



Modbury
Community
Children's Centre
LEARNING TOGETHER, EVERY DAY.

PARENT HANDBOOK



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MODBURY COMMUNITY CHILDREN'S CENTRE

WELCOME

Welcome to the Modbury Community Children's Centre. The centre is a non-profit Community Children's Centre and is managed by a Governing Council consisting parents using the centre and a staff representative and the Director. The centre offers long day care for children three months to six years and is open from 6:30 am to 6:00 pm with closures on Public Holidays and a shutdown period of approximately a week over the Christmas Break.

Modbury Community Children's Centre prides itself on providing a high quality service; some of the qualities that make our centre stand out:

- Experienced Educators and Staff
- Working in Partnerships with families
- Recognition, training and appraisal for Educators and Staff
- Commitment to reinvesting profits into resources, the educators and children
- Research into and application of quality learning environments for children
- A commitment to excellent practice in health and hygiene

Philosophy Statement

Modbury Community Children's Centre aims to create a positive inclusive learning environment which encourages children to engage in play based experiences focussed on their interests, everyday lives and to work with each child's strengths. We believe that Primary Care giving establishes a warm secure relationship between the educator and child and also creates a collaborative partnership with families. Our centre believes in the benefits and values of quality education and care.

CHILDREN

Each child will be valued as an individual and each child's needs and rights respected. The Educators will act in the best interest of the children at all times. The centre will endeavour to provide a happy, secure, clean and sustainable environment where children feel safe both physically and emotionally. We aim to embed into the program healthy eating and physical activity. We believe that children learn through play within a nurturing educational environment, which develops and extends their skills. 'Play enhances every aspect of children's development and learning. It is children's window to the world. Play is so important that its significance in children's lives is recognized by the United Nations as a specific right in addition to , and distinct from, a child's right to recreation and leisure'(1).

We aim to provide an environment where all parties will treat and respect people equally regardless of gender, age, social-economic status, race, language, different values or beliefs and culture. We aim to provide an inclusive environment of all ability levels enabling children to be exposed to a wide range of experiences and interactions. Educators and staff will respect the skills, abilities and knowledge of all children and ensure all interactions, experiences and materials support inclusion, equity and diversity.

FAMILIES

We aim to support families by building respectful relationships and establishing a comfortable and welcoming environment so families develop a sense of belonging. We offer families opportunities to contribute and participate in the centre in various ways e.g. Governing Council, sub-committees and centre events. We encourage open communication and collaborative partnerships between the centre and home environment.

EDUCATORS & STAFF

Our educators and staff aim to create a warm, friendly, creative, caring and respectful environment to ensure the continuation of high quality education and care. Our educators and staff aim to communicate effectively with children, families/guardians and other educators and staff. We utilise our families' strengths encouraging them to participate in our program and respect the diversity of our families' backgrounds.

Our educators and staff are provided with opportunities to participate in professional development and centre decision making. As our educators and staff are our number one asset we believe in following safe work practices and we strive to provide them with a supportive environment.

PROGRAM

Our program encourages children to learn through play and our educators are responsive to children's strengths, abilities and interests (EYLF 2009). Our program caters for the individual needs of the child, group experiences and is flexible and adaptable. Our educators work to the strengths of the indoor and outdoor learning environments to ensure children's strengths and interests are catered for.

COMMUNITY

We aim to make our centre a part of our larger community by taking an interest in other group's activities and inviting them to share in ours. We also aim to acknowledge the larger communities growing and changing needs.

RECONCILIATION

Our Reconciliation Action Plan goal is to develop and maintain positive and meaningful relationships with the Aboriginal and Torres Strait Islander people that will foster reconciliation.

GOVERNANCE OF CENTRE

The Centre is an Incorporated Body run by a Governing Council consisting of the Director, Staff representative and Parent representatives.

The Council is responsible for the decisions concerning the Centre' philosophy, finances, educators & staffing, quality of education and care, maintenance of grounds and building, fees, budget allocations and liaising with other community groups.

Governing Council meetings are documented and a summary of the minutes are available for interested parties.

We aim to build respectful and meaningful relationships that offer mutual support among the Governing Council, Educators, Staff and families. We believe the Governing Council should act in accordance with the philosophy at all times.

Legislation:

Education & Care Services National Law Act 2010

Education & Care Services National Regulations 2011

Source:

Governing Council, Educators, Staff and Families

Early Years Learning Framework

(1) United Nations – Convention on the Rights of the Child. Article 31

Education & Care Services National Law Act 2010

Education & Care Services National Regulations 2011

Links to: All Policies Date Policy Created: 1988 Policy Reviewed: July 2017 Next Review: July 2018

STAFFING & SECTIONS

The Centre has 3 rooms which cater for ages from 3 months to 6 years.

Babies Room holds up to 12-14 children from 3 months- 2 years. There are three/four Educators who work in the room and regular relief staff. Staff ratio 1:4

Toddlers Room holds up to 15 from approximately 2 years – 3 years. There are three Educators who work in the room and regular relief staff. Staff ratio 1:5

Kindy Room holds up to 25 - 30 children from approximately 3 years – 6 year, staff ratio 1:10. There is an Early Childhood Teacher and 2 Educators who work in the area and regular relief staff.

MANAGEMENT OF CENTRE

The Director is responsible for the day to day management and administration of the Centre and is available Monday to Friday in the office.

The Centre is an Incorporated Body run by a Governing Council consisting of the Director, Staff Representative and Parent Representatives. The Governing Council is responsible for decisions concerning the Centre's philosophy, finances, maintenance of the grounds and buildings, fees, budget allocations and liaising with other community groups. Governing Council meetings are documented and interested parents are welcome to attend. The minutes of the Governing Council are posted on the notice board in the foyer and a summary in the newsletter for interested persons.

FAMILY PARTICIPATION & INVOLVEMENT

Family members are welcome to visit the Centre at any time, whether just to visit the children or become actively involved. If you do intend to be actively involved you will need a Criminal History Check.

Educators at the centre are always interested in new ideas. If you would like to share your special skills with us (i.e. playing an instrument, singing songs in another language, translating words to make multicultural posters) please see the Team Leader in your child's room.

Participation in the Centres Committees, especially the management Committee is welcomed.

SETTLING PROCESS FOR CHILDREN

Children who have just begun child care are often unsettled and upset when their parents leave. We would like to make this transition less traumatic for everyone concerned. It often helps if your child comes to visit the centre a few times before they start. The frequency and length of the visit depends on the child. You can consult with the team leaders in your room about what to do.

If your child is upset when you need to leave, we have found it is better if you say goodbye to your child, reassure them that you will be back later and give them to a staff member who will comfort your child. In our experience children settle down quickly this way and do not cry for very long. Educators reassure the children and comfort them. You are welcome to ring up later to find out how your child is settling.

ENROLLED DAYS

You may renegotiate you're the days you have your child enrolled with the Assistant Director or the Director. Changes will be subject to availability. If you reduce sessions or wish to withdraw your child from the centre, notification is required at least two weeks in advance. Please speak with the Assistant Director or the Director for change of session and withdrawal forms. You are welcome to book casual sessions in addition to permanent bookings. This is subject to availability.

HAT FEE

Each child is provided with a legionnaire's hat labelled with the centre's logo and the child's name upon enrolment. The centre charges a small fee which is added to your account.

LATE FEE

The late fee requires that you pay \$5.00 per minute that you are late past the centre's closing time at 6.00pm. This will be added to your account.

In the event of a child not being collected Educators will make every effort to ring parents/guardians and if necessary the emergency contact numbers on the enrolment form. If no one is contactable the Educators will wait with the child for thirty minutes. After 30 minutes staff will ring first the Director and inform them of the situation and then call Crisis Care and wait until they arrive to collect the child. **Crisis Care Unit Ph: 131611**

A note will be left on the front door informing parents/guardians that their child has been taken to Crisis care.

CHILDREN'S PROGRAM

The team of Educators use the Early Years Learning Framework (EYLF) to guide their educational program. Educators will plan experiences on children's strengths, interest and learning goals. The program is flexible which caters for children's varying interests. The program is displayed in each room and we invite you to comment and offer ideas about experiences we offer. Educators will keep parents informed of their child's progress through a variety of methods such daily communication, the child's portfolio, what we did today and parent interviews.

SECURITY OF CHILDREN

This is of great importance to the educators, staff and yourself. When you enter the centre you will need to enter a code on the door key pad; you will receive the number once you have completed your enrolment. It is important that you enter only the code given and not use key shortcuts. When entering and leaving the centre please ensure the front door is closed securely behind you. This code is only for the parents or guardians of the child and is not to be given to others.

Please take your child to an Educator from their room when you arrive at the centre. If somebody other than yourself will collect your child please inform the Educators verbally and by writing it on the daily information sheet. Children will only be released from the centre to a person nominated on your child's enrolment form. The Educators will then request identification.

EXCURSIONS

On occasion we will take the children out of the centre. Authorisation to include your child in short walks in the local area i.e. TAFE is included in the enrolment form.

If we have arranged an excursion further from the centre we will issue another consent form with specific details for you to sign.

We welcome parents to join us on these excursions.

Appropriate safety measures will be taken at all times. A qualified Educator will be present on all walks and excursions.

The Educators do invite guests and visitors to the Centre such as puppet shows and animal groups at a small cost to the Parents.

OUR CENTRE POLICIES

A Policy Handbook can be found in the foyer under the notice board which contains the centre policies outlining procedures and guidelines for educators, staff, parents and children.

You may alternatively like to ask staff if you have any queries.



PRIMARY CAREGIVING AND ATTACHMENT POLICY

Modbury Community Children's Centre believes that Primary Caregiving works towards establishing a warm secure relationship with the child and also sets up a partnership with the parents.

What is Primary Caregiving?

The Primary Caregiver is the person who will in the first instance be responsible to care for your child by forming a bond, to help settle your child into the Childcare setting. The primary carer looks after the Child's needs, taking a key role in feeding, sleeping, changing and playing with the child. The Primary Care giver also takes responsibility for communicating with the parents. However all the Educators in the room are responsible to help look after your child and are there to support both the Primary Caregiver and the child.

Benefits of Primary Caregiving

- Children who are confident to explore their environment, knowing that someone they trust is there if needed. (Circle of Security)
- Routine times valued as significant for an individual child's development rather than a chore to be hurried in order to get on with a planned activity.
- Interactions based on intimate knowledge of individual children.
- Partnerships with parents based on shared information continually growing.
- Parents who trust carers and feel confident.
- Primary care Educators who are valued and appreciated by families regardless of their qualifications.
- Educators who contribute equally to the program.
- Educators who are satisfied and fulfilled.
- It develops secure attachments.

What is meant by secure attachment?

- A child who is securely attached is engaged in routines, eating and sleeping well.
- They are able to explore the environment and interact with adults other than their primary caregiver.
- A child with secure attachments will express his/her emotions by showing signs of missing parents on separation and crying when hurt, tired or hungry. They can however, be easily settled and return quickly to play. They are able to cope with change e.g. Educators changes and shift changes etc.
- As the child begins to form a secure attachment with the primary caregiver, the child will find it easier to go to the secondary carers.

The Program

We believe in the importance of attachment so programs and plans are based on relationships to develop a sense of partnership and connection. Once educators consider that a child is securely attached to their primary care giver, they plan to maintain this through providing children with a balance of attachment and exploration experiences. A prime objective is for a child to use the primary caregiver as a secure base so that their exploration and learning can be supported.

Strategy

We encourage parents to bring their children for a few visits before they actually start care at the centre, so that they feel comfortable and the child begins to feel at ease. Sometimes the child will settle in quickly and sometimes the parents can take more time to feel at ease. During these visits we like to see how a parent interacts with their child, how they give them a bottle or maybe how they settle them to sleep.

SAFE SLEEP AND REST POLICY

At Modbury Community Children's Centre we believe that every child's safety and comfort in regards to their need for sleep, rest and relaxation be provided. We believe that each individual child can make appropriate decisions regarding their participation in sleep & rest.

'Holistic approaches recognise the connectedness of mind, body and spirit. Educators provide a range of active and restful experiences throughout the day and support children to make appropriate decisions regarding their participation in activities and experiences (Early Years Learning Framework, pages 14 and 32; Framework for School Age Care, pages 14 and 32.)'

Strategy

- Each child's comfort is provided for and there are appropriate opportunities to meet each child's need for sleep, rest and relaxation
- Individual requirements for rest and sleep include the child's and family's sociocultural background, their personal preferences and the routines and activities that are in place at home. In line with the principles and objectives of the National Law, if a resting child falls asleep without assistance in instances where families have requested the child not have naps, educators may allow the child to sleep for a period they believe is in the best interests of the child's health and wellbeing.
- If a child does not wish to sleep they will be provided with quiet activities to keep them occupied to ensure those who do wish to sleep aren't disrupted.
- If a child requests a rest, or if they are showing clear signs of tiredness, regardless of the time of day, there should be a comfortable, safe area available for them to rest (if required).
- Safe sleep practices are implemented that include cots, bedding equipment and accessories that meet Australian Standards
- Educators ensure that sleeping infants are closely monitored and that all sleeping children are within hearing range and observed relaxed,
- Information about the service's approach to sleep and rest is shared with families
- Families are provided with daily information about their child's sleep and rest patterns

RED NOSE Recommendations

The following information has been provided by RED NOSE and is the recommendation to reduce the risk of Sudden Infant Death Syndrome. Pamphlets will be made available to families and staff at the Centre and more information may be found on the RED NOSE website- <https://rednose.com.au/>

- Babies and young children who sleep in cots will be placed on their backs to sleep, with their feet at the bottom of the cot, with bedclothes securely tucked in and no quilts, doonas, duvets, pillows or cot bumpers will be used. Some babies with rare medical conditions might have to sleep on their tummy or side but we will only do this if the baby's medical practitioner advises to do so in writing.
- Infants will be wrapped if the family requests this. The centre will follow the guidelines outlined in the pamphlet "wrapping babies" produced by RED NOSE.
- place children in cots without bottles (for safety and dental hygiene reasons)
- remove bibs before putting child down to rest or sleep

- All cot rooms have observation windows in the doors which allow a clear view of all cots in the room. There is also an observation window between the rooms. All windows are kept free of art work etc. to ensure that vision is not obstructed.
- As per RED NOSE all children who sleep in cots are checked every 10 minutes and records of these checks are kept including the time and the name of the staff member.
- Cots are not placed near hanging cords or electrical appliances or within reach of mobiles. Smoking is not permitted in the Centre.
- Using a pram/ pusher is discouraged for babies to sleep in and if a baby was to fall asleep whilst in either of these staff would either place the child in a cot or be able to see the pram/pusher at all times. Restraints on prams/pushers are used at all times. Signed permission is sought from parents to sleep children in prams.
- All children are dressed appropriately for sleep/ rest and sheets, blankets heating or cooling is provided and adjusted as necessary. All sleep rooms have ceiling fans to aid on hot and humid days.
- do not restrict children's comfort or compromise their safety when sleeping and resting eg babies and toddlers should not rest or sleep in clothes with hoods, cords, ties, ribbons or crocheted jackets that can pull tight around their neck

Safe resting practices for preschool children (3-5yrs)

Educators, staff and volunteers will:

- place preschool children on their back to rest (or ask them to lay on their back to rest)
- allow preschool children to find their own sleeping position if they move while sleeping or after lying on their back initially
- ensure a preschool child's face is never covered with bed linen while they are sleeping
- use light bedding as the preferred option
- settle children in beds without bottles (for safety and dental hygiene reasons)
- play calm, relaxing music

Cots

All cots must meet Australian Standards and be labelled AS/NZS 2172:2010 or AS/NZS 2195:2010 (folding cots).

- Cot mattresses should be in good condition, clean, firm, flat and must fit the cot base with no more than a 20mm gap between the mattress and the sides of the cot
- The distance between slats must be at least 50 mm
- For cots in the lowest base position the distance between the top of the mattress base and the top edge of the lowest cot side or end must be a minimum of:
 - 600 mm when the access is closed
 - 250 mm when the access is open
- For cots in the upper base position the distance between the top of the mattress base and the top edge of the lowest cot side or end must be a minimum of:
 - 400 mm when the access is closed
 - 250 mm when the access is open

Refer www.productsafety.gov.au for more information.

Safety Checks: Beds, Cots, Environment

Every **4 weeks** the service will conduct a safety check of the resting environments, equipment and/or aids by following the Cot and Sleep Safety Checklist.

Amber Teething Necklaces and Bracelets

Based on Australian Government product safety warnings, we do not allow children to wear amber teething necklaces or bracelets at our service. This is to minimise the risk they may choke on the beads if the necklaces or bracelets break apart.

FOOD & NUTRITION POLICY

At Modbury Community Children's Centre we are committed to providing a healthy, nutritious and varied menu for babies and children. We endeavour to create a positive, safe eating environment, teaching children about food and nutrition, communicating with families about children's nutrition and meeting other dietary considerations.

Rational

A strong sense of health and wellbeing supported by good nutrition and an active lifestyle provides children with confidence, energy and optimism that contributes to their ability to concentrate, cooperate and learn. Good nutrition is essential to healthy living and enables children to be active participants in play and leisure. Education and care settings provide many opportunities for children to experience a range of healthy foods and to learn about food choices from educators and other children (Early Years Learning Framework, page 30).

Strategy

Provision of a healthy nutritious menu

Food provided will be consistent with the Dietary Guidelines for Children and Adolescents in Australia and will provide at least 50% of the Recommended Daily Intake for key nutrients. The meals will be low in salt and sugars and minimize the use of colourings and preservatives.

Menu planning will take into account the dietary, cultural, religious and health needs of children at the centre with an emphasis on introducing children to multicultural meals.

The Centre will provide a main meal and two other meals - morning tea and afternoon tea, all accompanied by refreshments. The menu is displayed in the foyer and in each of the rooms. Children may be offered up to 3 servings of the main meal and several servings at other snack times. At other times during the day where considered appropriate by educators & staff, children will be offered additional snacks such as cruskits and/or fruit for example children still here after 4.30 pm. At each meal time children are provided with 2 alternatives. Information on what your child has eaten and had to drink during the day is written up by the educators & staff on a board in each room which is located near the sign in sheets. The Centre will also provide children with healthy fluids such as milk and water which will be offered with meals and throughout the day. Toddler and Kindy children will have daily access to water (self-help). Full cream milk will be provided for children under two and reduced fat for over two year olds. (Reference: Healthy eating for children www.eatforhealth.gov.au)

Due to current information on the prevention of choking, nuts, raw carrot, apples, popcorn, corn chips, raw celery and hard chunks of meat, (meat is to be cut into small pieces) will not be served to any children. Depending on a child's age and chewing ability e.g. under two years of age, we will ensure that grapes prunes and apricots are cut in half. Even though raw apple can be served to children over 4 years of age we will not do so as we have a mixed age group. (Recommendation by the Women's and Children's Hospital).

Each child is required to bring in one piece of fruit per day which is used for a shared fruit platter. Fruit must be in a whole piece, not cut up due to current health guide-lines which need to be adhered to. Soft fruit is preferable and please no apples.

The menu is planned and prepared by our cook. It is based on recommendations by the South Australian Child Care Nutrition Partnership and guidelines of the Quality, Improvement Accreditation System. The menu is on a four week rotation cycle using seasonal fruits and vegetables. At the beginning of each cycle the menu is discussed by the director and the cook, with concerns and ideas from educators & staff and parents taken into consideration. Our centre educators & staff team have done basic training in hygiene and food safety. All new educators & staff are required to complete training within one month of employment and then again within two years.

FEEDING PRACTICES

Meals are made age appropriate for Babies less than one year. Baby's "first tastes", (smooth and pureed foods) will be around 6 months of age, then mashed or chopped food progressing to finger food around 8-12 months of age and lastly from 12 months when babies have developed their eating patterns, they are encouraged to try meals from the daily menu. (Reference: First Foods – Starting solid food and feeding your baby in the first year). Independent eating and drinking will also be encouraged, for example using a spoon from about 12 months, a sip a cup from about 6 months and drinking from a cup about 21 months.

The Centre promotes breast milk as the first food for babies from 0-6 months and we encourage mothers to breast feed at the Centre. We offer support and information when parents return to work (See Breast Feeding Policy). If expressed breast milk is provided, we will follow the correct guidelines on storage, thawing and warming. Correct guidelines for the storage and warming of infant formula will also be followed and displayed near the Baby Room fridge. If a child requires infant formula during the day, it will be necessary for parents to supply the required number of bottles, already made up and clearly named and dated, each day. Expressed breast milk also needs to be clearly labelled with name and date. Children will be discouraged from drinking while walking and/or resting for sleep, for health reasons.

MEAL TIME & THE EATING ENVIRONMENT

We will aim to make meal times a pleasant experience for all children by encouraging positive eating habits, role modelling by educators & staff, respecting children's food preferences and not forcing them to eat if they do not wish to, celebrating cultural events and practices, supervising at meal times, sitting with the children and where possible eating and enjoying the same food. By doing this the children are educated about healthy choices. Children will be seated while eating and are encouraged to serve themselves and clear away their own dishes where appropriate. Food will not be used as a reward or punishment.

SPECIAL DIETS

Requests for individual dietary needs, cultural or religious will be catered for as much as possible and we ask that you speak with the Director upon enrolment and fill out a Special Diet Form. If the child has individual dietary needs such as food allergy or intolerances, the parent will be required to provide a Modified Diet Care Plan filled out by a Doctor or Nutritionist(see attached forms) which will include information about medical conditions and any recommended emergency procedures (Risk Management Plan). These forms must be completed before commencing education and care at the Centre, a child who develops these conditions while at the Centre will be asked to keep their child at home until forms are completed. Communication between Centre educators & staff including the cook is essential to determine what alternatives will be used for that child's meal.

FOOD ALLERGIES

Food allergy occurs most often in infants, toddlers and young children. Many children outgrow the allergy. The most common food allergies are to, peanuts, cow's milk, egg, tree nuts, soy, sesame seeds, wheat, shellfish and fish.

When a person has an allergy they may not react to the first exposure, but only to subsequent exposure. Initial exposure sensitizes the body causing the production of subsequent antibodies. When the food next enters the body, the antibodies recognise the protein and the body releases certain chemicals causing allergic reaction. A reaction can be mild, moderate or even severe and will occur every time even in tiny amounts, there is exposure to food. **A severe allergic reaction, known as anaphylaxis, can be life threatening and the person must have lifesaving adrenaline to administer. (Refer to Medication and Medical Conditions Policy)**

FOOD INTOLERANCES

Food allergies should not be confused with food intolerance. Food intolerance is when a person can tolerate a small amount of the food or tolerate the food over a minimum amount of days before experiencing unpleasant or irritating symptoms. Intolerance is a reaction to a build-up of the naturally occurring chemicals

or additives in foods. Centre educators & staff will ask families for a Health Support Plan or Modified Diet Plan from a health practitioner with details of the intolerant food(s) to avoid.

Risk minimisation practices will be carried out to ensure that the service is to the best of our ability providing an environment that will not trigger an anaphylactic reaction in a child

- The Centre is Nut aware and endeavours to exclude all nut products from the centre by educating educators & staff and parents.
- Educators & staff are aware of the possibility of accidental 'contamination' of foods with allergens from other foods through the preparation, cooking and use of serving utensils that are not separated or washed thoroughly after use can result in the next dish containing the allergen.
- Educators & staff discretely supervise and monitor the children during eating times always referring to food allergy chart.
- All children with allergies and intolerances are offered food similar to other children.
- Educators & staff do not offer foods to a child with an allergy where the ingredients are unknown- where possible the educators & staff will speak to the cook about unknown ingredients
- Update allergy charts a minimum of once every 12 months– notify cook of changes i.e. of room rotation
- Ensure all relief educators, staff, students and volunteers are made aware of the children with food allergies.

If a child no longer needs to be on a special diet

The child will continue with the special diet until the Centre receives a signed and dated letter from a doctor or parent/guardian stating that the child no longer needs to be on a special diet.

FOOD FROM HOME

Families cannot supply cakes or treats for special occasions, such as children's birthdays or last day in care; this is due to the fact that more and more children are suffering from severe allergies. We will also ask parents not to bring lollies and chocolates due to the high sugar content. We still wish to celebrate these occasions so please ask the educators & staff about the alternatives available. The children can wear the room birthday hat; they can bring in party hats, and party plates, a fun little gift for all the children for example stickers and pencils.

Due to children attending the service with allergies we ask that families do not bring in food from home. The only exception to this rule is when families have brought in breakfast for their child (prior to 7:30am). The breakfast must be nut free and low in sugar.

DENTAL CARE

Through providing a nutritious menu, Modbury Community Children's Centre promotes high standards in dental care. The foods we offer are recommended by the Australian Dental Association and Women's and Children's Hospital and. Our Dental plan works in conjunction with our nutrition policy.

Due to the difficulties and hygiene concern regarding the storage and daily use of toothbrushes for children, this Centre is not comfortable in including this activity in our program. We have researched the issue with the Australian Dental Association and the Women's and Children's Hospital and their strong recommendations support our policy.

Apart from the menu itself, the other activities we do to support the healthy development of your children's teeth are to offer water throughout the day and especially encouraging children to have water after the completion of their main meal. Cheese may also be offered at snack times to coat the teeth with calcium, which assists in the development of healthy teeth. The centre will actively seek, maintain and provide families and their children with current oral health and nutrition resources from recognised authorities.

We will encourage and support families in seeking dental care by providing leaflets and pamphlets in the foyer. We have been advised by SA Dental Service that due to regulations we are unable to access a Dentist or Dental Assistant to come and talk to the children. Educators will involve the children in educational experiences about dental care and hygiene. Local schools provide Dental services for children under 5 as well as information available from Child and Youth Services, Modbury.

General information

The nutrition policy is given to new families upon enrolment and opportunity is provided for open discussion between the Director, cook, educators & staff and families. The policy is reviewed every 12 months, with input from families, Governing Council, educators, staff and children and can be found in the policy folder on the bench in the foyer. Updates on Nutrition are passed onto educators & staff during educators & staff meetings and to parents either verbally or via the centre newsletter.

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

MEDICATION & MEDICAL CONDITIONS POLICY

The service and all educators can effectively respond to and manage medical conditions including asthma, diabetes and anaphylaxis at the service to ensure the safety and wellbeing of children, staff and visitors.

Implementation

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

A copy of the Medical Conditions Policy must be provided to all educators and volunteers at the service. The Policy must also be provided to parents of children enrolled at the service. Educators are also responsible for raising any concerns with a child's parents about any medical condition known to the service, or any suspected medical condition that arises.

MEDICATION

All medication brought to the Centre must be prescribed for your child by a Doctor and be accompanied by a Medication Authority issued by a Doctor. This includes medications that can be purchased over the counter without a prescription and homeopathic medication. It should be noted that these medications can often obstruct the signs and symptoms of serious illness or injury. It also includes medications like teething gels / ointments, nappy creams and powders.

Educators will not administer any medication without clear written instructions from a doctor. The centre has Medical Condition and Medication Authority proformas available for you to take with you to the doctor.

We also encourage you to ask the doctor for a twice a day dosage, rather than 3 or 4, when issuing antibiotics so that they can be administered by you the parents at home.

(Medication Authority Forms are available at the front desk).

Medication **MUST** be handed to a staff member and **NOT** left in the child's bag. The medication must be in its original container with the information on the container matching the medication authority from the Doctor. A medication sheet must be filled out and **signed by parents**, and checked by staff at that time. Two staff (at least one qualified) will check and administer medication to your child, and both will sign the medication sheet. This should be countersigned by parents at the end of the day.

Medication will then be stored in the staffroom fridge, in a secured container, or in a secure location in the rooms. Staff will not administer medication that is past the 'use by date'.

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

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

MEDICAL CONDITIONS

Information that must be provided on Enrolment Form

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

The following information must be completed on the Enrolment Form, and any information will be attached to the Enrolment Form as necessary and kept on file at the service –

- Asthma
- Diabetes
- Allergies
- Anaphylaxis
- **Diagnosed at risk of anaphylaxis**
- Any other specific medical condition(s) mentioned by a child's parents or registered medical practitioner using the Enrolment Form.
- Any other specific medical condition(s) mentioned by a child's parents or registered medical practitioner at any point during the child's education and care at the service.
- Any Medical Management Plan put forward by a child's parents and/or registered medical practitioner. The Medical Management Plan must be used to inform the Medical Conditions Risk Minimisation Plan. Parents are responsible for updating their child's Medical Management Plan as necessary and will be regularly reminded by the service as per the Medical Management Communications Plan.

Identifying Children with Medical Conditions

- Any information relating to the above medical conditions will be shared with the Nominated Supervisor, educators and any other staff member at the service. Individuals will be briefed by the Nominated Supervisor on the specific health needs of each child.
- Information relating to a child's medical condition, including the child's Medical Management Plan, Medical Conditions Risk Minimisation Plan, and the location of the child's medication will be shared with all educators and staff. Children's Medical Management plans are displayed on notice boards in each room and the child's personal file with enrolment form. The Medical Risk minimization plans are kept in children's files and note in foyer.
- All educators and staff at the service must follow a child's Medical Management Plan in the event of an incident related to a child's specific medical conditions requirements.
- All educators and staff at the service must be able to identify a child with medical conditions easily.
- All educators and staff at the service must be able to locate a child's medication easily.

Medical Conditions Risk Minimisation Plan

Using a child's Medical Management Plan, the service will develop a Medical Conditions Risk Minimisation Plan in consultation with a child's parents. The Medical Conditions Risk Minimisation Plan must ensure that any risks are addressed and minimised. The Plan must be developed with the child's parents and medical professionals and these individuals must inform the Medical Conditions Risk Minimisation Plan. To promote consistency and ensure the welfare of all children using the service, we will follow all health, hygiene and safe food policies and procedures.

Anaphylaxis

Any allergens that may be present at the service will be communicated to parents and addressed through the Medical Conditions Risk Minimisation Plan.

Whilst developing the Medical Conditions Risk Minimisation Plan and to minimise the risk of exposure of children to foods that might trigger severe allergy or anaphylaxis in susceptible children, the service will consider and implement the following:

- While not common, anaphylaxis is life threatening. Anaphylaxis is a severe allergic reaction to a substance. While prior exposure to allergens is needed for the development of true anaphylaxis, severe allergic reactions can occur when no documented history exists.

- Be aware that allergies are very specific to the individual and it is possible to have an allergy to any foreign substance.
- Anaphylaxis can be caused by insect bites such as bees or wasps but is usually caused by a food allergy. Foods most commonly associated with anaphylaxis include peanuts, seafood, nuts and in children eggs and cow's milk.
- Other common groups of substances which can trigger allergic reaction or anaphylaxis in susceptible children include:
 - All types of animals, insects, spiders and reptiles.
 - All drugs and medications, especially antibiotics and vaccines.
 - Many homeopathic, naturopathic and vitamin preparations.
 - Many species of plants, especially those with thorns and stings.
 - Latex and rubber products.
 - Band-Aids, Elastoplast and products containing rubber based adhesives.
- Educators should be on the lookout for symptoms of an allergic reaction, as per their training. Educators should be on the lookout for symptoms as they need to act rapidly if they do occur. Educators should immediately call 000 if symptoms arise. If you know an educator or child is prone to anaphylaxis reactions, and they carry an EpiPen® it should be injected by an educator trained in first aid. CPR should be initiated should the educator or child stop breathing.
- However, steps should be taken to prevent anaphylaxis occurring as outlined below:
Upon enrolment, seek medical information from parents about any known allergies. Ask parents for supporting documentation as well as a Medical Management Plan. This Medical Management Plan should include a photo of the child, what triggers the allergy, first aid needed and contact details of the doctor who has signed the plan. This should be kept on the child's enrolment file and also be displayed in the service, in an area where all educators can easily access near a telephone. If the child is taken on an excursion, a copy of the management plan should be taken on the excursion. Should a child be known to have allergies requiring medication if a reaction occurs, the parents will be asked to provide the medication. Furthermore, should the child's treatment change, families are asked to provide the service with a new Medical Management Plan from their child's medical practitioner. Documentation will then be updated at the service.
- If displaying personal information about children's or staff member's allergies in food preparation or serving areas, do so in accordance with privacy guidelines, such as displaying in an area accessible to staff and not accessible to visitors or other families. Explain to families the need to do so for purpose of safety of the child and obtain parental consent.
- Risk minimisation practices will be carried out to ensure that the service is to the best of our ability providing an environment that will not trigger an anaphylactic reaction in a child. These practices will be documented and reflected upon, with any practice that may be discovered amended to decrease risk. For example, a procedure to ensure that the child is never at the centre without their EpiPen or relevant medication.
- The service will display an Australasian Society of Clinical Immunology and Allergy inc (ASCIA) generic poster called Action Plan for Anaphylaxis in a key location at the service, for example, in the children's room, the staff room or near the medication cabinet
- Ensure that no child who has been prescribed an adrenaline auto-injection device is permitted to attend the service or its programs without the device.

- Develop an ongoing communication plan with the child's parents and with educators at the service to ensure that all relevant parties are updated on the child's treatment, along with any regulatory changes that may change the service's practices in regards to anaphylaxis.
- Provide support and information to the service's community about resources and support for managing allergies and anaphylaxis.
- The service will ensure that the auto-injection device kit is stored in a location that is known to all staff, including relief staff; easily accessible to adults (not locked away); inaccessible to children; and away from direct sources of heat.
- Routinely, the service will review each child's medication to ensure it hasn't expired.
- The service will not allow children to trade food, utensils or food containers.
- The use of food products in craft, science experiments and cooking classes may need to be changed in order to allow children with allergies to participate.
- Parents will be asked not to send food with their children that contain high allergenic elements even if their child does not have an allergy. For example, a sign in the foyer reminding families not to send food with high allergenic elements to the service even if their child doesn't have an allergy.
- Always follow correct health, hygiene and safe food policies and procedures.
- Food preparation personnel (staff and volunteers) should be instructed about measures necessary to prevent cross contamination between foods during the handling, preparation and serving of food – such as careful cleaning of food preparation areas and utensils.
- Risk minimisation plans provided by families will be consulted by the service when making food purchases and planning menus.
- The service will ensure that sunscreens used on allergic children have been approved by their parent.
- In the situation where a child who has not been diagnosed as allergic, but who appears to be having an anaphylactic reaction, staff will:
 - Call an ambulance immediately by dialling 000
 - Commence first aid measures
 - Contact the parent/guardian
 - Contact the person to be notified in the event of illness if the parent/guardian cannot be contacted.
- Educators should be educated to recognise how serious anaphylaxis is and undertake the steps that need to be taken in order to minimise the possibility of occurrence. The service will maintain the following in relation to educator qualifications for anaphylaxis:
 - The service will ensure that educators have completed first aid and anaphylaxis management training that has been approved by the Secretary by January 2013. After this, educators will complete training at least every 3 years from the date their qualification was issued.

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Asthma

Modbury Community Children's Centre views asthma management as a shared responsibility between all persons involved.

The Director in conjunction with the Governing Council will:

- Provide all staff with a copy of the Asthma Policy and brief them on asthma procedures upon their appointment to the Centre
- Provide parents as necessary a copy of the Asthma Policy upon enrolment.
- Provide all staff and families as necessary appropriate and current literature from Asthma Australia
- Ensure that all staff members, including new staff have completed accredited asthma training and that all training is current
- Identify children with asthma during the enrolment process.
- Provide an Asthma Action Plan to all parents of children with asthma upon enrolment. The completed Asthma Action Plan is to be returned within 7 days.
- Store Asthma Action Plans in the child's enrolment record.
- Ensure that all staff are aware of the children with asthma in their care.
- Ensure that an emergency Asthma First Aid poster is displayed in key locations.
- Ensure that the First Aid Kit contains a blue reliever puffer (e.g. *Airomir*, *Asmol*, *Epaq* or *Ventolin*), a spacer device, and concise written instructions on Asthma First Aid procedures.
- Ensure that an accredited staff member correctly maintains the asthma component of the First Aid Kit.
- Provide a mobile Asthma First Aid Kit for use at activities outside the Children's Service and ensure that one kit is left at the Centre
- Encourage open communication between parents/guardians and staff regarding the status and impact of a child's asthma

Staff will:

- Ensure that they maintain current accreditation in Emergency Asthma Management (valid for two years).
- Ensure that they are aware of the children in their care with asthma.
- Ensure, in consultation with the parent/guardian, the health and safety of each child through supervised management of the child's asthma.
- Identify and, where practicable, minimise asthma triggers.
- Where necessary, modify activities in accordance with a child's needs and abilities.
- Ensure that all regular prescribed asthma medication is administered in accordance with the information on the child's written Asthma Action Plan.
- Administer emergency asthma medication if required according to the child's written Asthma Action Plan. If no written Asthma Action Plan is available (e.g. the first time a child has an attack) the asthma emergency procedures should be followed immediately.
- Promptly communicate, to management or parents/guardians, any concerns should it be considered that a child's asthma is limiting his/her ability to participate fully in all activities.
- Ensure that children with asthma are treated the same as all other children.

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Parents/guardians will:

- 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 Action Plan.
- Notify the staff, in writing, of any changes to the Asthma Action Plan during the year. Updating the information at minimum 12 monthly
- Ensure that their child has an adequate supply of appropriate asthma medication (including reliever) at all times. A child who is on any type of Asthma medication is unable to attend care without the correct medication being provided.
- Ensure that their child has their own spacer device.
- Ensure that they comply with all requirements and procedures in relation to the Medications policy
- Communicate all relevant information and concerns to staff as the need arises e.g. if asthma symptoms were present last night.
- Acknowledge that if a Child has been given Asthma medication in the morning, or is requiring Asthma medication more frequently than 4 hourly it is best that they remain at home. In both these situations the Child is unwell and should remain at home to be carefully observed.
- Ensure that a child who needs to use their asthma medication 3 times a week or day needs to have their plan reviewed.
- Ensure, in consultation with the staff, the health and safety of their child through supervised management of the child's asthma.

Diabetes

For a child with Diabetes a written individual plan incorporating medical recommendations will be developed with the Director in association with the parents and medical practitioner.

The service does not permit a child of any age to self-administer medication.

A copy of the Medical Conditions Policy will be provided to parents on enrolment.

EXCLUSION & STAYING HEALTHY POLICY

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

Strategy

We will achieve this through, encouraging immunisation, exclusion during illness, good hygiene and following the recommendations as set out in *'5th Edition Staying Healthy- Preventing infectious diseases in early childhood education and care services'* handbook and recommendations from Government of South Australia - SA Health.

Immunisation

Immunisation is one of the safest and most effective methods of protecting a person against a number of potentially fatal childhood diseases. It is for this reason the Centre encourages all families to immunise their children.

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

Children and Staff attending the Centre should be immunised according to the schedule and guide lines recommended by the National Health and Medical Research Council.

Children

- Childcare centres are required to keep immunisation records of children attending the centre. These records assist staff in identifying children who may be at risk if there is an outbreak of a vaccine preventable disease. We obtain information at the time of enrolment and with information update forms during a child's time in care. We also rely on parents to inform us each time their child is immunised by supplying us with their child's Blue Book (Health). This will enable us to keep our records as up to date as possible.
- Children who are not immunised are not excluded from Modbury Community Children's Centre.
- Children who are younger than seven must meet the Government's immunisation requirements or have an approved exemption from the requirements for the family to be eligible for CCB (Child Care Benefit).
- If a child has not been immunised, we will inform the parents that their child may, depending upon advice from the public health unit be excluded from care.
- Parents will be notified of infectious illnesses in the centre via a sign on the front door. Parents of children not immunised will be notified by a phone call when there is an outbreak of a disease.

INFECTIOUS DISEASES

Rubella (German measles)

Rubella is a vaccine-preventable disease that usually causes mild illness in children. However, if expectant mothers are infected during the first 20 weeks of pregnancy, their infants may have severe birth defects. This risk is highest in early pregnancy. If non-immune mothers catch rubella in the first 10 weeks of pregnancy, their baby will have up to a 90% chance of having rubella-associated problems. Defects are rare if the mother is infected with rubella after the first 20 weeks of pregnancy.

Anyone who works with children should be immunised against rubella, or be certain that they are immune to rubella by having a blood test.

Cytomegalovirus (CMV)

CMV infections can cause serious birth defects. The highest risk to the unborn child is during the first half of the pregnancy. CMV infection occurs in 1% or less of pregnancies and, of these cases, less than 10% of infants are likely to have severe illness. CMV can spread through infected urine and saliva. Women of childbearing age working with young children should pay particular attention to good hand hygiene after contact with body secretions, especially after changing nappies or assisting in toilet care. Childcare staff may wish to have a blood test for CMV immunity before becoming pregnant. This would allow them to make an informed decision about work practices and to discuss these with their director.

Toxoplasmosis

Toxoplasmosis is a disease caused by a parasite. The disease can result in birth defects. If the mother becomes infected during pregnancy, the parasite can pass through the placenta to the developing baby. There is no risk to the baby if the mother has had the disease before pregnancy—a blood test will show if the mother is immune. If the mother is not immune, consider strategies to minimise the risk of infection, including regularly performing effective hand hygiene, washing and peeling fruit and vegetables before eating, and wearing gloves when gardening. Toxoplasmosis can be spread by mammals (especially cats) and birds; non-immune mothers should avoid contact with cats whose feeding history is unknown, and they should not clean cats' litter trays. Educators and other staff have the same risk of contracting toxoplasmosis as other people.

Parvovirus B19, 5th Disease, Slap Face or Slapped Cheek Disease

Infection with human parvovirus B19 generally causes a mild illness. However, if a pregnant woman is infected, the virus may be transmitted to her unborn baby. In less than 5% of these cases, the virus may cause severe anaemia (low red blood cell count) in the baby, resulting in miscarriage. The risk of miscarriage is highest if the mother is infected during the first half of pregnancy. Infants who survive if the mother is infected do not have birth defects. Pregnant women should consider strategies to reduce their risk of infection, including regularly performing effective hand hygiene.

The symptoms of this disease are slapped cheek rash (red cheeks that look as though they have been slapped) or arthritis. A pregnant woman who develops these symptoms should discuss this with her doctor.

Listeriosis

Listeriosis is caused by bacteria (*Listeria monocytogenes*) and can be spread through foods such as soft cheeses and pre-cooked meat products (e.g. pâté and deli meats), along with many other types of food. It can cause a range of symptoms; if a pregnant woman is infected, it can cause miscarriage, stillbirth or premature birth. Infants born to infected mothers can also suffer a range of complications. Pregnant women can reduce their risk of exposure to *Listeria* by avoiding raw or partially cooked foods, and ensuring that raw fruit and vegetables have been washed in clean water.

Varicella (CHICKENPOX)

Infection with varicella in the first 3 months of pregnancy may damage the unborn child. Pregnant women who are exposed to varicella at any stage of the pregnancy should seek medical advice within 48 hours. If the woman does not already have antibodies against the virus, the medical professional will give an injection of antibodies (known as varicella zoster immunoglobulin, or VZIG). Most people have had varicella as a child and will not get it again.

Anyone who works with children and has not previously been infected with varicella should be immunised, or be certain that they are immune to varicella by having a blood test. Varicella is a vaccine-preventable disease; however, varicella vaccination is not recommended during pregnancy, and pregnancy should be avoided for 1 month after having a varicella vaccination.

Hand, foot and mouth disease

Hand, foot and mouth disease is rare in adults. It is not a serious illness; infection with the virus that causes it often produces mild symptoms or no symptoms at all. The risk associated with this disease during pregnancy is low; however, in extremely rare cases, it can cause miscarriage. If the mother becomes infected shortly before giving birth, she can pass the infection on to the baby. Most infants born with hand, foot and mouth disease have mild symptoms, but complications in very rare cases can affect the infant's organs. Pregnant women should consider strategies to reduce their risk of infection, including regularly performing effective hand hygiene.

Other Infectious Diseases

Hepatitis A

Hepatitis A vaccine is recommended for childcare educators, particularly those who care for children who are not toilet trained. This centre will partially support the cost of the vaccination. Discuss this issue with the Director.

Hepatitis B

Working at a child care centre is not a significant risk factor in acquiring Hepatitis B. but it is recommended if working with children with disabilities.

Pertussis (Whooping Cough)

Whooping cough starts with cold-like symptoms –a runny nose, sore watery eyes, tiredness and sometimes a mild fever. After three to seven days a dry, irritating cough develops. In babies coughing episodes are followed by a deep breath in that can sound like a 'whoop'. The 'whoop' is more obvious in young children. Babies can go blue and stop breathing during the coughing episodes. Some people vomit after coughing. Adults and older children suffer bouts of coughing that can last for many weeks and can lead to complications such as rib fractures, urinary incontinence and pneumonia. Adults caring for, or working with babies should ensure they receive a booster vaccine. Protection against whooping cough from either vaccination or having the disease is not lifelong. The vaccine for adults must be purchased on a prescription.

It is a well-known fact that childcare educators can be exposed to a wide variety of infectious diseases, from the basic common cold to the more severe diseases. Modbury Community Children's Centre's health and hygiene policies recommend all staff strictly adhere to 'common sense' and routine practices such as regular hand washing with running water and soap, the use of surgical gloves when handling blood, vomit, urine or faeces, individual face and hand towels/washers and strict washing machine procedures etc. for further information please read through our policies and procedures folder.

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EXCLUSION/SICKNESS

Infectious Diseases – Children, Educators and Staff will be excluded

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

Temperature /Fever

- A child, who has a temperature of 38 degrees or above, will be sent home and may not return to care for 24 hours and only then if they have no symptoms.

Common Colds

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

Vomiting and Diarrhoea

- Parents/guardians will be contacted and asked to collect their child from the centre if their child vomits and/or has diarrhoea twice in the same day.
- The child cannot return to the Centre until 24 hours **after all symptoms have ceased**.
- All Educators & Staff with symptoms of diarrhoea/vomiting must be excluded from work for 48 hours after diarrhoea and vomiting ceases.
- Educators & Staff who develop symptoms at work must go home immediately.

Eye and Ear Discharge

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

Head Lice

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

Oral Thrush

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

Medication

- *If a child has been given an analgesic (i.e. panadol) within 24 hours of attending Child care it is a sign that they are unwell and will not be able to attend child care.*
- *A child attending child care with medication that does not have an accompanying Medication Authority will either be sent home or not given the medication. (Medical Conditions Policy)*

General

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

Child with Temperature

If a child has a temperature Educators will:

- remove child's clothing
- cold cloth
- provide somewhere quiet for the child to lie down and rest, under direct supervision of staff.
- prevent dehydration - encourage child to drink small, frequent amounts of cool water

If the child's temperature reaches 38° C we will contact parent/guardian or emergency contact and ask for the child to be picked up immediately and advise parent to take the child to the doctor.

If the child's temperature does not reduce and respond to the undressing to underclothes and the parent/guardian or emergency contacts have not arrived within an hour or if they cannot be contacted at all, then Centre Staff will telephone the SA Ambulance Service for advice and/or transportation to the nearest hospital if required.

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

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

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

GUIDING & SUPPORTING CHILDREN'S BEHAVIOUR POLICY

At Modbury Community Children's Centre we believe that Positive guidance and support towards acceptable behaviour enables children to learn over time how to manage their feelings, and take responsibility for their own actions. Older children need guidance and support in making responsible choices and regulating their own behaviour. Children learn to consider alternative behaviours and recognise inappropriate behaviour within the group.

Modbury Community Children's Centre will provide a secure, respectful and stimulating environment which encourages children to co-operate enhances their self-esteem and encourages their ability to interact with others, and where acceptable behaviour is promoted and any unacceptable is kept to a minimum. The educators /staff will endeavour to build relationships with children based on mutual respect and trust.

Strategy

The purpose of the service's Guiding and Supporting Children's Behaviour Policy is to:

- Encourage acceptable forms of behaviour by using strategies that build children's confidence and self-esteem;
- Provide children with support, guidance and opportunities to recognise their emotions and develop ways to appropriately control their own behaviour; and
- Promote collaborative approaches to behaviour guidance and support between the service's stakeholders and /or external agencies.

Behaviour guidance and support is a process that focuses on a holistic approach. Modbury Community Children's Centre will provide a secure, respectful and stimulating environment which encourages children to co-operate enhances their self-esteem and encourages their ability to interact with others, and where acceptable behaviour is promoted and any recriminations are kept to a minimum. The educators /staff will endeavour to build relationships with children based on mutual respect and trust.

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

- Age and development;
- Level of familiarity with the service's routines and play limits i.e. when they first start education and care children may not understand what behaviour is expected of them;
- General health and wellbeing;
- Relationships with their family;
- Play and learning environments, which includes the physical indoor/outdoor settings, the weather, the time of year, the time of day;
- Educator's teaching strategies and caring practices, which includes how those strategies are implemented;
- Relationship with other children and stakeholders, such as students, volunteers and visitors; and
- External factors, such as family, home life, school or peer group experiences, or media coverage of traumatic events

Educators will encourage children to talk about any concerns they may have, and will ensure the program reflects and encourage core values such as friendliness, acceptance, respect, kindness, tolerance and cooperation. Educators will always listen and respond to children when incidents of bullying, violence or harassment are reported or observed, and will act to eliminate such incidents at the service. Where a child continues to behave in an unacceptable manner, families will be consulted with to establish behaviour support strategies, which ensure that children are treated with the same respect and empathy as an adult would expect.

"An important aspect of children's belonging, being and becoming involves them learning how their behaviours and actions affect themselves and others and developing skills to regulate these independently."

Creating the right environment

- Educators create environments with sufficient space that are likely to encourage positive social interactions.
- Children initiating their own experience using equipment and resources that they can access independently.
- Educators plan experiences in which children practice cooperating, sharing and helping, and point out the advantages of behaving this way.
- How children move from one experience to another is planned to allow smooth transitions and limit interruptions for other children.
- Adequate resources are provided to reduce conflict, but still provide opportunities for children to share

Positive behaviour guidance strategies

- Educators build relationships with children that are safe, secure, and convey respect. Educators will assist older children through facilitating discussions to assist them to solve conflicts. Shouting at children is not acceptable.
- Children's appropriate behaviours are acknowledged so that children know when they have acted appropriately.
- Positive behaviours are encouraged by diverting children to more appropriate experiences, showing appreciation for appropriate behaviour and building on each child's strengths and achievements.
- Children are encouraged to express their feelings in acceptable ways and to settle their differences in a peaceful manner. Educators talk to children about the types of emotions they experience and how to recognise similar feelings in the future.
- Educators listen to children's needs and provide them with opportunities to work through their emotions independently. Children's attempts to deal with their emotions are acknowledged and supported.
- Educators will help all children to understand how their behaviour affects others and will ensure children's self-initiated play:
 - Does not make any other child feel frightened or intimidated;
 - Respects the rights and feelings of others;
 - Is not overly boisterous or loud; and
 - Is valued and supported.
- Educators will always model behaviour that encourages inclusion, a sense of fairness, empathy and co-operation with others.

Setting Limits

- Limits to behaviour will be clearly expressed in positive terms and reinforced consistently in a developmentally appropriate way.
- Children are involved in establishing play and safety limits in the service, which reflect recommended best practices, and the consequences involved when limits are not adhered to.
- Children will be given safety and behaviour guidance limits by their educators as they need direction to understand what is acceptable and appropriate in particular situations.

Challenging Behaviours

- The service believes that developing a supportive relationship with the children encourages them to learn skills in self-control. Punishing a child stops the negative behaviour for a while but does not teach the child self-restraint. The consequences of negative behaviour will be discussed with the child and will be consistently followed through. The child will be reminded in positive terms of the expected behaviour.
- Educators will label the negative behaviour and not the individual child, so that it is always the behaviour that is being managed and not the child.

- Where a dispute or conflict occurs educators will talk separately to all the children involved, be calm, fair, positive and firm in their assessment of the situation. Wherever possible the children will be involved in deciding on the appropriate course of action to follow.
- No child will receive any form of corporal punishment by solitary confinement, punishment by physical restraint or other demeaning, humiliating or frightening punishment, or withheld food or drink as a form of punishment.

Biting and Hitting

- Biting and hitting are normal behaviours in the development of most children, usually influenced by stage of verbal communication skills. If a child bites or hits another the following procedures will apply:
 - Educators will attend first to the child/person who was bitten to comfort the child and assess their injuries. First aid will be applied in accordance with the centre's Accident Policy.
 - While attending to the child/person who was bitten (or immediately afterwards) the educator will talk about the incident with the biter/hitter, explaining the consequences of his/her action, in words they will understand. The educator will show their disapproval for the child's actions using tone of voice and facial expressions, and encourage the child to "help" make the child/person who was bitten feel better through positive and gentle touching. The educator will suggest an alternative action to biting or hitting i.e. tell the child to say "My turn please", and will follow this up by encouraging the biter/hitter to ask for a turn and making sure he/she does have a turn.
 - An Accident /Illness/Trauma Report Form will be completed. Parents of child/person who was bitten do not need to know who bit their child.
 - A record of what happened will be made including how the situation arose and why the child bit or hit. This information will help educators to prevent a repeat incident.
 - If biting and hitting is an ongoing concern with a particular child his/her parents will be informed and strategies developed that are consistent between home and the service.

Bullying

- Whenever an incident of bullying is reported to, or observed by an educator, they will:
 - Intervene immediately to stop the bullying behaviour.
 - Talk to the bully and to the child/person who was bullied separately. If more than one child is involved in perpetrating the bullying, talk to each child separately, in quick succession.
 - Consult with other educators to get a wider reading on the problem, and to alert them to the incident.
 - Minor incidents will be resolved with positive guidance to redirect the bully, reassure the child/person who was bullied, and aim to achieve reconciliation between the bully and the child/person who was bullied.
 - Educators will understand that bullies often try to minimise or deny their actions and responsibilities. Educators will tell the bully why their behaviour was unacceptable. They will tell them what behaviour they do expect of them.
 - Educators will reassure the child/person who was bullied that all possible steps will be taken to prevent a re-occurrence of the bullying, and will ensure that appropriate measures are taken to achieve this i.e. careful monitoring of the children involved; establishment of a signal system for the child/person who was bullied to call for help etc.
 - Any serious or repeated incidents will be reported to children's families. Parents/guardians of the bully and the child/person who was bullied will be informed as soon as practicable. Depending on the situation this could be immediately through a telephone call, or when they come to collect their child at the end of the day.
 - Parents/guardians will be involved in designing a behaviour guidance management plan whenever possible.
 - For child/person who was bullied this will involve helping the child to make appropriate friends and develop their social skills and confidence. Specific instruction in assertiveness skills may also be helpful.

- For bullies the plan would involve specific programs to modify their behaviour, including increased supervision, anger management skills, encouragement and recognition for their efforts towards non-resolved, and the bully endangers the safety and enjoyment of the other children or educators at the program, they may be suspended on a temporary or permanent basis.
- Educators will teach children caring, non-violent, co-operative and tolerant ideas, values and behaviours through:
 - Recognising and encouraging positive, friendly and supportive behaviours of children towards each other;
 - Modelling positive, respectful, inclusive and nurturing behaviours towards children, families and other educators/staff;
 - Planning and implementing co-operative, non-competitive experiences.
- Families are asked to tell an educator if they believe or suspect that bullying has occurred. Families are also asked to support the importance of courtesy, consideration and co-operation in everyday life, with their child.
- Educators will be given opportunities to attend training that will assist them to:
 - Identify bullying behaviour;
 - Resolve conflicts;
 - Manage groups of children; and
 - Be assertive.

Managing extreme or persistent behavioural challenges

- If a child's behaviour places him/herself or another child in danger, educators will act immediately to prevent the danger, and talk through the problem with the child or children concerned.
- If children consistently display unacceptable behaviour the senior educator in the child's room will ensure:
 - The expectations of the child's behaviour are realistic and appropriate to their development level;
 - The child understands the limits;
 - There is no conflict between service and home expectations;
 - The child's needs are being met i.e. adequate storage for personal belongings, adequate nutritional snacks provided, service set up to encourage independence;
 - The child has no impediments which may cause the unacceptable behaviour;
 - The child isn't copying observed behaviour;
 - Consequences of the behaviour do not encourage it to persist;
 - Strategies are consistently followed by all educators in contact with the child.
- Where children exhibit recurring behavioural challenges the nominated supervisor/coordinator and the child's educator will work with the child and the child's family to develop a behaviour guidance management plan that is consistently followed between the service and home. The plan will:
 - Explain why the displayed behaviour is inappropriate;
 - Document inappropriate behaviours that occur consistently;
 - Identify triggers to inappropriate behaviours;
 - Document emerging patterns of behaviours;
 - Define the context in which the behaviour occurs;
 - Identify where the behaviour could possibly harm another child or adult;
 - Document the appropriate behaviours that are required to replace the inappropriate behaviours;
 - Reflect a collaborative approach with the child's family.
- The nominated supervisor/coordinator is available to discuss and assist with any concern a family may have in respect of their child's behaviour or participation in the program.
- If the unacceptable behaviour persists the nominated supervisor/coordinator will jointly with the family seek advice from an appropriate agency or professional.

Excluding a child due to inappropriate behaviours

- After the child has been given every opportunity to respond positively and if all methods fail to result in an improvement in behaviour, the nominated supervisor/coordinator will discuss alternative care with the parent/guardian, in consideration of the health and safety of the other children in care.
- Depending on the severity of the behaviour the service may implement the following steps:
 1. The approved provider will write to the parent/guardian asking that they attend to their child's challenging behaviour. The service will support the family to access further professional assistance; the child will be given reasonable time to respond positively to new strategies and the family will be supported in this as far as possible.
 2. If there is insufficient improvement in the child's behaviour the approved provider will write to the parent to advise them of this, and to explain that the child's attendance at the service is suspended for the next two weeks in order to give the child time to modify his/her behaviour away from the service. After this time the child may return to the service and will be given reasonable time to display a positive change in behaviour.
 3. If the child does not demonstrate a positive change in behaviour on their return to the service, the approved provider will write to the parent/guardian to explain that the child's attendance at the service will be suspended until such a time as the behaviour ceases.
- In the case of severe behaviour which threatens self-harm or bodily harm to educators/staff or other children, the parent/guardian will be informed that the child will be suspended or dismissed immediately.

CHILD PROTECTION POLICY

At Modbury Community Children's Centre, we believe the safety of the children is paramount at all times and aim to protect a child's rights to be safe from abuse of any kind. We acknowledge our duty of care to ensure that all persons are provided with a high level of safety and protection during their time at the centre. In order to meet this duty of care and legislative requirements, as outlined in the Children's Protection Act (1993), all staff will be aware of and implement the centres child protection policy

Modbury Community Children's Centre takes all reasonable steps to ensure that it engages the most suitable and appropriate people to work with children (in prescribed positions). Choosing suitable employees and volunteers is part of fulfilling the duty of our Centre to act diligently and prudently to prevent actions and behaviour that would be harmful to children. It is important that the Centre engages the best possible people to work with children who are suited to the specific role they are undertaking.

Strategy

The aim of this policy is to provide clear guidelines, for employees and volunteers, in cases of suspected child abuse and for the protection of children covered by a court order, when parents are separated and custody is in dispute

Child Abuse

- the term "child abuse" includes physical abuse (non-accidental injury), emotional abuse, neglect, sexual abuse and sexual exploitation
- all employees are mandated notifiers – mandatory notification overrides professional etiquette, ethics or conduct
- under section 11 (1) & (2) of the Children's Protection Act 1993, mandated notifiers are obliged by law to notify Families SA if they suspect, on reasonable grounds that a child has been abused or neglected
- privacy and confidentiality must be maintained at all times
- the following steps need to be implemented in response to any concerns
 1. Follow up (with the child as the focus)
 2. Communicate (Child Abuse report line 131 478, management, parents, staff, other agencies etc)
 3. Document (record your actions)
 4. Monitor and support (for all affected adults and Children)
- employees and volunteers are encouraged to discuss any concerns with the Director for ongoing support and assistance. As mandatory notifiers employees and volunteers are able to report suspicions without speaking to the Director first, or after speaking to the Director if they are not happy with the outcome of the discussion
- objective observations are to be recorded of children, and their play, that may support a suspicion of abuse
- close co-operation between the centre and other agencies concerned with child abuse will be actively promoted and encouraged
- Responding to abuse and neglect—Education and care training 2012–2014 Department for Education and Child Development ' for how to notify'

- employees and volunteers will be provided with the opportunity to participate in training programs which address the identification and notification of child abuse
- employees and volunteers will have access to current resources and materials in relation to child abuse
- employees and volunteers are required to sign a statutory declaration stating their suitability for Child Care. The Centre must ensure that all new employees have a satisfactory criminal history assessment done through the Department for families and Communities SA to ensure that they have no history of involvement in any form of child abuse. This check needs to be completed every three (3) years
- any allegation of abuse made against an employee will be reported, within 24 hours to EECRS (Education & Early Childhood Services registration board of SA) for investigation. Allegations must also be reported to the Chairperson
- Allegations against an employee will be investigated following the employee disciplinary policy. This may include suspension, counselling, written warnings and/or dismissal
- the family involved in the allegations will be given feedback about the investigation and action taken, in order to reach an acceptable resolution

Custody Issues

- in any family separation and custody issues, staff shall remain impartial at all times
- if a court order exists, employees will follow the instructions contained within the order
- employees will maintain a non-judgmental approach with both parents
- privacy and confidentiality will be respected at all times
- employees will refrain from discussing the situation, except as it relates to the safety of children and/or staff
- safety of children and staff is to be considered as the priority at all times
- a contingency plan will be written, to ensure the safety of the affected child/ren and this will be implemented in the situation where the restricted parent attempts to remove the child/ren from the centre

CHILD ARRIVAL AND COLLECTION POLICY

In all Community Governed services the employed staff and Governing Council share responsibility for the safety of all persons connected with a children's services centre. Security of the children is of great importance to staff and families. As part of our Duty of Care all persons dropping off and collecting children are to be over 16 years of age.

Strategy

KEY PAD

The Centres door is secured by a key pad the code is issued to parents upon enrolment and is not to be given to other persons.

DELIVERY

Each child brought into the Centre must be accepted by an Educator to ensure their attendance is noted. Children must be signed in on arrival by the person dropping them off.

COLLECTION

Educators must be notified when the child is leaving (even if an Educator is present and you think that they have seen you leave with your child, please tell them personally). The child must also be signed out when collected.

COLLECTION AUTHORITY

The only people authorised to collect children are parents/guardians and those nominated on the enrolment forms. Even if a nominated person is authorized to pick up a child it must be recorded by the parent on the attendance sheet and signed by the parent/guardian.

Special authorisation may be given by the parents/ guardians for a person not nominated on the enrolment form to collect their child. The parent/ guardian must verbally speak with a staff person, with a description and name of the person who will collect the child, well in advance of the child being picked up. This is then recorded on the attendance sheet for the parent to sign. Staff will ask for some identification to be brought to the Centre.

If there is a joint custody order in place, both parents should be included on the enrolment form and child collection procedures are as for any other parent. If there is a sole custody order in place, the custodial parent/ guardian must inform the centre as to the degree of authorisation of collection procedures of the non-custodial parent/ guardian. This will be written on the enrolment form.

If there is a restraint order against a particular person, a copy of the order must be provided to the centre. All staff will be informed and the person nominated with the order will not have access to the child. confidentiality will be respected.

If this person arrives at the Centre, staff will ask the person to leave the Centre. If the person refuses to leave the centre, staff will contact the Police and act on their advice. If the person becomes violent in any way, staff are to call the Police.

NON COLLECTION

In the event of a child not being collected staff will make every effort to ring parents/ guardians and if necessary the emergency contact numbers on the enrolment form. If no one is contactable staff will wait with the child for thirty minutes. After 30 minutes staff will ring first the Director and inform them of the situation and then call Crisis Care and wait until they arrive to collect the child. **Crisis Care Unit Ph: 131611**
A note will be left on the front door informing parents/guardians that their child has been taken to Crisis care. **Under no circumstance is a staff member to transport a child in their own vehicle to any destination.**
It is the responsibility of Team Leaders to inform all educators including relief staff of this policy.

CLOTHING AND COMFORT POLICY

At Modbury Community Children's Centre we believe that effective clothing and comfort strategies including sun protection and sleep/rest procedures are important factors in providing a safe and secure environment for all Children within the service. The Centre will work in conjunction with families about Children's individual needs and take into consideration different values and particular beliefs, cultural or otherwise, that are associated with sleeping clothing and footwear. It is acknowledged by Modbury Community Children's Centre that staff, families and Children have a shared responsibility to ensure that the clothing and comfort policy is followed.

Strategy

SLEEPWEAR

This policy is to be linked with the Centre's safe sleeping and rest procedures. The temperature of the rest environment is monitored by staff and Children's clothing is adjusted accordingly (e.g. removing of jumpers). Unsafe clothing such as jumpers with hoods and cords will be removed before the child is put to sleep/rest as these present a risk of choking. Children's shoes will be removed before sleep/rest.

SUN SAFE CLOTHING INCLUDING HATS

Children, staff and other adults will be required to wear clothing that provides maximum skin coverage- long sleeved shirts are recommended, we would prefer no sundresses, singlets or thongs. Children and staff will be required to wear a broad brimmed, slouch or legionnaire style hat for use during outside activities all year round. Please refer to the centre sun protection policy.

CLOTHING FOR MESSY PLAY

Aprons are provided for painting, collage, clay and water play and cooking, however it is the child's choice to wear an apron. The Centre encourages families to send their Child/ren in clothes that are suitable for messy play, as learning through play can be a dirty experience.

SAFE FOOTWEAR

Children at Modbury Community Children's Centre are encouraged to climb, run and play in a variety of physical experiences throughout the day. If children choose to wear shoes they should wear appropriate footwear such as sturdy sandals, shoes or sneakers. For safety reasons thongs and crocs are not permitted as they can be hazardous when running or climbing. Rubber boots are also considered inappropriate as they are too restrictive for physical activities. Children are free to remove their shoes if they wish.

AGE APPROPRIATE CLOTHING

Modbury Community Children's Centre believes that age appropriate clothing is an important aspect of a child's self-help skills. For example a child who is toilet training will need to be in clothing that is easily removed. Overalls, jeans and other garments with buttons or fasteners are considered inappropriate clothing for a child who is toilet training. Pull up or down pants such as elastic waist track pants or shorts are encouraged during this period of development.

CHILDREN'S ADDITIONAL CLOTHING

Modbury Community Children's Centre requests that all children be provided with temperature appropriate clothing (e.g. Jumpers in cooler weather). Each child should have spare clothing in his/her bag which covers all temperature ranges (warm and cool). Children who are toileting will need to be sent with additional underwear and pants. The Centre has a range of spare clothing to use where necessary.

COMMUNICATION

Staff will discuss weather conditions with children, encouraging them to make correct decisions about appropriate clothing. Staff will communicate to Children the importance of wearing hats and sunscreen through discussion and role modelling. Families will be provided with brochures from the Anti-Cancer Foundation and SIDS and Kids in regard to clothing and comfort. Information is also provided through the parent handbook and newsletters.

PARENT GRIEVANCE POLICY

The Governing Council recognises that, from time to time, parents may have a concern, issue or grievance regarding some aspect of the Centre. Communication is paramount to successful relationships between families and the Centre, therefore it is important to resolve any issue in a fair, prompt, positive and communicative manner.

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

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

Strategy

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

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

All parties may record this grievance and the involved process for future reference. The grievance is recorded in the Register. The aggrieved party may have a support person present at any stage of the process. The confidentiality of all parties to the process will be maintained within the structure of the grievance procedure. At any stage of the grievance process, the parent has the right to withdraw any such grievance.

CENTRE ROUTINE

6:30 am	Centre opens - All children in the baby room for self-selected activities.
7:30 am	Kindy & Toddlers go to their rooms for self- selected activities.
9:00 am	Babies morning tea
9:15 am	Morning tea for Kindy and Toddlers
10:00 am	Indoor and Outdoor experiences offered
11:00 am	Babies lunch time
11:30 am	Lunch time for Kindy and Toddlers Babies sleep time (depending on child's needs).
12:00 pm	Kindy & Toddlers sleep time, rest time or quiet time (depending on children's needs).
1:00 pm	Indoor and Outdoor experiences offered
2:00 pm	Babies afternoon tea
2:30 pm	Kindy & Toddlers afternoon tea
3:00 pm	Indoor and Outdoor experiences offered
5:00 pm	Babies join Toddlers in their room
5:30 pm	Kindy children join the Babies and Toddlers
6:00 pm	Centre closes

If at any time you have any queries about the contents of this handbook, please do not hesitate to ask the Director or any of the staff.

If parents from a Non-English speaking background are having difficulty understanding the handbook, or any other reading material translation and interpreting assistance can be organized through the Interpreting and Translating Centre Tel. 8226 1990.

**Welcome to the centre and we look forward to
sharing time with you and your child.**

