activities. This information will help us to meet the needs of the child and seek assistance from specialist and support workers.

Please help us provide good care for your child by bringing to our attention any special needs or development concerns your child may have.

Sleep and Rest Time

All children are required to have a special time to relax or rest during the day; it enables them to gather their thoughts and strength for the rest of the day. It is our policy that if a child falls asleep, they are in need of a rest and will not be woken unless requested by parents personally. Some children may not need sleep, but will be encouraged to rest their bodies for a short period. After this quiet activities will be available for selection.

Hygiene

Universal hygiene precautions are implemented by staff who also encourage children to practice effective hygiene procedures. Hand washing prior to eating and after toileting is supervised. Staff either wear gloves and/or wash their hands after wiping children's noses to assist in prevention of infectious diseases. Posters display nappy change procedures and all information is covered in our Policies and Procedures Handbook. We encourage you to read them and uphold them when visiting our centre.

Child Protection Policy

Tanah Merah Child Care Centre is committed to the safety, wellbeing and support of all young people within our centre. Management, Staff and volunteers will treat all children with the utmost respect and understanding. In making this commitment to provide a safe and friendly environment, all children will be made to:

- Feel safe and protected from harm.
- Be heard.
- Be respected and have input into planning and activities.
- Have their best interests considered and upheld.

The centre acknowledges that in order to maintain a safe and nurturing environment that a strong commitment must be made to the training and development of management, staff and volunteers to this end we will ensure:

- That we all build upon our knowledge of:
 - Child abuse and protection.
 - How to access support services.
 - Risk management processes
 - The handling of complaints and disclosures.
 - The rights and expectations of parents and of children.

The centre strongly supports an environment where children and young people feel happy and comfortable. We understand that this directly relates to our staff who manage our classrooms and management who oversee the centres key operational procedures. To ensure that all staff and volunteers have a clear understanding of their role the centre has developed specific job descriptions and processes outlined in the centre handbook.

Tanah Merah Child Care Centre requires all staff to hold a blue card as outlined in the Child Protection Act 1999. From January 17th 2005 all staff must have a 'Working with children check' and hold a blue card before they start work. Failure to comply with this obligation is an offence and may result in fines or imprisonment. In accordance with the Act the centre will complete the following documentation as a way of ensuring accountability:

- Risk Management register.
- Register of Volunteers
- Training Register
- Incident Register
- Register of complaints.

What is harm to children?

The child protection Act 1999 states:

1. Harm to a child is any detrimental effect of a significant nature on the child's physical, psychological or emotional wellbeing.
2. It is immaterial how the harm is caused.
3. Harm can be caused by-
 - a) physical, psychological or emotional abuse or neglect, or
 - b) sexual abuse or exploitation.

What can we do to help kids feel safe?

1. Be available to listen to children in your life. What they say is important-and their non-verbal communication is important to.
2. Offer parents support instead of criticism. Raising children can be hard.
3. Ask for help if you are stressed and caring for a child.
4. Act if you suspect abuse. Talk to child abuse prevention services.

Child abuse is anything that comes under the following headings:

1. Physical abuse –includes beating, shaking, burning, biting or grabbing hard enough to leave a mark, throwing a child or strangulation to the effect that there are lasting physical effects. The administration of illegal or inappropriate drugs and medications may also be a form of harm.
2. Physical neglect and/ or inadequate supervision- includes the ongoing failure to provide a child with the basic necessities of life and adequate supervision needed for optimal growth and development.
3. Emotional abuse and/or deprivation-includes constant criticism, belittling, teasing, or withholding praise and affection and constant yelling. Drawing attention to a child's shortcomings or failures demeaning their performance in front of others is inappropriate and can be emotionally abusive.
4. Sexual abuse and/or exploitation- may take many forms from sexual jokes, innuendo in conversation and showing pornographic images to a child. It can also include exposure, fondling, voyeurism, sexual intercourse, involvement in child pornography and child prostitution.

Child Protection Act 1999

Asthma Plans

As of the 15th January 2007 children with asthma will need to have an Asthma Record Card and First Aid plan. Parents/guardians will need to make sure it is updated at least six monthly. Indicators that a child is having difficulty breathing include:

- Dry, irritating, persistent cough that worsens with play.
- Complaining of a sore stomach.
- Tightness of the chest.
- Shortness of breath, which often shows as tummy breathing (abdomen looks more swollen than usual)
- A wheeze / whistling sound that can sometimes be heard when the child is breathing out.

If the child does not have a formal asthma diagnosis then Queensland legislation prevents a Child Care Centre from administering blue reliever puffers such as Asmol / Ventalin being administered.

If a child should present with breathing difficulties and does not have a diagnosis of Asthma then staff will:

Step One	Step Two
Sit the child upright- Be calm and reassuring.	If there is no improvement call 000 immediately.

If the child is diagnosed with Asthma and is having difficulty breathing then staff will:

Step one	Step Two	Step Three	Step Four
Sit the child upright- Be calm and reassuring	Without hesitation give 4 separate puffs of reliever medication via spacer or face mask. Ask the child to breath in and out.	Wait four minutes.	If there is little improvement continue to repeat steps 2 and 3 whilst calling 000 and state the child is having an Asthma attack.

- The centre will no longer use Nebuliser's at the centre without written consent from the doctor and parents demonstrate their use to staff.
- The centre will review its Asthma management policy yearly and modify it accordingly to meet the needs of the children with asthma and their family.
- Staff will be given opportunities to attend yearly education by the asthma foundation of Queensland. The centre will ensure staff are familiar with the first aid management of an asthma attack and how to use a puffer, spacer and facemask.
- Staff are not qualified to give injections as they are not trained nurses but in the case of an emergency will administer an Epi-pen to a child with diagnosed Anaphylaxis. This will be administered by the Director or Senior staff member. At all times the child's health plan will be followed.

Toileting

Staff will encourage children in learning maintaining good hygiene practices i.e. hand washing with soap and drying or wiping hands when complete. Children are encouraged to go to the toilet individually. During toilet training, staff will endeavour to support efforts made at home. Please feel free to discuss your special needs with staff. Hygiene is very important to us. Staff clean toilets, sinks, floors and tap fittings with Hospital Grade Disinfectant, several times a day and specialists professionally clean the centre outside operational hours.

Injuries, Illness and Infectious Diseases

What will happen if your child becomes ill or has an accident?

We take your child's safety very seriously. If your child has an accident or becomes ill while in our care, we undertake to

- Immediately provide medical aid to your child if necessary; and
- Notify you of the nature of the accident or illness.

In order to facilitate these requirements, it is imperative that you ensure that our medical records and authority forms are kept up to date and current contact numbers are always maintained. In the event of your child developing symptoms of an infectious illness while in our care, you or another authorised person will be contacted immediately and asked to collect your child.

- In the event of a minor incident, first aid will be administered by staff and recorded. If a more serious incident occurs, parents will be contacted immediately. Please ensure the centre has current contact telephone numbers, both for parents and for emergency contact persons. Changes for that day may be left with the Group Leader or written on the attendance sheet when leaving the child. In the case of a serious accident if you cannot be contacted, the Director or person in charge, will seek medical attention for your child (if it is deemed necessary). Medical attention will be sought preferably with the family's designated doctor if available, or another doctor on call and as authorized on the enrolment form. However, we cannot accept any responsibility for costs associated with the medical treatment of your child.
- If your child sustains an injury while at our childcare facility, an incident report form will be completed by the appropriate staff member outlining the nature of the incident, the nature of the injury and all follow-up procedures taken to comfort your child. This report form will be provided to you and you will be required to sign an acknowledgment that you have sighted the form.

- **Please remember that appropriate staff members hold current first aid certificates and a first aid kit is located in the staff room. Staff members are well equipped and qualified to treat and care for your child in the event of an emergency.**

Exclusion Policy

The National Health and Medical Research Council have laid down specific guidelines for the recommended minimum periods of exclusion from childcare facilities for cases of and contact with infectious diseases. These are set out on the following pages of this handbook for your information. Excluding sick children and staff is one of three most effective ways of limiting the spread of infectious diseases. Understandably parents may find this difficult and the centre certainly sympathises with working/ studying parents on this matter however all children and staff in the service need to be considered.

Child Immunisation Schedule

The National Health and Medical Research Council have laid down specific guidelines for the recommended minimum periods of exclusion from childcare facilities for cases of and contact with infectious diseases. A certificate of clearance from a doctor will be required upon a returning a child that has had or has been exposed to an infectious illness.

The following schedule shows the recommended immunizations required for each child. It is everyone's responsibility to maintain up to date records and for children with an incomplete immunisation record the centre may treat this child as unimmunised and therefore the exclusion periods will apply. Immunisations are also linked for the purpose of CCB and fee relief will automatically cease if your child is up to date.

Age	Disease Immunised Against
Birth	<ul style="list-style-type: none"> • Hepatitis B
2 Months	<ul style="list-style-type: none"> • Diphtheria –Tetanus- Whooping Cough • Hepatitis B • Haemophilus Influenzae type B • Polio • Pneumococcal disease • Rotavirus
4 Months	<ul style="list-style-type: none"> • Diphtheria –Tetanus- Whooping Cough • Hepatitis B • Haemophilus Influenzae type B • Polio • Pneumococcal disease • Rotavirus
6 Months	<ul style="list-style-type: none"> • Diphtheria –Tetanus- Whooping Cough • Hepatitis B • Haemophilus Influenzae type B • Polio • Pneumococcal disease • Rotavirus
12 Months	<ul style="list-style-type: none"> • Hepatitis B – or at 6 months • Haemophilus Influenzae type B • Measles- Mumps- Rubella • Meningococcal C Disease
18 Months	<ul style="list-style-type: none"> • Chickenpox
4 years	<ul style="list-style-type: none"> • Diphtheria – Tetanus – Whooping Cough • Measles- Mumps – Rubella • Polio

Clearance Letters

A certificate of clearance from a doctor will be required upon returning a child that has had or has been exposed to an infectious illness. You will recognise that we have a responsibility to all staff and children at the Centre to protect their health. The centre may be forced to refuse your child access to the Centre until a clearance certificate has been obtained if your child has suffered from one of the illnesses listed on the following pages of this handbook.

National Health and Medical Research Council 2007

Child Immunisation Schedule

Funded Immunisation Schedule

Age	Disease Immunised Against
Birth	<ul style="list-style-type: none"> • Hepatitis B
2 Months	<ul style="list-style-type: none"> • Diphtheria –Tetanus- Whooping Cough • Hepatitis B • Haemophilus Influenzae type B • Polio • Pneumococcal disease • Rotavirus
4 Months	<ul style="list-style-type: none"> • Diphtheria –Tetanus- Whooping Cough • Hepatitis B • Haemophilus Influenzae type B • Polio • Pneumococcal disease • Rotavirus
6 Months	<ul style="list-style-type: none"> • Diphtheria –Tetanus- Whooping Cough • Hepatitis B • Haemophilus Influenzae type B • Polio • Pneumococcal disease • Rotavirus
12 Months	<ul style="list-style-type: none"> • Hepatitis B – or at 6 months • Haemophilus Influenzae type B • Measles- Mumps- Rubella • Meningococcal C Disease
18 Months	<ul style="list-style-type: none"> • Chickenpox
4 years	<ul style="list-style-type: none"> • Diphtheria – Tetanus – Whooping Cough • Measles- Mumps – Rubella • Polio

Your Local public health unit: Brisbane Southside ph.3800 9148

Queensland Health / Queensland Government 2007

The following is a list of the most common infectious diseases and their exclusion periods: -

Condition	Exclusion of Cases	Exclusion of Contacts
Amoebiasis (Entamoeba histolytica)	Exclude until there has not been a loose bowel motion for 24hrs	Not excluded
Campylobacter	Exclude until there has not been a loose Bowel Motion for 24 hrs.	Not excluded

Candidiasis	See "Thrush"	
Chicken Pox	Exclude until all blisters have dried. This is usually at least 5 days after the rash first appeared in unimmunised children and less in immunised children.	Any child with an immune deficiency (for example leukaemia) or receiving chemotherapy should be excluded for their own protection. Otherwise, not excluded.
CMV (Cytomegalovirus infection)	Exclusion is NOT necessary	Not excluded
Conjunctivitis	Exclude until discharge from eyes has ceased.	
Cryptosporidium infection	Exclude until there has not been a loose bowel motion for 24 hrs	Not excluded
Diarrhoea	Exclude until diarrhoea has ceased.	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 contacts that live in the same house until cleared to return by an appropriate health authority.
German Measles	See Rubella.	
Giardiasis	Exclude until there has not been a loose bowel motion for 24 hrs	Not excluded
Glandular Fever (Mononucleosis)	Exclusion is not necessary.	Not excluded
Hand Foot and Mouth Disease	Exclude until all blisters are dried.	Not excluded
Hepatitis A	Exclude until a medical certificate of recovery is received, but not before seven days after the onset of jaundice or illness.	Not Excluded
Haemophilus influenzae type b	Exclude until the person has received appropriate antibiotic treatment for at least 4 days.	Not excluded
Hepatitis B	Exclusion is not necessary.	Not excluded
Hepatitis C	Exclusion is NOT necessary	Not excluded
Herpes Simplex	Exclusion is not necessary if the person can maintain their own hygiene. If the person is unable to comply then they should be excluded until the sores dry.	Not excluded
Human Immuno-Deficiency Virus (HIV AIDS Virus)	Exclusion is not necessary unless the child has a secondary infection.	
Hydatid disease	Exclusion is NOT necessary	Not excluded
Influenza and influenza –like illness.	Exclude until well.	Not excluded
Impetigo	Exclude until appropriate treatment has commenced. Sores on exposed surfaces must be covered with a watertight dressing.	Not excluded
Legionaire's Disease	Exclusion is not necessary.	Not excluded
Leprosy	Exclude until approval to return has been given by health authority.	Immunized contacts not included. Non-immunised contacts are to be excluded from child care until 14 days after the first appearance of the rash unless immunised within 72 hrs of first contact.
Measles		

	Exclude for at least four days after the onset of the rash.	
Meningitis (bacterial)	Exclude until well.	
Meningococcal Infection	Exclude until well.	
Molluscum Contagiosum	Exclusion is NOT necessary	Not excluded
Mumps	Exclude for nine days or until swelling goes down (whichever is sooner).	
Parovirus infection (fifth disease, Slapped cheek fever)	Exclusion is not necessary.	Not excluded
Pertussis	See Whooping Cough	Not excluded
Ringworm, Scabies, Pediculosis (lice), Trachoma	Re-admit the day after appropriate treatment has commenced.	
Rubella (German Measles)	Exclude until fully recovered or for at least four days after the onset of rash.	
Respiratory Syncytial virus	Exclusion is not necessary.	Not excluded
Ringworm / tinea	Exclude until anti-fungal treatment has commenced	Not excluded
Roseola	Exclusion is not necessary.	Not excluded
Ross River Fever	Exclusion is not necessary.	Not excluded
Rotavirus infection	Children are to be excluded from the centre until there has not been a loose bowel motion or vomiting for 24 hrs.	Not excluded
Rubella (German Measles)	Exclude until fully recovered or for at least four days after the onset of the rash.	Not excluded
Salmonella infection	Exclude until there has not been a loose bowel motion.	Not excluded
Scabies	Exclude until the day after appropriate treatment.	Not excluded
Scarlet Fever	See Streptococcal sore throat.	Not excluded
School Sores	See Impetigo	Not excluded
Shigella Infection	Children are to be excluded from the centre until there has not been a loose bowel motion or vomiting for 24 hrs.	Not excluded
Streptococcal Infection (including Scarlet Fever)	Exclude until the child has received antibiotic treatment for at least 24 hours and the child feels well.	
Tuberculosis	Exclude until a medical certificate from an appropriate health authority is received.	
Thrush (candidiasis)	Exclusion is not necessary.	Not excluded.
Toxoplasmosis	Exclusion is not necessary.	Not excluded
Typhoid, Paratyphoid	Exclude until a medical certificate is presented by medical authority.	Not excluded
Varicella	See Chicken pox	Not excluded

Viral Gastroenteritis	Children are to be excluded from the centre until there has not been a loose bowel motion or vomiting for 24 hrs.	Not excluded
Whooping Cough	Exclude the child for five days after starting antibiotic treatment.	Not excluded.
Warts	Exclusion is not necessary	Not excluded
Worms	Exclude if loose bowel motions present	Not excluded.

Staying Healthy in Childcare Ed 4 2005 (Sept 2006)

Diarrhoea and Vomiting

Diarrhoea and vomiting are potentially contagious and it is our policy that if your child is suffering from either of these, regardless of the cause, they must be kept away from the centre. This means that if your child has a loose motion or vomits before leaving home in the morning, the child is **NOT** to be brought to the centre.

We can appreciate that it may be caused by something the child ate, but we can't be sure. We often find that a child who has been sick in the morning usually repeats this throughout the day or even becomes worse and we have to contact you in any case to take the child to a Doctor.

The following symptoms will alert you to the fact that your child could be unwell: -

- Unusual spots or rashes
- Unusual behaviour (your child is cranky or less active than usual, cries more than usual, feels general discomfort or just seems unwell)
- Fever
- Conjunctivitis (tears, redness of eyelid lining, irritation, followed by sweating and discharge)
- Breathing trouble
- Mucus discharge from the nose (thick, green or bloody)
- Diarrhoea
- Vomiting
- Loss of appetite
- Sore throat or trouble swallowing
- Infected skin patches
- Severe, persistent or prolonged coughing
- Frequent scratching of the scalp
- Headache, stiff neck
- Yellowish skin or whites of eyes; and
- Unusually dark, tea coloured urine

What to do when a child has symptoms:

- Consult your Doctor
- Keep your child away from the centre so that others are not infected
- Contact an appropriate staff member and enquire if other children are suffering similar symptoms; and
- Check for exclusion times and procedures in relation to giving medication at the centre.

Staying Healthy in Childcare Ed 4 2005 (Sept 2006)

Injections

Injections will not be administered whilst your child attends the centre as staff are unqualified to do so.

Administering Medication

If it is necessary for medication to be administered to your child, while in attendance at the Centre, it is your responsibility to ensure that the Director or Senior staff member is aware of this fact and the appropriate medication administration forms are completed.

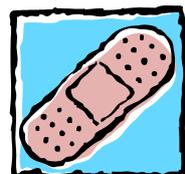
Our staff will only administer medication when either a doctor's certificate is provided or a pharmacist dispensing label is attached to the medication. This form must state:

The certificate/label should include:

- The type of medication to be administered;
- When it is to be administered;
- To whom it is to be administered;
- How much is to be administered.

Please tell a staff member on arrival and ensure that an Authority to Administer Medication has been completed.

- The child's name
- The name of the medication;
- The amount or dosage that was given;
- The date;
- The time it is to be given;
- Any other special requirements.



It is the responsibility of all parents/guardians to ensure that when your child arrives at our childcare facility that all medication is handed to a staff member. All medication will be stored in a childproof storage container and must be collected from the staff member at the end of the day.

The same conditions apply in respect of natural/herbal medicines. Such medicines will not be administered by our staff unless you have a letter from your child's naturopath to accompany the medication and have completed the medication administration form as above indicating that staff has been given permission to administer this medication.

The Naturopath also needs to include a **Dispensing Label** on the medication.

Once the appropriate authority has been completed, an authorised staff member will be placed in charge of administering the medication to your child. Each dose given to your child will be recorded on the Administration of Medication Record Form and this will be signed by the authorised staff member and co-signed by another staff member who witnessed the administration of the medication.

Cough drops/lollipops or vitamin tablets **WILL NOT** be administered under any circumstances.

If for any reason medication is to be administered outside these guidelines, you will be notified immediately. Such guidelines help us to provide a quality environment that ensures continuing, proper care and safety of your child through the supervision and maintenance of each child's health.

Panadol

Fever is one of the bodies ways of removing germs, it is generally a sign that there is an infection and that the body is fighting that infection. In the event that your child has a fever the centre will ensure the child is offered additional fluids, remove excessive clothing and monitor the way your child looks, behaves and their level of alertness. Due to the damage that Panadol can cause to the liver, the decision to administer paracetamol will not be made lightly. Parents will initially be contacted and should a fever reach 38 or above and picking up the child is still a little way off then Panadol may be administered by centre staff therefore reducing the risk of convulsions. Parents will be required to sign the medication form upon arrival. "Staying Healthy in Childcare 4th Ed." *Centre's Panadol is for emergencies only.* If you require your child to have Panadol during the day, please supply your own and complete a centre medication form.

Spreading Infections

Infections can be spread by a person who clearly shows no signs of the illness themselves. Hand washing is the most effective ways of preventing this. Hand washing is effective because it loosens, dilutes and flushes off germs, hand drying is also vitally important. The centre encourages hand washing by providing;

- Readily available hand basins for staff and children.
- Soap dispensers with foaming soap which generates a rich lather with little water.

The centre will teach and encourage children to wash their hands using the following method:

- Wet hands
- Use foaming soap and spread over hands.
- Rub hands vigorously as they wash, paying attention to palms, backs of hands, in between fingers and under finger nails.
- Rinse hands thoroughly to remove all suds and germs.
- Pat dry hands with paper towel and turn the tap off with the paper towel.

The centre encourages hand washing for children and staff at certain key times during the day these include:

- Arriving at the centre.
- Before handling food, including babies' bottles.
- Before eating.
- After changing a nappy or having a nappy changed.
- After removing gloves.
- After going to the toilet.
- After cleaning up blood, faeces or vomit.

- After wiping a nose, either a child's or your own.
- Before giving medication.
- After handling garbage.
- After coming in from outside.
- Before going home. This prevents taking germs home.

Staying Healthy in Childcare 4th Ed

Clothing and Sun Protection Policy

Parents will:

- Provide your child with at least one change of named clothing each day.
- Please provide your child with suitable footwear. No slippery-soled shoes, thongs or gumboots will be allowed on equipment.
- Provide child with adequate clothing that protects them from UVR.

The Queensland Cancer Fund (2001) recommends clothing with the following features:

- Dark colours
- Collars and sleeves
- Closely woven fabric
- Natural fibre.

Staff will:

- Practice Sun Smart behaviour
- Apply sunscreen to every child before exposure to the sun.
- Encourage children to play in shaded areas.
- Maintain suitable dress codes during outdoor experiences.
- Apply sunscreen to faces and arms at regular intervals during the day.

Centre will:

- Outdoor activities placed in shaded areas where possible.
- During summer, outdoor activities should be planned before 10.00am or after 3.00pm.
- As per Cancer Council guidelines, we recommend that during summer months, children and staff do not wear sleeveless items of clothing.
- Sun protection awareness activities will be included in the program.

Queensland Cancer Council 2006

Head Lice Policy

Head lice are very common in many Early Childhood settings and generally cause itching behind the ears and back of the neck. The infectious period lasts as long as the eggs or lice are alive.

Due to the likelihood of most children having close contact during their time in care, it is recommended that your child does not return to the centre until the head lice has been treated. If head lice are found in your child's hair, the centre will contact you by phone and ask that your child be collected and only return when treated.

The centre will act in the control of head lice however it is the responsibility of the parent to treat their child to avoid further infestation.

Emergency and Evacuation Procedures

In case of an unforeseen emergency situation, every effort will be made to contact parents to collect their child. The Centre is fitted with smoke detectors, which are maintained regularly. Regular fire drills are necessary for regulation purposes. If you are present at a fire drill, you are required by law to participate. Emergency evacuation plans are displayed in the centre. Staff are familiar with evacuation procedures and policies. Parents and visitors to the centre will be asked to make themselves familiar with the evacuation plan and where hoses and first aid equipment is to be found. Every effort will be made to make evacuation procedures enjoyable rather than stressful events for the children. Regular emergency procedures give the children an opportunity to become familiar with the routine and planned evacuation.

Specific Safety Precautions

Child Care Regulations specify the following safety precautions, which must be taken. We take our legal obligations towards your child's safety very seriously and the following safety precautions are in place at the Centre:

- Poisons, disinfectants, corrosive substances and other dangerous items, are marked and kept out of reach of children in child resistant cupboards.
- Electrical appliances, power points and low water pipes are not accessible and are not dangerous to children;
- An approved earth leakage device is installed;
- All electrical light and power fittings are at a regulatory height from the floor or fitted with safety plugs when not in use;
- Hot water is thermostatically controlled;
- Children are not permitted to be in the kitchen without adult supervision;
- Plastic cling films, polystyrene or plastic bags are not accessible to children;
- Heating and cooling systems are adequately guarded to prevent accidental contact with hot surfaces or moving parts;
- Equipment in the playground and indoor play areas is regular checked and maintained so it does not constitute a hazard to children;
- All poisonous, irritant and harmful trees, plants and shrubs (including those overhanging from neighbouring properties) are removed from our child care facility and outdoor playing areas;
- Playgrounds and sandpits are checked daily for the removal of foreign objects;
- Animals kept on the premises do not constitute a health or safety risk to children;
- Smoking is not permitted on the premises of the childcare facility at any time.

Noticeboards/Newsletters

Important information will be displayed on notice boards throughout the centre. Newsletters printed regularly provide current news on the centre and its activities. These can be found in your child's named pocket.

Centre Photographs

The centre participates in annual photographs both single and group. If you do not wish to have your child photographed please indicate on your enrolment form. For

confidentiality and copyright reasons we insist that group photos are not scanned or reprinted in any form. Photos taken during any centre event or show may not be published or reprinted without prior written notification from parents.

The centre also uses photography to record development and activities your child participates in. Your child's photos will be used in programming and evaluation documentation and for staff training purposes. The centre may also use a video recorder to record behaviour that is of concern or to refer to specialists in support of written documentation.

Toys and Other Treasures from Home

We've chosen a wide range of developmentally appropriate equipment and toys for our centre. It would be appreciated if parents can explain to their children that the toys at the centre are for everyone to share and that they cannot be taken home and it would be appreciated if your child could be dissuaded from bringing in toys. Cuddly or security toys are welcome but need to be clearly named. If you have any tapes that you would like to have played during rest time, please bring them in and we will be happy to play them for your child.



Anti-Bias Policy

Tanah Merah Child Care Centre believes that by listening to children and encouraging them to share information about their families and ways of life, will assist them in learning to respect and value the diversity that exists within our world. The centre believes that once children can view differences in a positive way they will naturally begin to show empathy for others and their environment. Areas of Bias can include:

1. **Ability:** physical, mental or emotional capabilities. Children more notice physical disabilities.
2. **Age:** the state of being old or young. Children more often notice what constitutes "old."
3. **Appearance:** one's height or size, scars or distinctive markings.
4. **Beliefs:** strong convictions which can include religious, spiritual and political convictions.
5. **Class:** distinctions based on social and economic values. This can include elements that determine a person's class such as occupation, education, type of housing, clothing and transportation.
6. **Culture:** the way of life shared by members of the same group. Culture includes language, religious beliefs, celebrations, customs and ways of thinking that reflect how one acts towards others.
7. **Family Composition:** family structure, including how many and their assigned roles.
8. **Gender:** the state of being male or female and the roles associated with being either.
9. **Race:** distinctions made of people who share common origin, skin colour, hair, facial features or body structure.
10. **Sexuality:** Ones' sexual preference and orientation.

The centre has adopted key Anti-bias goals which include:

Positive Self-Concept-

- Fosters positive self concept and sense of self.
- Labels feelings and emotions
- Helps others

- Demonstrates pride in accomplishment
- Understands relation to one's family
- Tries new experiences
- Works co-operatively
- Able to be a group member
- Copes with change
- Demonstrates empathy

Mutual Respect-

- Respects other cultures, races, and beliefs
- Values self and the uniqueness of others
- Respects gender and ability equity
- Sees things from others perspectives
- Examines alternatives
- Is open minded

Understanding Similarities and Differences- Active Observing and Listening.

- Identifies similarities and differences
- Listens to others
- Constructs relationships and draw conclusions
- Notices fair and unfair behaviour
- Solves problems
- Gathers information
- Demonstrates an inquiring attitude
- Makes inferences

(Hall 1999 updated April 2007)

Tanah Merah encourages all children to participate in the social structures of the centre and do not wish children to be segregated from activities for linguistic, intellectual, physical or religious reasons unless requested by a parent/ guardian.

Fees and Attendance

Centre Fees

- On enquiry at the Centre, you will be given information outlining the fee structure and the method of payment. It is a policy of the Centre to have all fees paid weekly, fortnightly or monthly in advance. Failure to pay fees may lead to cancellation of your child's enrolment.
- If you have difficulty paying your fees, please do not hesitate to contact the Director, as she/he may be able to help. We require advance notice (2 weeks) of any cancellation of your booking. Failure to do this may result in full fees being charged in lieu of adequate notice.
- To aid in the payment of child care fees, from the 1st July 2000 the Commonwealth Government has provided Child Care Benefit to eligible families to reduce fees. Parents, please note it is your responsibility to apply for this scheme and to follow the relevant guidelines. Families need to ensure that if

multiple % are applied for that you inform Tanah Merah which % to apply. Unless a sibling attends our service the lowest % will be applied.

Child Care Benefit (C.C.B.)

Child Care Benefit is a subsidy provided by the Commonwealth Government to approved long day child care centres, family day care schemes and occasional care services. This subsidy is then used to reduce the amount that parents are required to pay to the centre. Child Care Benefit is based on each family’s income and the onus is on each family to ensure they are eligiabl for CCB.

The FAO calculates fee reductions using family eligibility information and the online attendance usage information that the centre provides on Attendance Record Reports. Only once the centre submits their online weekly Attendance Record Report can the FAO calculate your family gap fee.

The Basic Formula- used by FAO

Standard Hrly rate =3.68	x	Eligible hrs of care used by the child in the week	x	Child Care Benefit % for the no. of children in care.	x	Part-time %
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Then, the CCB fee reduction is the lesser of the amounts given by the above formula and the fee charged.

Full fees will be charged if you are not eligible for Child Care Benefit. It is a legal requirement that families recieving Child Care Benefit, that parents **must sign** each of their children **in and out EVERY day** they attend care. On return to the centre after any absence, parents also must sign the attendance sheets indicating a reason why the child was away to ensure that Child Care Benefit is given during the absence. Parents who do not receive the benefit are also required to follow these procedures of signing for their child’s attendance.

Priority of Access

This centre follows the following policy in relation to priority of access as set out by the Government.

Priority One –A child at risk of serious abuse or neglect.

Priority Two-A child of a single parent who satisfies, or of parents who both satisfy the work/ studying/ training study test under section 14 of the Family Assistance Act.

Priority Three -Any other child.

Within these main three catergories priority should also be given to the following:

- Children in Aboriginal and Torres Straight Island families.
- Children in families which include a disabled person.
- Children in families with lower incomes.
- Children in families with a non-english speaking background.
- Children in socially isolated families.
- Children of single parents.

Any child care centre that has no vacant places and is providing care for a Priority 3 child may require that child to leave the service in order for that service to provide a place for a child of higher priority. But only if:

- The person who is liable to pay child care fees in respect of the child was notified when the child first occupied the child care place and

- The service gives that person at least 14 days notice of the requirement for the child to leave the child care service.

Child Care Handbook 2007-2008

Allowable Absences

Allowable absences occur when your service can charge a fee for care and claim Child Care Benefit when the child is not present. All families will be eligible for 42 days of allowable absences and absences caused by holidays or illness without a medical certificate. In addition, Child Care Benefit will be payable for all absences due to:

- Illness (with a medical certificate)
- Attendance at pre-school
- Pupil free days
- Rostered days off, or
- Rotating shift work
- Temporary closure of a school or pupil free day.
- Public holidays
- Periods of local emergency
- Shared care arrangements due to a court order, consent order or parenting order.

Once the first 42 absence days have been used, CCB is payable for any additional absences where:

- The absence relates to a day on which care would otherwise have been provided if the child was not absent **and**
- The absence is one taken for an additional absence reason **and**
- Your service obtains and keep the required documentation **and**
- You meet the requirements for recording attendance and absences **and**
- Child care fees are charged

To ensure that CCB is paid correctly, services and carers must keep records of all absences for each child, including the date and reason for the absence. All additional reasons must be reported on the Attendance Record Report provided online to DEEWR- parents must sign for these additional absence.

Child Care Handbook 2007-2008

Late Fee

We ask for your cooperation in dropping off and collecting children within our operating hours. If at any time you have an emergency and are going to be delayed, please contact the centre. Staff can then allay your child's concerns and make plans for their own commitments. A late fee may apply if your child is left at the centre after closing time. The late fee is not subject to Child Care Benefit.

Our centres policy is that you will be required to pay a late fee of \$1.00 per minute after 6.30pm; this is to cover the overtime rates for staff. A late fee notice will be issued with your account covering the appropriate late fee.

Holiday Fees

- It is our policy that fees are payable for holidays taken throughout the year, all families are entitled to two weeks holiday rate: that being ½ the normal gap fee.

Public Holidays

- It is our policy that fees are payable for the days that your child is booked into the centre. If a public holiday falls on one of the days your child is booked in, you

will be offered an alternate day in the same week or you will not be charged for this day and the **absence is counted for the purpose of CCB.**

- The centre will endeavour to do a make-up day; however, the centre needs to remain within the ratios. To ensure that make-up days are possible, we ask that if your child is sick please ring and let us know. We will then endeavour to contact families waiting for a M.U.D. Communication is the key to making this work.

Changes

- It is the parent's responsibility to notify the centre of any changes to the child's enrolment details in advance.

Dropping off and picking up your child

- A responsible adult (over 18) known to the Director and/or the Group Leader/Assistant must bring children into the centre. Only authorized persons (as indicated on the enrolment form) will be allowed to collect children from the centre. Please notify the Director either verbally or with a written note of any changes regarding the adult who is collecting your child. An adult other than one known to the centre requires identification (preferably photographic). Parents with custody orders must provide a copy to the Director. In the case of non-custodial parent arriving to collect the child, the Director will contact the police and provide the copy of the order for the police to enforce. On no account will a child be allowed to go home with a parent/guardian in contravention of a custody/court order held at the centre. Such custody/court orders should be brought to the Director's attention on enrolment. However, in the event of a non-custodial parent gaining access to a child, the Centre cannot be held liable.

Prolonged Absence

- Absence from the centre for longer than 2 weeks and the centre has not been notified nor can the centre make contact with the family, reserves the right to cancel the enrolment. In the event of the centre being owed outstanding fees it will use the families bond and any outstanding debt will be sent to the centre's debt collecting agency.

Arrivals

- Departmental Regulations require the centre to open with 2 staff at 6.30am. In the event of an employee being late for this shift, we ask that you remain with your children until the staff member arrives or is replaced with alternative staff. The centre acknowledges the inconvenience of such an event, however, needs to comply with regulations stated in the Act (2002).

Excursions

Excursions and performances will be arranged from time to time as part of your child's experience at the Centre. Parents are encouraged to join in at any time. Prior notice will be given to parents of the excursion visit details and permission sought. The centre is governed by the Childcare Regulations for ratios on excursions, which are as follows: -

- 1 Adult for each 2 children age 0-3
- 1 Adult for each 4 children age 3-5
- 1 Adult for 8 children old enough to attend school

Childcare Regulations 2003

Centre Bus

The centre vehicle is a free service for picking up and dropping off children on a twice daily routine.

- The vehicle is fully comprehensively insured with Alliance Insurance Company. The vehicle has mandatory 6 monthly vehicle safety inspections and is serviced on a regular basis as per service log book.
- The bus is fully air conditioned with mandatory safety restraints and the driver will ensure all children are buckled in before leaving the kerb.
- A mobile phone will be carried on the bus for emergency situations
- Bus routes are planned to be the shortest possible, to eliminate the time children will be travelling.
- Safety restraints are checked during the mandatory 6 monthly vehicle inspection.

Bus Breakdowns and Emergency Policy

- Staff will evacuate children from danger if possible and apply First Aid principles. Staff will contact necessary emergency services and the centre to inform them of the situation.
- The Centre will convey news of the situation to parents/ or organise to collect the children.
- A First Aid Box will be carried in the bus at all times.

The Centre Bus will pick up children approximately between 7.00am – 9am, and the drop off times will be approximately 3.30pm – 5.00pm. Parents will be asked to give appropriate notice for use of this service. All children using the service are required to have a completed 'Escorted Journey Form' completed and signed by a parent/carer.

Parents/Carers are required to be home during pick up and drop off times. It is very important that you listen for 2 beeps from the bus, and bring your child to the bus. The bus driver is unable to leave the bus unattended. When dropping off children, it is the parent/carer's responsibility to be home, otherwise your child will be returned to the Centre. It is then the Parent/Carer's responsibility to pick up your child prior to the centre closing or a late fee will apply.

Children who use the Shuttle Bus service will have a sign on/off sheet kept on the bus for parents to sign. We also ask is your child is very young and requires a car seat that you supply your own and put it in and take it out of the bus each day. In addition, the Centre Bus is equipped with seatbelts for children's safety.

To secure and maintain a position on the bus your account must be up to date at all times, Inappropriate or unsafe behaviour on the bus by the child may lead to the child unable to use this service.

What to Bring

Please ensure that all items are well labelled.

Toddlers (15mths – 2.5yrs) and Junior Kindy (2.5 years – 3.5 years)

Parents of toddlers and Junior Kindy children need to bring the following items in a bag:-

1. Enough nappies for the day
2. A drink bottle – filled with water.
3. Two (2) Complete spare sets of clothes
4. Items the toddler is attached to i.e. dummy, teddy bear, etc
5. Sheet in material bag e.g. pillowcase / blanket in cooler months.
6. Suitable footwear.

Kindy 3 – 4 years and Preschool 4 – 5 years

Parents of children in these age groups need to bring the following items in a bag:-

1. A drink bottle – filled with water.
2. Sheet in a material bag e.g. pillowcase
3. 2 changes of clothes; and
4. Blanket (in cooler months)
5. Suitable footwear.

Do not send children in good clothing. It is best to send clothes that can become a little dirty, that enable uninhibited play and that can be easily managed by the child. Children should be dressed according to climate. For example, light cotton clothing that will provide protection from the sun and sandals in summer. In cooler months, warmer clothing layers that can be taken off as the day warms up, with shoes and socks, are most appropriate.

Please ensure all items brought to the centre are **CLEARLY LABELLED/MARKED**. Whilst all care is taken, we will not accept liability for loss or damage.

Arts and Crafts Material

In our quest to extend each child's imagination and creativity, certain materials are useful. We can use any of the following listed.

Alfoil

Wood off cuts

Cotton reels

Sawdust

Seeds

Shells

Paper

Lids

Sheets

Cardboard

Hessian

Old bedspreads

Old radios

Felt

Wrapping paper

Basically anything!!!!!!!!!!!!!!

Tinsel

Pipe cleaners

dress up clothes

old typewriters

old calculators

old cameras

sandpaper

buttons

music – tapes, CDs

material scraps

old phones

Wool

lace

cardboard boxes

Please collect these items for us. They would be much appreciated and well used. Before you throw them out please consider the centre first.