

Purpose Statement

To protect the safety and promote the wellbeing of children and young persons aged under 17 years who are receiving services from any staff member of the organisation, or are associated with adults who are receiving services from, any staff member of the organisation.

Policy Scope

This policy applies to all staff and should be used whenever abuse or neglect is suspected or identified regardless of whether the child is a client of the organisation.

Policy Principles

- The rights, welfare and safety of the child/tamariki, young person/rangatahi are our first and paramount consideration.
- Contribute to the nurturing and protection of children and advocate for them.
- Care and protection of children are built on a bicultural partnership in accordance with the Treaty of Waitangi.
- Māori children/tamariki, young person's/rangatahi are assessed and managed within a culturally safe environment.
- Wherever possible the family/whānau and iwi participate in the making of decisions affecting that child/tamariki/young person/rangatahi.
- All staff are to recognise and be sensitive to other cultures.
- Staff are competent in identification and management of actual or potential abuse and/or neglect through the organisation's policy and procedural structures and education programme.

Organisational Commitment to Child Protection

Our leadership team will ensure:

- There are organisation-wide policies for the appropriate response to, and management of, child abuse and neglect.
- That the child protection policy and procedures comply with legislative requirements, the principles of the Treaty of Waitangi, clinical audits and best practice standards.
- Organisation-wide procedures exist to provide appropriate, adequate support for, and supervision of, staff affected by child abuse and neglect.

The Designated Person for Child Protection (DPCP):

The DPCP for the centre is the centre manager. If the centre manager is unavailable it is the assistant manager. The Designated Person for Child Protection's responsibilities include:

- Being available immediately for advice and support for staff that may have child protection concerns. If immediate contact is not available but required then the person concerned should contact Oranga Tamariki (0508 326 459) If immediate advice is not required then the DPCP will respond as soon as possible
- Ensuring the Child Protection Policy is reviewed annually, and that staff are well informed
- Ensuring required staff have received child protection training, and that this is recorded
- Ensuring practices and procedures within our centre's have a child protection lens applied
- Overseeing the maintenance and confidentiality of child protection records and documentation
- Maintaining a good working relationship with Oranga Tamariki, local Police, and other local external agencies involved in child protection.
- After a record of concern is made, follow up with Oranga Tamariki through the call centre within 3 working days if Oranga Tamariki hasn't made contact.
- Ensuring that the list of contacts for child protection advice and support are kept up to date

All employees of our organisation have responsibility for the safe management of identified and suspected child abuse and neglect. Those responsibilities include:

- To be conversant with our Child Protection Policy and related policies.
- To understand the statutory referral processes and management of identified or suspected abuse and neglect.
- To attend initial training, refresher training and regular updates appropriate to their area of work.
- To seek advice when child abuse is suspected or identified.

The Group Operations Manager responsibilities include:

- Reviewing the Child Protection Policy and procedure as required.
- Coordinate a system-wide response to child abuse and neglect.
- Developing a training plan and ensuring initial refresher and advanced training of staff is available cyclically.
- Ensuring documentation tools are in place and accessible to staff for the recording of care and protection concerns.
- Ensuring audit and evaluation tools are in place to assess child protection policy, processes and practice.
- Ensuring regular audits of child protection practice occur.
- Accessing and providing resources required to support the programme and make these available for staff and clients.
- Developing functional internal and external relationships with key stakeholders (government, local government and community-based organisations).
- Providing support and advice to staff regarding child abuse and neglect.

All public areas within our organisation will display information, brochures and posters pertaining to accessing support and interventions for child abuse and neglect. These must be provided in a range of languages that reflect the cultural diversity of the wider region.

Definitions

Child abuse refers to the harming (whether physically, emotionally or sexually), ill treatment, abuse, neglect, or serious deprivation of any child/tamariki, young person/rangatahi (Section 14B Children, Young Persons, and Their Families Act 1989).

This includes actual, potential and suspected abuse.

- Physical abuse - any acts that may result in physical harm of a child or young person.
- Sexual abuse - any acts that involve forcing or enticing a child to take part in sexual activities, including child sexual exploitation, whether or not they are aware of what is happening.
- Emotional abuse - any act or omission that results in adverse or impaired psychological, social, intellectual and emotional functioning or development.
- Neglect - the persistent failure to meet a child's basic physical or psychological needs, leading to adverse or impaired physical or emotional functioning or development.

Oranga Tamariki - the agency responsible for investigating and responding to suspected abuse and neglect and for providing care and protection to children found to be in need.

New Zealand Police - the agency responsible for responding to situations where a child is in imminent danger and for working with Oranga Tamariki in child protection work, including investigation cases of abuse or neglect where an offence may have occurred.

Identifying Possible Abuse or Neglect

Information on identifying possible abuse or neglect is detailed in "Working together to keep children and young people safe. An Interagency Guide' (Child, Youth and Family, 2011, (Working Together). This document should be read in conjunction with this policy. Please refer to Appendix 1.

In brief, staff needs to be aware of the indicators of potential abuse and neglect. These indicators as noted in Working Together include:

Physical signs

Behavioural concerns

Developmental delays

The child talking about things that indicate abuse
(sometimes called an allegation or disclosure)

Physical neglect

Neglectful supervision

Medical neglect

Abandonment

Every situation is different and it's important to consider all available information about the child and their environment before reaching conclusions. For example, behavioural concerns may be the result of life events, such as divorce, accidental injury or the arrival of a new sibling etc.

Responding to Suspected Abuse or Neglect

In all cases where a member of staff has a concern about a child/tamariki/young person/rangatahi being or likely to be abused or neglected (refer to Definitions) by an adult or another child/tamariki or young person/rangatahi, they will report this to their manager/supervisor/senior leader and make referrals/notify key staff to assist in the formulation of a plan to address the care and protection concerns.

A referral to Oranga Tamariki may be made at any time.

It is mandatory for all concerns to be reported/referred to the Group Operation Manager within a time period which allows for effective consultation / advice to be given. It is also the Group Operations Managers role to mandatory report to the Education Council on any such matters involving staff or the centre.

Throughout New Zealand statutory and non-statutory agencies provide a network of mutually supportive services and it is important for our organisation to work with these to respond to the needs of children and families/whanau in a manner proportionate to the level of need and risk. Contact details for agencies and services in our community are provided in this policy.

Responding to a child when the child discloses abuse

Listen to the child	Disclosures by children are often subtle and need to be handled with particular care, including an awareness of the child's cultural identity and how that affects interpretation of their behaviour and language.
Reassure the child	Let the child know that they: <ul style="list-style-type: none">- Are not in trouble- Have done the right thing
Ask open - ended prompts - e.g. "What happened next?"	Do not interview the child (in other words, do not ask questions beyond open prompts). Do not make promises that can't be kept e.g I will keep you safe now".
If the child is visibly distressed	Provide appropriate reassurance and re-engage in appropriate activities under supervision until they are able to participate in ordinary activities.
If the child is not in immediate danger	Re-involve the child in ordinary activities and explain what you are going to do next.
As soon as possible formally record the disclosure	Record: <ul style="list-style-type: none">• Word for word what the child said• The date, time and who was present

Recording and Notifying Oranga Tamariki of suspected child abuse or neglect

What process to follow	For example	Key considerations
Recording	Formally record: <ul style="list-style-type: none"> Anything said by the child The date, time, location and names of any staff that may be relevant The factual concerns or observations that have led to the suspicion of abuse or neglect (e.g. any physical, behavioural or developmental concerns). The action taken by your organisation Any other information that may be relevant 	Relevant information can inform any future actions
Decision-making	Discuss any concern with the manager / or Group Operations Manager	No decisions should be made in isolation
Notifying authorities	Notify Oranga Tamariki promptly where there is suspicion that a child has been, or is likely to be abused or neglected. A phone call to the National Contact Centre is the preferred initial contact with Oranga Tamariki (see below) as this enables both parties to discuss the nature of the concerns and appropriate response options. Phone: 0508 326 459 Fax: 09 914 1211 Email: contact@ot.govt.nz	Oranga Tamariki will <ul style="list-style-type: none"> Make the decision to inform the parents or caregivers, in consultation with a Senior Manager. Advise what, if any, immediate action may be appropriate, including referring the concern to the Police.
Following the advice of Oranga Tamariki	Oranga Tamariki will include what, if any immediate action may be appropriate, including referring the concern to the Police	Oranga Tamariki is responsible for looking into the situation to find out what may be happening, whether our organisation needs to work with the family/whanau or put them in touch with people in their community who can help
Storing relevant information	Securely store: <ul style="list-style-type: none"> The record of the concern A record of any related discussions (including copies of correspondence) A record of any advice received The action your organisation took, including any rationale. This concern with any earlier concerns, if the notification is based on an accumulation of concerns 	Records assist in identifying patterns

Responding to alleged abuse outside the centre

There are times when staff members, particularly van drivers, find themselves faced with a potentially volatile, abusive situation when taking centre children home. Drivers have reported neighbours children disclosing that they have been abused with others presenting with signs of possible abuse (black eye, bruising). If you come across a situation, where you are concerned for the safety and well-being of a child and/or adult, as soon as practicable, contact your centre manager, who will immediately contact the police to request a welfare check at the residence. NZ Police have the jurisdiction to act immediately to ensure the child/ren are safe. Police will advise what their action will be which is to be included in an immediate report of concern to Oranga Tamariki. Note: If there is a delay in reaching your Manager, do not wait for their call before you inform the police.

Allegations or concerns about staff

- The centre will respond to allegations or concerns raised by a parent, staff member or child, of abuse by a teacher in a manner which best ensures children's immediate and long term safety and will treat allegations or concerns against a teacher with the same seriousness as allegations or concerns made against any other person.
- If there are any allegations by a parent, staff member or child of abuse by a teacher, the authorities (Oranga Tamariki, Ministry of Education and or the police), will be informed immediately and the teacher will be informed and suspended, while the matter is investigated.
- When abuse is suspected, staff will follow the process for Responding to suspected child abuse included in this policy.
- The person managing the child abuse issue will not be the same person as that managing the employment issue.
- The suspected person will be informed that they have a right to seek legal advice and provide them with an opportunity to respond. They should also be informed of their right to seek support from the relevant union/representative body.
- It is vital to follow ordinary disciplinary policies, guided by the employment contract/collective employment contract and relevant statutory obligations.
- If there is insufficient evidence to pursue a criminal prosecution, then a disciplinary investigation may still be undertaken if there is "reasonable cause to suspect" that abuse may have occurred. The allegation may represent inappropriate behaviour or poor practice by a member of staff which needs to be considered under internal disciplinary procedures.
- We recognise the added stress to fellow staff in such situations and will ensure support is available.
- We commit not to use 'settlement agreements', where these are contrary to a strong culture of child protection. Some settlement agreements allow a member of staff to agree to resign provided that no disciplinary action is taken, and a future reference is agreed. Where the conduct at issue concerned the safety or wellbeing of a child, use of such agreements is contrary to a culture of child protection.

Under the Education Act, employers must make a mandatory report to the Education Council in certain circumstances. Failing to make a report is an offence, which carries a fine of up to \$25,000 unless there is reasonable justification.

When to make a mandatory report

Employers must IMMEDIATELY report to the Council when:

- A teacher is dismissed for any reason
- A teacher resigns from a teaching position, if within the 12 months preceding the resignation the employer advised the teacher it was dissatisfied with, or intended to investigate, any aspect of the teacher's conduct or competence, or on the expiry of the teacher's fixed-term contract
- A teacher ceases to be employed by the employer, and within the following 12 months the employer receives a complaint about the teacher's conduct or competence while he or she was an employee
- The employer has reason to believe the teacher has engaged in serious misconduct
- The employer is satisfied that, despite completing competency procedures with the teacher, the teacher has not reached the required competence level.

Requests to interview a child at the centre

Ministry of Vulnerable Children - Oranga Tamariki Care and protection social workers have a legal right to interview a child while they are in the care at the centre, however the following procedures are to be followed to ensure the safety of the child is upheld at all times:

- Centre Manager to inform Senior Manager that Oranga Tamariki social workers plan to interview the child – if Senior Manager is not available, their next available up-line manager.
- A teacher may request to be present while the child is being interviewed, which will be granted at the discretion of the social workers.
- The centre manager will ensure a quiet area is provided for the social work team to interview the child.
- Confidentiality is to be upheld – only staff who are directly involved with the child will be privy to Oranga Tamariki involvement with the whanau.

- Staff will follow the guidance of Oranga Tamariki regarding advising the parents/caregivers of the interview.
- The Centre Manager is to lodge an incident report.

Confidentiality and Information Sharing

All observations, after an investigation has been notified, shall be kept in writing but the file will be sealed for confidential reasons.

The Privacy Act 2020 and the Children, Young Persons, and their Families Act 1989 allow information to be shared to keep children safe when abuse or suspected abuse is reported or investigated. Note that under sections 15 and 16 of the CYPF Act, any person who believes that a child has been, or is likely to be harmed physically, emotional or sexually or ill-treated, abused, neglected or deprived may report the matter to Oranga Tamariki or the Police and provided the report is made in a good faith, no civil, criminal or disciplinary proceedings may be brought against them.

Recruitment and Employment (safety checking)

Our recruitment policy reflects a commitment to child protection by including comprehensive screening procedures. Safety checks will be carried out, as required by the Children's Act 2014.

Our service will exclude any person employed or engaged in the service from coming into contact with children if they have reasonable grounds to believe that the person:

- has physically ill-treated or abused a child or committed a crime against children; or
- in guiding or controlling a child; has subjected the child to solitary confinement, immobilisation or deprivation in food, drink, warmth, shelter or protection.

Drugs and Alcohol

No person on the premises uses, or is under the influence of drugs or alcohol or any other substance that has a detrimental effect on their functioning or behaviour during the service's hours of operation.

Information Technology and Website

No staff or adult at any point in time will be using any form of Information Technology to show, use, discuss any sites, apps, social media, books that involve inappropriate material, including and not limited to child or adult pornographic, inappropriate behaviour including swearing, discrimination, violence and sexual. Any staff or adult involved or engaging in any material of a R16 and above nature, maybe subject to disciplinary action (*refer to code of conduct policy*). However information technology is used to record information regarding a child, such as infocare, storypark, safetynest, centre facebook pages and company website. Such information can include but not limited to children and family details, assessment of child including learning stories and photos, and recording compliance requirements such as daily osh checks, sleep, nappy, medication etc. Surveillance cameras may also be in use at the centre.

Bullying

Bullying will not be tolerated by any employee, visitor to the centre, parent or child. Bullying is defined as "use superior strength or influence to intimidate (someone), typically to force them to do something". Any form of bullying needs to be brought to the attention of the Centre Manager, who will seek advice from a Senior Manager.

Exclusion

We will exclude any person employed or engaged in the service from coming into contact with children if they have reasonable grounds to believe that the person:

- is in a state of physical or mental health that presents any risk of danger to children; or
- has an infectious or contagious disease or condition

If necessary to ensure no child becomes ill, the service provider excludes that person from the service and ensures they do not enter or remain in the premises during operating hours.

Training supervision and support

Management will support initial child protection training for all service delivery staff. All staff will have a comprehensive induction program that covers every aspect of this policy to ensure they have been explain, and given a copy of this policy to refer to, such training will include:

- Understanding child abuse and indicators of child abuse.
- How to reduce the risk of child abuse.
- Understanding and complying with legal obligations in regard to child abuse.
- Working with outside agencies on child abuse issues.
- Planning of environment and supervision to minimise risk.
- Dealing with child/parents/family/whānau.

It is our expectation that all staff attend a professional development session every 12 month on child protection.

Review and Evaluation

This policy shall be reviewed in full by the Group Operations Manager at the time of preparing the Annual Management Plan and shall be discussed at the next available centre staff meeting. After any incident or occasion in which significant elements of this policy have been implemented, this policy will be reviewed by the manager. The Centre Manager is responsible for ensuring the policy and procedures are followed at all times.

Remember you are not experts in child abuse and as such when in doubt consult a supporting agency

Contact Numbers

- NZSTA = 0800 stahelp (0800 782 4435)
- Oranga Tamariki = 0508 326 459
- Local police = _____
- MOE = 0800 848 326

Guidelines for Indicators of Abuse

Note: The following guidelines can be used for supporting the detection of child abuse and neglect, however, they are not solely indicative of child abuse.

GUIDELINES FOR INDICATORS OF PHYSICAL ABUSE

Physical Abuse is a non- accidental act on a child that results in physical harm.

This includes, but is not limited to, beating, hitting, shaking, burning, drowning, suffocating, biting, poisoning

Physical Indicators of possible Physical Abuse

- Unexplained bruises, welts, cuts, abrasions (suspicious locations, shape, marks, patterns)
- Unexplained burns (circular burns, hot water burns, rope burns, distinct patterns)
- Unexplained fractures or dislocations (facial fractures, multiple fractures, bald patches) otherwise causing physical harm to a child.
- Physical abuse also involves the fabrication or inducing of illness.

Children's behaviour that could indicate physical abuse

- Cannot recall how the injuries occurred, or offers inconsistent explanations.
- Is wary of adults or a particular individual, may cringe or flinch unexpectedly
- May display a vacant stare or frozen watchfulness,
- Indicate a general sadness, may show this in drawing and play.
- May be extremely compliant or eager to please, aggressive or extremely withdrawn.
- When at play, imitates negative behaviour or language e.g. spansks or yells at doll.
- Is dressed inappropriately to hide bruises or other injuries e.g. long sleeved shirt or long pants in summer
- Describes abusive situations.
- Could have a vision or hearing delay.
- Is violent to animals or other children.

Adult Behaviour that could indicate physical abuse

- May be vague about the details of the cause of injury and the account of injury may change from time to time.
- May appear unconcerned about a child's wellbeing.
- Delay in seeking medical attention for a child.
- May state the child is prone to injuries, or blame the accident on siblings, friends or relatives.
- Is aggressive towards the child in front of others.
- May have little to no knowledge of child development or may have unrealistic expectations about the child.

GUIDELINES FOR INDICATORS OF EMOTIONAL ABUSE

Emotional abuse is the persistent emotional ill treatment of a child such as to cause severe and persistent adverse effect on the child's emotional development. This can include a pattern of rejecting, degrading, ignoring, isolating, corrupting, exploiting or terrorising a child. It may also include age or developmentally inappropriate expectations being imposed on children. It also includes the child seeing or hearing the ill treatment of others.

Physical Indicators of possible Emotional Abuse

- Bed wetting or bed soiling that has no medical cause.
- Falls behind in weight, height and development with no medical reason.
- Has not attained significant development milestones within the child's age range.
- Dressed differently from other children in the family, malnutrition

Children's behaviour that could indicate emotional abuse

- Suffers from severe developmental lags (Speech, motor, sensory) without obvious cause.
- Recurring physical complaints without the medical cause (E.G. abdominal pain, headaches, sore throat, nausea, etc).
- When at play, behaviour may model or copy negative behaviours and language used at home.
- Displays extreme attention seeking behaviours or displays extreme inhibition in play.
- Antisocial behaviours, may not cope well in social settings.
- Overly compliant, too well mannered, too neat and clean.
- Lack of self-esteem, appears generally as a 'sad' child.
- Severe symptoms of depression, anxiety, withdrawal or aggression.

Adult behaviour that could indicate emotional abuse

- Constantly calls the child 'stupid', or "dumb", 'bad', or displays degrading behaviour- labels child as inferior or publicly humiliates child.
- Treats the child differently from siblings or peers in a way that suggests dislike for the child.
- Actively refuses to help the child or acknowledges the child's request for help.
- Refuses to allow interactions or relationships with peers or adults outside of the family.
- Constantly withholds physical and verbal affection from the child and ignores the child's attempt to interact.
- Involves a child in 'adult issues' such as separation or disputes over child's care
- Has unrealistic expectations for children.

GUIDELINES FOR INDICATORS OF SEXUAL ABUSE

Sexual Abuse involves forcing or enticing a child or young person to take part in sexual activities (penetrative and non-penetrative, for example, rape, kissing, touching, masturbation) as well as non-contact acts such as involving children in the looking at or production of sexual images, sexual activities and sexual behaviours.

Physical Indicators of possible Sexual Abuse

- Unusual or excessive itching or pain in the genital or anal area.
- Torn, stained or bloody underclothing.
- Bruises, lacerations, redness, swelling or bleeding in genital, vaginal or anal area.
- Blood in urine or stools, sexually transmitted disease.
- Pain experienced in urination or elimination.

Young Children's behaviour that could indicate sexual abuse

- Age inappropriate sexual play with toys, self, others e.g. demonstration of explicit sexual acts.
- Age-inappropriate, sexually –explicit drawings or descriptions.
- Bizarre, sophisticated or unusual sexual knowledge.
- Comments such as 'I've got a secret', or "I don't like Uncle'.
- Fear of certain people or of a particular person, fear of certain places (e.g. bathroom).
- States that they have been abused or describes activities which are sexually abusive or hints about such activities.
- Regression to an earlier stage of play and development.
- Fire lighting in boys.

Adult behaviour that could indicate sexual abuse

- May be unusually over-protective of the child.
- Is jealous of the child's relationships with peers or other adults or is controlling of the child.
- Misuses alcohol or drugs.
- Refuses to allow interactions or relationships with peers or adults outside of the family.
- Demonstrates physical contact or affection to the child which appears sexual in nature or has sexual overtones.
- May favour the victim over other children.
- Discourages the child from unsupervised contact with peers.

GUIDELINES FOR INDICATORS OF NEGLECT

Neglect is the persistent failure to meet a child's basic physical and/ or psychological needs, causing long term serious harm to the child's health or development. It may also include neglect of a child's basic or emotional needs. Neglect is the failure to provide for the child's basic needs, such as housing, nutrition, adequate supervision, medical and psychological care and education.

Physical Indicators of possible Neglect

- Can be dressed inappropriately for the season or the weather. This could result in recurrent colds, pneumonia, sunburn, frostbite etc.
- Is often extremely dirty or un-bathed (not to be confused with healthy dirtiness/ activeness)
- May have severe nappy rash or other persistent skin disorders or rashes resulting from improper lack of hygiene.
- Does not receive adequate medical or dental care and has unattended health problems.
- Lacks adequate shelter - lives in housing that is unsafe, inadequately heated or is unsanitary.
- May be left in the care of an inappropriate caregiver- e.g. one that is too young or too old to care for, or protect the child.

Children's behaviour that could indicate neglect

- Suffers from severe development lags (speech, motor, sensory)
- Demonstrates severe lack of attachments to parents, demonstrates indiscriminate attachment to other adults.
- Is very demanding of affection or attention, has poor social skills.
- Poor school attendance, may steal food, has no understanding of basic hygiene.
- Discloses that parents are absent or basic needs are not being met.

Adult behaviour that could indicate neglect

- Is overwhelmed with own problems and puts own needs ahead of those of the child.
- Fails to provide for the basic needs of the child, such as housing, nutrition, medical and psychological care.
- Fails to provide for the special education needs of the child.
- Demonstrates little or no involvement in child's life - does not attend recreation events, school activities etc.
- Leaves the child alone, unattended or fails to adequately supervise, abandons child.
- Drug or alcohol abuse, depressed. May have psychiatric problems.

Rationale

The foundation of this policy is designed to support teachers in maintaining a supportive, interesting and challenging learning environment.

Aime

Children's developing social competence is a vital component of this type of learning environment and it is important that teachers have the skills necessary to support children in developing over time, the confidence and capability to engage in the learning environment collaboratively with their peers.

Policy

1. Teachers will discuss and negotiate the rules, rituals and customs of the centre with children.
2. Teachers will offer intentional teaching strategies, supporting children to resolve their own conflicts.
3. Teachers will be responsive to the needs of children and will always work to prevent the occurrence of challenging behaviour in children.
4. Teachers will treat children with respect and dignity at all times and to be clear and consistent in their expectations and actions, relevant to the age and stages of individual children.
5. Teachers will notice and praise positive behaviour.
6. Teachers will help children to recognise their feelings and to express them in appropriate ways, letting them know that feelings of sadness, anger, frustration, jealousy and disappointment are ok.
7. Teachers will work with children to find triggers for their actions and review their own practice, environment and routines to support children in resolving these triggers.
8. Flexibility in all routines will support children to determine their own flow of the day.
9. The environment will provide a wide range of age appropriate resources for children that enable them to enjoy positive learning experiences with and alongside others.
10. The curriculum will reflect the culture, background and interests of the children.
11. Children's feelings will be acknowledged and validated and will not be viewed as a problem.
12. Self esteem, resilience and confidence will be supported and nurtured in the learning programme.
13. Quiet areas will be available for children to choose to use as a tool for calming down and where teachers can provide support without being intrusive.
14. Teachers will have access to ongoing professional development to ensure that they are kept up to date with current theory and practice around social competence and positive guidance strategies.

Challenging behaviours

1. If required, children will be redirected to another area of play.
2. If a child's behaviour begins to cause concerns teachers will, observe the child's behaviour and record events leading up to it, discuss the child's behaviour with team leaders, participate in discussions at staff meetings where teaching strategies for supporting children will be identified, communicate/consult regarding the behaviour patterns with the child's parents/whānau.
3. If a referral to special agencies is agreed upon by the teachers and parents/whānau then the required forms will be completed and sent to the appropriate agency for consideration and support.
4. Individual Education plans may be made for children in consultation with parents/whānau and special agencies.
5. Teachers in a stressful situation will be encouraged to move away and request another teacher to take over.
6. Teachers will work with parents, whānau and where required special agencies to support their own practices when working with challenging behaviours.
7. At no time shall any child be subject to adult determined consequences, including isolation, deprivation of food, warmth, shelter, immobilisation, physical ill-treatment or abuse of a child. If this occurs then the child protection policy will be followed and the centre's disciplinary procedures will occur.

Procedure

- Step 1:** **Verbal request** (I don't like it, you need to stop)
- Step 2:** **Set consequence** (If you're going to do that, I will have to have it for a while, you will need to move)
- Step 3:** **Follow up on consequence** (O.k I've asked you to stop, if you don't stop)
- Step 4:** **Redirect** (I don't like your behaviour at the moment, so you need to go find something else to do)
- Step 5:** **Ask another staff member for help** (This is when none of the above is working)

Challenging Behaviour

- Step 1:** Get the team together, identify and describe the challenging behaviour or issue.
- Step 2:** Document, observe and identify what events, people, activities are associated with the behaviour or issue.
- Step 3:** Open discussion with parents about any future plans and moving forward
- Step 4:** Implement plan (with time frames)
- Step 5:** Meet with parents & team to evaluate where to go next.
- Step 6:** Possibly make a referral to Special Education

Rationale

We recognise that each child is unique and comes to us with their own sleeping routine. Therefore teachers will endeavour to follow individual children's routine in a relaxed and familiar environment.

Guidelines

- All children are provided with their own individual sleeping space and bed linen. Their bed linen is washed weekly and stored in their own sleeping bag.
- Sleep spaces are positive and peaceful to ensure undisturbed rest.
- Sleeping mattresses / beds / cots need to be placed at least one adult spacing apart. There is a teacher present in the sleep space whenever possible, however the use of a baby monitor will be in use, so staff are able to continue with normal duties.
- Staff will do 5 - 10 minute checks on warmth, breathing and general wellbeing of sleeping children.
- A timer will be in place on the outside of the sleep room door and will be used to remind staff to physically check sleeping children.
- Teachers are guided by the children's routine up to 14 months of age in a relaxed and unhurried manner.
- Parents are encouraged to bring a comforter or cuddies from home for sleep time.
- According to the 2008 regulations, children will not be put to bed with a bottle or food.
- For cultural sensitivity children are encouraged not to stand on pillows and children sleeping near each other are positioned head to head rather than head to feet. They are also not allowed to walk on others' beds.
- If more than one child over time is to use the same furniture then they must be securely covered with or made of a non-porous material that:
 - Protects them from becoming soiled
 - Allows for easy cleaning (or disposable)
 - Does not present a suffocation hazard to children
- All children's sleeping and waking times are to be recorded.
- Children will not be put to bed with any wet clothing.
- Children's clothing maybe removed depending on temperature and so clothing is not restrictive or can cause harm to a child while sleeping.
- It is recommended that the temperature is between 16°C and 20°C. Temperature times need to be recorded at the top of the sleep chart.
- Centres that use multi-cots or double cots they will not place older infants on the top cot. Top cots are only used for small infants that are not able to stand up.

Wrapping/Swaddling Babies or the use of Safety Sleeps

At no time should it be common practice to wrap or swaddle babies while they are sleeping, this could in some cases be constituted as restraining children, which is prohibited by the ECE regulations. There may be times however when parents request that a centre undertake this practice while they are very young and transition into the centre and it is a practice that the parents undertake at home. Full consultation with the parents and written permission is needed.

[illegible][illegible]

Appendix 2

Infants Sleep Record

Date:	Person Monitoring Room:	Room Temperature:
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Child's Name	Time in bed	Time asleep	Time awake	Staff sign	Times checked: <i>Please ensure that you record the actual time you physically checked the children</i>					

Preventing Infectious Illness Policy

Rationale

We believe the health and well-being of our children, families and centre whanau is essential. We aim to provide children with an environment where:

- Their health is promoted.
- Their emotional well-being is nurtured.
- They are kept safe from harm.

The objective of the illness policy is to work together to make sure that our practices and decisions regarding illness are reasonable and fair. During the time your child is with us there may be occasions when they will be affected by illness. This may mean that your child will be unable to attend the centre. Time away from the centre will allow your child to recover and will also protect the health of the other children, families and teachers. We do understand that this often places parents/whanau under extra pressure. We are guided in our decisions regarding illness by:

- Licensing Criteria for Early Childhood Education and Care Centres 2008 Regulations which require us to take appropriate action when a child is unwell (Health and safety: Child health and wellbeing HS24 through to HS30)
- Recommendations from the Ministry of Health
- Exclusion is at the Centre manager's discretion or as per medical advice or a Public Health Service directive.

Communication and Consultation

We invite you to discuss any concerns you may have about your child's health and well-being with us at any time. If you are worried that your child may be unwell share this information with us when you arrive at the centre. This means that we can be vigilant and alert to any changes in behaviour or signs of illness and can respond to your child's needs promptly. If we have any concerns about your child's health and well-being while they are in our care we will discuss this with you as soon as possible.

Parents and teachers share the responsibility for creating a healthy centre environment, which will protect and nurture children.

Parent/Whanau Responsibilities

- Provide the centre with up to date emergency contact numbers.
- Discuss concerns about children's health with teachers at the centre.
- Let teachers know if you have given medicine to your child during the night or prior to arriving at the centre.
- Provide written authority for any medication required while the child is at the centre. Provide name of medicine, dose and time the medication is to be given.
- Children should be collected within one hour if unwell.
- Allow your child time to recover before returning to the centre.
- If you are worried about your child's health please seek advice from your family doctor before bringing your child to the centre.
- Provide details of immunisations that your child has had at the time of enrolment and at ages 15 months and 4 years. This is a legal requirement under the Health (Immunisation) Regulations 1995.
- It is important to know that children at risk of disease (unimmunised or never had the disease) ** will be required to stay away from the centre when there are cases of a vaccine preventable disease eg measles, mumps. The Public Health Service will work with the centre and advise when these children can return to the centre. During this time you will need to have an alternative arrangement for your child.

*** Children are protected by either immunisation or having had the disease.*

Teacher Responsibilities

- Parents will be contacted if there are concerns about a child's health and may be asked to take the child home.
- First aid will be administered where required. *
- Children who are unwell will rest in a well-ventilated and warm room away from other children until collected.
- Efforts will be made to ensure children are comfortable and emotionally supported.
- If we are concerned that a child may be unwell we will keep a record of the child's day detailing any changes in behaviour, symptoms, temperature recordings, food & drink consumption, and any authorised medication given.
- Provide authorised medication; document time, dosage, and time of administration.
- Medical help will be sought if a child becomes more ill.
- We may suggest that you consult your family doctor for diagnosis and treatment.
- We will obtain up to date health information and advice from the Public Health Service (06 3509110).

** Please note that Pamol/Paracetamol is not kept on these premises for general use. This medication can only be given if it has been signed for by a parent, and has been prescribed for the child for a specific illness, for a specified period of time and contains the date.*

Resolution of Conflict

If there is disagreement regarding the need for a child to stay away from the centre due to illnesses we will be guided by the advice of the Public Health Service. It is important to consult your family Doctor for diagnosis and treatment; however there will be occasions when we will need to follow the advice of the Public Health Service with regards to infection control.

Parents are welcome to contact the Public Health Service for further clarification.

Early Childhood Centre Information

General conditions indicating that a child should not attend the centre:

- The illness prevents the child from participating comfortably in programme activities.
- The illness results in a greater care needed than the centre can reasonably provide without compromising the health and safety of the other children.
- The child has any of the following conditions: fever, persistent crying, difficulty breathing, or other signs of possible severe illness.

Specific symptoms indicating that a child should not attend the centre:

Diarrhoea:

A general guideline is that no child should attend if they have diarrhoea. When diarrhoea is accompanied by any other symptoms such as fever, stomach pains, nausea, vomiting or headache, this indicates a gastrointestinal infection, and the child should stay away until they have been **symptom free for at least 48 hours**.

Vomiting:

Repeated vomiting suggests an infection, so the child should be taken to your family Doctor for a diagnosis. If the vomiting has been caused by an infection, or the cause is not known, the child needs to stay away until at least **48 hours after the last symptoms**. A child who vomits at the Centre should be collected by their parents and taken home.

If a child is actively vomiting or suffering from diarrhoea, they need to be isolated and supervised in the disability toilet until collection. This area allows for easy cleaning and disinfection of all surfaces. It also provides ample room for the child to lie comfortably on a stretcher bed.

Mouth sores: associated with an inability of the child to control his or her saliva unless the child's family Doctor, Regional Public Health or the Medical Officer of Health advises that the child is non-infectious.

Rash with fever or behaviour change:

Inform the parent, advise them to take the child to their family doctor and must stay away from the centre until it has been determined that the illness is not a communicable disease.

Respiratory Infections:

A child should not attend if they have uncontrolled coughing or sneezing as the result of an infection. This does not include seasonal hay fever. A runny nose related to a respiratory infection that the child has difficulty controlling the spread of nasal secretions and/or has a negative social impact upon the child (Refer to Regional Public Health Green Nose Fact Sheet).

Skin Infections:

A child should not attend if they have open wounds/sores that cannot be covered either with clothing or bandages to prevent the child from scratching. A child may return providing they have been treated with the appropriate antibiotics, antifungal or antiviral cream for at **least 24 hours**.

Conjunctivitis:

A child should not return until there is no discharge present.

- Any child requiring antibiotics should remain at home for the **first 24 hours**.

Specific diagnoses:

Chicken pox, measles, Hepatitis A, influenza, refer to the Ministry of Health Infectious Disease information and exclusion list (attached).

Managing and Excluding Ill Staff

All staff will follow the same above rules / guidelines as for children. It is not recommended to come in for your shift if you are displaying signs or symptoms of any contagious illness.

Staff Immunisations

Staff should be immunised against measles, mumps and rubella. It is also recommended that staff are immunised against hepatitis A, polio and chickenpox.

The Mumps, Measles and Rubella (MMR) immunisation and polio vaccine is provided free of charge to susceptible adults. Hepatitis B immunisation is free for all individuals who are household and sexual contacts of carriers. All adults are recommended to have a booster dose of adult tetanus-diphtheria vaccine at age 45 and 65, or after some injuries, and an annual influenza vaccination.

Managing Outbreaks

If the centre experiences more than the usual number of children / staff away during the same period, with the same symptoms then this usually indicates an outbreak. When this occurs we will:

- Report this to Mid Central Public Health Service in Palmerston North.
- Contact the Health Protection Officers on 06 3509110 as soon as the outbreak is recognised. The Public Health Service will provide advice and resources on what actions to take to limit the spread of the illness over the period of the outbreak.
- Keep an illness log of children and staff and provide a copy to MidCentral Public Health Service.
- We will also report this to MOE as per HS34 in the Licensing Criteria.
- Continue to communicate to parents the importance of the 48 hour exclusion period after symptoms have stopped.
- During an outbreak extra cleaning measures will be in place and recorded on the outbreak cleaning schedule.

Washing Sick and Soiled Children

- If a child needed to be washed down, use appendix 2 personal care form
- Ensure you are wearing correct PPE
- Place the clothing directly into a leak-proof, sealed plastic bag or a bucket with a tight fitting lid for laundering at home (tell parents of the need to treat soiled clothing carefully and to soak in suitable sanitiser before laundering them separately using a hot water wash). Double-bagging is necessary to prevent leakage. Do not attempt to squeeze air out of the bag as this may aerololise any vomit or faecal matter and create further contamination.
- Store bags in a contained bucket in the staff / disabled toilet area until it can be handed directly to the parent / guardian.
- All used cloths, towels and soiled linen (if any) must be placed into a bucket with a tight fitting lid for laundering (sanitising soak first followed by hot wash).

Spill Kit

Every centre is required to have a spill kit, fully stocked and readily available. One per room or per wash down area.

Nappy bucket 20 litres

The nappy bucket is a good place to store all your 'spill kit' contents.

- Use your bucket for the hot soapy water used to clean the area that has had vomit or faeces on it.
- Discard the water used for cleaning down the toilet.
- Clean the bucket before putting the 'spill kit' contents back in.



Bleach 1 litre

After the area has been cleaned with hot soapy water and wipe down with a bleach solution. Make a new bleach solution daily using either of the following formulas:

- Make a bleach solution at 1:10 ratio (1 part bleach and 9 parts water) or,
- To make 1 litre = 50ml of bleach and add water to make 1 litre or, ¼ cup of bleach and add 4 cups of water
- To make 10 litres = 500ml (2 cups) of bleach and add water to make 10 litres.



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Protective gear (sometimes known as PPE, e.g. disposable aprons, masks, gloves)

All staff involved with the clean-up of vomit or faeces and/or washing down the sick child, need to wear a disposable apron, a mask and gloves (protective gear). After the area has been cleaned, and the sick child changed and cared for, the protective clothing and cleaning items need to be placed inside a plastic rubbish bag, tied up then placed inside another bag and disposed of immediately.



Your 'spill kit' includes the following:

- Plastic aprons x 4. Wear the apron to protect your clothing when you are cleaning the area or the child that has been sick.
- Masks x 4. Wear the masks so you don't breathe in the germs (viruses) that cause the illness.
- Gloves x 2 pairs. Wear gloves when cleaning the area or the child that has been sick. Wearing gloves does not replace the need to wash your hands and you should make sure you wash and dry your hands thoroughly before and after using gloves.

Towel

- Use the towel to dry the sick child, wash separately in hot water.



Polar fleece blanket

- The blanket is to keep the child warm after they have been put in clean clothing and while waiting for their parent or guardian to pick them up.
- Wash separately in hot water.



Plastic rubbish bags x5

- Clothing with vomit or faeces on them need to be placed inside a plastic rubbish bag, tied up then placed inside another bag. Store the bag in an area that is not accessible to children until collected by parents.
- Plastic shopping bags can be used as an alternative to these bags.



Microshield hand sanitiser x 1

Soap and water is the best option when your hands are visibly dirty. After washing your hands use the hand sanitiser, follow the instructions on the bottle.



Record of illness

Date	Child's Full Name	Signs & Symptoms: <i>Sleepy, temp, Lethargic, crying, vomiting, diarrhoea, clingy etc</i>	Temperature	Time temperature was taken	Action taken: <i>What have you done for the child, ring parent, called ambulance etc.</i>	Staff signature	Parent signature
					
					
					
					
					

Record of illness

Date	Child's Name	Washed	Time	Reason	Staff signature to confirm followed Hygiene practices procedure
					<input type="checkbox"/> Disposable apron worn <input type="checkbox"/> Disposable gloves worn Sign:
					<input type="checkbox"/> Disposable apron worn <input type="checkbox"/> Disposable gloves worn Sign:
					<input type="checkbox"/> Disposable apron worn <input type="checkbox"/> Disposable gloves worn Sign:
					<input type="checkbox"/> Disposable apron worn <input type="checkbox"/> Disposable gloves worn Sign:
					<input type="checkbox"/> Disposable apron worn <input type="checkbox"/> Disposable gloves worn Sign:
					<input type="checkbox"/> Disposable apron worn <input type="checkbox"/> Disposable gloves worn Sign:
					<input type="checkbox"/> Disposable apron worn <input type="checkbox"/> Disposable gloves worn Sign:

Medication Policy

Rationale

The giving of medicine to a child while at the centre is sometimes essential for the health and wellbeing of the child and must be done in a safe manner. This policy is designed to ensure that all medication is administered correctly.

Objective

- To ensure that all medication is stored safely.
- To ensure that all medication is administered with signed parental authorisation to the correct child, at the correct time, in the correct way, to the correct dosage.
- To ensure staff sign that they have done so at the time of administering the medication.

No medication including prescribed or non-prescribed medicine will be given to a child unless given by a doctor or ambulance personnel in an emergency or by the parent of the child who has given their written authority.

Management Plan

There are now 3 categories of medicine and staff need to ensure that they are familiar with which category.

Category (1)

Definition – a non-prescriptive preparation such as Arnica cream, antiseptic liquid, insect bite treatment etc. – it is not ingested

- Used for the first aid treatment of minor injuries
- Provided by the service and kept in the first aid cabinet

Authority required: written authority from a parent given at enrolment to the use of specific medication for the period the child is enrolled or requires it. **Consented to by parent on child's enrolment form.**

Category (2)

Definition – a prescription such as antibiotics, eye / ear drops or non-prescriptive such as paracetamol liquid, cough syrup e.t.c – medicine this is:

- Used for a specific period of time to treat a specific condition or symptom
- Provided by a parent for the use of that child only.

Authority required: a written authority from a parent given at the beginning of each day the medicine is administered, detailing the name of the medicine, method and dosage and time and specific symptoms / circumstances medicine it to be given – especially for Paracetamol and Ibuprofen type medication. Writing if or when needed is not acceptable. We will not administer paracetamol for temperatures.

Children will need to be excluded for 24 hours if temperatures are over 38 degrees, this includes if your child has a temperature at home. **Refer to appendix 1**

Category (3)

Definition – a prescription such as asthma inhalers, epilepsy medication etc. or non-prescriptive such as antihistamine syrup, lanolin cream etc – medicine that is

- Used for the ongoing treatment of a pre-diagnosed condition such as asthma, epilepsy, allergic reaction, diabetes, eczema etc.
- Provided by a parent for the use of that child only.

Authority required: a written authority from a parent given at enrolment as part of an individual health plan or whenever there is a change detailing name of the medicine, method and dosage and time or specific symptoms / circumstances medicine it to be given. **Refer to Appendix 2**

1. Parents have signed medication section on the child's enrolment form
2. If a child has ongoing medication a separate medication category 3 form is completed upon enrolment.
3. The completed category 3 form is placed with the child's enrolment form and a copy is also given to the room and placed with the daily medication chart.
4. Parents are to hand any medication over to a permanent staff member. The staff member to check the form has been filled out correctly
5. Parents are to complete the daily medication form in the child's room.
6. At the end of the day parents are to pick the medication up from the kitchen.
7. Medication can only be administered to the child that is written on the bottle.
8. The amount of medication will only be given according to directions on the bottle.
9. Parents are to write specific times when to give and no "when needed or if needed"
10. All medication is only to be administered by a qualified permanent teacher and or a doctor or medical physician including an ambulance physician.
11. All permanent staff with a first aid certificate are able to administer medication
12. All permanent staff with a first aid certificate are to complete the training chart as part of their induction into the centre.
13. Relief teachers are able to verify that the staff member is giving correct child the correct medication and the correct time and that the correct amount has been given.
14. If your child has allergies you will need to bring certificate from the doctor, stating what the allergy is and what measures are taken when the allergy occurs and what medication is required.
15. Medication records are kept for 3 years
16. A record of staff training will be held at the centre and updated as new staff join the centre as part of the induction process **refer to appendix 3**

Category 2 Medication

Date	Child's Full Name	Medication required	Amount	Specific Time to be given	Time & amount last given by parent	Parent's signature	Medicine given by and time given	Staff signature	Staff have verified & signature	Parent to sign, they have taken home

Category 3 Medication

Chronic Medication

I request the staff of to administer the following medication (s) to my child (child's full name)

Name of medicine:

.....

To start from/...../20..... **until**/...../20.....

Expiry date of medication/...../.....

Specify specific symptoms:

.....

.....

Directions for administering the medication:

.....

.....

Training for administering the medication provided by:

.....

Teachers trained to administer the medication:

.....

.....

Medication will be stored:

.....

I authorise the above staff of this centre to administer medication to (child's name) as directed above.

Signed: Parent/Guardian

(please not that the maximum time this agreement can be used is 3 months and then a new form must be completed)

Date	Time	Record Medication and dosage given	Signature of person administering medication	Verification from another staff member

Training Record on Medication

All permanent staff are to be trained on how to administer Medication and how to complete the medication sheet. Signature required in each section

Name	Been given a copy of the medication policy	Read and understood policy	How to complete the medication chart	When to give and not give pamol	Where medication is to be stored	Special instruction as per parents	Someone else to verify medication given/time / amount	Category 3 medication	Date training completed

Rationale

To ensure all children are kept safe at all times and for staff, parents and helpers to ensure they are fully aware of their roles and potential risks.

Applies to: Management, staff, parents/whanau, children and excursion helpers.

Policy

- a) Provide guidelines for staff to ensure the safety of the children.
- b) Provide opportunities to promote children's awareness of the community and wider world
- c) Provide children with a positive learning outcome
- d) To ensure potential risks have been identified

Definitions

There are **three** kinds of excursions covered by this policy.

- **Distant / Special centre excursion**
An excursion which normally includes use of vehicles including vans, cars or buses which is more than 1 hour in duration
- **Short walk or local excursion**
An excursion where a small group of children are taken for a local walk within close proximity to the centre
- **Regular Outings as part of the ongoing programme**
'Regular' outings and excursions are included in the interpretations section of the Licensing Criteria.

A "Person Responsible" is defined as: A qualified teacher that holds a current practicing certificate and first aid certificate.

Procedure for a 'Distant / Special Centre Excursion'

Before the Excursion:

A notice outlining the details of the intended excursion will be made available to all parents prior to the intended date. This will be accompanied by a Parental Consent Form and will include requests for signed parent verification of:

[see Appendix 2 for a sample form]

- Date and Times of the Excursion
- Destination
- Parents availability to assist
- Approval of adult: child ratios
- Approval of mode of transport – public transport is the preferred mode
- The "Person Responsible" will assess the risks using the **Risk Management Form, (Appendix 1)** and consideration will be given to the age of the children, the skills of the adults involved, the nature of the children and the nature of the visit, e.g. water.

An **Excursion Register** will be completed detailing the following information: *[see Appendix 3]*

- Date of Excursion
- Person Responsible
- Location of Excursion, address and phone numbers
- Purpose
- Departure Time
- Expected Return Time

- Full names of all staff and their qualification
- Full names of all children
- Signature by person responsible with actual return time
- Adult: child ratios
- Evaluate excursion once completed

On the Excursion:

The following PROCEDURES endorse the care and protection of children:

1. The Person Responsible is required to ensure that all adult interactions with the children are safe and that teachers and adult helpers are aware of their responsibilities on the excursion.
2. The Person Responsible will ensure that children are not exposed to risk that will put them in physical, emotional or psychological danger.
3. Ratios will not exceed 1:3 for 0-2 year olds, 1:5 for 2,3 & 4 year olds. 1:1 ratio on or near water, The Person Responsible will ensure these ratios are met. If the ratios cannot be met the excursion will be cancelled. Children or toddlers not on the roll accompanying a parent helper are included in the child ratio and should be recorded in the register and on the roll.
4. The Person Responsible is required to ensure that excursions keep within the times planned as closely as possible
5. If a parent does not want their child to attend a whole centre excursion, adequate staff will remain behind at the centre to ensure their care. At least two teachers (or more dependent on the required ratio of adult to children necessary as per the *Early Childhood Regulations 2008* will be available for children not attending a group excursion. At least one of the two staff members who will be left at the centre with children will be a "Person Responsible" under the definition of the *Early Childhood Regulations 2008*.
6. A list of all children attending the excursion must be accessible to teachers on the excursion and the role will be called prior to leaving the centre and before returning to the centre.
7. Communication systems while on the excursion must be considered. Adults should have access to a phone in case of an emergency and a notice must be left on the door of the centre informing visitors of the whereabouts of the centre teachers and children and their expected time of return, contact number of emergency phone taken on the trip.
8. A first aid kit, drinking water and if applicable, sunhats and medication must be available on the excursion.
9. Swimming is not permitted at any time on a centre excursion.
10. The Person Responsible must ensure that the signed ratio is maintained at all times during the excursion (i.e. all supervising parent helpers must leave from and return to the centre and stay with the children for the duration of the excursion)
11. Smoking will not be permitted on excursions at any time.
12. A Person Responsible must be a qualified staff member with a current first aid certificate as detailed in the definition above.
13. Public transport will be used as a preferred mode of transport. However, if cars or vans are being used all children will be restrained in safety approved over the shoulder child restraints as required by clause 7.6 of the land transport (Road User) rule 2004. However if using buses this is not possible. There must be at least 2 adults in any motor vehicle carrying children for the purpose of excursions. All cars will meet the requirements under the Land Transport Act including warrant of fitness, registration and fully licensed drivers. Children are not permitted to travel in the front seat if the car is fitted with an airbag – unless they are over 148cm tall. Children must remain seated at all times while the vehicle is moving.
14. Should a planned excursion need to be cancelled all parents will be notified as soon as possible.
15. If anyone requires medical attention while out on a trip and the use of the first aid kit is inadequate then the person responsible is required to call 111 and ensure a teacher goes with the child and stays with them until the parent has arrived. The person responsible or someone they delegate, needs to inform the parents as soon as possible and upon return to the centre will write a full incident report on what occurred.

Before the Excursion:

Local walks/excursions may occur without prior notice to parents with only those children whose parents have agreed to this by signing the enrolment form and risk assessment which is attached to the enrolment form. Such excursions might include local walks within close proximity to the centre.

The Person Responsible will check that written permission on the enrolment form for impromptu walks in the immediate environment has been gained and the risk assessment form has also been signed.

The "Person Responsible" will assess the risks and **complete a risk assessment form ensuring to update any new potential risks that may have risen.**

Consideration will be given to the age of the children, the skills of the adults involved, the nature of the children and the nature of the visit, e.g. water.

An **Excursion Register – Appendix 4** will be completed detailing the following information:

- Date of Walk/Excursion
- Person Responsible
- Adult: Child ratio
- Location of Walk/Excursion, address and phone numbers
- Purpose
- Departure Time
- Expected Return Time
- Full names of all staff and their qualification
- Full names of all children
- A simple map identifying the route of the walk
- Signature by person responsible with actual return time
- Evaluate excursion once completed

On the Walk/Excursion:

The following PROCEDURES endorse the care and protection of children:

1. No excursions or impromptu walks will take place with less than two adults, one of these being a "Person Responsible".
2. The Person Responsible is required to ensure that all adult interactions with the children are safe and that teachers and adult helpers are aware of their responsibilities on the walk/excursion. Spontaneous outings (that do not meet Person Responsible requirements) are specifically approved by the Person Responsible *[Licensing Criteria HS17] for centres licensed under 2008 regs only.*
3. The Person Responsible will ensure that children are not exposed to risk that will put them in physical, emotional or psychological danger – **[a Risk Management Form must be completed prior to excursion – Appendix 4.]**
4. Ratios will not exceed 1:3 for 0-2 year olds, 1:5 for 2, 3 & 4 year olds. 1:1 ratio on or near water. The Person Responsible will ensure these ratios are met. If the ratios cannot be met the walk/excursion will be cancelled. Children or toddlers not on the roll accompanying a parent helper are included in the child ratio and should be recorded in the register and on the roll.
5. The Person Responsible is required to ensure that walks keep within the times planned as closely as possible – **an Excursion Register for local or short walks – Appendix 4** - must be completed prior to excursion taking place
6. A list of all children attending the walk must be accessible to teachers on the walk and the role will be called prior to leaving the centre and before returning.
7. Information about the trip will be completed on arrival back at the Centre and placed where parents can read it. E.g. in the diary, whiteboard or day sheet.
8. Communication systems while on the walk must be considered. Adults must ensure they have access to a phone in case of an emergency.
9. A first aid kit, drinking water, appropriate clothing and any required medication must be available on the walk.
10. Swimming is not permitted at any time on a centre excursion.

11. The Person Responsible must ensure that the signed ratio is maintained at all times during the walk (i.e. all supervising parent helpers must leave from and return to the centre and stay with the children for the duration of the walk)
12. Smoking will not be permitted on walks/excursions at any time.
13. A Person Responsible must be a qualified teacher with a current first aid certificate as detailed in the definition above.

Procedure for 'regular outings as part of the ongoing programme'

A single written Risk Management form for regular ongoing excursions will be agreed with parents at the time of enrolment – eg a weekly trip to the local library.

[All 'special' excursions must have a separate risk management form and excursion permission form signed prior to each excursion- see above]

Risk Management Form (complete for all excursions)

Date of Excursion:		Is this a regular outing? Yes No [If yes, form can be used again as long as nothing changes]	
Venue Name:		Location:	
Number of Children:	Age of Children:	Adult:Child Ratio:	
Distance from Home:		Mode of Transport:	

Activities that will be undertaken at venue:

- | | |
|---|----------|
| ▪ Have you physically visited the venue? | Yes / No |
| ▪ Is the venue appropriate for the activities planned? | Yes / No |
| ▪ Is their suitable vehicle access for emergencies? | Yes / No |
| ▪ Is there a supply of fresh water? | Yes / No |
| ▪ Is there communication available in case of emergencies? | Yes / No |
| ▪ First Aid requirements will be met | Yes / No |
| ▪ Are there hazards that require specific management plans? | Yes / No |

Identified Hazard Potential Risk to children (please circle if risk)

Road	Car	Stranger danger	Railroad cross
Dogs	Weather	Park cars	Driveways
Potholes	Road works	Traffic	Crowds
Others: _____			

Strategies needed to manage hazard/s (please circle if it is how you are going to manage the risk)

Talk to children about the dangers	Consistency count the children
Have children wear bright clothes	Use double stroller
Extra parent help	Keeping them at arm's length
Others: _____	

- | | |
|---|----------|
| ▪ Are you using a private motor vehicle | Yes / No |
| ▪ Current [Full] Driver Licence | Yes / No |
| ▪ Current warrant of Fitness | Yes / No |
| ▪ Current vehicle registration | Yes / No |
| ▪ Appropriate and legal restraints for children | Yes / No |

Persons Responsible Signature:	Date:
Centre Managers Signature:	Date:

Are there hazards that require specific management plans?	YES	NO
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If yes:

Identified Hazard Potential Risk to children:

Strategies needed to manage hazard:

Is there anything else you need to consider to ensure that this excursion is safe for the children?

Signed Centre Manager/Persons Responsible:	Date:
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Please note that if you have answered NO to any of the above questions the excursion is to be cancelled

Permission Form for Excursion

Date of Excursion:	Address of Excursion:
Departure Time:	Return Time:
Mode of Transport:	Adult Responsible:
Purpose of Excursion:	
Adult:Child Ratio: <p>[please note that the maximum Adult:Child ratio will be 1:3 children under 2's and 1:4 for children over 2's]</p>	

I _____ [parent name] give permission for _____ [child's name]
 to go on an excursion to _____.

- I am available to help on this excursion Yes / No
- I have sighted the Risk Management Form Yes / No
- I agree with the above Adult: Child Ratio Yes / No
- I agree with the mode of transport Yes / No

Signed:	Date:
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Excursion Register for Special or 'Distance' Excursions

Date of Excursion:	Person Responsible:
Location of Excursion:	
Purpose of Excursion:	
Departure Time:	Expected Return Time:
Adult:Child Ratio: [please note that the maximum Adult:Child ratio will be 1:3 children under 2's and 1:4 for children over 2's]	

Full Name of staff and their qualifications:

Names of Parent Helpers:

Names of children (or attach a separate list):

We are taking the first aid kit and an updated phone list

Yes / No

Evaluation of Excursion:

Actual return time:

Person Responsible recording this:

What worked well?

What could have been done better?

Anything else that needs to be taken into consideration for the next excursion?

Signed by person responsible:

Date:

Excursion Register for Local or Short Walk Excursions

Teacher organizing excursion:	
Date:	Contact number during excursion:

Full Name of staff and their qualifications (and other adults in attendance):

Names of children (or attach a separate list):

Departure Time:	Expected Return Time:
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Where are you going? (please be very clear. Name the route you will be taking and any stops – draw a map if it is locked. Use a separate sheet of paper if you need more space and attach it to this form)

We are taking the first aid kit and an updated phone list

Yes / No

Signed by person responsible:	Date:
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Evaluation of Excursion:

Actual return time:	Person Responsible recording this:
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What worked well?

What could have been done better?

Anything else that needs to be taken into consideration for the next excursion?

Signed by person responsible:	Date:
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Risk Assessment for Short Walks

Ratios will not exceed 1:3 for 0-2 year olds, 1:5 for 2,3 & 4 year olds.

The Person Responsible will ensure these ratios are met.

Potential Risks and Hazards to Children			
<input type="checkbox"/> Road	<input type="checkbox"/> Car	<input type="checkbox"/> Stranger danger	<input type="checkbox"/> Lost child
<input type="checkbox"/> Dogs	<input type="checkbox"/> Weather	<input type="checkbox"/> Parked cars	<input type="checkbox"/> Driveways
<input type="checkbox"/> Potholes	<input type="checkbox"/> Road works	<input type="checkbox"/> Traffic	<input type="checkbox"/> Crowds
<input type="checkbox"/> Other animals	<input type="checkbox"/> Broken glass		

Strategies Needed to Manage Hazard/s	
Talk to children about the dangers	Consistently count the children
Have children wear centre vests or bright clothes	Encourage holding hands
Extra adult help	Ensure teachers are spread amongst children

Any extra potential hazard/s at the time of short walk?

Parents/Guardian informed? Yes/No

Signed by person responsible:	Date:
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Excursion Checklist

Tick	Administration
	Risk assessment and notice to parents completed
	Contingency plan developed
	Venue and date confirmed
	Transport confirmed
	Written notice given to parents
	Signed permission forms back from parents (to be filed with a copy of the notice to parents and this checklist)
	Roll and emergency contact phone numbers for participating children
	Excursion register and evaluation form completed
Tick	Children
	Name tags of centre information or centre hi-vests
	Sunhats
	Drink bottles
	Any medication + medication form to be held by a teacher
	Other: _____
Tick	Teachers on the trip
	ECE Qualified/Registered (at least 1 teacher)
	First aid certificate (at least 1 teacher)
	Cell phone
	First aid kit
	Register of children attending and emergency contact details
	Ratios maintained as per risk analysis form
Tick	Teachers remaining at the centre
	ECE qualified and registered (at least 1 teacher)
	First aid certificate (at least 1 teacher)
	Ratios maintained as per MoE / KC requirements
Tick	If private vehicles are used
	Current (Full) driver licence
	Current warrant of fitness
	Current vehicle registration
	Appropriate and legal restraints for children
	Ratios: 2 adults per 3 or more children travelling in a vehicle

Excursion form for Transitioning Children

As part of our programme to ensure that we meet the individual needs of all children and to ensure a happy, safe and appropriate transition of children to the next centre we will be taking your child on regular visits to their new room / centre. In order for this to occur we require you to complete the details below.

I _____ [parent /guardian] give permission for my child
 _____ [full name] to go on regular transition visits to
 _____ [centre / room].

- I have sighted the risk analysis form for this excursion **YES / NO**
- I am aware of the adult child ratio which will be to a maximum of ____:____ **YES / NO**

Signed by parent/guardian:	Date:
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Date of visit	Time of visit	Ratio on visit	Staff member	Comments

Rationale

To ensure that the centre effectively communicates and consults with parents and whānau, acknowledging and respecting their values, needs and aspirations.

Aim

To ensure that parents and whānau are aware of opportunities to contribute and participate in decision making in regards to their child's care and education.

Policy

- Any parent enquiring about enrolment will be given a parent information pack containing written information about the centre.
- A face to face discussion where possible about aspects of the centre including the fee structure, philosophy and centre values and expectations.
- An 'all about me' form is included in the information pack, so we can gather information about the child and their interests alongside the aspirations parents/whānau have for their child.
- Parents and whānau will be offered transition visits where they will come and spend some time with their child's teachers and in the environment to help support the process and build relationships to share information about their child. This is highly important to participate in.
- There will be a written statement about where parents and whānau can find the centre's ERO report, policies, financial information, a copy of the Education (Early Childhood Services) Regulations and the Licensing Criteria for Early Childhood Education and Care Centres.
- There will be a written statement about how parents and whānau can be involved in their child's education.
- Parents and whānau will be made welcome and encouraged to spend time with their children in the centre and participate in our programme.
- Teachers will update notice boards regularly, displaying the current programme planning and emergent curriculum, learning stories, children's art and photos.
- Regular staff meetings will occur monthly **refer to appendix 1**.
- Portfolio's/individual development plans are provided and updated on a regular basis with the child's strengths, interests and learning dispositions
- The centre will use an online platform to record the learning and development of each child and portfolio folders are also available.
- Teachers will provide regular opportunities both formally and informally for parents to discuss their child's progress, interests, abilities and areas for development and be involved in decision making concerning their child's learning.
- Teachers will ensure that parents and whānau are fully consulted about any difficulties or concerns they may have with their child and then ensure they are kept well informed of any progress.
- Newsletters will provide parents and whānau with information about the current education programme, centre reviews that are in place, staff, special events, reminders and other current information.
- Invoices, letters, reminders, or any information we believe should be communicated will be put in the child's bag or notice pocket and also sent via email.
- Policies and procedures that are being reviewed and will ask for parent and whānau comments.
- The centre will hold parent evenings (social or educational) which gives us the opportunity to talk to parents about their child's learning and to give the parents a chance to look at their child's work and see what they are accomplishing and ask questions if needed.
- The centre will carry out an annual survey of parents satisfaction to inform our evaluation process, strategic plan and annual goals.
- Teachers will be available for private meetings with parents and whānau when this is requested by either the teacher or the parent.

Staff Meeting Agenda

Date of Meeting:	Agenda written by:
Compulsory at each meeting	
Policy and or procedure reviews <input type="checkbox"/>	Accidents reviewed <input type="checkbox"/>
Employee of the month <input type="checkbox"/>	Set date for next meeting <input type="checkbox"/>
Presenting professional growth cycle	
Set date for planning meeting: Infants _____ Toddlers _____ Preschool _____	
Agenda	
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	

If staff wish to raise issues, they are to inform the Centre Manager before meeting as it may be something that doesn't need to be discussed with the whole group.

Rationale

Children's health and wellbeing (hauora) will be promoted by the centre during celebrations. Safe food handling and supervision practices are followed at all times and parents / family / whanau members are encouraged to also promote healthy eating and to notify staff of ingredients of food in the products they are bringing.

Aim

To ensure safety and health and wellbeing (hauora) are upheld at all times and healthy eating is promoted and encouraged as part of our centre culture.

Procedure

1. Ask parents what they plan to bring in, ahead of time (if anything).
2. A written list of ingredients needs to be supplied to the centre before any food from outside the centre is given to children.
3. Offer other healthier options and suggestions for celebrations.
4. The celebrations policy will be discussed with all families on enrolment.
5. It is preferred that if families wish to provide a cake for their child's birthday, this is to be fruit-based and un-iced cake.
6. It is not the expectation however for families to provide a cake and we encourage fresh fruit to share as an alternative or individual fruit mini-muffins.
7. Parents will be reminded of allergies and food preferences of other children before celebration.
8. We discourage giving out lollies to children, as these can hype children up, however a lolly pop may be given at the end of the day when the child goes home. If a parent does supply lolly bags these will be given out at the end of the day.
9. Physical activity and games will be part of celebrations wherever possible.