

Joy In Learning
Excellence in Care

Kate's s

Place

Parent Handbook

WELCOME TO KATE'S PLACE EARLY EDUCATION & CHILD CARE SERVICES

This handbook is designed to inform you about our services and to give some practical information. Our aim is to promote, develop, resource and manage a range of high quality children's services. This is based on the philosophy that affordable, high quality child care should be available and accessible to all families.

A BRIEF HISTORY

Kate's Place, Newtown (75 places) opened on the 6th September, 1993. Kate's Place, Middle Ridge (74 places) then known as Cuddle Ducks opened on the 13th February, 1995. It was purchased by the current owners and renamed Kate's Place, Middle Ridge on the 6th May, 1998.

Kate's Place, Pittsworth (64 places) opened in March, 1997.

Kate's Place, City Infants (50 places) opened on the 4th February 2003 and Kate's Place, City Kindy opened on the 22nd September, 2003. From the 1st January 2012 and due to the Education and Care Services National Law Act 2010 and Education and Care Services National Regulations City Infants and City Preschool combined to become one service known as Kate's Place City.

Our Head Office in Hodgson Street opened in October 2007. The 11th January 2011 floods inundated the premises to 1.5 metres deep, destroying almost everything on the premises. Due to this Head Office was relocated to 98 Hill Street in March 2011.

Kate's Place, Wilsonton Heights (75 places) opened on the 23rd January 2013 and Kate's Place, Helidon (68 places) on the 15th July 2013.

The services are named after Kate, the youngest daughter of the owners, Noel and Linda Davies.

Middle Ridge centre was sold to siblings Kate, Justin and Anthony in March 2018 and renamed Kate's Place Kindergarten & Early Learning. Kate and Justin are the children on our logo and the now adult children of Linda and Noel.

LANGUAGE

Please read *parent* as including *guardian* and *carer* and *responsible person* as *director* and *certified supervisor*. All contact staff and the director are *educators*. The *nominated supervisor* is the director. Non-contact staff are *support workers*. The owners of the company are the *approved providers* (formerly known as licensees').

KATE'S PLACE PHILOSOPHY

Our services are special places where children can play and learn, in a safe, happy and healthy environment, and where each child's current knowledge, ideas, culture, abilities and interests are recognised and planned for. At Kate's Place we feel each child is unique and we strive to enable each child to reach his/her full potential while fostering positive relationships.

We welcome all children from all cultures to experience through play the "joys of childhood". We welcome children with special needs to the extent that their needs can be provided for within the scope of the child care setting.

At Kate's Place we are committed to working in partnership with families. Through family collaboration and intentional teaching we aim to promote mutual growth and understanding in ways that benefit the child. We understand that each family is unique, and respect and actively expose children to the significance of different cultures, customs, languages and beliefs.

At Kate's Place we provide an emergent curriculum that facilitates learning in all the learning outcomes outlined in the 'Early Years Learning Framework'. The curriculum fosters the concept of learning through play and develops self-esteem, independence, perseverance and self-expression. Children are encouraged to gain confidence and involvement in learning, build positive dispositions as well as be imaginative, creative and spontaneous. We encourage each child to engage in an active lifestyle and to become an effective communicator and actively engage with language, literacy, numeracy, problem solving, tools and technologies and facilitate learning and development.

We encourage children to explore and investigate and sustain their environment both natural and built and to gain an understanding of the community in which they live.

Our educators are early childhood professionals with all relevant qualifications or working towards their qualifications. Our educators are committed, warm and friendly people who create a fun atmosphere to promote holistic learning.

Educators are proactive in the area of professional development and regularly attend seminars and workshops on a variety of child related topics.

OUR GOALS ARE TO:

- Provide a safe, happy and secure environment for children.
- Assist the child to develop a positive self-image, to respect others, to encourage self-reliance and motivation by learning and to foster the ability to make choices, decisions and solve problems.
- Provide an Early Childhood Program from which the curriculum is guided by the 'Early Years Learning Framework'.
- Provide a creative play based learning environment which embraces a holistic approach to learning.
- Promote learning appropriate to the child's development, range of experience and interests so that the child's cultural, physical, social, emotional and intellectual needs are met.
- Foster the child's ability to understand, use and appreciate literacy and numeracy.
- Assist the child to develop a range of appropriate social behaviours and understandings.
- Foster imaginative and creative thinking and expression and to foster participation in a wide range of music, art, movement, dance and drama experiences appropriate to their age and developmental level.
- Foster the child's ability to understand and use a variety of mediums in relation to technology.
- Strive to provide the highest standard of health and safety.
- Appreciate and support the parent's role as primary caregivers and educators of their children.
- Build partnerships with families and build a sense of trust on which to establish a link between home and child care, in order to develop the best programs to meet the children's needs.
- Undertake continual evaluation/improvement and implementation of policies and procedures to ensure high-quality standards.
- Provide support for parents/carers who are in need of support within the scope of the childcare setting.
- For educators to engage in ongoing learning and reflective practice.
- Provide ongoing in-service training for educators to gain further knowledge and understanding of child care and encouragement and support of educators undertaking further studies in Early Childhood fields.
- Assist all educators to be pedagogical leaders.
- Provide resources and materials necessary for the ongoing development of children in the service.

NATIONAL QUALITY STANDARD

Kate's Place services participate in the National Quality Standard. This system was introduced in 2012 and under this framework Kate's Place centres get rated and assessed against each of the seven Quality Areas of the National Quality Standard and the national regulations. Each service has a committee, comprised of staff, management and parents to guide this process. If you are interested in contributing to the service in this way, please speak to the Director.

OUR EDUCATORS

Kate's Place employs qualified, committed and effective educators who support the philosophy and goals of Kate's Place by providing appropriate and responsive services.

Early childhood teachers have obtained a four year Bachelor of Early Childhood Education, Senior Educators have attained a Diploma or Advanced Diploma in Child Care and Education or in accord with current child care regulations, are currently studying for the appropriate qualification. In some cases Group Leaders have the qualifications of teachers but choose to work as group leaders in our child care services. Directors may be qualified as Group Leaders or Teachers. Assisting Educators hold a Certificate 3 in Community Services (Children's Services) or are studying this course on a traineeship. All educators comply with the current Child Care Act and Regulation. Due to holidays and sick days, casual educators are required and we endeavour to keep a relief list of good quality supply educators. All educators are required to hold or have applied for, a Suitability Notice issued by the Commission for Children and Young People. Educators are encouraged to continually develop both their professional and personal growth through seminars, workshops and conferences. Regular staff meetings are held to ensure educators are informed of any changes in the service's routines and policies, to provide feedback, to provide opportunities to input into policy, procedures and reviews, to exchange ideas, express concerns and to conduct service based workshops.

KINDERGARTEN PROGRAM

At Kate's Place we have a certified Kindergarten Program for children in the year prior to prep. For a child to fully benefit from the kindergarten program they are required to attend kindergarten for a minimum of 15 hours per week. The days and hours of the kindergarten program in each of our services varies – please check with the Director for the times at your service. There is also a sign in the foyer of each service listing the name, qualifications and rostered hours/days of the teacher.

The Kindergarten program is delivered by a qualified early childhood teacher, whose qualifications are recognised by the Australian Children's Education and Care Quality Authority (ACECQA).

Your child will learn through play at Kindergarten. This occurs by your child participating in play-based learning experiences designed to encourage their emotional, social, physical, intellectual, numeracy, language and literacy skills and abilities. While at kindergarten your child will; Use language to communicate ideas, feelings and needs; Make friends and learn how to cooperate with other children; Become more independent and confident in their abilities; Develop self-discipline; Use their creativity to express ideas and feelings through art, dance and dramatic play; and Identify, explore and solve problems.

Your child's teachers will get to know your child's interests, talents and strengths and will design learning activities to best meet your child's individual needs.

As parents you are actively encouraged to share your own view and insights about your child to help guide their learning experience. Your child will also be an active participant as children bring a wealth of knowledge from prior experiences. This information is put into your child's portfolio and is given to families at the end of the year for keep sake.

PROGRAMS FOR YOUNGER CHILDREN

The educators of each group plan daily play based learning programs that are tailored to the educational, social and developmental needs of the children. Activities include sand/ water/ block play, reading, painting, cooking, music, environmental awareness, drama, dance, poetry, pretend play, out-door play and show and tell.

Parents are invited to discuss the activities and experiences provided and the goals achieved through our programs. Please ask the Director or your child's Educator for more detailed information about your child's development and how we will provide opportunities foster your child's development.

HOURS OF OPERATION

All Kate's Place services operating hours are Monday to Friday, 6:30 am - 6:30 pm, 52 weeks per year and are closed on gazetted public holidays only.

TYPES OF CARE AVAILABLE

Long day care and casual care for children aged 6 weeks to beginning school - and before and after school care and vacation care for school aged children up to but not including 13 years of age.

HOW MUCH WILL CARE COST & ATTENDANCE HOURS

- You will be required to confirm your child's attendance bookings through your MyGov account. After a parent has confirmed the enrolment the centre will liaise with the parent to agreed days and session times. The parent will be sent a Complying Written Arrangement (CWA) via email from our software provider the Rebourne Group for confirmation. Parents who do not have email can sign a paper copy of the form.
- The fee schedule is displayed in the foyer of the service. This shows the fees before the Child Care Subsidy is calculated. Each family pays different fees according to the percentage of maximum rebate (CCS%) allocated by the Government.
- The fee for casual care is charged at a higher rate than fees for permanent days booked.
- If a child is not collected from the service by closing time, a late fee will apply at the rate of \$10.00 per 5 minutes or part 5 minutes per child.
- A penalty fee of \$20/school may be added to fees if nuisance trips are occasioned due to the failure of parents/carers to advise the service that the child does not need to be collected.
- The Child Care Subsidy (CCS) applies as our services are registered with the National Childcare Accreditation Council.
- Fees for permanent places are paid through the debit facility.
- This service does not provide breakfast. Staff are particularly busy when parents are arriving with children and supervising breakfast should not be added to their duties. Breakfast should be consumed by the child at home. However, parents who due to their work commitments must drop their children (2 years+) off before 7am may request milk, cereal and/or a sandwich. In any other circumstance there will be a charge per child per day.

ABSENCE DAYS

"Initial 42 days absence

Child Care Subsidy and Additional Child Care Subsidy are payable for up to 42 absence days for a child in a financial year, in relation to sessions of care where an individual still incurs a genuine fee liability to pay for the care. A reason does not need to be provided for a child's initial 42 days of absence.

Additional absence days

Once 42 absence days have occurred in a financial year, Child Care Subsidy and Additional Child Care Subsidy can only be paid for any additional absences where they are taken for a reason defined in the Family Assistance Law. These reasons can include any of the following:

- the child, the individual who cares for the child, the individual's partner or another person with whom the child lives is ill
- the child is attending preschool
- alternative arrangements have been made on a pupil-free day
- the child has not been immunised against a particular infectious disease, the absence occurs during an immunisation grace period and a medical practitioner has certified that exposure to the infectious disease would pose a health risk to the child
- the absence is because the child is spending time with a person other than the individual who is their usual carer as required by a court order or a parenting plan
- the service is closed as a direct result of a period of local emergency
- the child cannot attend because of a local emergency (for example, because they are unable to travel to the service), during the period of the emergency or up to 28 days afterwards
- the individual who cares for the child has decided the child should not attend the service for up to seven days immediately following the end of a period of local emergency.

In shared care arrangements (where separated parents both claim Child Care Subsidy for the child's care), the allocation of 42 absences relates to the child, not to each individual claimant.

CANCELLING YOUR CHILD'S ENROLMENT

When cancelling a child's enrolment it means that they are no longer going to attend the service. If a child is going on away for an extended period of time a child's enrolment must be cancelled for a minimum of five weeks.

- Two weeks' notice is required when cancelling a child's enrolment.
- If your child does not attend during the 2 week notice period, you will be charged full fees (not the CCS discounted fee).
- If the child has "initial allowable absence days" remaining these can be used in the notice period if the child attends on the last day of the notice period.
- Additional absence days may be used during the two week notice period if the child attends on the last day of the notice period. (Description and requirement for additional absence days is in the section above - Absence days.)
- If the child does not attend on the last day of the notice period, the CCS discount is applied up to the last day the child did attend and the full fee/day is due on the remaining notice period.

Please note: Centrelink classes the last day of care as the last day of actual attendance in care.

The enrolment of a child may be cancelled by the service where family members are not respectful to management, staff and other families including conducting grievances in the public forum and malicious and untrue comments made in the public forum which may or does result in destroying a person's or the company's reputation. Enrolment of a child may also be cancelled by the service due to non-payment or ongoing tardiness in the payment of fees.

CHANGE OF PERMANENT DAYS

Parents are able to increase days at any time as long as there is availability and the change of permanent days form is completed. To decrease days two weeks' notice is required via the change of permanent days form, the date of notice will be taken from the day the form is received. Decreased days must occur for a minimum of 4 weeks, before they are able to increase again. Parents cannot take holidays and decrease days in the same week, the decreased days will commence after the holiday period has finished.

HOLIDAYS

Parents are required to notify holidays 2 weeks in advance via the holiday form. Fees will be discounted 25% of the full daily fee, per child for a holiday period of up to 4 weeks pro rata per year to ensure the continued enrolment of a child providing the notification provision is met. Otherwise the full fee is payable.

FEE COMMITMENTS

- The acceptance by parents of a position for their child at Kate's Place assumes the ability to pay fees in full. It is appreciated that changing family circumstances may require that a child is withdrawn from the service earlier than planned, however, fees are due in lieu of notice.

- The acceptance by parents of a position for their child at Kate's Place is an agreement to pay all fees incurred by their child's attendance at the service. This includes all outstanding fees at the time of the child finishing at the service.
- If a Direct Debit fails, the parent must arrange to pay the fee immediately. If the fee is not paid within 3 working days an additional \$5.50/day is charged on all days booked until no monies are owed. If Direct Debits continue to fail, the child's enrolment at the service may be cancelled. If the service cancels the child's enrolment, 2 weeks fees will be added to cover the notice period usually required by the parent.
- On cancelling a child's place at the service, direct debit will continue until all unpaid fees are recovered.
- If the direct debit is cancelled by the parent, outstanding fees are to be paid immediately to the service. If the fee is not paid within 3 working days an additional \$5.50/day is charged on all days booked until no monies are owed. As it is a requirement of this service that fees are paid by Direct Debit, the child's enrolment may be cancelled and 2 weeks fees will be added to cover the notice period usually required by the parent.
- In the event of fees not being paid and the service having to proceed to debt recovery through a debt collection service or court, all costs incurred by the service in the recovery of the debt must be paid by the debtor and will be added to the amount owed.
- Where fees have not been paid in compliance with this agreement, the service may provide information to a private agency for the purpose of recovery of fees.
- Parents experiencing difficulty with the payment of fees should discuss the situation with the Director promptly.
- **Please note:** Although fees for school age children in vacation care is the same as for 3 -5years, the actual cost to the parent is greater as the CCS% is calculated differently by Centrelink.
- There will be an annual increase in fees on the 1st July each year and may also occur at other times. We will give 14 days' notice of a fee rise. We will not be able to tell you your actual new fee until closer to the date but will be able to advise the new full fees.

PERMANENT CARE PAYMENT

- The service collects fees for permanent bookings by Direct Debit only,
- The direct debit form is to be filled out before the child starts care.
- If the nominated date to start the Direct Debit does not cover the first two weeks this amount is to be paid over the counter on the first day of attendance.
- The direct debit must be activated within two weeks of commencement of care.
- The parent nominates the day (Wednesday, Thursday or Friday) the first debit is to be debited from their banking account.
- The parent pays the "set up" fee for the debit and the service pays the ongoing cost of this service,
- The fee is debited fortnightly only.
- The parent is to ensure the child/children are registered at Centrelink for childcare.
- You will be required to confirm your child's attendance bookings through your MyGov account.
- If for any reason the child enrolment is not confirmed at Centrelink for CCS entitlements, the parent is to pay the full rate of fees.

CASUAL CARE PAYMENT

Where the child is not confirmed at Centrelink for CCS entitlements:

- The parent is to pay the childcare fee on arrival at the service and fill in the casual authorisation form otherwise care cannot be provided. If the child is not confirmed at Centrelink for child care the parent is to pay the full fee.

Where the child is confirmed at Centrelink for child care and uses the service for permanent booked days:

- Parent is to pay the fee on entry to service on the day of care and fill in the casual authorisation form.
- Children with two or more permanent days per week may book extra day/s at the permanent rate provided a place is available and the payment is made on the day of care, otherwise the casual rate is charged.
- If a casual day is booked on the same day of the week on more than 2 consecutive weeks it will be deemed a permanent booking and the fee will be added to the EZI Debit or alternatively charged at the full rate – this is because of the additional clerical work involved.

Where the child is confirmed at Centrelink for child care and uses the service often for casual care:

- Parent is to pay the fee on entry to service on the day of care.

SCHOOL AGE CARE PAYMENT

- Conditions apply as for permanent or casual bookings.
- A penalty fee of \$20.00/school may be added to fees if nuisance trips are occasioned due to failure to inform the service that the child does not require to be collected from school on that day.
- If it is necessary for another vehicle to travel to the bus to remove a non-compliant child so that the bus can continue its journey the parent/guardian will be charged a fee of \$20.00 to cover the cost of extra staffing and inconvenience.
- Vacation care is charged at the permanent rate where care has been booked two weeks in advance of the holidays. Otherwise care is charged at the casual rate.
- Payment is due for all permanent days booked and there is no refund for booked days that the child does not attend care for any reason.

CHILD CARE SUBSIDY

From July 2018 a new Child Care Package will deliver Child Care Subsidy (CCS) to families using care, this replaces the previous Child Care Benefit (CCCB) and Child Care Rebate (CCR).

Child Care Subsidy Eligibility

"Some basic requirements must be satisfied for an individual to be eligible to receive Child Care Subsidy for a child. These include:

- *the age of the child (must be 13 or under and not attending secondary school)*
- *the child meeting immunisation requirements*
- *the individual, or their partner, meets the residency requirements.*

In addition, to be eligible for Child Care Subsidy the individual must be liable to pay for care provided, the care must be delivered in Australia by an approved child care provider, and not be part of a compulsory education program.

How does it work

There are three factors that will determine a family's level of Child Care Subsidy. These are:

- Combined Family Income
- Activity Test – the activity level of both parents
- Service Type – type of child care service

The Child Care Subsidy will be paid directly to providers to be passed on to families as a fee reduction. Families will make a co-contribution to their child care fees and pay to the provider the difference between the fee charged and the subsidy amount.

*The New Child Care Package will also provide targeted additional fee assistance for vulnerable families through the Child Care Safety Net."*¹

"Activity test

Family entitlement to the Child Care Subsidy will be determined by a three-step activity test, more closely aligning the hours of subsidised care with the combined hours of work, training, study or other recognised activity undertaken, and providing for up to 100 hours of subsidy per fortnight.

Step	Hours of activity (per fortnight)	Maximum number of hours of subsidy (per fortnight)
1	8 hours to 16 hours	36 hours
2	More than 16 hours to 48 hours	72 hours
3	More than 48 hours	100 hours

A broad range of activities will meet the activity test requirements including: paid work; being self-employed; doing unpaid work in a family business; looking for work; volunteering or studying. There will be exemptions to the activity test for parents who legitimately cannot meet the activity requirements.

¹ "New Child Care Package – Transition for Families" Australian Government Department of Education and Training website (accessed April 2018) www.education.gov.au/child-care-subsidy-1

Low income families on \$66,958(indexed each financial year) or less a year who do not meet the activity test will be able to access 24 hours of subsidised care per fortnight without having to meet the activity test, as part of the Child Care Safety Net.”²

Immunisation and Child Care Benefit

“From 1 January 2016:

- Only parents of children (less than 20 years of age) who are fully immunised or are on a recognised catch-up schedule can receive the Child Care Benefit, the Child Care Rebate and the Family Tax Benefit Part A end of year supplement. The relevant vaccinations are those under the National Immunisation Program (NIP), which covers the vaccines usually administered before age five. These vaccinations must be recorded on the Australian Childhood Immunisation Register (ACIR).
- Children with medical contraindications or natural immunity for certain diseases will continue to be exempt from the requirements.
- Conscientious objection and vaccination objection on non-medical grounds will no longer be a valid exemption from immunisation requirements.”³

More information about “No Jab No Pay” is available at <https://www.education.gov.au/no-jab-no-pay>

PRIORITY OF ACCESS

Please be aware that we may ask you to change or reduce days where a child listed under the priority of access requires care, we ask for your flexibility if you are not currently requiring care for work/study purposes.

The Federal government has determined priority of access guidelines for child care services. This is in order to allocate available places to families whose children have the highest priority. The guidelines are as follows:

- A child at risk of serious abuse or neglect
- A child of a single parent who satisfies, or of parents who both satisfy, the work/ training/ study test under section 14 of the Family Assistance Act
- Any other child

Within these main categories priority should also be given to the following children:

- Children in Aboriginal and Torres Strait Islander families
- Children in families which include a disabled person
- Children in families on lower incomes
- Children in families with a non-English speaking background
- Children in socially isolated families
- Children of single parents

NEW ENROLMENTS

- Parents inquiring as to a place at the service for their child will be given the information they require and invited to visit the service.
- When a child is offered a place at the service, the Director and Parents need to make a mutually convenient time for an enrolment interview, a tour of the service and an opportunity to meet staff and management.

During the interview the Director will outline the following:

- General overview of the service - staffing, number of children attending, hours open, meals, parent involvement, fee structure etc...;
- What the service supplies – morning and afternoon tea, lunch, bed linen, sunscreen etc...
- Daily routine, philosophy and aims of the service, programs and individual record keeping, policies and procedures, exclusion policy;
- A tour of the service and introduction to educators, answering any questions.

² “New Child Care Package” Factsheet ” Australian Government Department of Education and Training website (accessed April 2018) www.education.gov.au/new-child-care-package-information-resources-families

³ “No Jab, No Pay – New Immunisation Requirements for Family Assistance Payments” Department of Health – Australian Government (accessed on-line April 2018) [http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/375B788BBCB7EC0FCA257F110017177E/\\$File/No-Jab-No-Pay-FSheet.pdf](http://www.immunise.health.gov.au/internet/immunise/publishing.nsf/Content/375B788BBCB7EC0FCA257F110017177E/$File/No-Jab-No-Pay-FSheet.pdf)

- Inform parents that they may visit the service with their child before the date of commencing care to observe the daily program however the parent must remain at the service with the child during these visits.
- The orientation week begins on the date of commencement of care and fees are charged. Parents may cancel their child's enrolment exempt from the two week notice period during the orientation week only.

Enrolment form:

- The following information is required on the enrolment form:
- Child's name, address, sex, date of birth and CRN number;
- Name, address, contact telephone number, date of birth and CRN, of the parents or guardian of the child, 2 people who may be contacted in an emergency, and any other person authorised to collect the child;
- Particulars of the child's health relevant to the provision of childcare, e.g. allergies, immunisation details;
- Special requirements of the child e.g. disability, cultural, religion requirements;
- Child's primary language or, if the child has not learned to speak, the primary language of the child's family;
- Details and copy of any court order;
- Name, address and telephone number of the child's doctor;
- Permission to provide medical care to the child, including medical care provided in an emergency or another matter.

CHILDREN WITH SPECIAL NEEDS

We welcome children with special needs where the special needs can be managed within the facilities of the service, with the qualification, skills and training of existing staff, workplace occupational health & safety obligations and the regulatory adult: child ratio. Where a child qualifies for an additional government paid worker this will be taken into account but may limit the care offered to the period only when that worker is provided.

If a child identifies with a condition listed in the Enrolment Form, parents are to obtain a copy of the appropriate Condition Specific Health Care Plan. It is to be completed by the Director, the Parents and professionals as indicated and returned to the service prior to the child commencing care. Parents and medical practitioners are advised that staff at Kate's Place may and will only carry out basic first aid treatments as per their training. They are not permitted to administer injections (other than EpiPen), suppositories or use nebuliser machines.

It may become evident that the service is unable to provide adequate care for a child with a specific condition; under these circumstances the offer of a position for the child will be withdrawn. The service reserves the right to cancel enrolment at any stage in the course of or prior to the child's attendance at the service.

ANAPHYLAXIS & ASTHMA MEDICATION

If the service provides emergency medication for example EpiPen or Ventolin, the cost will be passed onto the parent and included in the following week's fees if not paid earlier. Emergency medication is for children experiencing a first time reaction only and not for children diagnosed with asthma or anaphylaxis as medication for these children must be provided by the parent on each and every occasion the child attends the service.

That where a child is diagnosed with an established anaphylaxis reaction, the parent must provide an EpiPen on each and every occasion the child attends the service. Failure to do so means the child will not be permitted to stay at the service until the EpiPen is provided.

That where a child is diagnosed with asthma, the parent provides asthma reliever on each and every occasion the child attends the service. Failure to do so means the child will not be permitted to stay at the service until the asthma reliever is provided.

ABSENCES

Please notify the service in the morning if your child is to be absent on that day. Staff are interested in your child and wish to be advised of absences. We are also legally required to record the reason for the absence so that you still receive the Child Care Benefit on those days.

CHANGE OF INFORMATION

Please notify of any changes to your child's records. For example: address, phone number, health details, emergency contacts, immunisation, residence/contact arrangements and court orders as it is important that our records are accurate.

CONTACT / RESIDENCE & SEPARATED PARENTS

In the case of separated parents, contact arrangements can be followed only where the parent provides a copy of the Court Order. If there is no court order in place, neither parent can lawfully restrict contact of the other parent while the child is in our care. Kate's Place will not become involved in a dispute between separated parents.

PRIVACY

We respect your privacy: Kate's Place is required to collect personal information about the children and parents/guardians before and during the course of a child's enrolment in our service. We are committed to protecting your privacy and we abide by the National Privacy Principles contained within the Privacy Act.

Privacy of your personal information is important to us and we conduct our business with respect and integrity. What information do we collect, why and how is it used?

Parents/ Guardians' names, address, phone contacts, child's name, date of birth, medical details, health, routines, likes and dislikes which make up a personal profile and information regarding your child's Child Care Benefit entitlements. All this information is vital in assisting us to provide the best possible individual care for your child and for processing payments. Some of the information we collect is to satisfy the services legal obligations under the relevant childcare legislation. Naturally much of this information is of a personal nature and some of it might be regarded as "sensitive" and not the sort of information that you would wish to have unnecessarily disclosed to others.

We assure you that this information will only be used by our child care professionals in order to deliver your child's care to the highest standards. It will not be disclosed to those not associated with the care of your child without your express consent. You may ask to seek access to the information held about you and your child and we will provide access without undue delay. This access might be inspection of your child's records or by providing copies of information. There will be no charge made for requesting this information but there may be a fee levied to cover the cost associated with the processing of this request.

We will take reasonable steps to ensure at all times that the details we keep about your family are accurate, complete and up to date. We will take reasonable steps to protect this information from misuse or loss and from unauthorised access or disclosure.

Families are required to respect the privacy of management, staff, children and their families by refraining from gossip. This includes the use of Facebook, Twitter, My Space, and any other form of social media.

Please note: Where fees have not been paid in compliance with the enrolment agreement, the service may provide information to a private agency for the purpose of recovery of fees.

WILL IT TAKE LONG FOR MY CHILD TO SETTLE?

Every child has his/her own way of adapting to a new environment but most children adapt quickly. Our caring staff help children to settle by familiarising them with other children and staff and with facilities such as lockers, toilets, hand driers, routines, room procedures etc... Staff will encourage other children to interact with the new child and perhaps find a special friend for them. If the child does not understand English, staff members are to learn key words so that the child will feel more secure in their new environment. If necessary a staff member to whom the child has warmed will establish a settling good-bye routine. Staff will familiarise themselves with the child's likes, dislikes, favourite games and toys, allergies, health conditions etc... All this information should be recorded by the parent on the Enrolment form. Parents of babies are asked to fill in a form called "Baby's Routine".

Parents are encouraged to ring the service during the day to find out how their child is settling particularly if the child was distressed on separation. Parents may ring as often as they wish at any time during their child's attendance.

GOOD-BYE ROUTINE

Children feel secure, when they know their routine. Establish a routine for leaving your child at the service - do it in a way with which your child can become familiar. We discourage Parents from "sneaking out" as this causes more distress to the child in the long-term. Say "Good-bye" to your child. Even if this causes distress, it is usually only for a short time. Please discuss tactics with the Group Leader or Director. Often it is best to firmly say Good-bye, state when you will be returning e.g. after afternoon tea and then leave. Children may exhibit clinging behaviour if they think this will cause their parent to stay with them. These children are usually happily playing by the time the parent has exited the gate. Ring back and check with us often for reassurance.

WHAT WE PROVIDE

Lunch, morning and afternoon teas, Milk, lactose free milk and soy milk, sunscreen and tissues, Bed linen, face washers and "wet ones", Nursery supplies – nappies, a limited range of formula, bottles, pacifiers, Sorbolene and Curash nappy rash cream. Children using soy and lactose free milk require a supporting letter from their Doctor. Special dietary foods need to be supplied by the parent.

WHAT TO BRING

A hat legionnaires or wide brimmed preferred and a change of clothing including underwear.

Extra underpants/ pants if your child is being toilet trained.

If your child has special dietary requirements, it will be necessary for you to provide these. Please discuss this with the Director. Parents supplying rice or goats milk are required to provide a supporting letter from their Doctor.

Formula if your baby attends 1 or 2 days per week only or if your baby requires a formula not regularly supplied by the service. Kate's Place Pittsworth and Helidon – school aged children need to bring rain wear in wet weather as these children walk between the school and the service. The service does provide large umbrellas but it is best for the comfort of children to be covered as best as possible.

ARRIVAL AT AND DEPARTURE FROM THE SERVICE

It is of utmost importance that your child is accompanied to and from the service by an adult and that the Group Leader is notified of arrivals and departures.

Each child is to be separately signed in and out on each day of attendance.

The Sign In/ Out sheets are a legal document and parents are required to clearly write their first and last names and their signature. This is required by law.

The Sign In/ Out sheets are used in the event of a fire, for the monthly fire drills and for attendance checks.

Children are not permitted to leave the service with anyone other than their parent or an adult assigned by their parent.

If you plan to have someone different to collect your child from the service, please introduce this person to the Staff beforehand. If unable to do so, notify the Service with the name, relationship and brief description of the person and advise that person that they will be required to provide photo I.D. (e.g. driver's license) for identification. These precautions are necessary for safety and security reasons.

Parents are required to arrive at the service to collect their child in sufficient time so as to have exited the service by 6.30pm (closing time).

On occasions, an adult collecting the child may appear to be under the influence of alcohol or drugs to the extent that staff may fear for the safety of the child. The service reserves the right under this circumstance to insist that another person come to collect the child.

Children are to wear shoes when arriving at and departing from the service.

MEALS

Meals are inclusive in fees. The meals are prepared daily on the premises and are nutritious and varied. We have a 10 week rotating menu. Every 10 weeks it is reviewed, allowing for seasonal changes, the introduction of new recipes and the deletion of less popular ones. Sandwiches are on the menu every second day and are the most popular with children. Fillings include vegemite, cheese, tomato, lettuce, tuna, cream cheese, baked beans, spaghetti, banana, jam, sprinkles, cold meats, sultanas and combinations of these. The menu on alternate days includes spaghetti bolognese, cold meats and salad, fish fingers and vegetables, roast dinners etc. Buttered bread is served with every meal. We do not use peanut butter because of the high number of children who are allergic to it. Morning tea is a selection of fruits in season including apples, bananas, orange, mandarin, pears and watermelons. Afternoon tea includes fruit, biscuits, cake, cheese, sultanas etc. Milk is served for morning and afternoon tea and water is served at lunch. If your child has special dietary requirements, please discuss this with the Director. Generally, parents are asked to provide special requirements, so as to avoid an unfortunate accident. The service will provide soy milk, but we require a covering letter from your Doctor.

COMMUNICATION BETWEEN PARENTS & STAFF

Please note: That Kate's Place email address is only to be used for the purpose of enquiry regarding new enrolments. All other communication is to be in person, by phone or in written form (not email).

This communication plan outlines the opportunities for parents to share information about their child's health and development with the staff and also outlines the opportunity for input and feedback on service activities. The service has information in other languages and access to translation services to facilitate communication with families from culturally and linguistically diverse backgrounds and strategies and resources to be implemented for families of low literacy levels. If you need further assistance with any communication, please contact the Director.

On enrolment:

- Parents will be asked to complete a written document outlining their child's interests, likes and dislikes and additional information about developmental requirements – e.g.: sleep, toileting, food intake, medical needs.
- Opportunities will be given where the group leader discusses the program goals, areas of development for the age group and the service activities.

On a daily basis:

- Informal conversations at drop off & pick up times.

- A Parent communication book is provided in the foyer for the exchange of information from the parent to staff or the office.
- The Daily Curriculum will be written up each day outlining some of the day's activities.
- Written notes will be provided by staff about your child's (baby or toddler) nappy change, toileting, food intake and sleep details.
- Information will be provided by staff about your child's toilet training where it is occurring.

On a weekly basis:

- Routine planning information will be displayed on the room door.

On a monthly basis:

- A contribution by the staff to your child's individual portfolio (e.g. photos, written observations, work samples.) A contribution by the parents to the child's individual portfolio is welcomed and encouraged.
- Parents will be encouraged to contribute to the curriculum giving information about their child's development.

On an ongoing basis:

- Parents may make an appointment with the Group Leader or the Director at any time during their child's attendance to discuss his/her development or any other concern.

Please advise staff of other community services that may play an active role in communication about your child's health and development if your child has special needs. E.g. health care providers. Where these community services are accessed, documentation will be filed in the child's progress records. Where the Director considers it would be appropriate to access other community services to assist a child, the Director will seek the co-operation of the parent. There are "release of information" forms available for parents to authorise such contact.

Parents are invited to contribute ideas, advice and share in decision making through various opportunities within the service. Information on management decisions will be passed on to you as soon as possible.

Our aim is to build continuity between care practices in your home and practices in the service.

Remember if you have a concern about your child's health and development or wish to contribute to service activities; do not hesitate to talk with staff. Sharing information is important.

Agendas for parent meetings will be placed on the notice board in advance of meeting.

FAMILY PARTICIPATION

We welcome family members to visit the service at any time. Families are encouraged to be involved in the service:

- By spending time at the service with their children. This will reassure parents that their child is in a caring environment with well-developed programs and children enjoy their parent's interest.
- Input into programming e.g. your child's interests - songs, games, favourites
- Providing recycled materials
- Assistance on excursions
- Participating in the National Quality Standard process.
- Attending seminars
- Attending/organising social events & special occasions e.g. Grandparent's day, Christmas parties.
- Consultation, input and feedback on policies, procedures and the parent handbook
- Input on menu suggestions
- Help staff celebrate different cultures by providing assistance, equipment, menus or planning
- Sharing yourself e.g. Do you have a job situation which children could learn from? Can you give us an insight into your culture, different foods, dress, songs, games, help us celebrate different cultures? Do you have an experience to share? Do you have a contact or idea for an interesting excursion e.g. bakery?

PICKING UP / CARRYING CHILDREN

Due to Workplace Health and Safety requirements and the welfare of our staff, staff are not permitted to pick up or carry any child over 2 years old. Children over 2 years who use nappies are required to be hand guided up and down a ladder to the nappy change area. Staff are encouraged to sit on a chair (or floor if they wish) at the child's level and draw the child to them for comfort or attention. Generally, staff are not permitted to forcibly restrain children. If a child will not stay at the service without forcible restraint, the parent is required to stay until the child settles.

POSITIVE GUIDANCE OF CHILD BEHAVIOUR

Kate's Place has a positive guidance of child behaviour policy. Sometimes children come to us who kick, hit, spit, punch or use bad language to staff and other children. We will implement our positive guidance of child behaviour policy which involves keeping parents informed and forming and implementing a plan for managing inappropriate behaviour. Parents are required to work with staff when they are advised of their child's inappropriate behaviour. This may include

strategies to be used at home and in the service. It may also include the parent seeking professional advice from a child behaviour specialist, staying at the service with their child, or withdrawing the child temporarily or permanently. To avoid injury, staff are not permitted to pick up or restrain a child who is kicking, punching, hitting, struggling, spitting or using any other inappropriate physical behaviour. Parents will be called and required to take their child with them. We sympathise with and are willing to assist in the positive guidance of behaviour of children who display inappropriate behaviour.

Children may be excluded from the service for a period of time or enrolment cancelled altogether for serious, ongoing or unresolved difficult behaviours that causes staff or other children to feel emotionally or physically unsafe, insecure or unhappy. The wellbeing of the majority - children and staff will be given first priority.

Some children may have a medical condition that causes inappropriate behaviour – if that behaviour cannot be modified so as not to cause physical or emotional hurt to others, the child care service environment is unsuitable to their needs and alternate care arrangements need to be sourced by the parents.

BEFORE AND AFTER SCHOOL CARE

Our before and after school care program caters for children in primary grades. As many of our long day-care children have left by 3 p.m., we are able to offer after school programs. Children are encouraged to participate in activities suitable to their needs and interest. Some children play on outside equipment; others have a quiet read, draw, paint or do their homework. Transport to and from Kate's Place can be arranged with the Director. It is necessary to sign an Escorted Journey form for any child who is brought to or from the service by Kate's Place staff. Parents are required to write any changes to the normal pick-up or drop off routine in the Parent communication Book and follow up with a phone call to the Director or senior staff to confirm the change has been noted. Late changes should only be made in an emergency. Unnecessary attempted pick-ups caused by the failure of the Parent to notify the service of a change in plan attracts a penalty fee.

VACATION CARE

Our vacation care program is an extension of our before and after school care program. Special activities and excursions are planned to ensure that children on school holidays have a happy time in a safe environment, and have the opportunity to enjoy being with their younger brothers and sisters.

SUN PROTECTION

Kate's Place policy states NO HAT – NO OUTSIDE PLAY. Children without hats are required to play on the verandahs only. Wide brimmed or legionnaire hats are recommended - sun visors or caps do not provide sufficient sun protection. 30+ sunscreen is supplied to children 15 – 20 minutes before they go out to play in the sun.

LOST PROPERTY

Any unnamed belongings will be put in a special place for lost property. If these items continue to remain unclaimed, they will be disposed of as seen fit by the Director. Please NAME all belongings - initials only are not sufficient. It is very difficult to reunite children with unnamed clothing.

REST TIME

An essential part of each day's program is rest time. This occurs at the same time each day (except babies who follow their individual sleep patterns). Each child is encouraged to rest quietly on their mats for a minimum of half an hour. Children who are awake after half an hour's rest are offered quiet activities. No child will be forced to sleep; no child will be forced to stay awake.

CLOTHING

Please send your child along in play clothes. These clothes should be allowed to get dirty. Children's play is their work and if they are fully involved they may get wet or dirty so please provide extra clothing. Young children learn and grow by experimenting with sand, water, paint, clay etc...

BIRTHDAY CAKES AND BLOWING OUT CANDLES

When it is a child's birthday, many children like to bring a cake to share with their friends.

Parents are requested not to bring candles, as, for hygiene reasons we do not allow children to blow on the cake.

Alternatively, parents may provide individual cupcakes with a single candle on the birthday child's cake. Parents are requested to also bring a lighter as we don't keep them on the premises.

Parents – please ask the Group Leader how many children are in the group so that there is enough for all to share.

NOTICES

Lots of important or interesting information is placed on the foyer notice board, in your child's room and in your child's pocket. Please take time to look at these. Your monthly statement will be placed in your child's pocket. Important notices are placed on the front door or the door of your child's room. These may include notices regarding an infectious illness, excursions, performances or policies. Check your child's bag as there may be a note from your child's Group Leader especially if you collect your child after his room staff have left for the day.

TOYS

Please leave toys at home. The service has sufficient toys and equipment to keep the children busy and learning and it is unfortunate when toys from home become lost, broken or stolen. Staff cannot be held responsible for the damage to or loss of home toys. Please do not bring videos, CDs or tapes to the service as likewise the service or staff does not accept responsibility for damage to or loss of them.

EXCURSIONS AND PERFORMANCES

It is important that we are well organised when taking children on excursions and part of that is knowing well in advance how many children are going on the excursion and how many we need to make arrangements for at the service. We will advise you of the destination, date, time of departure and return, transport arrangement and extra requirements. Please sign the excursion form if you wish your child to participate. We need final numbers and payment no less than 24 hours in advance. No refunds are given if less than 24 hours' notice of cancellation is given. Often we have visitors to the service who present a performance. Please sign the performance form if you wish your child to attend. As with excursions, payment and sign up must be at least 24 hours in advance.

FIRE AND EMERGENCY EVACUATION PROCEDURE

Fire drills are practiced monthly so that speedy and efficient evacuation will occur in the case of an emergency. Fire safety equipment is placed strategically throughout the service. It is very important that your child is signed in and out of the service each day. This attendance record is used to identify your child during a fire drill and in an emergency. Failure to sign a child in may place the child in danger and failure to sign out could result in staff or fire officers re-entering a burning building to locate a missing child needlessly and placing their lives at risk. Emergency evacuation plans are displayed in each room. A fire officer visits the service annually and staff are trained in the use of firefighting equipment annually.

COMPLAINTS PROCEDURE

A complaints procedure is the process by which solutions are sought to resolve disputes in a fair, equitable and prompt manner. Grievances should be resolved as informally and quickly as possible by the parties involved. When the persons directly involved cannot resolve grievances informally, a formal grievance process is implemented.

Not all disputes can be handled in one particular format and judgment needs to be made on what particular style is appropriate to suit each individual dispute.

Procedure for dealing with parent/ staff conflict:

- The Parent should discuss the problem with the relevant staff member concerned.
- If the Parent still feels further action is necessary after discussion with the relevant staff member they should take the matter up with the staff member's supervisor.

If the Parent is still unhappy the Senior Educator can:

- Offer to take the matter to the service Director; or
- The Parent can make an appointment to discuss the matter with the Director; or
- The Parent can make an appointment to discuss the matter with the Approved Provider; or
- The Parent can complete a grievance report form and lodge this with the Director or the Approved Provider.

The Director will discuss the matter with the Senior Educator and advise them of their decision.

The Senior Educator will:

- Convey that finding to the Parent concerned; or
- The Director will discuss the matter with the Parent and advise the Parent and the Senior Educator of their decision.
- The Director will contact the parent and discuss possible outcomes.

The director will advise the Approved Provider of the discussions and outcomes.

Procedure for dealing with parent/ management conflict:

The Parent can make an appointment to discuss the matter with the Director or Approved Provider; or

The Parent can complete a grievance report form and lodge this with the Director or Approved Provider.

HEALTH

The following are Excerpts from the Health Policy – Please find the complete policy in the policy and procedure book in the foyer or ask the Director for a copy of the full policy.

- Kate's Place policy on giving medication to children takes into account not only the well-being of children but also the legal protection of staff. Educators at this service do not administer medication except in exceptional circumstances.
- Medications such as prescribed antibiotics, asthma preventative, ointments, cough medicines etc... should be administered before and after child care. If required during the day, parents or a person named in the child's Enrolment Form who is authorised to consent to the administration of medication should visit the service to administer to the child.
- If a child becomes ill at the service, the parent will be contacted and required to collect their child within one hour of notification. If the child arrives at the service ill, the parent may not be permitted to leave the child at the service.
- Without a doctor's written authority, medication will not be given for the relief of pain as it may mask a serious illness. Kate's Place does not store these products on the premises. A child who is ill enough to require repeated doses of pain or fever relief should not be at child care.
- With the Director's agreement and in **exceptional circumstances only**, staff will administer medications. The service should only be requested to administer medication if it is **necessary and in exceptional circumstances** and not for the convenience of "hurried" parents or those who are reluctant to administer to their own child. The service reserves the right to define an exceptional circumstance.
- Educators will administer a topical ointment providing the Topical Ointment record is completed satisfactorily. Topical ointments may include treatment for nappy rash, wind burn and other external conditions.
- Over-the-counter medications - naturopathic, herbal, homeopathic preparations and pharmacist-only medications may be administered provided the following conditions are met:
 - The child has previously used the medication outside of the service and there was no allergic reaction.
 - A registered medical practitioner provides a written request for over-the-counter medication to be administered accompanied by clear instructions as to the dose and specific times required at the service; and
 - The authorised over-the-counter medication and the equipment needed for the medication to be administered are supplied by the parent.
- The nappy change routine may include the use of Sorbolene, Paw Paw ointment or Curash cream. Saline and Stop Itch or similar may also be used for minor injuries or insect bites. These ointments are supplied by the service and may be administered by educators when required where the parent has authorised their use on the enrolment form.
- Staff will NOT administer the following to children: Suppositories or Nebulisers.
- The Director will contact the parent if there are any concerns regarding the medication of a child. If there are still concerns, the parent (if contactable) will be asked to give permission for the Director to contact the child's doctor. If this is not possible or if the child's doctor is unco-operative then the service reserves the right to contact a health care professional, even if the parent has requested the medication be administered. If the concern still exists the Director may refuse the administration of medication.
- Educators will carry out basic first aid treatments as per their training and an ambulance will be called should the child need further assistance.
- In meeting the service's duty of care, it is a requirement under the Workplace Health & Safety Act 2011 that management and staff implement and endorse the service's Health policy and procedures.

Parents are required:

- Whenever possible to administer medication to the child at home.
- When necessary, administer medication to their child at the service themselves. If required during the day, parents or a person named in the child's enrolment record as authorised to consent to administration of medication should visit the service to administer to the child.
- Inform the service in writing when authorising another person to administer medication - e.g. Parent communication book, fax, letter or email. Ring the service to confirm the authorisation has been received.
- To ask the child's registered medical practitioner if it is possible to prescribe a twice a day medication, so that it can be administered at home or if 3 times a day; a medication that can be given before and after child care and before bedtime.

- If applicable - arrange an appointment with the Director if requesting the administration of medication under exceptional circumstances.
- Medications are to be handed by the parent to a senior educator. Under no circumstances are medications to be left in children's bags. This includes ointments, medicines, nebulisers, tablets etc...
- To develop an individual health management plan for children who require ongoing additional medical needs in consultation with the child's registered medical practitioner/ specialist and the Director.
- Where medication is administered - To collect medication daily on departure confirming with staff by checking label that they have their child's medication and to confirm the child was given the required medicine by speaking with a senior educator on collection of the child or by checking the Medication Authorisation Record.
- Inform the service of any relevant cultural views on child health and medication e.g. If the care practices of the family differ from those in the service policy.

INJECTIONS (EXCEPTING EPIPENS) AND SUPPOSITORIES

Educators are not permitted to administer injections or suppositories. If injections or suppositories are necessary for the welfare of the child, parents should make arrangements for them to be given by the child's Doctor, Nurse or other authorised person (not staff). Staff at Kate's Place will only carry out basic first aid treatments as per their training and an ambulance will be called should the child need further assistance.

MEDICATION

- Medication is to be stored safely and at the recommended temperature on the bottom shelf of the medicab or in a container on the bottom shelf of kitchen fridge.
- Medication must not be left in children's bags.
- The Medication Record is used to record the authorisation of the parent and the specific details of the medication and the time and circumstances of administration.
- The Medication Record is to be filled in on the day the medication is to be administered not any days in advance.
- The Medication Record is to be signed immediately after the administration of medication.
- Multiple medications are to be recorded and acknowledged separately. A separate form is to be used for each medication each time it is to be administered, and the order it is to be administered is to be noted.

ADMINISTRATION OF MEDICATION BY PARENT/GUARDIAN

- The parent or a person named in the child's enrolment record as authorised to consent to administration of medication can administer medication to the child providing the following conditions are met:
- The parent brings the medication into the service at the time of administration or delivers the medication to a senior educator when bringing the child into care; and
- The Medication Record is filled in correctly, and
- Medication is administered in the presence of a qualified educator who will check:
 - That the right child is receiving the medication
 - The medication is labelled correctly
 - The details in the Medication Record and on the medication itself are the same; and
 - That the correct dosage is administered.

ANAPHYLAXIS OR ASTHMA EMERGENCY

Where the child is diagnosed with an established anaphylaxis reaction, the parent/guardian is required to provide an EpiPen on each and every occasion the child attends the service. The child will not be permitted to stay at the service if the EpiPen is not provided.

Where the child is diagnosed with asthma, the parent/guardian is required to provide an asthma reliever on each and every occasion the child attends the service. The child will not be permitted to stay at the service if the asthma reliever is not provided.

If the service provides emergency medication for example EpiPen or Ventolin, the cost will be passed onto the parent and included in the following week's fees if not paid earlier. Emergency medication is for children experiencing a first time reaction only and not for children diagnosed with asthma or anaphylaxis as medication for these children must be provided by the parent on each and every occasion the child attends the service.

Medication may be administered to a child without an authorisation in case of an anaphylaxis or asthma emergency. If medication is administered under this emergency, the following are to be notified as soon as practicable:

- A parent of the child;

- Emergency services – If possible before administering medication.

The details to be recorded in the Medication Record are:

- The name of the child;
- the authorisation to administer medication (including self-administration for a child over school age), signed by a parent or a person named in the child's enrolment record as authorised to consent to administration of medication;
- The name of the medication to be administered;
- The time and date the medication was last administered;
- The time and date, or the circumstances under which, the medication should be next administered;
- The dosage of the medication to be administered;
- The manner in which the medication is to be administered.

FOOD & ALLERGENS

- For severely allergic children the best option is to bring meals prepared from home.
- If it is decided to provide meals prepared at the service to a child at risk, then the meal prepared for all children should not contain the ingredients such as milk, egg and nut products to which the child is at risk.
- Meals prepared which contain ingredients with "May contain traces of nuts" on a label should not be given to nut allergic children.
- There should be no trading and sharing of food, food utensils and food containers.
- It is ideal that children with severe food allergies should only eat lunches and snacks that have been prepared at home.
- Bottles, other drinks and lunch boxes provided by the parents for their children should be clearly labelled with the name of the child for whom they are intended.
- The use of food in crafts, cooking classes and science experiments may need to be restricted depending on the allergies of particular children.
- Food preparation personnel should be instructed about measures necessary to prevent cross contamination during the handling, preparation and serving of food. Examples would include the careful cleaning of food preparation areas after use and cleaning of utensils when preparing allergenic foods.
- The risk of a life threatening anaphylaxis from casual skin contact, even with highly allergenic foods such as peanuts, appears to be very low. On occasions casual skin contact will provoke urticarial reactions (hives). Simple hygiene measures such as hand washing and bench-top washing are considered appropriate.

ANAPHYLAXIS

- Where a child is diagnosed with an established anaphylaxis reaction, the parent must provide an EpiPen on each and every occasion the child attends the service. Failure to do so means the child will not be permitted to stay at the service until the EpiPen is provided.

ASTHMA

The responsibility of the management of the child's asthma lies with the child's family and the child's Doctor.

- Under no circumstances should staff members change the dosage of medication.
- It is the responsibility of staff to advise parents of any observations made in a change in the child's condition.
- Parents of asthmatic children are to fill in an Asthma Management Plan, which lists the procedure if the child has an attack whilst at the service. This should take into account factors such as parents travelling time from the service, location of child's Doctor, the severity of the child's condition and the signs and symptoms the child may show leading up to an attack. A copy of the child's asthma action plan is to be kept in the child's office file, and in the Group Leader's room file.
- Any changes to standard procedure are to be advised to the staff by the parent.
- Asthma medication is to be stored in the Medicabs in each room.
- Educators are not permitted to use Nebuliser machines. Older children will be able to use a puffer and a spacer.
- Younger children who are able to use a nebuliser machine only should not be in childcare if they are at risk of an asthma attack.

Kate's Place policy is:

- Whenever possible, asthma medication should be administered at home by the parent.

- If a child requires preventative treatment for asthma twice a day it is the parent's responsibility to administer medication at home. If the child requires preventative medication more often it will only be administered once per day at the service. Children whose doctor prescribes treatment more often than twice a day are to provide a Doctor's certificate stating medication, dosage, prescribed times to be given, date of issue of certificate and expiry date of certificate.
- The certificate must be renewed prior to the expiry date if the treatment is ongoing. If this certificate is supplied the treatment will be administered by the service staff around midday.

Families are required to:

- Inform staff, either upon enrolment or on initial diagnosis, that their child has a history of asthma.
- Provide all relevant information regarding the child's asthma via the Asthma Record as provided by the child's doctor.
- Notify the staff, in writing, of any changes to the Asthma Record during the year.
- Ensure that their child has an adequate supply of appropriate medication (reliever) and spacer device clearly labelled with the child's name including expiry dates on each and every occasion the child attends the service. Failure to do so means the child will not be permitted to stay at the service until the asthma reliever is provided.
- Communicate all relevant information and concerns with educators as the need arises e.g. if asthma symptoms were present during the night.

ILL CHILDREN AND ILL STAFF

In general

The parent should not bring a child into the service if they are unwell.

A child may be unwell if he/she:

- Sleeps at unusual times
- Has a fever of 38°C or higher
- Is crying constantly as a result of discomfort due to illness
- Is in need of constant one to one care
- Is reacting badly to medication
- Has an infectious illness or condition

These signs and symptoms MAY also be an indication of illness:

- Unusual behaviour (child is cranky or less active than usual, cries more than usual, seems uncomfortable or just seems unwell)
- Feverish appearance
- Diarrhoea (an increase in the frequency, runniness or volume of the faeces)
- Vomiting
- Loss of appetite
- Conjunctivitis (tears, eyelid lining red, irritated eyes, followed by swelling and discharge of pus from eyes)
- Unusual spots or rashes
- Patch of infected skin (crusty skin or discharging yellow area of skin)
- Grey or very pale faeces
- Unusually dark, tea coloured urine
- Yellowish skin or eyes
- Sore throat or difficulty in swallowing
- Headache, stiff neck
- Severe persistent or prolonged coughing (child goes red or blue in the face, and makes a high-pitched croupy or whooping sound after coughing)
- Frequent scratching of the scalp or skin
- Breathing trouble (particularly in babies under 6 months old).

If the child presents unwell on arrival at the service the child may not be permitted to stay. An assessment will be made by staff to ascertain if the child is well enough to cope adequately with the normal daily routines and activities within the program. A child for example with a mild cough, sneezing but not infectious may be well enough to be at the service,

however, if the same child had a temperature of 38° or more she should be cared for at home. The decision to exclude a child who is unwell or re-admit a child who has been unwell is the responsibility of the Director or senior educator. If symptoms of illness occur during the day, the parent may be contacted and asked to take their child home as the service does not have the staff resources to adequately care for an ill child.

Young children can become ill in a very short time and parents and educators should be aware of the signs and symptoms of illness in children. Educators or parents may attempt to diagnose the illness for exclusion purposes only. It is the parent's responsibility to take their child to the doctor for a proper diagnosis if required.

There may need to be a medical opinion (e.g. in cases of suspected measles or hand, foot & mouth disease) or another staff member's opinion (e.g. in cases of diarrhoea or fever).

Educators are to inform the Director so that she may decide if the illness requires exclusion and/or decide when the child or staff may return to the service. Exclusion applies to illness as well as infectious diseases.

If the Director or senior educator in charge feels that one child is unfairly exposing other children to illness or is too unwell to cope with the services program, they will notify the parent and ask for the child to be collected from the service.

The parent is obligated to collect the child within one hour of notification or make an alternative arrangement to the same effect. If parents cannot be contacted the emergency contacts on the enrolment form will be contacted.

Sometimes doctors make different diagnoses for children in the same service with illnesses that appear similar. The Director is not to be influenced by letters from doctors which allow the child back into care unless the child is well enough to participate in the program. These decisions will be made in the best interests of all the children at the service, and may take into consideration the results of clinical tests, medical opinion, staff experience and illnesses/diseases prevalent at Kate's Place or in the community at the time of illness.

HIGH TEMPERATURE

All children will occasionally have an elevated temperature. The definition of a fever is an armpit temperature greater than 37°C although normal body temperature may vary quite considerably according to the age of the child and the time of the day.

Often the first sign of illness is a raised temperature.

If a child seems unwell and has a temperature of 38 degrees or above (armpit), educators will monitor the child's temperature at 10 minute intervals for 30 minutes. If the temperature does not reduce and the child is unwell and/or not coping, the parent will be asked to collect the child. The service does not administer medication for the relief of fever as it may mask a more serious illness.

MEDICAL PROCEDURES

If following a visit to their family doctor the child is required to undergo medical procedures, such as taking of a urine sample or stool sample etc... parents are requested to keep their child at home in order to complete these tasks. The educators at the service are unable to perform these tasks as they are not trained and do not have the resources necessary to comply with strict requirements when taking these samples.

Parents are required to:

Refer to the Exclusion Table information located in this policy and the Parent Handbook or phone the Director at the service if unsure about whether their child can attend.

Keep children at home or arrange alternative care for ill children until they are fully recovered.

Notify staff on arrival of any signs or symptoms of possible illness for staff to monitor.

Follow the Administration of Medication Procedure where applicable.

Be notified of any signs or symptoms of illness by phone if these occur during the day

Maintain current emergency contact information on the enrolment forms for notification of ill children

Be notified of an outbreak of an infectious disease within the service.

Receive a clear exclusion document in the Parent Handbook outlining the medical condition, exclusion of cases and exclusion of contacts. The parent's will receive the information in the Parent Handbook on enrolment and when requested by the parent.

GUIDELINES FOR EXCLUSION FOR INFECTIOUS DISEASES

(QLD Government, QLD Health publication "Time Out" January 2014)

It is not possible to prevent the spread of **all** infections and illnesses within our service; however **preventing** the spread of infectious diseases is an important part of the quality child care provided at Kate's Place. It is by removing sick or unwell children from the service that we can reduce the risk of infecting other children.

Infections with or without illness are common in children. When children spend time in child care services or other facilities and are exposed to a large number of children for long periods, the risk of illness is higher and infectious diseases spread.

EXCLUSION

Child Care is labour intensive, involving many close physical interactions among children and adults each day. Children are particularly at risk of infection because:

- They have close contact with a whole range of children and adults in closed spaces for long periods of time.
- They have had previously little exposure to many common infectious diseases.
- They are continuously being introduced to new children who come with their own set of pathogens.
- Excluding sick children and staff is one of the three most important ways of limiting the spread of infection in the service. The spread of certain infectious diseases can be reduced by excluding a person who is known to be infectious, from contact with others who are at risk of infection.
- The well-being of all children who attend the service and the staff employed is of the highest priority.
- The need for exclusion depends upon:
 - The ease with which the infection can be spread
 - The ability of the infected person to follow hygiene precautions
 - The severity of the disease

The exclusion procedure

- Identify when symptoms or a medical diagnosis fit an exclusion period
- Refer to the Exclusion Table in this policy for the recommended periods of exclusion; and
- Advise the parents when their child may return to the service.
- Recommended exclusion periods are based on the time that a person with a specific disease or condition is likely to be infectious (Staying Healthy in Child Care, 5th Edition 2012).

IMPLEMENTATION

- Any child or staff member who appears to be suffering from an infectious illness, disease or condition which may prejudice the health of other children or staff is to be separated from other children. The child can still remain in the room, as long as interaction and sharing objects with other children does not occur. If the child has vomiting, diarrhoea or suspected measles the need for separation becomes particularly important. The child or staff is required to leave the service as soon as possible. The following list of infectious diseases outlines the minimum guidelines Kate's Place uses as exclusion periods.
- The list has been compiled with reference to the National Health and Medical Research Council (NHMRC) and The Office of Child Care exclusion guidelines. The Office of Child Care exclusion guidelines are displayed in the service.
- Children and staff suffering from diphtheria, hepatitis A, polio, typhoid, tuberculosis, paratyphoid, shigella, salmonella and meningitis will require a medical certificate of recovery before they can be re-admitted to the service. All children under the age of 12 months who have been exposed to measles should be given the measles vaccine (MMR) immediately. In the event of a vaccine preventable infectious disease in the service, unimmunised children will be excluded from the service for a minimum period of two weeks.
- Legislation requires the service to report by phone, any cases of vaccine preventable diseases to the Department of Public Health. If any child or staff member contracts an infectious disease the service is to be notified immediately.
- The service keeps a record of all illnesses occurring within the Service and will advise parents of any infectious outbreaks, e.g. measles.
- Recommended exclusion periods are based on the time that a person with a specific disease or condition might be infectious to others.
- Recommended non-exclusion means there is not a significant risk of infection to others. A staff member or child who is not excluded may still need to stay at home because they do not feel well.
- The following are recommended minimum periods of exclusion based on risk of infection but a child or staff member may need to stay at home longer than the exclusion period to recover from an illness,

Exclusion table - Parents and Staff

Please be aware that some illnesses (as indicated) may pose a threat to a developing foetus.

Please see your Doctor if you are exposed to any of these illnesses.

RECOMMENDED MINIMUM PERIODS OF EXCLUSION

For additional information please refer to the NHMRC publication 5th Edition - Staying Healthy – Preventing infectious diseases in early childhood and educational care services.

Some medical conditions require exclusion from child care to prevent the spread of infectious diseases among staff and children. The information below provides the recommended minimum exclusion periods for infectious conditions and will assist the service to meet the requirements of the Public Health Act 2005. Updated from NHMRC Sept 2013.

Unwell children: *In addition to the minimum exclusion periods, children who are unwell should not attend the service.*

Contact: *the definition of “contact” will vary between diseases and is sometimes complex. If concerned contact the public health unit.*

Appropriate antibiotic treatment: *the definition will vary between diseases. If concerned contact the public health unit.*

Chickenpox (varicella)

Exclude until all blisters have dried - this is usually at least 5 days after the rash first appeared in non-immunised 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, are not excluded. Exclude any pregnant woman who is, or is presumed to be susceptible.

Cold Sores (herpes simplex)

Not excluded if the person can maintain hygiene practices to minimise the risk of transmission. If the person cannot comply with these practices (e.g. because they are too young) they should be excluded until the sores dry. Sores should be covered with a dressing where possible.

Contacts - not excluded.

Conjunctivitis

Exclude until discharge from eyes has ceased unless non-infectious conjunctivitis.

Contacts - not excluded.

Cytomegalovirus (CMV) infection

Exclusion is NOT necessary.

Contacts - not excluded.

Diarrhoea and/ or vomiting (*Diarrhoea: the definition is two or more consecutive bowel motions that are looser and more frequent than normal or escapes a child's nappy*) including amoebiasis, cryptosporidium, salmonella, campylobacter, rotavirus, viral gastroenteritis, giardia BUT NOT norovirus or shigella – see separate section.

Exclude until there has not been a loose bowel motion for 24 hours

Exclude staff whose work involves food handling until they have not had diarrhoea or vomiting for 48 hours.

After a maximum of two episodes of diarrhoea, parents will be contacted to collect their child. Parents may be called to collect their child after one episode of diarrhoea if staff suspects it is infectious that is there are a number of similar cases in the service at the time.

If there are more than 2 cases with loose bowel motions in the same service or a single case in a food handler notify the local public health unit.

Contacts - not excluded.

Please note: If the child/ employee appears well and the diarrhoea is caused by teething, change in diet or medication they do not need to be excluded.

Diphtheria

Exclude according to public health unit requirements.

Contacts – exclude according to public health unit requirements.

Enterovirus 71 (EV71) Neurological disease

Written medical clearance is required confirming the virus is no longer present in the child's bowel motions.

Contacts – not excluded.

Glandular fever (Epstein Barr virus (EBV) mononucleosis)

Exclusion is NOT necessary.

Contacts - not excluded.

Haemophilus influenzae type b (Hib)

Exclude until the person has received appropriate antibiotic treatment for at least 4 days.

Contacts - not excluded. Contact the public health unit for specialist advice.

Hand, foot and mouth disease

Exclude until all blisters have dried.

Contacts - not excluded.

Head lice

Exclusion is NOT necessary if effective treatment is commenced prior to the next attendance day (that is the child does not need to be sent home immediately if head lice are detected).

Contacts - not excluded.

Hepatitis A

Exclude until a medical certificate of recovery is received, and until at least 7 days after the onset of jaundice.

Contacts - not excluded.

Contact the public health unit for specialist advice about vaccinating or treating children in the same room or group.

Hepatitis B

Exclusion is NOT necessary.

Contacts - not excluded.

Hepatitis C

Exclusion is NOT necessary.

Contacts - not excluded.

Human immunodeficiency virus (HIV/ AIDS)

Exclusion is NOT necessary.

Contacts - not excluded.

Influenza and influenza-like illnesses

Exclude until person is well.

Contacts - not excluded.

Listeriosis

Not excluded.

Contacts - not excluded.

Measles

Exclude for 4 days after the onset of the rash.

Immunised and immune contacts are not excluded.

For non-immunised contacts, contact the public health unit for specialist advice.

All immune-compromised children should be excluded until 14 days after the appearance of the rash in the last case.

Meningitis (viral)

Exclude until person is well.

Contacts - not excluded.

Meningococcal infection

Exclude until appropriate antibiotic treatment has been completed.

Contacts - not excluded.

Contact the public health unit for specialist advice about antibiotics and/ or vaccination for people who were in the same room as the case.

Molluscum contagiosum

Exclusion is NOT necessary.

Contacts - not excluded.

Mumps

Exclude for 9 days after onset of swelling.

Contacts - not excluded.

Norovirus

Exclude until they have not had any diarrhoea or vomiting for 48 hours.

Contacts - not excluded.

Parvovirus (erythema infectiosum, fifth disease, slapped cheek syndrome)

Exclusion is NOT necessary.

Contacts - not excluded. Pregnant women should consult their medical practitioner.

Pertussis (whooping cough)

Exclude until 5 days after starting appropriate antibiotic treatment or 21 days from the onset of coughing.

Contact the public health unit for specialist advice about excluding non-vaccinated and incompletely vaccinated contacts, or antibiotics.

Poliomyelitis

Exclude for at least 14 days from onset of symptoms and case has recovered. Written medical clearance from doctor or public health unit is required to return to child care confirming child is not infectious.

Contacts – not excluded unless considered necessary by public health unit.

Ringworm, tinea, scabies

Exclude until the day after appropriate treatment has commenced.

Contacts – not excluded

Roseola

Exclusion is NOT necessary.

Contacts - not excluded.

Rubella (German measles)

Exclude until fully recovered or for at least 4 days after the onset of the rash.

Contacts - not excluded. Female staff of childbearing age should check their immunity to rubella with their doctor.

School sores (Impetigo)

Exclude until case has received appropriate antibiotics for at least 24 hours. Sores are not contagious if covered, or after the child has taken antibiotics for 24 hours. Weeping or crusted sores on exposed areas should always be covered with a watertight dressing until at least 24 hours post antibiotics commenced and for as long as practical.

Contacts - not excluded.

Shigellosis

Exclude until diarrhoea has stopped and two stool samples, taken at least 24 hours apart have tested negative.

Contacts - not excluded.

Streptococcal sore throat (including scarlet fever)

Exclude until well and has received antibiotic treatment for at least 24 hours.

Contacts - not excluded.

Thrush (candidiasis)

Exclusion is NOT necessary.

Contacts - not excluded

Tuberculosis (TB)

Written medical clearance is required from Queensland Tuberculosis Control Centre to return to child care, confirming the child is not infectious.

Contacts - not excluded.

Typhoid, paratyphoid

Exclude until diarrhoea has stopped and two consecutive samples, taken at least one week apart, have tested negative.

Contacts - not excluded.

Whooping cough – see pertussis**Worms**

Exclude if loose bowel motions are present. Contacts - not excluded.

Note: All weeping wounds or sores and scabs that are not dry are to be covered with water tight dressing to avoid infection and blood contamination to others. Once scabs are healed the child can attend the service without dressing being applied.

IMMUNISATION

- Upon enrolment, all families will be required to provide a copy of their child's immunisation details to the services management.
- The service will distribute reminders regularly to families about immunisation and ask parents to inform the service after the vaccine is given.
- Families who do not immunise their child, through conscious objection or for medical reasons, are still able to attend the service. However, if an incidence occurs where a child contracts a communicable disease, all children

deemed not immunised will be excluded from the service for the period of time recommended by the QLD Health Department.

- Families who do not have their child immunised, or have out-of-date immunisation records, may not be entitled to the Child Care Subsidy (CCS), or may have their benefit cancelled. Kate's Place does not have any involvement in this government decision.

The following immunisation exemptions apply:

- A child cannot be immunised due to a medical condition. Ask your doctor or immunisation provider to complete a Medical Contraindication form.
- The child has a natural immunity to a disease, or a vaccine is unavailable. Ask your doctor or immunisation provider to give you a letter explaining the reason.
- The parent has a personal, philosophical, religious or medical belief that immunisation should not occur. Ask your doctor or immunisation provider to complete a Conscientious Objection form.

IMMUNISATION SERVICES

Toowoomba Regional Council provides a free child immunisation clinic for persons aged two months to 19 years; immunisation is available to fight diseases such as Diphtheria, Tetanus, Pertussis, Poliomyelitis, Hib Meningitis, Hepatitis B, Pneumococcal, Measles, Mumps, Rubella, Chicken Pox and meningococcal C.

Toowoomba

The Immunisation Clinic at 12 Little Street, on the corner of Victoria Street provides advice as well as immunisation. No bookings are necessary and the clinic operates every Wednesday from 9.00am to 1.30 pm, except on public holidays. An after hour's clinic is offered on the first Thursday of each month from 6.30 pm to 7.30 pm. For more information please phone 4688 6835.

Oakey

The immunisation clinic, run in conjunction with the Oakey Family Medical Service at 5 Cherry Street, Oakey is conducted on the last Monday of every month from 11.30am. If the last Monday is a public holiday, then it's held on the next working day - normally a Tuesday. Parents need to contact council on 4691 1388 prior to attending the clinic with their child and provide the following information: child's name, address, date of birth, sex, parent or guardian's phone number, medicare number and vaccinations required.

HEAD LICE

- Schools and child care services are places where children come in close contact with others and may catch head lice. The key to prevention and control of head lice is a united effort from the community.
- If anyone doesn't check and treat for head lice when necessary than everyone else's efforts (and money) can be wasted.
- It is the parent's responsibility to check and treat for head lice in children. The staff at Kate's Place will assist in the detection of head lice by periodic checks of children's hair particularly when head lice appears to be prevalent, a number of cases are reported to the Director or where it is suspected that children have head lice.
- Any check by staff will be handled professionally so as not to cause distress to children.

LICENSING BODY

Kate's Place is licensed by the Office for Early Childhood Education and Care under the Education and Care Services National Law Act 2010 and Education and Care Services National Regulations. Kate's Place must meet with the requirements about activities, experiences and programs, ratios of staff and children and staff qualifications as required by the legislation. Office for Early Childhood Education and Care information service: Freecall number 1800 637 711. The local contact phone number is 07 4616 9125.

A copy of the current Education and Care Services National Regulations 2011 can be accessed on the internet at website <http://www.acecqa.gov.au>

Copies are also kept at the service which you can view. A copy of Kate's Place Policies and Procedures is kept in the foyer for parents to peruse.

National Quality Standard

All services will be assessed against a National Quality Standard (NQS) which will assess services in seven quality areas as well as providing an overall service assessment. More information is available on the website:
<http://www.deewr.gov.au>

Kate's Place website: www.katesplace.com.au
Parent Handbook 2015

Sources/ Review

This handbook is reviewed/ updated annually and as required throughout the year. The review will be conducted by management, employees, families and interested parties.

Date of next review: August 2019

Issued: 1993

Updated/Reviewed: '94,'95,'96,'97,'98,'99,'00,'01,'02,'03,'04,'05,'06,'07,'08,'09,'10,'11,'12,11/'13, exclusion periods updated,8/'14 changed days for kindy program, 10/'14-annual review,11/'14-amended what to bring re formula, 11/'14 added raincoats to what to bring for Pittsworth and Helidon,5/'15, May 2016 updated related legislations, holiday discount, nutrition and curriculum information. Updates cancelling enrolment, 9/'16added section in on change of permanent days, 8/'18 updated to new CCS & added information on new casual authorisation form.

Safe Sleeping practices are important to reduce your child's risk of SIDS, please find more information on the SIDS and Kids website.

*'Sleep Safe,
My Baby'*

MAKING UP BABY'S COT

**SLEEP BABY IN A SAFE COT IN PARENTS' ROOM
FOR THE FIRST 6-12 MONTHS OF LIFE**



Use a safe cot that meets the current Australian Standard AS2172



Use a safe mattress: firm, clean, flat (not tilted or elevated), right size for the cot



Sleep baby on back



Keep head and face uncovered



Position baby's feet at the bottom of the cot



Tuck blankets in firmly or use a safe baby sleeping bag



Do not use pillows, doonas, soft toys, cot bumpers, or lambswools anywhere in the cot



Do not put your baby to sleep on a water bed or bean bag



✓ **KEEP BABY SMOKE FREE** | ✓ **BREASTFEED BABY** | ✓ **SAFE SLEEPING ENVIRONMENT NIGHT AND DAY**

For information on the use of portable cots, what is a safe mattress and how firm should a mattress be please refer to our Safe Sleeping FAQs at www.sidsandkids.org

For more information on Safe Sleeping, including our information statements, visit www.sidsandkids.org/safe-sleeping

sids and kids®

Infant wrapping or sometimes called swaddling is a safe and effective strategy when trying to settle a baby to sleep on their back. If parents request for their child to be swaddled techniques need to be modified to meet the baby's developmental changes. For example, a baby less than 3 months may have their arms included in the wrap whilst a baby more than 3 months of age and is able to roll from back to tummy may have their lower body wrapped with their arms free. Discontinue wrapping when baby can roll from back to tummy and back again.

When swaddling/wrapping a baby ensure:

- The technique used is suitable to the baby's age and development level (see figure 1 and 2), **discontinue** wrapping as soon as the baby starts showing signs that they can begin to roll.
- Do not wrap babies while in a sleeping bag
- Ensure that baby is positioned on the back with the feet at the bottom of the cot. **Never place a baby on its tummy.**
- Ensure that baby is wrapped from below the neck to avoid covering the face.
- Sleep baby with face uncovered (no doonas, pillows, cot bumpers, lambswool or soft toys in the sleeping environment).
- Use only lightweight wraps such as cotton or muslin (bunny rugs and blankets are not safe alternatives as they may cause overheating).
- The wrap should not be too tight and must allow for hip and chest wall movement.
- Make sure that baby is not over dressed under the wrap. For example, a nappy and singlet in warmer weather and adding a lightweight grow suit in cooler weather.

How to safely wrap your baby



1 Place baby off-centre (to left or right) with top of wrap level with shoulders.



2 Fold baby's arm across chest and bring shorter side of wrap across baby's arm and tuck firmly under baby.



3 Bring larger side of wrap across and tuck under baby.



4 Bring the bottom of the wrap on top of baby.



5 Fold the bottom of the wrap under baby.



6 Always sleep baby on their back with head and face uncovered.



Figure 1: 0-3 months



Figure 2: 3-6 months