Guideline for Policy Development and Review

The Guideline for Policy Development and Review has been prepared by the Early Childhood Council to provide a practical resource and reference for ECC centre and group members only. Please do not copy or distribute this resource, or any pages from it, to any person or organisation outside of your centre.

As policies are something that ideally should reflect the individual character of a service, its values and practices for what works best, along with the community it serves, this resource does not give you a full set of pre-written policy statements. It is a guide: a guide to policy development and review with key information that you need to know. Within your service and local community, there may be further sources of information and knowledge that will be relevant and useful for you to draw on as well.

The Guideline will be updated when there are changes to legal requirements and as we build up a collection of information including relevant articles to assist you with policy development and review. To know if the particular version of the Guideline you have is the most recent one, check the date at the bottom of each page of the online version.

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**About the Guideline for Policy Development and Review**

This Guideline for Policy Development and Review has been prepared for centres that are licensed, or that are in the process of being re-licensed, under the 2008 early childhood regulations. It is made available online from the ECC members’ only website for the exclusive use of ECC members. No part of this Guideline should be copied or distributed to any person or organisation, electronically or by any other means.

**Acknowledgement**

The Guideline replaces the ECC’s Policy Handbook folder which will not be reprinted. We gratefully acknowledge the work of Ross Penman who produced the original policy handbook in 2000.
Understanding What Policy Is and Making Policies Work

Staff and managers are frequently making decisions and taking actions to achieve certain outcomes. Often common sense, professional knowledge and experience are drawn on. Advice from other sources might also be sought. As organisations, early childhood centres should also pre-consider and define appropriate and acceptable decisions and reactions for different situations. The best decisions are made when they are prepared for.

Good organisations attempt to anticipate events that may occur and carefully research and reflect on effective strategies, defining objectives and preparing policy statements. Policy statements are the product of clear and informed thinking. The time for clarity of thought may not be available if it's left until the event.

Having a stated (written) policy is the best way to ensure people’s reactions to any probable event are consistent and appropriate. A policy statement is a centre’s definition of the expected decision or reaction to an anticipated event.

Policy statements are necessary for ensuring that:

- Key legislative requirements are met;
- There is a shared understanding amongst those involved in the service of agreed processes and procedures; and,
- There is opportunity to discuss policy and suggest change through regular review processes.

The benefit of having written policies is maximised if the policies are the product of clear and informed thinking by all those required for this level of decision, before the event. If it is left until the event happens, decisions will be made in haste, inconsistently, and may more likely result in outcomes that are less than desirable.

The Education (Early Childhood Services) Regulations 2008 require services to formulate certain policies. Policies ensure practices meet regulatory requirements in a way that reflect centre operations and values.

Legally centres are required to have only a small number of written policies. It is up to the individual centre what additional policies it may have. For example, a policy on breastfeeding support is not mentioned in the early childhood regulations but it may be something that is considered in your centre to be important to have.

An alternative to having written policies for every predictable event, and you could have literally 20, 40, 60 or more, is to decide which should be covered by a written policy and which can more efficiently and suitably be covered by a set of procedures (e.g. for safe use of computers) which are displayed for quick reference (by the computers).

Policies can be changed and reviewed by a centre at any time, because they belong to the centre. Policies are not legally binding. Courts of law deal with breaches in regulations or law, not policies. But they can be binding for families and staff. When new employees start and new families enrol, they can be asked to follow the centre’s policies (and any future policy changes). An employee could potentially be dismissed or an enrolment could be cancelled if they have agreed to abide by a policy and a policy is not followed.
A policy statement will ideally contain:

- A stated objective(s),
- A rationale (or purpose); and,
- Reference to specific statutory requirements and other information that is relevant for understanding (and interpreting) the policy when putting it into practice.

Early childhood centres meet different community and parental needs, and have different structures, beliefs, values and expectations. Your centre policies should reflect and be relevant to your service.

Policy statements should be used and regularly reflected on to ensure they are effective, necessary, and above all – practical. For this reason, the Centre Policy Guideline features reflective questions to consider when carrying out the processes of policy development and review.

When developing policies, first carefully define the ‘problem’ – what problems will the policy be designed to prevent or overcome? Put time and effort into fine-tuning descriptions of:

1. The trigger events (for when the policy is likely to be needed), the purpose/objective, and the consequences the policy will avoid; and
2. The tasks or actions that are necessary to achieve the objectives (see for example the reflective questions for different policy topics in this Guideline). Ensure these actions are stated in the policy objectively (as opposed to ambiguous and subjective language) and in correct sequence. Say how and when any actions are to be done. Say who (e.g. the supervisor) is to undertake which action or role.

For policies to be effectively implemented they must be considered relevant by the people who must practice and adhere to them. A feeling of ownership and best fit comes from taking time to consider legal obligations alongside the reflective questions in this Guideline and your centre’s special characteristics.

Your policies should work for you! If you don’t like a policy you already have – discuss it and change it.

**Roles and Responsibilities**

While a team approach is typically the way early childhood professionals approach their daily work with children and families, policy making is usually the responsibility of the decision-makers. It is best, though, at times of policy development and review to consult with all those likely to be affected and with those whose job it is to implement policy. This builds understanding of policy, acceptance, and a feeling of ownership.

Who the decision-makers are within a service can depend on the centre’s organisational or ownership structure. In the case of an Incorporated Society, for example, decision-making at this level is normally vested in an executive committee or board. In a private company or owner-operated centre the authority is usually held by the owners or directors. Communication of policy to staff whose job it is to carry it out, needs to be clear and expectations explained.

‘Governors’ is a term used for persons who are responsible for making the higher-level decisions such as employment contracts, financial approvals and usually policies. The
Governors may delegate their responsibility for policy formulation and review to senior management or to a committee.

The role of the policy maker(s) is to:

- Decide the policy to be developed
- Research and analyse (and as necessary consult on) the requirements of the policy and seek out examples of similar and past policies
- Decide resources, roles and time limits
- Draft (or adapt) appropriate wording and format for policy
- Formally decide and adopt the policy (voting or consensus)
- Communicate the policy to stakeholders (especially staff and parents)
- Ensure the policy is implemented – that those whose job it is to implement policy have the necessary skills, resources and clear authority to act on the policy and will do so in an accurate, timely, consistent and professional manner; and
- Review the policy to ensure continued relevance.

Policies should not be varied without first documenting any changes. The authority and reliability of a written policy is undermined if the practice is different to what is stated and the policy is not updated.

The role of implementing policy should be included with the job description or employment agreement, so that there is a contractual and professional obligation to implement policy. Ideally, the policy implementers will provide ongoing feedback on matters related to how well the policy is working as this will help to signal if review is needed. A policy should always be followed until it is changed formally; that is, unless the safety of children is at risk.

When new staff and managers are appointed, and new committee/board members are appointed, the centre’s policies should be discussed as part of the induction process. It helps for the understanding of your centre’s culture (‘the way things are done around here’, ‘our beliefs and our practices’). Having the opportunity to read and study the policy statements and discuss with colleagues and senior managers, will give new appointees insights into centre operation and expectations. It will also assist the new appointees to understand their role and that of others in the development and review of policies, and this is especially important for members of committees and boards.

**Consultation**

Consultation, by definition is when the decision-makers seek the views of others. The decision on what to include in a policy statement is for the decision-maker to make. The decision-maker has a right to accept, or not, the product of any consultation. Consultation does not mean to seek agreement or consensus. It means that groups affected by a policy have had their views considered.

The typical steps in carrying out consultation are:

1. Decide who is to be consulted
2. Advise those to be consulted of the issues being considered
3. Invite ideas, suggestions, and feedback
4. Provide an opportunity for direct discussion and clarification
5. Allow a reasonable period of time for response
6. Consider all responses.
Generally, the option of consultation is up to the decision-maker (or the person delegated responsibility for developing the policy), except where there is a requirement by statute, such as Licensing Criterion GMA4: “evidence of opportunities provided for parents and adults providing education and care to contribute to the development and review of the service’s operational documents”.

**Reviewing and Updating Policy**

Design a schedule or timetable for the regular review of policies. Place a copy of the schedule of dates for the review of each policy at the start of your policy file/folder for quick reference. The name of the person, or role of the person, who is responsible for initiating the review of policy statements should be stated at the front of the policy file.

Within the policy file, at the end of each policy document state the date it was developed and the date for review. When the date for review comes up, review the policy. If no changes are needed, sign the document to indicate it has been reviewed and note down the next date for review on the document itself and on the review schedule. There is no requirement for when reviews should be scheduled. Do what works best for your centre.

For licensing purposes you will be required to have satisfactory policies in place within the timelines given to you by the Ministry of Education. Otherwise, policies once developed are generally reviewed at least once a year. You may spread the entire review process over the course of 1 – 2 years (especially when it involves a lot of consultation and re-writing several policies). You may review one policy at a time, or it may work better to schedule reviews in batches or at times such as term breaks when there may be more time. However, policies may not always be able to be left for review at the scheduled review date. Some may need adjustment or re-working, due to personnel or legislative changes for example.

To assist with review, those whose job it is to implement the policy can be asked to assist in sharing ideas and problems related to the different policies. These ‘thoughts’ can be collected and placed within the policy folder/file, to be considered when it is time for the policy to be formally reviewed.

The reason for review is not always to change a policy. It is to check if a policy remains appropriate and whether the strategy stated is still effective and efficient. It is not necessary to expand (add to) the written policy every time it is reviewed. Keep it simple.

When reviewing a policy the key things to check are:

- Whether the statutory requirements are still the same?
- Whether the interpretation is still appropriate?
- Are the policy strategies effective in achieving the objectives?
- What issues and problems, good ideas, information, and research have since come to light and should be considered?

There is no point in attempting to review compliance requirements as these are not changeable, except by Government. So ensure, these are identified and separated out in the review process.

The review process should at the very least, involve re-reading the policy statement, reflecting on its content, and then signing it off if no changes are necessary.
An Example of a Policy Statement

Below is an example of a fully written policy so you can see how reflective questions may be translated into a policy statement, and how you may bring in supportive information and individualise it to reflect your centre philosophy and practice.

Sun Protection Policy
Daffodil Centre

Aim

Daffodil Centre’s policy has been developed to protect the health and safety of all children and adults at the service. We will ensure that conditions and practises at the service are such that everyone is protected from damaging levels of ultraviolet radiation (UVR). We will also be mindful of the importance of sunlight for the production of vitamin D in the body, and provide opportunity for children to be outdoors without sun protection at times of the day and year when the UV Index is low.

Our Strategies

All children and all adults working at Daffodil use a combination of sun protection measures when the UV Index is 3 and above. We have a responsibility to ensure all children have adequate protection.

Particular care is taken from the end of September to the end of March between the hours of 11am and 4pm. Outside of these months and times sun protection measures are not likely to be necessary unless UV levels remain high. During the winter months, children are actively encouraged to be outside without sunhats and without other sun protection measures.

1. Shade

There are natural shelters (e.g. trees) and other shady areas providing enough coverage for all children playing outside.

When planning outdoor activities consideration is given to the availability of shade. When natural or constructed shade is not available, temporary shade (e.g. a canvas tent) will be used or the location of the activity will be reconsidered.

The shade is well-designed with thought given to year-round use of outdoor areas by children: warm in winter and summer, giving protection from wind, and not posing any safety hazards to children. Over winter, shade covers that can be removed (such as sun sails and canopies) are removed and outdoor areas opened up. We are looking into establishing more natural shade in the long-term to replace built structures and off-the-shelf structures. Next year we will have plans finalised and will be able to report on these.

2. Personal Sun Protection Measures

We provide each child at the service with a named broad-brimmed hat, which children keep on their coat hooks and wear during terms 4 and 1, between the hours of 11am and 4pm when they are outdoors.
All paid staff working at the service are provided with a similar broad-brimmed hat which they wear at the same times children are required to wear a hat. Volunteers and visitors are asked to bring their own suitable hat. (Or, parents are given information about appropriate sun hats and asked to supply a sun hat for their child. Children who do not have an appropriate sun hat are loaned one for the day so they are not confined to playing indoors).

Parents providing sunglasses, will be asked to check that these are close fitting and meet the Aus/NZ Standard 1067.

Families are provided with information about appropriate SunSmart clothing. We check that children wear appropriate clothing and ask children to stay indoors or in shade if they do not have appropriate clothing. When outside, non-mobile infants are additionally protected with a linen sheet or light-weight blanket with a close weave.

Our policy is to apply or supervise children putting on SPF 30+ broad spectrum sunscreen at least 15 minutes before going outdoors to any skin not protected by clothing and hat. Sunscreen will be reapplied every 2 hours or earlier after water-play.

Because children are often playing in and with water including in wash basins the sunscreen used will be waterproof. We supply SPF 30+ broad spectrum waterproof sunscreen. We check with parents first regarding the suitability of the sunscreen for their child’s skin.

3. Excursions

Excursions during Terms 1 and 4 are scheduled outside of the peak times for UV radiation (11 am – 4pm). When this is not possible, every precaution is taken to ensure personal sun protection for children. Consideration is given to the availability of shade when planning the excursion. Additional sunhats, glasses, and sunscreen will be packed and taken by an adult responsible for the children.

Shade visors are used for the protection of children travelling in vehicles. Shade covers for prams and strollers are used and checked that they provide good protection, ventilation, and children’s limbs are not left exposed.

4. Role Modelling

Adults act as good models to reinforce children’s behaviour and learning to be sun safe and healthy by:

- Wearing sun protective hats and clothing when outside.
- Making use of and seeking shade whenever possible.
- Applying, and allowing children to see them applying, SPF30+ broad spectrum sunscreen to their own skin.
- Sharing experiences/stories and personal learnings with children about being sun safe and healthy.

5. Communication

All families are informed of our sun protection policy. What they need to provide for their child and do to support the policy is explained to them.

We ask parents about any special requirements for their child outside of the policy and discuss how these requirements may be accommodated or negotiated e.g. clothing the
child wears for cultural or religious reasons, child’s skin colour, child’s previous reaction to a sunscreen brand, age of the child and special developmental needs.

All families and staff working at Daffodil Centre are provided with information about sun protection and benefits (for vitamin D production) through family newsletters, notice boards, meetings or verbal and written communication methods.

As part of our curriculum and also in the context of conversations, interactions and activities, children learn about skin and ways to protect their skin from the harmful effects of the sun and why and how they can safely enjoy the benefits of sunlight.

Review

The adults working at Daffodil, including paid staff, student teachers and volunteers will meet annually at the start of Term 4 to evaluate the effectiveness of this policy in practise, identify needs for further learning/knowledge or professional development, and any changes needed to the policy. Consultation will be carried out to ensure everyone has an opportunity for input and is informed of the review.

<table>
<thead>
<tr>
<th>Introduction Date</th>
<th>17 Dec 2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Next review date</td>
<td>16 October 2009</td>
</tr>
<tr>
<td>Comment</td>
<td>Not sure whether we will be able to continue to supply sunhats – will parents on 20 hour funding rate be happy for this to be included in the optional charge? Jill to investigate and present a report at the next review date on establishing more natural shade in the playground.</td>
</tr>
<tr>
<td>Consultation Undertaken</td>
<td>Parent feedback forms. Staff meeting minutes record discussion.</td>
</tr>
</tbody>
</table>
Part A: Policies Requiring Documentation under the 2008 Regulations and Criteria
1. Accident and Illness Policy

BACKGROUND INFORMATION

Reference and Key Text

Licensing Criteria 2008, Health and Safety, Child Health and Well Being documentation required:

- **HS25, HS27**: a record of all injuries and illness that occur at the service. Records include the child’s name, date, time and description of the incident, actions taken and by whom and evidence of parental knowledge of the incident. Copies of current first aid (or medical practising) certificates for adults counting towards the qualification requirement.

Licensing Criteria 2008, Health and Safety, Hazards and Outings documentation required:

- **HS12**: a hazard identification and management system. The system can be consistent with the requirements of the Health and Safety in Employment Act 1992, but goes beyond the consideration of significant hazards to employees to include all hazards to children.

Consequences policy will help to avoid

- Non-awareness, non recording; subsequent inappropriate treatment being carried out by non-qualified adult; parent not being advised.
- Hazards that remain unnoticed and uncontrolled; accidents or injury to children due to hazards.
- Failure to comply with accident recording requirements and/or notification of serious accidents may result in large fines or imprisonment.

Interpretation and further information

- Criteria **HS25** and **HS27** clearly outline what the record of accidents and illness must include, these are:
  - Child’s name
  - Date, time and description of the incident
  - Actions taken and by whom
  - Evidence of parental knowledge of the incident
  - Copies of current first aid certificates or other qualifications (paramedic, reg medical practitioner, nurse with practising cert) that count towards this requirement.

An easy way to record this information would be to have standard forms that are duplicated, so when a parent is made aware of the incident they can sign and have one copy for their own record, the duplicate copy stays at the centre for their record (The ECC publishes an Incident Registrar book which is suitable for this purpose). An incident registrar should be maintained with all of the above particulars completed each time there is an incident (considered serious enough) for both children and adults. This register must include evidence of a first aid ‘trained’ adult (or other – paramedic, medical practitioner, nurse with practising cert) administering or supervising treatment. You may have separate record books for accidents and illnesses.
Associated criteria to note are:

- **PF27**: There is space (away from where food is stored, prepared, or eaten) where a sick child can:
  - Be temporarily kept at a safe distance from other children (to prevent cross-infection)
  - Lie down comfortably
  - Be supervised.

- **PF28**: There is a first aid kit that:
  - Complies with requirements
  - Is easily recognisable and readily accessible to adults;
  - Is inaccessible to children.

- **HS30**: Children are washed when they are soiled or pose a health risk to themselves or others.

- **HS13**: The temperature of warm water delivered from taps that are accessible to children is no higher than 40 degrees, and comfortable for children at the centre to use.

- **HS14**: Water stored in any hot water cylinder is kept at a temperature of at least 60 degrees Celsius.

- **HS15**: All practicable steps are taken to ensure that noise levels do not unduly interfere with normal speech and/or communication, or cause any child attending distress or harm.

- **HS16**: Safe and hygienic handling practices are implemented with regard to any animals at the service. All animals are able to be restrained;

Health (Immunisation) Regulations 1995 require services to have an immunisation register retained for at least 12 months (see the ECC’s online guideline for Retention of Records).

**KEY CONSIDERATIONS FOR POLICY CONTENT AND REVIEW**

**Purpose**

At this centre we are committed to the promotion of wellness, and the provision of a safe environment. It is important that all employees (may include others such as parents) are involved in the process of developing, implementing, monitoring and evaluating policy and procedure.

It is also deemed important to record all injuries and serious illnesses that occur at our centre and to engage in continuous self-review. Serious illness and injury will be notified to the appropriate official agencies.

The accident and illness policy will comply with all relevant legislation.

**An example of a possible trigger event**

- A child has an accident at the centre. A child becomes ill or is identified as being ill at the centre.

**Some reflective questions**

**Injury Prevention:**

- What injury prevention strategies do you have/should have? For example, do you have rules that children must remain seated while eating?
- Who ensures equipment, premises and facilities are regularly checked for hazards to children and when do they do this (including the sandpit)?
- Where are the hazards identified in the centre displayed? How do others know the hazards exist?
- How do you document areas identified as requiring maintenance?
- Who carries out maintenance, fixes broken equipment, etc.? When/how often is this done?
- How will you eliminate, isolate or minimise hazards in the centre? What practicable steps will you take?
- Who/when are the accident/incident records analysed to identify hazards? Who is responsible for taking appropriate action and when?
- Who is responsible for the care of animals at the centre?

Child Injury/Accident:

- What do you currently do if a child is injured?
- Who deals with the injury?
- If a child needs to go to hospital/doctor, will a staff member go with them? Will there be enough adults remaining at the centre? Will someone call an ambulance?
- Will the process be different depending on the extent/seriousness of the accident?
- Who needs to be contacted and when? For example, parent or emergency contact.
- How are accidents at the centre recorded? For example, accident/illness register.

Illness:

- What do you do/should you do when a child/adult is sick at the centre?
- Do you have an area where a sick child can be isolated?
- Who do you contact?
- Do you have clear guidelines that indicate when a sick child should not attend the centre, such as in the case of vomiting and/or diarrhoea?
- What do you do if the illness is contagious? And who is informed? (See Infectious Diseases Exclusion Policy).
- Consider what you would do the same/or differently if there was a pandemic, for example, swine flu? Or centre closure was forced by the Health Authorities?

Immunisation:

- What procedures do you have for keeping the immunisation register up-to-date?
- What procedures do you have for protecting children who are not immunised and what do you do in the event of an outbreak of a notifiable disease?
- How are parents made aware of these procedures? Are they involved in any way?

Other:

- How often do you/will you review the policy? Who will be involved in reviewing the policy and how will they be consulted?
- Do you have an adequate first aid kit? Does it comply with requirements? Who is responsible for replenishing supplies? Where is it kept? How do you ensure it is inaccessible to children yet easily accessed by adults in an emergency? What do you do if you need to evacuate the centre?
Supportive information and resources

- Ministry of Education (www.minedu.govt.nz) and Ministry of Health (www.moh.govt.nz) websites are a resource for information during pandemics or other health related outbreaks, e.g. Measles.
- Contact your Regional Public Health for information and materials to assist in developing this policy.
- For recording injuries/serious harm to adults and children, the ECC publishes an Early Childhood Centre Incident Registrar. It is prepared in duplicate so one copy can be kept at the centre. For further information on this go to our website www.ecc.org.nz.
- The Ministry of Health’s website has information about immunisation, including forms and a resource called Immunisation Guidelines for Early Childhood Services http://www.moh.govt.nz/moh.nsf/indexmh/immunisation-about
- Keeping Kids Safe from Poisonous Plants - NZ Book published by Oracle Education. ph (09) 376 2024, or visit website www.hippo.co.nz
- For information on playground safety standards and minimising playground accidents go to http://www.standards.co.nz
- ACC has information on accident prevention http://www.acc.co.nz/index.htm
- McLaren, S.J. & Dickinson, P.J. (2009). The Hearing Status and Exposure to Noise of Early Childhood Centre Staff. NZ Research in ECE Journal, Volume 12 (journal can be ordered via the ECC). The study investigated the sound exposure that children and teachers receive in childcare centres.

POLICY REVIEW SCHEDULE

At the end of the policy statement include a schedule to provide evidence of regular review and to assist you to keep track of any changes. Here is a sample format:

<table>
<thead>
<tr>
<th>Introduction Date</th>
<th>Next review date</th>
<th>Comment</th>
<th>Consultation Undertaken (e.g. staff feedback forms, parent survey)</th>
</tr>
</thead>
</table>
2. Child Protection Policy

BACKGROUND INFORMATION

Reference and Key Text

Licensing Criteria 2008, Health and Safety, Child Protection documentation required:

- **HS31**: A process for the prevention of child abuse and a procedure for responding to suspected child abuse. Documents are consistent with Child, Youth and Family or New Zealand Police guidelines.

Consequences policy will help to avoid

- Child abuse goes undetected; is seen and not reported; staff, parents or other adults wrongly accused or accusation or investigation improperly handled.

Interpretation and further information

- Implicit in the requirement for a process is a statement of method/systems to detect child abuse, a definition of child abuse, abuse indicators and what actions are recommended/required;
- The policy/process should have a range of potentially effective strategies, practices or routines that prevent the occurrence of child abuse by staff, parents or other adults or older children visiting the centre. The clause is probably limited to action on the licensed premises.

Further clauses to consider when developing this policy:

- **HS32**: all practicable steps are taken to protect children from exposure to inappropriate material (for example, of an explicitly sexual or violent nature).

KEY CONSIDERATIONS FOR POLICY CONTENT AND REVIEW

Purpose

At this centre parents, staff and other adults can be confident that if any child is subjected to abuse it is likely to be detected, investigated and appropriate action taken.

An example of a possible trigger event

- Evidence of child abuse identified for a child at the centre.

Some reflective questions

- Do staff have training on how to recognise and respond to child abuse? Have you ensured they access professional development on this?
- When a child is observed inappropriately touching or abusing another child – how are staff expected to respond?
- Should it come to staff attention that a child is (or possibly is) being abused by another child or adult outside of the centre what are the responsibilities of staff and what process should be followed?
When developing procedures for responding to suspected child abuse you need to ensure the following:

- Confidentiality;
- Appropriate record-keeping procedures;
- Mechanisms for reporting suspected abuse within the centre and with outside agencies;
- Appropriate informing of parents and staff;
- Mechanisms to ensure the suspected person has no further access to children in the centre while the case is under investigation;
- Support for person reporting and child reported on;
- A ‘protected disclosure’ clause is included in the written policy to ensure the person reporting any suspected abuse is protected (see example below); and
- A staff member under suspicion is directed to appropriate legal/professional advice and support.

Personnel policies should include procedures for selecting suitable staff:

- Thorough checks of a job applicant’s history before their employment;
- Support for person reporting and child reported on;
- No appointments without carefully planned interview; and
- Careful employment of temporary staff, casual staff, friends of friends, volunteers.

Statements about staff supervision should ensure:

- Staff and other adults are adequately supervised when with children;
- Supervision of private spaces, e.g. bathrooms, toilet area;
- Safety for children on outings;
- The importance of acceptable touching as opposed to abuse of children; and,
- Tasks performed by parents and visitors defined.

Have statements about professionalism that:

- Clearly establish staff roles and expectations of adult behavior with children;
- Encourage staff to keep professional and personal lives separate; and
- Ensure a regular review and evaluation of child abuse policy.
- Have statements about relationships with parents that:
- Encourage parents to participate in activities;
- Ensure parent awareness of the child abuse policy;
- Provide for complaints procedures (these must be displayed so that parents know the steps to take when making a complaint); and
- Ensure parents know they can report any suspected abuse directly to CYF.

Statements on preventative education should ensure that:

- Preventative education programmes are provided for staff, parents, children and community about ways to keep children safe;
- There is regular in-centre training of staff or professional peer-support, so that they are comfortable responding to questions and responses from children; and
- Resources are available for staff, parents and children.
Supportive information and resources

Example of ‘Protected Disclosure’ clause for your policy:

- When a staff member or associate brings a case of child abuse to the attention of the center or the authorities, our centre will not disclose the name of the person without their permission unless it is to CYF or the Police and is necessary to do so in the interests of the child.
- Outside Agencies that offer support and information, including resources, books, and posters include: - Child, Youth and Family www.cyf.govt.nz, alternatively, contact your local CYFs office. The NZ Police, contact the Manager at the Youth Education Service, phone 04 4707107. Child Protection Services (CPS) – www.cps.org.nz

POLICY REVIEW SCHEDULE

At the end of the policy statement include a schedule to provide evidence of regular review and to assist you to keep track of any changes. Here is a sample format:

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3. Culture and Identity Policy

BACKGROUND INFORMATION

Reference and Key Text

Licensing Criteria 2008, Curriculum, Culture and Identity documentation required:

Documentation that provides evidence of the service’s compliance with C5 and C6. Documentation may take a variety of forms to suit the service’s operation.

- **C5**: The service curriculum acknowledges and reflects the unique place of Maori as tangata whenua. Children are given the opportunity to develop knowledge and an understanding of the cultural heritages of both parties to Te Tiriti o Waitangi;
- **C6**: The service curriculum respects and supports the right of each child to be confident in their own culture and encourages children to understand and respect other cultures.

Consequences policy will help to avoid

- Persons who are Maori or of Maori descent may feel disempowered.
- Pakeha persons may feel disempowered.
- Staff and children may not learn about what the unique place of Maori as tangata whenua is or the cultural heritages of both parties to Te Tiriti o Waitangi.

Interpretation and further information

- **C11**: Positive steps are taken to respect and acknowledge the aspirations held by parents and whanau for their children.
- **C12**: Regular opportunities (formal and informal) are provided for parents to (i) communicate with adults providing education and care about their child, and share specific evidence of the child’s learning and (ii) be involved in decision-making concerning their child’s learning.
- **C13**: Information and guidance is sought when necessary from agencies/services to enable adults providing education and care to work effectively with children and their parents.

KEY CONSIDERATIONS FOR POLICY CONTENT AND REVIEW

Purpose

At this centre we acknowledge and reflect the unique place of Maori as tangata whenua and ensure that all children have the opportunity to develop knowledge and understanding of the dual cultural heritage of New Zealand. We understand that parents and children who are Maori (or claim Maori ancestry) are entitled to the same benefit and privilege as others along with respect for cultural differences and aspirations.

An example of a possible trigger event

- Having children and parents enrolled and attending the service, especially if they are Maori or of Maori descent (if your service is predominantly attended by Pakeha children or vice versa).
Some reflective questions

- Have you considered the unique place of Maori as tangata whenua when developing and implementing the curriculum? And when developing and implementing operational documents, such as policies, objectives, and practices?
- Do you provide opportunities for all children to develop knowledge and understanding of the cultural heritages of both parties to Te Tiriti o Waitangi? What are these opportunities?
- Do you ensure that the cultural needs and aspirations parents have for their children are catered for? How do you do this?

Supportive information and resources

- *Whänau Tupu Ngätahi - Report to the New Zealand Playcentre Federation from the Working Party on Cultural Issues 1990.* Price $11.95. This booklet was produced as a report to the New Zealand Playcentre Federation by a Working Party that, over the period of one year, consulted with people who had knowledge of Maori and Pakeha cultures and considered the findings from the perspective of the Playcentre organisation in New Zealand. Can be ordered online at [http://www.playcentre.org.nz/publications.php](http://www.playcentre.org.nz/publications.php)
- *Ka Hikitia - Managing for Success* is the Ministry of Education's approach to improve the performance of the education system for and with Māori. It is a key aspect of having a quality education system where students are succeeding and achieving. [http://www.minedu.govt.nz/theMinistry/PolicyAndStrategy/KaHikitia.aspx](http://www.minedu.govt.nz/theMinistry/PolicyAndStrategy/KaHikitia.aspx)

**POLICY REVIEW SCHEDULE**

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4. Curriculum and Assessment Policy

BACKGROUND INFORMATION

Reference and Key Text

Licensing Criteria 2008, Curriculum, Professional Practice documentation required:

Documentation that provides evidence of the service’s compliance with the following criteria. This documentation may take a variety of forms to suit the service’s operation (such as portfolio’s, wall displays, policies and procedures).

- **C1**: the service curriculum is consistent with any prescribed curriculum framework that applies to the service (such as Te Whariki);
- **C2**: the service curriculum is informed by assessment, planning, and evaluation (documented and undocumented) that demonstrates an understanding of children’s learning, their interests, whanau, and life contexts;
- **C3**: adults providing education and care engage in meaningful, positive interaction to enhance children’s learning and nurture reciprocal relationships;
- **C4**: the practices of adults providing education and care demonstrate an understanding of children’s learning and development, and knowledge of relevant theories and practice in early childhood education;

Children as Learners:

- **C7**: the service curriculum is inclusive, and responsive to children as confident and competent learners. Children’s preferences are respected, and they are involved in decisions about their learning experiences;
- **C8**: the service curriculum provides a language-rich environment that supports children’s learning;
- **C9**: the service curriculum provides children with a range of experiences and opportunities to enhance and extend their learning and development – indoors and outdoors, individually and in groups.

Consequences policy will help to avoid

- Questions over the quality of the curriculum and assessment practices
- Staff inability to explain the centre curriculum and assessment practices

Interpretation and further information

A particular curriculum to be followed is not mandatory, nor is a particular assessment approach. The curriculum approach can therefore fit with the philosophy of your service, the ages and needs and characteristics of your children and the community your centre services. There exist a variety of approaches to child assessment. Use of a single method/approach is not always advised as each has different strengths and limitations. Be concerned about the quality of information collected for assessment – not the quantity for the sake of appearance only – and how the information can be/will be used to support the child’s learning and development.
KEY CONSIDERATIONS FOR POLICY CONTENT AND REVIEW

Purpose

This Policy will ensure that the curriculum and assessment practices at this centre encompass the learning and development of the whole child and that the practices of adults providing education and care is consistent with current theory and informed by assessment, planning and evaluation. Adult interactions will be positive, responsive and reciprocal.

Examples of possible trigger events

- A local school wants to know what measures you use for assessing children’s learning progress.
- A visitor is critical that the children seem to be playing all day and no learning is taking place (defined as no observed table teaching)
- A staff member undertaking training with a tertiary provider wants to implement a curriculum approach that is different to what is practiced

Some reflective questions

- What are management and educators’ obligations in regard to ensuring that adequate assessment, evaluation and planning occur?
- What procedures should you follow to ensure that these obligations are met?
- Do you make provision for staff professional development, paid staff meeting time, paid planning time?
- What opportunities do staff have to meet with each other and/or parents to -
  - Discuss children’s progress;
  - Reflect on their own practice; and
  - Assess, evaluate, plan for and document learning.

Assessment, planning and evaluation:

- What is the supervisor’s role?
- What is expected of teachers; are particular methods used?
- How are parents encouraged to be involved in the process?
- How will you provide a language-rich environment?
- How will you ensure the day is balanced with indoor/outdoor play, individually and in groups?
- How will you know if children are involved in decisions about their learning experiences?

Supportive information and resources available

that it is inappropriate for ERO to sanction an approach to assessment that is not adequately supported by research evidence.


### POLICY REVIEW SCHEDULE

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Consultation undertaken (e.g. staff feedback forms, parent survey)
5. Evacuation Care Plan Policy

BACKGROUND INFORMATION

Reference and Key Text

Licensing Criteria 2008, Health and Safety, Emergencies documentation required:

- HS4: A current Fire Evacuation Scheme approved by the NZ Fire Service.
- HS7: A procedure for dealing with emergencies. The procedure is consistent with National and Regional Civil Defence guidelines.
- HS8: A record of the emergency drills carried out with children.

Consequences policy will help to avoid

- Not knowing what to do or where to evacuate children to.
- Parents being unaware of alternative care arrangements.
- Children unfamiliar with what to do in the event of an emergency.

Interpretation and Further Information

Policy should also include reference to the following criteria:

- HS5: Designated assembly areas for evacuation purposes do not unnecessarily place children at further risk.
- HS6: Heavy furniture, fixtures, and equipment that could fall or topple and cause serious injury or damage are secured.
- HS8: Adults providing education and care are familiar with relevant emergency drills and regularly carry these out with the children.

And take account of the following legislation:

- The Fire Safety and Evacuation of Buildings Regulations 2006
- The Fire Service Act 1975

Evacuation scheme for a fire may differ from that for other emergencies (local or civil) depending on your local fire service requirements.

Ensure that you have a basic supplies list included in your procedure and that supplies are portable should you need to vacate the premises for any length of time.

Plan includes details on how children will be evacuated and cared for in a variety of emergency situations. Plan is prominently displayed at the centre.

Ensure plan is simple and practical, covering all the most common emergency evacuation causes.

KEY CONSIDERATIONS FOR POLICY CONTENT AND REVIEW

Purpose

Safety at the centre is paramount. Planning evacuation procedures and alternative care arrangements should the centre be involved in a civil emergency or fire, will minimise
the risk of injury and stress to children during this time. Policy will ensure that the processes implemented are approved by the NZ Fire Service.

**Examples of possible trigger events**

When evacuation of the centre is required in the event of:

- A local or centre crisis such as fire, landslide, chemical spill, criminal or terrorist threat; or
- A civil emergency such as earthquake, storm, flood, volcano, tsunami, or bush fire.

**Some reflective questions**

**General:**

- How often do emergency drills occur? The more familiar children and adults are with the evacuation procedures the more effective the process will be.
- What emergency equipment do you have, supplies, first aid, water, etc.?
- Are these supplies portable, easily accessible?
- Who is responsible for maintaining the emergency supply kit? How often is it checked and up-dated?
- What are the roles and responsibilities of staff during an emergency evacuation – who checks sleep areas, bathroom, who marks the register, who brings the supplies, etc.?
- Are your evacuation plans clearly displayed in the centre? If so where are they? Are exits clearly marked?
- In the event of a traumatic emergency such as an earthquake, how can you plan for ways to help children and adults calm down and deal with events happening around them, so that longer-term effects will be reduced?

**Fire:**

- What procedure is followed in case of fire?
- Who operates the alarm? Who calls the fire service?
- What is said to the children? What exits are used?
- Who collects the role and parent contact list? Who checks the rooms? Where do staff and children congregate? Who conducts the head count?
- Who contacts the fire service to inform them about fire drills (at least once per term)?

**Earthquake:**

- What procedure is followed in case of an earthquake?
- What is said to the children? What happens after the quake? Who checks the children and buildings? How is the decision made to vacate the building and where do you go? What will you take with you?

**Supportive information and resources**

POLICY REVIEW SCHEDULE

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Consultation Undertaken (e.g. staff feedback forms, parent survey)
6. Financial Management and Annual Plan Policy

BACKGROUND INFORMATION

Reference and Key Text

Licensing Criteria 2008, Governance, Management and Administration, Planning and Documentation. Documentation required:

- **GMA8**: An annual plan identifying ‘who,’ ‘what,’ and ‘when’ in relation to key tasks undertaken each year;
- **GMA9**: An annual budget setting out the services estimated revenue and expenses for the year. The budget includes at least:
  - Staffing costs, including leave entitlements,
  - Professional development costs,
  - Equipment and material costs for the ongoing purchase of new equipment and consumable materials, and
  - Provision for operational costs and maintenance of the premises as appropriate.

Consequences policy will help to avoid

- Funds or assets lost, wasted or used inappropriately.
- Objectives of plan not achieved.
- Information on financial matters is not provided in a timely manner to decision-makers.
- Centre has an unexpected cash flow crisis.

Interpretation and further information

Policy/process needs to show evidence that the centre has prepared an annual budget, cash flow and financial plan; has sound accounting records and systems for managing finances and recording and reporting on financial transactions.

A statement on budget principles might include fee rates/policies, MOE rates, roll targets, staff costs, consumables, operational costs, equipment and materials and may constitute a useful set of indicators that are easy to track and report on.

KEY CONSIDERATIONS FOR POLICY CONTENT AND REVIEW

Purpose

Centre management will develop and implement an annual plan that outlines the key tasks to be undertaken each year; this will guide the service’s operation throughout the year. In order for the centre to remain financially viable an annual budget and financial plan will also be developed and used to guide financial expenditure.

An example of a possible trigger event

- Funds are required/available to ensure policies and objectives of the service are met.
Some reflective questions

- Does your annual plan outline the key tasks to be undertaken each year - who, what and when?
- Where is the annual plan kept? How do others know where it is?
- Who is responsible for developing the annual plan? Who is consulted/involved? Who is responsible for implementing it?
- Who is responsible for developing the annual budget and financial plan? Who is responsible for implementing it? Who is involved/consulted?
- Are there sound accounting records and systems in place for recording and reporting on financial transactions?
- Note the types of things to be included in the annual budget, eg. Staffing costs, professional development cost, equipment and material costs, etc.

Supportive information and resources

- Prepare a set of clear budget principles stating key indicators.
- Use an accounting software programme allowing reporting on actuals and budgets.

POLICY REVIEW SCHEDULE

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7. Health and Safety in Employment Policy

BACKGROUND INFORMATION

Reference and Key Text

Health and Safety in Employment Act 1992:

- **Clause 25**: every employer shall maintain a register of accidents and serious harm and will record - every accident that harmed (or might have harmed) any employee at work or any person in a place of work controlled by the employer and every occurrence of serious harm to an employee at work, or as a result of any hazard to which the employee was exposed while at work, in the employment of the employer. Where there occurs serious harm or accident the employer shall (a) as soon as is possible after its occurrence, notify the Secretary (of Labour) of the occurrence and (b) within 7 days of the occurrence, give the Secretary written notice, of the circumstances of the occurrence.

Consequences policy will help to avoid

- Accidents or injury to staff due to hazards
- Hazards that remain un-notified or observed
- Fines, penalties or centre closure under the Act

Interpretation and further information

- The Health and Safety in Employment legislation applies to all employers including staff, relievers, and contractors.
- As the early childhood licensing criteria point out the documentation required for health and safety goes beyond adults to include children. Therefore the Health and Safety in Employment Policy should be cross-referenced to your Accident and Illness policy for children.

KEY CONSIDERATIONS FOR POLICY CONTENT AND REVIEW

Purpose

The centre is committed to the prompt identification, reduction or elimination of potential and actual hazards.

Centre management/employer takes positive and regular steps to create safe work environments and processes.

An example of a possible trigger event

- Staff, other adults and children are on the premises where there may be hazards. An accident/incident occurs as a result of a hazard being present.

Some reflective questions

- Have you had an OSH visit or received information from them?
- What do you do/should you do if staff (or an adult) at the centre is injured or has an accident?
Consider the following:

- Are there enough staff for the number of children in attendance at the centre; who do you need to contact; what if children witness a staff accident or medical emergency; who will look after the children; is the accident the result of a hazard – if so, what needs to be done to correct or minimise the hazard (Hazard Identification Policy)?
- What records will be kept? Remember to read/be aware of relevant legislation (above).
- What good employer obligations/responsibilities do you need to be aware of?

Hazards to consider include (but are not limited to):

- Cleaning agents, medicines, poisons, and other hazardous materials
- Electrical sockets and appliances (particularly heaters)
- Hazards present in kitchen or laundry facilities
- Vandalism, dangerous objects, and foreign materials (e.g. Broken glass, animal droppings)
- Equipment faults
- Poisonous plants
- Bodies of water

Supportive information and resources

- The Department of Labour's OSH website has a range of resources to help, including 'tools' such as self-assessment sheets for health and safety matters and forms you can use, through to information about managing hazards for small business. Look under 'Resources' then 'Self help': www.osh.dol.govt.nz
- The ECC’s Health and Safety Handbook for Centre Members only is available online. It contains and has useful information on health and safety policy, incident and injury management, a hazard identification checklist, and a health and safety action plan template.

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BACKGROUND INFORMATION

Reference and Key Text

Licensing Criteria 2008, Governance, Maintenance and Administration, Professional Practices documentation required:

- GMA7: Processes for human resource management; including:
  - Selection and appointment procedures;
  - Job/role descriptions;
  - Induction procedures into the service;
  - A system of regular appraisal;
  - Provision for professional development; and
  - A definition of serious misconduct; and
  - Discipline/dismissal procedures.

Consequences policy will help to avoid

- Appointments: appointment of unsuitable staff; poor communication of expectations; wasted time; personal grievance claims; human rights violation; deterioration in team effectiveness.
- Development: unfulfilled potential; inconsistent approach.
- Appraisal: lack of feedback to staff and/or subjective and unsystematic feedback; inappropriate professional development options; staff lack knowledge on the value they add to the centre.

Interpretation and further information

This policy replaces previous personnel policies on staff appointment, staff development and staff appraisal.

KEY CONSIDERATIONS FOR POLICY CONTENT AND REVIEW

Purpose

Effective human resource management practices improve quality in a centre if the best person for the job is appointed in the first instance, and then appropriately developed according to centre and professional needs and regularly appraised against a consistent system of good performance criteria/measures. It is important that employees gain a clear understanding of what constitutes serious misconduct (definition) and discipline/dismissal procedures in employment.

Examples of possible trigger events

- A new staff member is to be appointed
- Existing staff require performance appraisals
- A development plan is required to fulfil developmental/professional needs
Some reflective questions

Appointment:

- What process will you follow when appointing staff?
- Do you need to appoint/replace staff?
- Consider job description, advertising, short listing, interviewing, notifying applicants, etc.

Induction:

- How are staff inducted into the centre? Who is responsible for doing this? What do they spend their time doing, what is the new staff member shown and when will it happen?

Performance Appraisal:

- What processes do you have to ensure an employee’s performance is identified, evaluated and developed over time – whom, what, when?
- How is performance appraisal linked to professional development, recognition, guidance and support?

Professional Development:

- How is professional development linked to performance appraisal?
- What funds are available (if any) and how do staff access them?
- How are staff made aware of PD opportunities?
- How are records of professional development kept?
- What processes will be followed to encourage staff to share their professional learning with others in the centre team?

Discipline and Dismissal Procedures:

- What are the disciplinary procedures and who will implement these procedures?
- Who will this person report to?
- How will you ensure all staff have a fair hearing and a right of reply to any allegations made against them?
- For what reason’s might a staff member be disciplined or dismissed?

Serious Misconduct:

- What would constitute serious misconduct at your centre? What is the definition of serious misconduct?
- How would serious misconduct be dealt with?
- Who is involved? Would you access other agencies/professionals to support you? Who might this be?
- Are the objectives and procedures inclusive, equitable and culturally appropriate for your community?

Supportive Information and Resources

- Refer to the Dept of Labour website for http://www.dol.govt.nz for employment relations information and online tools.
- Employment Relations Act 2000 covers information/legislation on all aspects of employment.
- Refer to the ECC’s *Employer Handbook* online [www.ecc.org.nz](http://www.ecc.org.nz).
- ERO published *Managing Staff Performance* (1995). It is available at [www.ero.govt.nz](http://www.ero.govt.nz). Although it is designed for schools, it includes information that may be useful.

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9. Information and Complaints Policy

BACKGROUND INFORMATION

Reference and Key Text

Licensing Criteria 2008, Governance, Management and Administration, Parent Involvement and Information documentation required:

- **GMA1**: The following are prominently displayed at the service for parents and visitors:
  - the full names and qualifications of each person counting towards regulated qualification requirements;
  - the service's current licence certificate; and
  - a procedure people should follow if they wish to complain about non-compliance with the Regulations or criteria. The procedure includes the option to contact the local Ministry of Education (MOE) office and provides contact details.

Consequences policy will help to avoid

- Inability or difficulty of parents and others to find out information about the centres licence and the people working at the centre.
- Suspension of centre license.
- People being unsure about how to express their concerns/issues at the centre;
- People discussing their concerns/issues with others who are unable to take the appropriate action;
- The person who can action change is unaware of the concern/issue and therefore cannot modify behaviour and/or process/event at the centre.

Interpretation and further information

The complaints procedure required here is limited to ‘non-compliance’ it would be useful to have a more comprehensive one as well for general complaints, but it need not be displayed.

Easy enough to put a copy of the Regulations on the notice board so parents have immediate access and do not need to contact anyone to view them, or it maybe just as easy to say to parents that they can access them at any time online at www.minedu.govt.nz - if you use either of these methods you will still be required to say so in a statement that is displayed.

KEY CONSIDERATIONS FOR POLICY CONTENT AND REVIEW

Purpose

It is important that parents and visitors to the centre know who the Service Provider is, which members of staff are entitled to be ‘persons responsible,’ how non-compliance complaints can be made and where and when they can get access to the Education (Early Childhood Services) Regulations and Licensing Criteria (2008).

It is important that parents and staff know that their issues and concerns will be listened to and acted on in a timely manner through a formal complaints procedure/process.
Examples of possible trigger events

- A person has an issue or concern about another person at the centre, and/or an action/behaviour by another person at the centre or a process/event that has occurred at the centre.
- A parent or visitor believes/argues that the centre does not have enough staffing.

Some reflective questions

- Where is your current certificate of license displayed? Is it in a prominent place?
- Is your list of qualified staff/persons responsible displayed next to your license?
- Do you have a procedure that describes how parents/visitors can make complaints about non-compliance? Where is it displayed?
- How do parents and visitors know how to access a copy of the Regulations and Licensing Criteria? Do you have copies available at the centre?
- How do you inform parents and visitors of any changes to the information?

If a parent has a complaint:

- How does the parent go about making a complaint – what action do they take?
- Who deals with the complaint - manager, supervisor, person responsible?
- What happens once the complaint is made?
- What feedback will the parent receive? How will it be documented?
- What is the process if the parent is not satisfied with the outcome?

If staff have a complaint about a procedure or another staff member:

- What process do they follow – how do they make the complaint
- Who deals with the complaint?
- What will happen once the complaint is made? What action will follow?
- What feedback will the staff member receive? How will it be documented?
- What is the process if the staff member is not satisfied with the outcome?

Complaints of a serious nature:

- Should complaints of a serious nature always be in writing?
- Is the process for dealing with the complaint the same as "non serious" complaints?

Ensure you clearly state in the policy/processes what role the Supervisor/Service Provider/Manager plays in the complaints procedure.

Include in this policy the option for people to contact the Local Ministry of Education Office, contact details can be found on the website www.minedu.govt.nz.

Supportive information and resources

- Refer to the Education Act 1989

Examples of possible format for display:

<table>
<thead>
<tr>
<th>Persons Entitled to carry out the functions of ‘Persons Responsible’</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Name of Staff Member</td>
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</tbody>
</table>
‘Licence Non-Compliance’ Parent Complaints Procedure

“Any parent who wishes to make a complaint about non-compliance with licence conditions should contact the Licensee by phoning or leaving a message at the following phone number or by leaving a letter with the supervisor:”

Access to Regulations

“Any parent who wishes to have access to a copy of the Education (Early Childhood Services) Regulations 2008 may request to view them by contacting the Service Provider or (if provided) by reading the copy attached to this notice board:

Service Provider contact phone number:

POLICY REVIEW SCHEDULE

At the end of the policy statement include a schedule to provide evidence of regular review and to assist you to keep track of any changes. Here is a sample format:

<table>
<thead>
<tr>
<th>Introduction Date</th>
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<tbody>
<tr>
<td>Next review date</td>
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</table>
10. Laundering of Linen Policy

BACKGROUND INFORMATION

Reference and Key Text

Licensing Criteria 2008, Health and Safety, Hygiene documentation required:

- HS2: a procedure for the hygienic laundering (off-site or on-site) of linen used by the children or adults.

Consequences policy will help to avoid

- No standard system or policy.
- Irregular practice of timing and quality of laundry.

Interpretation and further information

This policy needs to outline the practice followed in ensuring that linen used by children at the centre is hygienically laundered at least once per week. This may be using a washing machine at the service or sending off-site to a commercial (or other) facility. The regular routine used should be clearly outlined and followed.

KEY CONSIDERATIONS FOR POLICY CONTENT AND REVIEW

Purpose

To ensure the centre maintains a high level of hygiene a process will be in place whereby linen and other items used by the children, e.g. dress-up clothing will be cleaned weekly.

An example of a possible trigger event

- Linen and other items used by the children have been used for a week and/or is soiled and requires cleaning.

Some reflective questions

- What linen and other items do you have in the centre that require cleaning?
- Who is responsible for ensuring these items are cleaned weekly?
- What method of laundering will be used – on-site or off-site? If laundry is to be done off-site how will it be transported? Who will be responsible for it?
- How will others know about the procedure?
- What method of recording will be used to ensure laundry is carried out weekly?

Supportive information and resources

- Compile a list of types of items to be laundered.

POLICY REVIEW SCHEDULE

At the end of the policy statement include a schedule to provide evidence of regular review and to assist you to keep track of any changes. Here is a sample format:
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</table>
11. Medicine Administration Policy

BACKGROUND INFORMATION

Reference and Key Text

Licensing Criteria 2008, Health and Safety, Child Health and Well-Being Documentation required:

- **HS28:** (i) A record of the written authority from parents for the administration of medicine in accordance with the requirement for the category of medicine outlined in Appendix 3. (ii) A record of all medicine (prescription and non-prescription) given to children left in the care of the service. Records include:
  - Child’s name
  - Name and amount of medicine given
  - Date and time medicine administered and by whom, and
  - Evidence of parental acknowledgement. When the same dose of Category (iii) medicine is administered on a regular basis, parental acknowledgement may be obtained weekly or every 3 months.

- **HS29:** A record of training and/or information provided to adults who administer medicine to children (other than their own) while at the service.

Consequences policy will help to avoid

- Medicine not given on time.
- Overdose given.
- Wrong child medicated.
- Old medicine being used.
- Unauthorised administration.

Interpretation and further information

- To meet the First Aid requirements under either the 1998 regulations or 2008 regulations the Ministry of Education recognises any First Aid qualification from courses that:
  - are delivered by a New Zealand Qualifications Authority accredited first aid provider; and
  - meet the minimum requirements of Unit Standard 6400 (or the successor to that Unit Standard); and
  - are evidenced by a certificate issued by the trainer that is valid for a period of up to 2 years following qualification; and
  - require an 8 hour refresher course every 2 years to maintain the certificate as current.


Categories of medicine and written authority required from parents for criterion HS28

**Category (i) medicines**

Definition – a non-prescription preparation (such as arnica cream, antiseptic liquid, insect bite treatment spray, etc) that is – not ingested; used for the first aid treatment of minor injuries; and provided by the service and kept in the first aid cabinet.
Authority Required – a written authority from a parent given at enrolment to the use of specific preparations on their child for the period that they are enrolled. The service must provide (at enrolment, or whenever there is a change) specific information to parents about the Category (i) preparations that will be used.

**Category (ii) medicines**

Definition – a prescription (such as antibiotics, eye/ear drops, etc) or non-prescription (such as paracetamol liquid, cough syrup, etc) medicine that is:

Used for a specified period of time to treat a specific condition or symptom; and

Provided by a parent for the use of that child only or, in relation to Rongo Maori (Maori plan medicines), that is prepared by other adults at the service.

Authority Required – a written authority from a parent given at the beginning of each day the medicine is administered, detailing what (name of medicine), how (method and dose), and when (time or specific symptoms/circumstances) medicine is to be given.

**Category (iii) medicines**

Definition – a prescription (such as asthma inhalers, epilepsy medication, etc) or non-prescription (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); and
- 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 what (name of medicine), how (method and dose), and when (time or specific symptoms/circumstances) the medicine should be given.

---

**KEY CONSIDERATIONS FOR POLICY CONTENT AND REVIEW**

**Purpose**

At this centre we want to ensure that all medicines (prescription and non-prescription) are administered and stored appropriately and safely and a record of medicines given to children and by whom will be kept.

**Policy will help to ensure that**

- Medicine (prescription and non-prescription) is only administered by those people authorised to do so and a record of the written authority is maintained;
- Medicines are stored safely and appropriately, and are disposed of, or sent home with a parent (if supplied in relation to a specific child) after the specified time;
- A record with specific details on all medicine given to children is kept; and
- Adults who administer medicine will be provided with relevant information and/or training relevant to the task and a record kept.

**An example of a possible trigger event**

- Parent requests centre staff to administer medicine.
Some reflective questions

- Who is responsible/has the authority to administer medication to children? How do others at the centre know this?
- Is there are medicine register/book for recording all medicines? Where is this register kept?
- Are the details of the record accurate/comply with above criteria?
- Are parents aware of the necessary process/written permission requirement? How will they give written permission?
- How will the adults training be carried out and recorded?
- How do you manage chronic illness such as asthma and regular medication? Do you develop an individual health management plan in consultation with parents and the child’s doctor if necessary?

Supportive information and resources

POLICY REVIEW SCHEDULE

At the end of the policy statement include a schedule to provide evidence of regular review and to assist you to keep track of any changes. Here is a sample format:

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</table>
## Medicine Register

**Week Beginning _________________**

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<thead>
<tr>
<th>Child’s name</th>
<th>Medication to be given</th>
<th>Medication administered</th>
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<td>Medication</td>
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**Administering medication notes:**

- Good practice would suggest that the person administering medication in the centre is a senior member of staff and holds a first aid certificate or other relevant qualification/training (see Licensing Criteria HS29);
- A medical plan has been developed for ................ as she/he requires constant medication/suffers from a critical condition (such as an allergy to food), and is attached to this medicine register.
12. Nappy Changing Policy

BACKGROUND INFORMATION

Reference and Key Text

Licensing Criteria 2008, Health and Safety, Child Health and Well-Being documentation required:

- **HS3**: A procedure for the changing (and disposal, if appropriate) of nappies. The procedure aims to ensure:
  - Safe and hygienic practices; and
  - That children are treated with dignity and respect.

Consequences policy will help to avoid

- Children or adults are infected.
- Children, other staff or the image of the centre is at risk.

Interpretation and further information

- Many people believe that the Early Childhood Regulations prohibit relieving staff from changing children’s nappies. This is not correct. Some services have chosen to make this their policy.
- The policy is able to dictate ‘who’ is allowed to change a child’s nappy (note parents in the centre must only change their own child’s nappy).
- A procedure for the changing (and disposal, if appropriate) of nappies is displayed near the nappy changing facilities and consistently implemented.
- Details of the nappy change is recorded on a nappy changing chart.

Associated Criteria to note:

- **HS30**: Children are washed when they are soiled or pose a health risk to themselves or others.


*Disposable gloves are worn by caregivers in early childhood to help prevent the transmission of infectious diseases during nappy changes. However gloves must be used appropriately to be effective. Caregivers need to remember the following points:*

- Gloves are single use only – that is they must be changed and disposed of between each child.
- Gloves can carry and transfer germs as well as hands.
- Gloves in themselves provide no greater protection against cross-contamination than bare hands.
- The wearing of gloves is not a substitute for hand hygiene and hands must be washed in between nappy changes.

We recommend ... regular staff training/education sessions to reinforce the proper procedures for safe and hygienic practices around nappy changes. Staff should be reminded that gloves become contaminated during a nappy change and can then cause cross-contamination if not removed and disposed of immediately after a single
use. After the gloves have been removed, hands must be washed. This practice should then be monitored regularly by management.

Other important things to remember about nappy changing in ECECs include:

- A nappy changing/hygiene procedure needs to be clearly displayed above the table (listing steps that need to be taken to ensure good hygiene is maintained during and after changing nappies).
- The disinfectant available at the nappy changing table should be 0.5% sodium hypochlorite, made fresh each day.
- While there is a child on the nappy changing table, staff need to be able to keep one hand on the child at all times (i.e. be within arm’s length).

Nappy changing is a high-risk activity. Handwashing and hand-drying, and cleaning and disinfecting the area between nappy changes, are essential to stop the spread of disease.

KEY CONSIDERATIONS FOR POLICY CONTENT AND REVIEW

Purpose

The centre has specific procedures for nappy changing so that there is no risk of infection being spread amongst children and staff. This policy will ensure that staff and parents / caregivers are aware of their responsibilities when changing children and that each child is treated with dignity and respect during nappy changing times.

An example of a possible trigger event

- A child attending the centre requires a nappy change.

Some reflective questions

- Where and when does nappy changing occur? If nappies are changed on the floor does the design of the centre allow this to happen without increasing the risks of infection? Who changes a nappy if the child arrives at the centre and is soiled – staff or parent?
- What procedures do you have in place? What are the rules around hand washing, wearing gloves, cleaning the changing surface, interactions with children whilst changing nappies, nappy storage and disposal (think about convenience, hygiene and smell), documentation/liaison with parents/caregivers?
- Where should disinfectant/bleach and other nappy changing needs be stored?
- Who is responsible for recording information about nappy changes, e.g. Time, date, person changing the child, etc.?
- What are the safety precautions and safe practices associated with nappy changing?
- Who is allowed to change nappies? How will people know this?
- Where is the nappy changing procedures/policy displayed?
- How are children ‘cleaned?’ Who is responsible for laundering cloths, etc.?

Supportive information and resources

- See a sample Nappy Changing Chart template on the next page.
**POLICY REVIEW SCHEDULE**

At the end of the policy statement include a schedule to provide evidence of regular review and to assist you to keep track of any changes. Here is a sample format:

<table>
<thead>
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<th>Introduction Date</th>
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<td><strong>Consultation Undertaken</strong> (e.g. staff feedback forms, parent survey)</td>
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</table>
# Nappy/Toilet Chart

Date:  Tuesday ____________________

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<td>Alana</td>
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Last Updated October 2009
13. Outings and Excursions Policy

BACKGROUND INFORMATION

Reference and Key Text

Licensing Criteria 2008, Health and Safety, Hazards and Outings documentation required:

- **HS17**: - A record of outings or excursions. Records include –
  - The names of adults and children involved;
  - The time and date of the outing;
  - The location and method of travel;
  - Assessment and management of risk;
  - Adult: child ratios; and
  - Evidence of parental permission and approval of adult:child ratios, which may have been provided at enrolment for spontaneous or regular outings, as long as some general assessment of risk has been undertaken and information is provided to parents regarding the circumstances/rational of the outings.

Consequences policy will help to avoid

- Parents being unaware of adult:child ratio on outings.
- Lack of consideration to planning appropriate staff or adult ratios for the outing.

Interpretation and further information

- **HS17** – Whenever children leave the premises on an outing or excursion:
  - Assessment and management of risk is undertaken, and adult: child ratios are determined accordingly. Ratios are not less than the required adult:child ratio;
  - The first aid requirements in criterion HS25 are met in relation to those children and any children remaining at the premises.
- Parents have given prior written approval of their child’s participation and of the proposed ratios for:
  - Regular outings or excursions at the time of enrolment; and
  - Special outings or excursions prior to the outing or excursion taking place; and
  - There are communication systems in place so that people know where the children are, and adults can communicate with others as necessary.
- When more than 4 children leave the premises on an outing or excursion, Person Responsible requirements are met for those children as well as for children remaining at the service. Spontaneous outings involving 4 or less children (that do not meet Person Responsible requirements) are specifically approved by the Person Responsible.

KEY CONSIDERATIONS FOR POLICY CONTENT AND REVIEW

Purpose

Safety is of paramount importance when leaving the familiar centre environment. To ensure everyone’s safety parents will be notified of an excursion and the planned adult: child ratio and their consent given and recorded, assessment and management of risk
will be undertaken and clear methods of communication will be established and maintained.

**An example of a possible trigger event**

- Planned outing or excursion away from the centre takes place.

**Some reflective questions**

- Do you have an effective risk management process for leaving the centre? Is children’s safety maintained at all times, both on the outing and for those back at the centre?
- What are your procedures for outings/excursions?
- What are your adult: child ratios? How is this decided? Does it depend on the type of outing? How do you define the different types of outings and excursions?
- Do you get permission from parents for spontaneous walks or only planned excursions? Does the written parental permission agree to both the planned adult: child ratios and participation in the outing?
- How do you document parent approval and keep these on record?
- What safety equipment is taken on the excursion – cell phone, first aid kit, etc.?
- How will you communicate whilst on the outing? Can parents contact staff/child?
- Are staff allowed to take children for walks on their own? Consider other policies, such as child protection (abuse), accidents.
- Are parents fully aware of all other information about the outing/excursion such as where and what their child will be involved in, names of people going, time, date, location, method of travel, etc.?

**Supportive information and resources**

On the next page is a template for a Risk Assessment Form which you can adjust for your service and needs.

**POLICY REVIEW SCHEDULE**

At the end of the policy statement include a schedule to provide evidence of regular review and to assist you to keep track of any changes. Here is a sample format:

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<td>Consultation Undertaken (e.g. staff feedback forms, parent survey)</td>
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## Sample Risk Assessment Form

<table>
<thead>
<tr>
<th>Where is the Trip to?</th>
<th>What you will do to get there and do there?</th>
<th>Potential Hazards (e.g. being in the open sun; dogs; child awareness of road safety)</th>
<th>How you will reduce/control these?</th>
<th>Adult/child ratio</th>
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**Other Information to consider including (Criteria HS17):**

- **Date and Time of Outing:**
- **Method of Travel:**
- **Names of Adults going:**
- **Contact Phone:**
- **Mob:**
- **First Aid Kit:** Y / N
- **Names of Children going:**
14. Parent Involvement, Information and Communication Policy

BACKGROUND INFORMATION

Reference and Key Text

Licensing Criteria 2008, Governance, Management and Administration, Parent Involvement and Information documentation required:

- **GMA2**: Written information letting parents know how to access:
  - Information concerning their child;
  - The service’s operational documents; and
  - The most recent Education Review Office (ERO) report regarding the service.

- **GMA3**: Written information letting parents know:
  - How they can be involved in the service;
  - Any fees charged by the service;
  - The amount and details of the expenditure of any Ministry of Education (MOE) funding received by the service; and
  - About any planned reviews and consultation.

Consequences policy will help to avoid

- Parents not knowing how they can be involved in the service and contribute to decisions about their child’s education and care.
- Parents being unaware of how the service operates and their right to be consulted on matters concerning the service and their child.

Interpretation and further information

KEY CONSIDERATIONS FOR POLICY CONTENT AND REVIEW

Purpose

At this centre we value parents’ contribution and involvement in their child’s education and care. We will strive to ensure that parents are advised on how to access relevant information concerning their child and the operation of the centre and inform them of any planned reviews or consultation.

Staff and parents can discuss and agree on the best ways to communicate at the centre. People can have realistic expectations about the level of communication and what they can expect to see happening.

An example of a possible trigger event

- Child/parent is enrolled at the centre.
Some reflective questions

Information:

- How do you currently inform parents about operational aspects of the centre, such as expenditure and government funding?
- What information do parents receive on enrolment at the centre? Does it include fees charged, ways they can be involved, consultation procedures, etc?
- For what reasons are parents consulted? How is this done?

Communication:

- How do you want communication to occur in the service?
- Do staffing levels at the beginning and end of the session or day offer opportunities for face-to-face communication with parents?
- How do you use newsletters, meetings, notice boards?
- Do you have an open door policy, or do people need to make an appointment? How do they do this? Are there private spaces for discussions?
- Who talks to parents about children’s development or discusses sensitive issues regarding their child?
- How do you carry out policy reviews? How do parents know about them?
- Do you use a suggestion box?
- How appropriate are your centre’s communication methods for your families?

Consider providing parents with an information sheet/folder on enrolment. Another strategy is to provide review and consultation forms during policy, philosophy, review, etc. You might consider cross-referencing this policy to your Child Protection Policy and Complaints Policy.

Supportive information and resources


POLICY REVIEW SCHEDULE

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15. Parent Needs and Aspirations Policy

BACKGROUND INFORMATION

Reference and Key Text

Licensing Criteria 2008, Curriculum Standard, and Working with Others documentation required: A process for providing formal and informal opportunities for parents

- **C12**: Communicate with adults providing education and care about their child, and share specific evidence of the child’s learning; and be involved in decision-making concerning their child’s learning.
- **C13**: A record of information and guidance sought from agencies and/or services.

Consequences policy will help to avoid

- Staff treating children as a group (not individuals).
- Parents feeling left out or feeling that staff are not interested in information about their child or their values for child rearing.

Interpretation and further information

- The information and guidance sought from agencies/services is to enable adults providing the education and care to work effectively with children and their parents.
- ‘Acknowledge’ does not necessarily mean to accept or agree, the key is to recognise the needs and aspirations and to provide opportunities for these to be communicated, listened to, respected and understood by staff (or those involved).
- International research has shown that the family has considerably more impact than the early childhood programme experience on a child’s achievement. Therefore an understanding of parent needs, perspectives, and what they want for their child is key to knowing how to make a greater difference for children.
- Some different strategies to gather relevant information on parent needs and aspirations are:
  - As part of the enrolment form include questions on specific needs and wishes;
  - Parent surveys;
  - Personalised ‘about me’ forms for child and parent to complete on regular basis (gather up-to-date, relevant info); and
  - Parent/teacher interviews and goal setting sheets, etc.

KEY CONSIDERATIONS FOR POLICY CONTENT AND REVIEW

Purpose

At this Centre we respect and acknowledge parents/guardians and family knowledge about their child. We value that parents and whanau have needs and aspirations for their child and provide opportunities for them to communicate these needs and aspirations.

An example of a possible trigger event

Enrolment of child at the centre and any subsequent communication with parents or the extended family.

Last Updated October 2009
Some reflective questions

- How do you gather information about the child and family when they start at the centre?
- How do you use this information to support/make decisions about the child’s care and education?
- Do you provide other opportunities for families to communicate their aspirations, e.g. parent/teacher interviews? How is this done, when and by whom?
- What agencies and support services do you use? How do others know about these? When would you need to use them? How do you record this information?

Supportive information and resources


POLICY REVIEW SCHEDULE

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16. Philosophy Statement and Self-Review Policy

BACKGROUND INFORMATION

Reference and Key Text

Licensing Criteria 2008, Governance, Management and Administration, Professional Practices documentation required:

- **GMA5**: A philosophy statement expressing the service’s fundamental beliefs, values and attitudes which guides the service’s operation.
- **GMA6**: (i) A process for reviewing and evaluating the service’s operation (e.g. Learning and teaching practices, philosophy, policies and procedures) by the people involved in the service. The process is consistent with criterion GMA4, and includes a schedule showing timelines for planned review of different areas of operation; (ii) Recorded outcomes from the review process.
- **GMA4**: Evidence of opportunities provided for parents and adults providing education and care to contribute to the development and review of the service’s operational documents.

Consequences policy will help to avoid

Philosophy statement becomes out-of-date or inappropriate and/or in conflict with statutory obligations and centre’s operations (policies and practices).

Interpretation and further information

A written statement of the service’s philosophy must be developed and reviewed. A philosophy will not necessarily change regularly but you need to ensure (regularly) that operations are consistent with it.

Review of the operational documents should be considered by management on an annual/biannual basis and staff and parent consultation undertaken. A record of this process should be kept. The essence of consultation here (GMA4) is that you advise (those required) of what is to be reviewed, likely changes (if any) and give them an opportunity to feedback. The ultimate decision-making rests with the governing authority of the service. One approach could be to send out a notice and/or questionnaire to parents and staff advising them of the review and if it is intended to change any statements.

KEY CONSIDERATIONS FOR POLICY CONTENT AND REVIEW

Purpose

Our Centre’s/Service philosophy guides our operation and is central to all other policies and practice statements therefore, a statement, which expresses our Centre’s fundamental beliefs, values and attitudes, needs to be up-to-date and appropriate. As two of the most significant stakeholders in the services organisation are the parents and the staff it is important to us that we consult with them in the review process.

An example of a possible trigger event

- A date, usually annually, that is specified by Management to review the Statement of Philosophy.


Last Updated October 2009
Some reflective questions

- Do you have a service philosophy? How was this put together? Did you include/consult all relevant persons?
- How do others know about the philosophy?
- What is the current purpose/use of the philosophy?
- Are your operations and practices consistent with the philosophy?
- Are there procedures in place to review the philosophy and evaluate the service’s operation? What are these procedures and timelines?

Supportive information and resources

- Farquhar, S. (1999). Research and the production of ‘worthwhile’ knowledge about quality in early years education. This paper highlights that a centre’s organisational culture and also the benefits for clients are two key ways of viewing quality that are often overlooked. [Paper presented at the 1999 AARE - NZARE Conference on Research in Education, Melbourne, Australia](http://www.childforum.com/publicationsn_details.asp?REF_NO=1).
- Cullen, J., Hedges, H. & Bone, J. (2009) Planning, Undertaking an Disseminating Research in Early Childhood Settings: An Ethical Framework. *NZ Research in ECE Journal*, Volume 12 (journal can be ordered via the ECC). This statement is intended to guide academic researchers, teachers, postgraduate students, managers, licensees and any other persons who may be involved, who plan to conduct or participate in research in early childhood settings.

**POLICY REVIEW SCHEDULE**

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17. Positive Guidance Policy

BACKGROUND INFORMATION

Reference and Key Text

Licensing Criteria 2008, Curriculum, Children as Learners documentation required:

- **C10**: a process for providing positive guidance to encourage social competence in children.

Consequences policy will help to avoid

- Negative, harmful and destructive interaction
- Poor modelling of behaviour
- Development of severe behaviour problems
- Criminal charges on staff
- Upset parents/complaints/child withdrawal
- Risk of loss of centre licence

Interpretation and further information

- Adherence to this policy will impact on almost all interactions occurring at the centre.
- The prohibited forms of discipline and child behaviour also apply to parents when they are at the centre.

KEY CONSIDERATIONS FOR POLICY CONTENT AND REVIEW

Purpose

At this centre we believe that shaping a child’s behaviour is an essential part of our role. Child behaviour management will be positive and nurturing and the individual needs and perspectives of children will be taken into account. The boundaries for behaviour are made clear and are consistent so that children can feel secure, protected and happy in their environment. Our policy will ensure that inappropriate behaviour is eliminated or reoccurrence is reduced. Appropriate behaviour is acknowledged and recognised. Positive guidance will prevent physical or emotional harm to the child.

An example of a possible trigger event

- A child’s behaviour is noticed as inappropriate or is noticed as appropriate.

Some reflective questions

Prevention:

- What strategies do you have in place to ensure that children can become fully engaged in activities in a constructive manner?
- Are behavioural expectations realistic, clear and consistent? How is this achieved?
- What is the teacher’s role? How will they foster positive behaviour?
- What positive reinforcement occurs for children?

Procedures:
• What happens when unacceptable behaviour occurs?
• How do you ensure consequences are logical and consistent?
• What happens when unacceptable behaviour continues to occur?
• How will you modify the occurrence of a specific behaviour, either ad-hoc or chronic?
• What types of behaviour management strategies are deemed unacceptable? Are any actions prohibited?
• How and when are parents/families consulted about their child’s behaviour?
• Are the objectives and procedures inclusive, equitable and culturally appropriate for this community?

Supportive information and resources

• SKIP has a range of pamphlets and booklets. Two useful booklets for centres are Child Development and Behaviour, and Principles of Effective Discipline. For information email skipinfo@msd.govt.nz Phone 0800 559 009

POLICY REVIEW SCHEDULE

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18. Provision of Food Record Policy

BACKGROUND INFORMATION

Reference and Key Text

Licensing Criteria 2008, Health and Safety, Food and Drink documentation required:

- **HS19**: a record of all food served during the service’s hours of operation (other than that provided by parents for their own children). Records show the type of food provided, and are available for inspection for 3 months after the food is served.

Consequences policy will help to avoid

Inability of parents, management or officials to obtain accurate information on the type of food provided at the centre in the recent past.

Interpretation and further information

When developing this policy it is worth noting the other clauses contained in the Health and Safety criteria, Food and Drink:

- **HS20**: Food is prepared, served and stored hygienically;
- **HS21**: An ample supply of water that is fit to drink is available to children at all times, and older children are able to access this water independently;
- **HS22**: Children are supervised while eating;
- **HS23**: Under 2 year olds – Infants under the age of 6 months and other children unable to drink independently are held semi-upright when being fed. Any infant milk food given to a child under the age of 12 months is of a type approved by the child’s parent.

KEY CONSIDERATIONS FOR POLICY CONTENT AND REVIEW

Purpose

At this centre we want to ensure that children receive nutritional food at an appropriate time to meet their needs and in a safe manner. A record of the food served will be kept. We are also committed to ensuring a high level of hygiene is maintained while preparing, serving and storing food.

An example of a possible trigger event

- The service provides food for the children attending.

Some reflective questions

- At what times do you provide food for children attending the centre? Is this a structured or flexible time, e.g. Rolling morning tea? Think about things like freedom of choice, interaction with others, programmes and activities, numbers and ages of children, design of the centre.
- Is the food you provide a sufficient variety, quantity, and quality to meet the nutritional needs of each child?
• How is the daily menu recorded? How much involvement do you want children to have in preparing food or cleaning up?
• When food is provided by parents do you encourage and promote healthy eating options? For example, lunch box ideas.
• What food hygiene procedures are used at the centre (identify key points)?
• Are there guidelines for children consuming food, for example, children to be seated when eating, and babies to be semi-upright and held?
• What is the procedure for infant milk food; does the centre or parent provide it? How do you know which milk is for which child?
• How do you ensure clean drinking water is available to children?
• How do you cater for children with food allergies and/or parental preferences? How are staff informed of these matters?
• How do you ensure that eating times are calm and relaxed?
• If you have a person employed specially to cook/prepare food, what training or experience should they have had? What instructions should you provide them with?

Supportive information and resources

• The Health Ed website of the Ministry of Health provides information on healthy eating for over 2s and breastfeeding support materials, go to: http://www.healthed.govt.nz/resources

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19. Sleep Monitoring Policy

BACKGROUND INFORMATION

Reference and Key Text

Licensing Criteria 2008, Health and Safety, Sleep documentation required:

- **HS9**: (i) A procedure for monitoring children’s sleep. The procedure ensures that children:
  - Do not have access to food or liquids while in bed; and
  - Are checked for warmth, breathing, and general well-being at least every 5-10 minutes, or more frequently according to individual needs.
  - (ii) A record of the time each child left in the care of the service sleeps, and checks made by adults during that time.

Consequences policy will help to avoid

- Children disturbing each other.
- Children experience disturbed rest.
- Child becomes ill, injured or in danger when sleeping/resting.
- A parent not knowing what sleep their child has had.

Interpretation and further information

- **HS10**: Further sleep criteria includes adults having access to at least one side of the child’s bed (cot, stretcher, mattress); the area surrounding each child allows sufficient air movement to minimise the risk of spreading illness; and children who are able to sit or stand can do so safely as they wake.
- **HS11**: If not set up permanently beds (cots, stretchers, mattresses) and bedding is hygienically stored when not in use.

KEY CONSIDERATIONS FOR POLICY CONTENT AND REVIEW

Purpose

The Sleep Monitoring policy/system is designed to take reasonable steps to ensure the safety and well being of children when sleeping at the centre through regular monitoring. It will ensure that children get undisturbed rest in a secure and familiar environment. Information on a child’s sleep is recorded and therefore is available to all staff to communicate with the child’s parents who may ask.

Examples of possible trigger events

- Children are sleeping whilst at the centre.
- A child arrives at the centre asleep in a pram or in caregivers/parents arms.

Reflective Questions

- How are sleeping infants supervised? How often are they physically checked? Who is responsible for doing this?
• What documentation/record of sleep do you have – time of checks, duration of sleep, names of children who sleep, etc.
• Do you have a designated sleep/rest area? Under what circumstances might children sleep in other areas/places e.g. outside?
• Does an adult need to be present while children are sleeping/resting?
• What safety precautions/rules are in place to ensure the sleep area is safe for children?

Supportive Information and Resources

• Farquhar, S. (2008). The rationale for closed sleeprooms. A policy paper critiquing whether it is best to require all under-twos to sleep in a closed-door sleep room. This paper is useful as background reading for considering different beliefs surrounding infant sleeping and the evidence. http://www.childforum.com/articlesn_details.asp?REF_NO=15

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20. Travel Permission Policy

BACKGROUND INFORMATION

Reference and Key Text

Licensing Criteria 2008, Health and Safety, Hazards and Outings documentation required:

- **HS18**: Evidence of parental permission for any travel by motor vehicle. In most cases, this requirement will be met by the excursion records required for criterion **HS17**. However, services that provide transport for children to and/or from the service must also gain written permission from a parent upon enrolment.

Consequences policy will help to avoid

- Parents/guardians who are unaware, or who claim to be unaware, that their child is travelling by motor vehicle whilst in the care of the centre.

Interpretation and further information

- Land Transport legislation – traffic regs 1976, clause 29A;
- If children travel in a motor vehicle while in the care of the service:
  - Each child is restrained as required by Land Transport legislation;
  - Required adult:child ratio’s are maintained; and
  - The written permission of a parent of the child is obtained before the travel begins (unless the child is travelling with their parent).

Note that no written permission is required for any other form of transport, e.g. plane, boat, train, etc. It would, therefore, be sensible to extend this policy to include this.

KEY CONSIDERATIONS FOR POLICY CONTENT AND REVIEW

Purpose

Safety is of paramount importance when leaving the centre property/environment. To ensure everyone’s safety all precautions will be taken to ensure an excursion where motor vehicle transport will be used is a safe and well-planned experience for all involved.

An example of a possible trigger event

- Excursion/outing from the centre; incidental travel with children; or provision of transport to and/or from the service.

Some reflective questions

- What do you do when children travel in motor vehicles?
- Do you have vehicles that are road worthy; have seat belts and child restraints? Do you have licensed drivers available? What is their driving record?
- Do staff and drivers have knowledge and competency in the correct use of child restraints? And, other considerations such as not sitting children in the front seat if there are front seat airbags.
• If parents do not correctly use an infant or child car seat for their infant or child how are staff expected to respond?
• Have you considered all other risk management issues as per the travel ratios, approval and planning policy? What are these?

Supportive information and resources

• Refer to the sample risk assessment form in the Outings and Excursion Policy
• The NZ Transport Authority Factsheet 7 on Child Restraints is online at http://www.ltsa.govt.nz/factsheets/07.html This outlines legal requirements as well as practical advice.

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PART B: Some Further Possible Policies
21. Breastfeeding Policy

BACKGROUND INFORMATION

Reference and Key Text

- 69Y Employment Relations (Breaks, Infant Feeding, and Other Matters) Amendment Act 2008
  - An employer must ensure that, so far as is reasonable and practicable in the circumstances,— (a) appropriate facilities are provided in the workplace for an employee who is breastfeeding and who wishes to breastfeed in the workplace; and (b) appropriate breaks are provided to an employee who is breastfeeding and wishes to breastfeed during a work period.
- The Human Rights Commission states that it is unlawful sex-discrimination for women to be prevented from breastfeeding their children in any place where they are otherwise allowed to be (workplaces and public places).
- The World Health Organisation recommends that infants are exclusively breastfed for six months, with timely initiation of adequate, safe and properly fed complementary foods while continuing breastfeeding for up to two years of age or beyond.

Consequences policy will help to avoid

- Failure to comply with employment law for infant feeding may result in the Employment Relations Authority issuing a compliance order and a penalty (up to $10,000).
- Bad publicity for the centre if a parent complains to the authorities or to media about a lack of support.
- Children’s health at greater risk.
- Parents not feeling welcomed (e.g. go out to the car to breastfeed; shy about talking with staff of attachment and feeding issues).

Interpretation and further information

It is well documented that participation in early childhood services places children at greater risk of infectious illnesses, including respiratory illness, otitis media and gastrointestinal disease. When researchers have compared breastfed to non-breastfed children, its clear that breastfeeding helps considerably to reduce the severity, incidence and duration of infectious illness for children in group. Breastfeeding has also been linked to improved cognitive performance.

Breastfeeding is more than being about nutrition it is about relationships, and supporting attachment also.

Exclusive breastfeeding until age 6 months may include expressed breast milk. It does not include artificial milk formula or foods.

KEY CONSIDERATIONS FOR POLICY CONTENT AND REVIEW

Purpose

We provide a breast-feeding friendly environment by making available appropriate facilities and warmly welcoming parents to continue with breastfeeding after enrolment at the centre. We aim to promote the health of the baby, young child and mother, to
strengthen the bond between them, and support families by helping to ease the mother’s transition back to work.

**Examples of possible trigger event**

- A parent enquires about starting his/her child at the centre.
- A staff member is about to go on parental leave and wants to know what support there will be for her return.

**Some reflective questions**

- How will you support mothers who prefer to breastfeed in privacy?
- Are you comfortable with mothers breastfeeding in the play environment e.g. during story-time on an inside mat, outside on a seat by the sandpit?
- When other children comment about an infant or toddler breastfeeding how will you reply?
- What strategies will you use to distract and keep an infant happy until mum arrives to breastfeed?
- What knowledge do you and your staff team have about the safe storage and handling of expressed breast milk? And, how do you know that high standards of hygiene are being maintained and bottles for children are not mixed up?
- When parents are enrolling their child at the centre how will they know that you support breastfeeding?
- What conversations do you have with parents about their children’s feeding habits, nutritional needs and cultural preferences?
- If you receive a complaint from another parent or visitor about a parent breastfeeding how will you respond in a way that respects the parent/visitor who feels uncomfortable about this, but supports the child and breastfeeding parent?
- What facilities can you provide (e.g. access to drinking water for the mother? An armchair, good-sized cushions or pillows)?
- Have you talked with staff and colleagues about their views on breastfeeding? How can you individually and as a team address any feelings of being uncomfortable or judgemental about breastfeeding?
- What posters, pamphlets and other resource information have you got available in the centre, and where will this be displayed/kept for parents and for staff reference?

**Supportive Information and Resources**

- La Leche League, ph 0800 20 90 20. [www.lalecheleague.org](http://www.lalecheleague.org) Provides books and information about breastfeeding and expressing milk. They can help support or provide referral for parents having breastfeeding difficulties
or who would benefit from being part of a support network. For your local branch check the telephone directory.

- Women’s Health Action Trust, ph 09 520 5205. [www.womens-health.org.nz](http://www.womens-health.org.nz)
  The Women’s Health Action Trust has produced guidelines for combining breastfeeding and work, and has pamphlets and posters.

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22. Centre Exclusion - Substances Policy

BACKGROUND INFORMATION

Reference and Key Text

Licensing Criteria 2008, Health and Safety, Child Protection:

- **HS33**: No person on the premises uses, or is under the influence of, alcohol or any other substance that has a detrimental effect on their functioning or behaviour during the service’s hours of operation.

Consequences policy will help to avoid

- Any harm being caused to adults or children at the centre.
- Children’s safety at the centre being compromised.
- Drunk, disorderly, abusive or ‘out of control’ persons coming onto the premises affecting the people and the services operation.

Interpretation and further information

The key phrase to note here is “…that has a detrimental effect on the person’s functioning…” Key questions to ask – ‘Can they drive, can they walk, are they non-aggressive, will the child be in danger?’

Where you believe the child or person is in serious danger you may consider ‘delaying’ tactics and call the Police to intervene, e.g. Too drunk to drive.

KEY CONSIDERATIONS FOR POLICY CONTENT AND REVIEW

Purpose

As children’s safety and others at the centre is paramount it is important that we, at the centre, are able to exclude those people whose behaviour is detrimentally affected by alcohol and/or drugs who may put children and others safety at the centre at risk.

An example of a possible trigger event

A person who evidentially uses, or is affected by, alcohol or any other substance that has a detrimental effect on the person’s functioning or behaviour, attempts to come onto the licensed premises.

Some reflective questions

- What do you currently do if someone at the centre is affected by alcohol or drugs? What do you do if they want to take their child?
- Do have a list of relevant professionals to call on, eg. Local Police?
- How will ensure the children in your care and adults at the centre remain safe?
Supportive information and resources

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23. Cybersafety and Use Agreement Policy

BACKGROUND INFORMATION

Reference and Key Text

Licensing Criteria 2008, Health and Safety, Child Protection:

- HS32: all practicable steps are taken to protect children from exposure to inappropriate material (for example, of an explicitly sexual or violent nature).

Consequences policy will help to avoid

- Inappropriate use of equipment.
- Exposure to and inappropriate use of material.
- Loss of data stored on equipment.
- Ability to gain access to inappropriate material and information (not intended for that persons use).

KEY CONSIDERATIONS FOR POLICY CONTENT AND REVIEW

Purpose

‘Cybersafety’ – “the safe and responsible use of Information and Communication Technologies (ICT).”

It is important that we protect ourselves and the centre’s ICT system from viruses, spam and other inappropriate content.

The use of digital technologies and the Internet provides an almost unlimited educational resource and a facility to communicate, display and revisit the results of our work. It is imperative that everybody understands their responsibilities with respect to acceptable use of ICT.

An example of a possible trigger event

- Adults and children at the centre using a variety of information and communication technology (ICT) to enhance and support the learning environment.

Some reflective questions

There are two main functional requirements for ICT security in the centre environment:

Security of Business Data:

- How will you prevent unauthorised access and inappropriate use?
- How will you prevent the loss of data through corruption, equipment failure or equipment theft?

Security and Safety of Children - how will you protect them from:

- Inappropriate material?
- Inappropriate persons?
Acceptable Use for ICT Equipment and Services:

- What ICT equipment may be used? Who can use it?
- Whose ICT equipment may be used?
- What may ICT equipment be used for?
- How may ICT equipment be used?
- What information or material may be collected or accessed? Who can access it?
- How is information protected?
- How do you respond to breaches of the policy?
- Do you allow the use of privately owned ICT equipment at the centre? If so, have you considered the increased risk of data security and unacceptable use?

Supportive Information and Resources

- Netsafe has developed policy templates for acceptable use of ICT in early childhood services. These can be downloaded from [www.netsafe.org.nz](http://www.netsafe.org.nz).
- The Ministry of Education (MOE) website has information and guidelines in their ICT infrastructure section [www.minedu.govt.nz](http://www.minedu.govt.nz).

POLICY REVIEW SCHEDULE

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24. Fees Policy

BACKGROUND INFORMATION

Consequences policy will help to avoid

- Parents not paying fees.
- Parents being unaware of the amount of fees to be paid.
- Parents being unaware of consequences of not paying fees on time.

INTERPRETATION AND FURTHER INFORMATION

Documentation for licensing criterion GMA3 can be covered in your centre’s Parent Involvement, Information and Communication Policy. You may choose to have a separate fees policy.

KEY CONSIDERATIONS FOR POLICY CONTENT AND REVIEW

Purpose

To ensure that parents who enrol and attend the centre have up-to-date information on the fees charged at the centre. Parents will be well informed about any changes to fees charged or structure of fee charges and will have ample time to make any necessary changes. Parents will have a clear understanding on the consequences of not paying fees charged on time.

An example of a possible trigger event

Children enrolled at the centre whose parents are required to pay fees for attending/receiving the service.

Some reflective questions

General questions

- Do you have your schedule of fees available to those paying fees? Is it included in the enrolment pack and/or displayed on an information notice board?
- Do you have the necessary records relating to enrolments and attendance?
- If you operate different fees for different times of attendance, e.g. During school holidays, when centre is closed, temporary absence of child, is it clear?
- Should fees be payable over statutory holidays and is the reason made clear to parents?
- Should fees be payable for any period when there may be forced centre closure by a third party e.g. by the Ministry of Health if there is a pandemic?
- What methods of payment are acceptable? How is this made clear to parents?
- When are fees due?
- What happens if fees are not paid (who, what, when)? Does the child lose their place? Do you get debt collectors?

Questions related to 20 hour ECE funding

- If 20 hours ECE is being accessed is the amount charged before 20 Hours ECE is deducted and the amount that the parent will pay after 20 Hours ECE has been deducted, clearly identified?
• Are there any optional charges or donations to include on the fee schedule?
• Is it explained what the optional charge is for?
• For parents who choose not to pay the optional charge what consequences will this have for access to services provided above the minimum regulation standard?
• Do you have payment options for those that have a reason for not paying? If so what are these, who is responsible?

Supportive information and resources

• Ministry of Education Funding Handbook

POLICY REVIEW SCHEDULE

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25. Hand-washing Policy

BACKGROUND INFORMATION

Reference and Key Text

Licensing Criteria 2008, Health and Safety, Toilet and Handwashing Facilities:

- **PF20**: Toilet and associated handwashing/drying facilities intended for use by children are:
  - Designed and located to allow children capable of independent toileting to access them safely without adult help; and
  - Adequately separated from areas of the service used for play or food preparation to prevent the spread of infection.
- **PF21**: There is means of drying hand for children and adults that prevents the spread of infection.

Consequences policy will help to avoid

- Children and adults becoming ill through the spread of infection
- Infection being transmitted by hands.

Interpretation and further information

Most gastrointestinal infections are spread by poor hand hygiene after toilet use. Viral infections can be spread by nasal secretions on hands and surfaces contaminated by hands. Hand drying is very important to prevent the spread of infections. Paper towels are deemed to be the most effective system for hand drying. Liquid soap is recommended.

KEY CONSIDERATIONS FOR POLICY CONTENT AND REVIEW

Purpose

At this centre we promote the health of children and adults, and the children’s families, by reducing the spread of infections transmitted by hands.

Examples of possible trigger events

- Child/adult using the toilet
- Child/adult handling food/eating food
- Child/adult handling toys and equipment
- There is a problem with the water supply

Some reflective questions

- When is hand washing important?
- What is the procedure that adults and children should follow?
- For the different ages and developmental stages of your children, what mix of supervision, routine and independence will work best?
- How can you increase children’s awareness of their bodies and how they function?
- Are staff and older children good role models? How do you ensure that they are?
What hand washing practice should be used for babies (too young to wash hands under running water)?
What will you do if the water supply to the centre is disrupted?

Supportive Information and Resources

- The national public health resource set contains *The High Five* resources aimed at promoting good hand washing and drying habits for children. The high five approach recommends a 20/20 rule: 20 seconds of soaping and rinsing and 20 of thorough drying. The brightly coloured A2-sized poster and a sticker for above the basin spell out the 20/20 rule. A further sticker to go on or near bathroom door is aimed at stopping anyone who has forgotten to wash their hands. To order go online to [http://www.healthed.govt.nz/news/newhandwashingresources.aspx](http://www.healthed.govt.nz/news/newhandwashingresources.aspx)

**POLICY REVIEW SCHEDULE**

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26. Infectious Disease Exclusion Policy

BACKGROUND INFORMATION

Reference and Key Text

Licensing Criteria 2008, Health and Safety, Child Health and Well-Being:

- **HS26**: All practicable steps are taken to ensure that children do not come into contact with any person (adult or child) on the premises who is suffering from a disease or condition likely to be passed on to children and likely to have a detrimental effect on them. Specifically:
  - The action specified in appendix 2 is taken for any person (adult or child) suffering from particular infectious diseases; and
  - Children who become unwell while attending the service are kept at a safe distance from other children (to minimise the spread of infection) and returned to the care of a parent or other person authorised to collect the child without delay.

Consequences policy will help to avoid

- Staff member’s condition becomes worse.
- Children or adults are infected.
- Children, other staff or the image of the centre is at risk.

Interpretation and further information

- **HS30**: Children are washed when they are soiled or pose a health risk to themselves or others.

KEY CONSIDERATIONS FOR POLICY CONTENT AND REVIEW

Purpose

At this centre we will take every precaution to prevent the transmission of infection to other children or adults. We want to ensure that all staff are in good health and able to perform their assigned role to a very high standard and that all children are in good health and kept safe from harm.

An example of a possible trigger event

- A person who is sick or not capable of working attempts to come to work or to continue to work.

Some reflective questions

- How will you know if a person (adult or child) is in ill health? What indicators are present/evident?
- What process will be followed if the level of ill health is considered too high - risk of infecting other’s at the centre?
- At what point will exclusion from the centre be necessary?
- Where is the health schedule located?
- When is an adult too ill to work/unable to work?
- How are illnesses recorded?
• Who is responsible for notifying officials of infectious/notifiable diseases?
• Who/when is a child’s parent or emergency person contacted?

Supportive information and resources

• A list of infectious and notifiable diseases is contained in Appendix 2 of the Licensing Criteria.
• The Ministry of Health’s website www.moh.govt.nz has a resource called Nga Kupu Oranga: Healthy Messages. It is a health and safety resource for early childhood services and is available to download.
• The Ministry of Health’s website has information about preventing infectious diseases http://www.moh.govt.nz/moh.nsf/indexmh/immunisation-about

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27. Nappy Changing Facilities Policy

BACKGROUND INFORMATION

Reference and Key Text

Licensing Criteria 2008, Health and Safety, Child Health and Well-Being:

- **PF2**: There are nappy changing facilities of rigid and stable construction that can be kept hygienically clean. These facilities are located in a designated area near to hand-washing facilities, and are adequately separated from areas of the service used for play or food preparation to prevent the spread of infection. The design, construction, and location of the facilities ensure that:
  - They are safe and appropriate for the age/weight and number of children needing to use them;
  - Children’s independence can be fostered as appropriate;
  - Children’s dignity and right to privacy is respected;
  - Some visibility from another area of the service is possible; and
  - Occupational health and safety for staff is maximised.

- **PF26**: A procedure outlining how the service will ensure hygiene and infection control outcomes are met when washing sick and soiled children (related to clause 45(1)(a)(ii) of standard).

Consequences policy will help to avoid

- Staff becoming injured due to lifting heavy children, etc.
- Spread of infection among adults and children at the centre.
- Loss of child’s dignity.

Interpretation and further information

If you choose to have a policy to cover facilities for nappy changing, cross-reference this with your nappy changing policy.

KEY CONSIDERATIONS FOR POLICY CONTENT AND REVIEW

Purpose

At this centre we want to ensure that the nappy changing facilities will be safe, hygienic and appropriate for both the child(ren) being changed and the adults who are changing them (occupational health and safety).

We aim to uphold the health and wellbeing of children by ensuring that there are suitable facilities and practices for washing children who vomit or soil themselves while attending the service so that the risk of cross infection is reduced.

An example of a possible trigger event

- A child attending the centre requires a nappy change.

Some reflective questions

- Is the nappy changing facility of a suitable height and construction to ensure safety and hygiene? Is it in a designated area? Does it foster children’s
Supportive information and resources

**POLICY REVIEW SCHEDULE**

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28. Privacy Policy

BACKGROUND INFORMATION

Reference and Key Text

Privacy Act 1993. Display the following:

| The Privacy Officer of this service is .........................
| It is their responsibility to:
| Use information collected for the purpose it was collected for;
| Ensure personal information is securely stored;
| Ensure information collected is accurate; and
| Make available to a person information held about them.

Consequences policy will help to avoid

- Disclosure of personal information to the wrong person/agency
- People being able to access personal information that is not relevant to them (information about others)
- Collection of inaccurate information
- Inability to access or have access to information about self.

Interpretation and further information

At the core of the Privacy Act are 12 core principles. These are outlined by the Privacy Commission online at http://www.privacy.org.nz/information-privacy-principles These principles should inform and underpin your centre policy on privacy.

KEY CONSIDERATIONS FOR POLICY CONTENT AND REVIEW

Purpose

To ensure that all information collected, whether on a child or adult, is lawful and used for the appropriate and intended purpose. Parents/guardians will have a clear understanding of the reasons for collecting such information and will give consent where necessary.

Examples of possible trigger events

- Having children’s/families personal information at the centre when enrolled.
- Having adult’s personal information on file when employing staff.
- A centre website is being developed; it may publicly display pictures of children or other information for which permission should be sought.
- A newspaper reporter or film crew want entry to talk with children/parents/staff or take pictures.
Some reflective questions

Adults:

- Has the information you have collected about a person come directly from that person?
- Have you explained what the information will be used for and who else may be given the information?
- Is the information used for a lawful purpose?
- Is the information collected relevant to the position?
- Is information stored with the proper safeguards against loss or wrongful disclosure? Are they water and fire safe and with adequate security? Do you have measures to stop unauthorised people getting into computer files or manual filing systems?
- Is it only the people whose jobs directly relate to the information who have access to it?

Children:

- Is the information collected used only for the purpose in which it was obtained for?
- Does your enrolment form provide for an explanation about what information is collected and how it will be stored, etc? This can be a useful way of gaining parents consent.
- Is the information collected shared only with others who need it to carry out their duties related to that child? Have you confirmed that consent was granted for sharing this information?
- Do you have a way of highlighting on the child’s records when a parent/guardian has not given consent to the disclosure of any or all of the information?
- How will you handle information when the child’s parents are not living together?
- Have you appointed a Privacy Officer? This person is responsible for ensuring that the children’s guardians enrolling the child have a clear understanding of why the clauses are there, and what they are giving their consent to.
- When a researcher or other person wants to observe or gather data on a child/ren what safety protocols and checks will be put in place?

Supportive information and resources

- The Privacy Act and Codes are available online at http://www.privacy.org.nz/the-privacy-act-and-codes/
- Privacy in Schools – A guide to the Privacy Act for principals, teachers and boards of trustees published by the Office of the Privacy Commissioner gives practical advice to schools about how the Privacy Act works. It includes discussions and examples of each of the privacy principles and looks at other relevant legislation that may need to be applied first. For instance: Can schools use CCTV cameras? Should they put photos of students on their websites? Do school counsellors have to disclose information to parents? When do schools have to disclose information to other agencies? How much information needs to be collected on school enrolment forms? The book is available as a free download from www.privacy.org.nz or in hardcopy for a small price. Email: enquiries@privacy.org.nz
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29. Settling and Transition Policy

BACKGROUND INFORMATION

Reference and Key Text: There is no regulatory text for this. Settling and transition issues are important ones for both children and adults, and need to be handled sensitively and skilfully by staff.

Consequences policy will help to avoid

- Staff who do not know what process to follow when children start at the centre and/or transition.
- Parents who don’t know what to do when they start at the centre and/or transition.
- Children and parents who feel uncertain and stressed by the process of starting at the centre and/or transitioning.

KEY CONSIDERATIONS FOR POLICY CONTENT AND REVIEW

Purpose

Settling into a new centre and transitioning from home to centre, from one centre to another, or to school, can be stressful for both the child and parents. At this centre we aim to provide a process that is positive, relaxing and fun, which will optimise the benefit of attending the centre.

Examples of possible trigger event

- A child starts attending the centre.
- A child who initially appeared to settled in well at the centre, now clings to his parent during drop-off.
- A child is ready to move to an older age group within the centre
- A child will be leaving the centre shortly to start school.

Some reflective questions

Settling

- What are your induction procedures for families?
- How are children and families welcomed to the centre?
- How are children settled into the centre?
- How long will parents be encouraged to stay at the centre? What are they encouraged to do when they leave during the settling period? How will you discuss this with families?
- Does your centre have a Primary Caregiver system for the youngest or every child?
- What support is available to parents – network of existing parents, discussion with staff?
- Are there any practices you would discourage, eg. Leaving a child without saying goodbye? How will you deal with these situations if they occur?
Transition of children to another part of the centre, another centre or school:

- What specific procedures will be implemented when a child moves from one room to another within your centre?
- How will communication occur between your service and any new centre/school?
- How does the centre support children in transition?
- Are there options for school visits? Do you have relevant books/dramatic play props/opportunities for discussion available to children?
- How does on-going curriculum assessment and planning take transitions into account?

Supportive information and resources

- Rockel, J. (2003). "Someone is Going to Take the Place of Mum and Dad and Understand": Teachers' and Parents' Perceptions of Primary Care for Infants in Early Childhood Centres. *NZ Research in ECE Journal*, Volume 6 (available through the ECC).

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30. Sleep Space and Facilities Policy

BACKGROUND INFORMATION

Reference and Key Text

Licensing Criteria 2008, Premises and Facilities, Sleep:

- **PF29:** Furniture and items intended for children to sleep on will include cots, beds, stretchers, or mattresses (will be referred to as ‘beds’ in this policy) and will be of a size that allows children using them to lie flat, and are of a design to ensure their safety.
- **PF30:** Beds that will be used by more than one child over time are securely covered with or made of a non-porous material that:
  - Protects them from becoming soiled;
  - Allows for easy cleaning (or is disposable); and
  - Does not present a suffocation hazard to children.
- **PF31:** Clean individual bedding such as blankets, sheets, sleeping bags, and pillowslips is provided for sleeping or resting children that is sufficient to keep them warm.

All Day Services Only:

- **PF33:** Space is available for children aged 2 years and older to sleep or rest for a reasonable period of time each day. If the space used for sleeping or resting is part of the activity space, there are alternative activity spaces for children not sleeping or resting as necessary.
- **PF34:** Beds are available for the sleep or rest of children aged 2 years and older.
- **PF37:** A designated space is available to support the provision of restful sleep for children under the age of two at any time they are attending. This space is located and designed to:
  - Minimise fluctuations in temperature, noise and lighting levels;
  - Allow adequate supervision; and
  - Accommodate at least the requirements of criterion **PF38**, when arranged in accordance with criterion **HS10**.
- **PF38:** Beds are provided at a ratio of at least one to every 2 children under the age of two.

Sessional Services Only:

- **PF32:** A safe and comfortable place to sleep is available for children aged two and older that require sleep or rest during a session;
- **PF35:** A designated space is available to support the provision of restful sleep for children under the age of two at any time they are attending. This space is located and designed to:
  - Minimise fluctuations in temperature, noise and lighting levels;
  - Allow adequate supervision; and
  - Accommodate at least the requirements of criterion **PF36**, when arranged in accordance with criterion **HS10** (adult access around beds, etc);
- **PF36:** Beds are provided at a ratio of at least one to every 5 children under the age of two.

Consequences policy will help to avoid

- Lack of criteria/guidelines for using and selecting beds and bedding for children.
• Inadequate beds/bedding and facilities for ages or numbers of children.
• Children not assured of undisturbed rest.

**Interpretation and further information**

You may choose to have a written policy covering sleep space and facilities or you may choose to cover the requirements through developing standard procedures that are known to and adhered to by all staff in the centre.

**KEY CONSIDERATIONS FOR POLICY CONTENT AND REVIEW**

**Purpose**

To ensure the health and well being of children who sleep and/or rest whilst at the centre, we will implement recommendations/guidelines on adequate/appropriate sleep space and facilities.

**Examples of possible trigger events**

• Children are sleeping whilst at the centre.
• Planning space and facilities for sleep/rest.
• Centre arranges beds and bedding for children sleeping.

**Some reflective questions**

• Do you have a suitable number of beds and bedding for those children sleeping/resting at the centre?
• Is the space available adequate to ensure children can sleep comfortably and safely and adults can monitor sleeping children accordingly?
• Are beds easy to maintain, keep clean and store when not in use?
• Are children provided with individual bedding that is laundered weekly or as required?
• Is there a designated area for sleeping children?
• Is there adequate heating, lighting and ventilation in the sleep area?

**Supportive information and resources**

• Farquhar, S. (2008). *The rationale for closed sleeprooms*. A policy paper critiquing whether it is best to require all under-twos to sleep in a closed-door sleep room. This paper is useful as background reading for considering different beliefs surrounding infant sleeping and the evidence. [http://www.childforum.com/articlesn_details.asp?REF_NO=15](http://www.childforum.com/articlesn_details.asp?REF_NO=15)
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31. Smoke-Free Policy

BACKGROUND INFORMATION

Reference and Key Text

Education (Early childhood Services) Regulations, Health and Safety Practices: General #1(a):

- Every licensed service provider to whom this regulation applies will take all reasonable steps to promote the good health and safety of children enrolled in the service.

Smoke Free Environments Act #108, Workplaces and Public Areas, Part 1 #7(a):
Smoking prohibited at schools and early childhood education and care centres:

- The managers of school premises or premises to which subsection (4) applies (as per rationale) must take all reasonably practicable steps to ensure that -
  - No person smokes in any part of the premises (whether an internal area or an open area) at any time on any day; and
  - A notice stating that smoking within the premises is forbidden at all times is prominently displayed
    - (i) Every entrance to the premises; and
    - (ii) Every outer entrance to every building or enclosed area forming part of the premises.

Consequences policy will help to avoid

- Detrimental health effects to others.
- Discomfort to others.
- Poor role models for young children.
- Increased risk of fire and accidental burns.

Interpretation and further information

- Smoking at the centre is not permitted inside or outside at any time and on any day – totally prohibited.
- Employer must have signs that clearly state NO SMOKING is permitted on the premises at any time on any day.

KEY CONSIDERATIONS FOR POLICY CONTENT AND REVIEW

Purpose

At this centre we will prevent the detrimental effect of other people’s smoking on the health of all adults and children here.

An example of a possible trigger event

- People who smoke employed and/or on the premises.

Some reflective questions

- What will you do if someone enters the centre smoking?
• How will you accommodate staff who want to smoke during their breaks or non-contact time?
• How will you inform others about this policy?
• Who is responsible for ensuring appropriate signage is up?

Supportive information and resources

• The Ministry of Health provides free pamphlets to support early childhood centres in being smoke free. To order go online to http://www.healthed.govt.nz/resources/informationforschoolsandeearlychild.aspx

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32. Sun Protection Policy

BACKGROUND INFORMATION

Reference and Key Text

Education (Early Childhood Services) Regulations 2008, 46 Health and Safety Practices standard general:

- 1(a): requires every licensed service provider to whom this regulation applies to take all reasonable steps to promote the good health and safety of children enrolled in the service.

Consequences policy will help to avoid

- Children being exposed to excessive UVR from being in the direct sunlight for too long.
- Eye damage.
- Sunburn and skin damage (immediate) and risk of skin cancer.
- Unhappy children and parents.

Interpretation and further information

Whilst there is no statutory obligation to have a policy and procedure to protect children from the sun, there is the general requirement to promote good health and safety and to keep children from harm. Allowing children long unprotected exposure to the sun is considered harmful and this policy/documentation is often asked for by Ministry officials during ERO reviews, etc.

Parent and family awareness can be promoted in many ways, including:

- At enrolment.
- General conversations.
- Through newsletters and notice board material.
- Providing a copy of the service’s sun protection policy.
- A display in the foyer or entrance way of protective clothing examples, sunscreen and pictures of children playing the sun protection way.
- Flyers and brochures on SunSmart from the Cancer Society.
- A picnic in the late afternoon and tree planting. Prizes for ‘Best SunSmart Outfits’ could be awarded.

KEY CONSIDERATIONS FOR POLICY CONTENT AND REVIEW

Purpose

As part of the centre’s commitment to protect children from harm it is important for us to contribute to minimising the risk of exposing children to excessive ultraviolet radiation (UVR) that causes sunburn, skin damage and increases the risk of skin cancer.

Recognises the importance of having a balance between avoiding an increase in the risk of skin cancer and getting enough sun exposure for children to maintain adequate levels of vitamin D. Between April and August children will be encouraged to actively enjoy the sun and not wear sunhats, sunscreen or play in the shade.
An example of a possible trigger event

Children playing outside in direct sunlight during the times when the UV Index is 3 or above.

Some reflective questions

- Is your programme structured to ensure ‘safe’ outside time during day light saving months (Sept – Mar)? For example do children’s activities take place inside or in shade protected areas during 11-2pm?
- What sun protection is used outside?
- What strategies do you have in place to ensure children wear sunhats, have sunscreen applied, play in shaded areas, etc.?
- Is there danger from reflective surfaces e.g. concrete walls, tin, snow, tin?
- What special precautions will you take to protect young skin (infants and toddlers) when travelling in buggies/prams?
- What documentation do you have? How do others know?

Supportive information and resources

- Cancer Society of NZ resources. To view click on [http://www.cancernz.org.nz/HealthPromotion/SkinCancerControl](http://www.cancernz.org.nz/HealthPromotion/SkinCancerControl)
- Dorothy the Dinosaur and her Magic Hat (Wags the Dog learns how to play safely in the sun with the help of Dorothy) by Lianne McDermott. Published 2005 by the Wiggles.
- Music and Circle Time by Margaret Collins and Claire Wilkinson. Published 2006 by Paul Chapman Publishing. This teachers’ book contains a song about being safe in the sun and lists activity and dance ideas to go with the song. The song starts “Daisy, Daisy playing outside is fun …”
- Play Day by Fiona McKay. Published 2001 by The Cancer Council New South Wales.
- LuLu’s Holiday by Caroline Uff. Published 2001 by Orchard Books.

POLICY REVIEW SCHEDULE

At the end of the policy statement include a schedule to provide evidence of regular review and to assist you to keep track of any changes. Here is a sample format:

<table>
<thead>
<tr>
<th>Introduction Date</th>
<th>Next review date</th>
<th>Comment</th>
<th>Consultation Undertaken (e.g. staff feedback forms, parent survey)</th>
</tr>
</thead>
</table>