Licensing Operational Guide
For
IN HOME CHILD CARE
(ARB)
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Licensing Operational Guide for In Home Child Care ARB

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Standard 1 - Fit and Proper

What must our ARB do to meet the fit and proper standard?
The care of children in the absence of their parents requires a high degree of responsibility and the Education and Care Unit must be satisfied that a licensee is a responsible person/body who will at all times ensure the welfare of children.

‘Fit and proper’ concerns the suitability of the character of the person to be entrusted with the care of children and their ability to perform the functions of the position to the required standard.

The applicant for an ARB licence must meet the tests for a fit and proper person, which include:

- maintaining a current Tasmanian Working with Children Check or a valid safety screening clearance issued by the Department of Education;
- implementing procedures to ensure that all staff, registered carers and other persons connected with the ARB who have contact with children are fit and proper persons;
- having a thorough understanding of their legislative authority and responsibilities under the Child Care Act 2001; and
- having an understanding of their duty of care in relation to operation of the ARB.

Note: The Child Care Act 2001, Section 15A(2) outlines a range of matters that the Secretary, Department of Education, may consider in determining whether an applicant is fit and proper to hold a licence – such as the quality and standard of any child care/education and care services previously operated by the applicant in Tasmania or elsewhere.

What is a current Tasmanian Working with Children Check?
A Tasmanian Working with Children Check is a compulsory national criminal record check required under the Tasmanian Registration to Work with Vulnerable People Act 2013 (Registration Act) for people who engage in child-related work in Tasmania.

Tasmanian Working with Children Checks have replaced safety screening clearances and are being phased in over an 18 month period from 1 July 2014 for those involved in the child care sector.

The Tasmanian Working with Children Check is carried out to identify individuals who may pose a risk of harm to children. Those individuals, who are deemed unsuitable, will not be able to work with children in a range of regulated activities. ‘Child care services’ is a regulated activity under the Registration Act.

This Act is intended to reduce the likelihood of harm to children through background checking and risk assessment of persons working with children. Importantly, the check provides the ability to quickly remove a person from child-related activities if an event occurs that might indicate a risk of future harm to children.

When to apply
As stated above, the requirement to hold a Working with Children Check is being phased in for those who already have a safety screening clearance. The expiry date of a current safety screening clearance from the Department of Education determines when to apply for a Tasmanian Working with Children Check.
Persons not holding a safety screening clearance will need to apply for a Working with Children Check prior to engagement in the child care sector.

Therefore, from 1 October 2014, people working or volunteering in certain roles in child care services will need to hold a Tasmanian Working with Children Check or a valid Safety Screening Clearance issued by the Department of Education.


**What is a valid safety screening clearance?**

A crucial component in assessing a person’s fitness and propriety has historically been a safety screening clearance. This process enabled the Conduct and Investigations Unit, Department of Education, to request information from the Police and other government departments, e.g. Child Protection. It remained in place until 1 October 2014 when it was replaced by the requirement to hold a Working with Children Check under the *Registration to Work with Vulnerable People Act 2013*.

The *Registration to Work with Vulnerable People Regulations 2014* specifies the dates from when individuals holding a safety screening clearance are required to hold a Working with Children Check. Therefore the safety screening clearance is only considered **valid** until these specified dates are reached, even though the original letter regarding the safety screening clearance from the Department of Education may state a later expiry date.

**How can our ARB ensure that our staff and personnel, registered carers, and other persons involved with the service are fit and proper?**

The licensee is responsible for:

- ensuring that all staff and others associated with the service (including any person 18 years and over who will be in contact with the children, whether working in a paid position, volunteer, or student; and staff members who are under the age of 18 years) hold a current Tasmanian Working with Children Check or valid safety screening clearance. This will include sighting the identifying number and expiry date of the Tasmanian Working with Children Check and verifying the currency of the Check online, or sighting a valid safety screening clearance.
- maintaining records of the identifying number and expiry date of the current Tasmanian Working with Children Checks or copies of the valid safety screening clearances for all the people outlined above*;
- ensuring that all staff and others associated with the service have the necessary knowledge, skills and experience for the position they hold.

Other measures that the service may use to assess whether a person is fit and proper include, personal and professional referees, medical checks, and conducting interviews with prospective staff to ensure they have the appropriate knowledge, skills and experience.

It is required that the licensee verify the currency of the Tasmanian Working with Children Check with the Department of Justice, and recommended that the licensee verify the validity of the safety screening clearances with the Conduct and Investigations Unit. This is because a person may hold a hard copy Working with Children Check card or a safety screening clearance, however, their Check or clearance may have been suspended or cancelled.
Can members of the carer’s family accompany the carer to an in home care situation?
The ARB may establish policies concerning a carer’s spouse/partner or children accompanying
the carer to the care situation. These policies must include a requirement for the
spouse/partner to have a current Tasmanian Working with Children Check or valid safety
screening clearance issued by the Department of Education.

In relation to the carer’s children, the policy may stipulate that those aged 18 years or older
must have a current Tasmanian Working with Children Check or valid safety screening
clearance issued by the Department of Education. The ARB may also specify requirements
around the carer’s children aged 15 – 18 years.

For licensing, the applicant will need to provide the following documents
The identification number and expiry date of Tasmanian Working with Children Checks or
copies of valid safety screening clearances for:
• the applicant (or two representatives where the applicant is a body corporate or
government agency);
• responsible person (where applicable);
• the person in charge;
• all staff and personnel;
• persons 18 years or older (volunteers, students and regular visitors)
Standard 2 - Qualifications for staff and personnel of the ARB

An ARB (IHCC) arranges the placement of carers with families and monitors the care provided. The ARB organises the assessment, selection and registration of in home child carers and it must ensure appropriate support for carers; and provide in-service training/professional development. The ARB is responsible for implementing any relevant Australian Government guidelines.

The primary responsibility of the ARB is to ensure that the carers registered with them maintain good quality care in an environment which is healthy and safe for children.

How can our ARB ensure that carers, staff and other relevant personnel have appropriate knowledge, skills and experience?
It is the licensee’s responsibility to ensure that all carers, staff and other relevant personnel have appropriate knowledge, skills and experience. High quality recruitment and selection procedures, and clear record keeping will assist the licensee to meet this responsibility.

As part of the licensing process, the ARB must forward information about their organisational structure to the Education and Care Unit, and complete a Schedule of Personnel, which will detail all staff, their positions, qualifications, and first aid certification (this form will be part of the licensing package provided by the Education and Care Unit).

What is an approved child care qualification?
An approved child care qualification is the minimum of a two-year full-time or equivalent accredited post-secondary education or equivalent tertiary qualification in child care (early childhood) or education (early childhood), e.g. Diploma/Advanced Diploma in Child Care.

Note: Any qualification that is not clearly the equivalent of a two-year full-time course in early childhood or early childhood education must be forwarded to the Education and Care Unit for assessment, prior to employing that person.

The licensee must sight the original of an applicant’s qualifications. Where the name on the certificate differs, the licensee must check evidence of change of name. The licensee is required to keep copies of staff qualifications on file.

Can relevant qualifications, e.g. Mothercraft Nursing, which were not two-year full-time courses be recognised as ‘approved qualifications’?
Yes. A person who holds a qualification approved prior to July 1997, which was not a two-year full-time or equivalent post-secondary or tertiary course in child care (early childhood) or education (early childhood), e.g.

- Mothercraft Nursing;
- NNEB (Nursery Nurses Examination Board, England);
- Nursing (SRN),
will maintain their qualified status, provided that they have not had a break from the child care industry for more than five years.

Consequently, a person who holds a qualification approved prior to July 1997, which does not meet the criteria for an approved qualification, and who has had a break from the child care industry for five or more years, will need to obtain certification from a recognised assessment organisation (RTO) to confirm that they meet the current approved qualification standard.
What are the requirements for first aid qualifications?
All staff members who have regular contact with children must hold current approved first aid qualifications, including:

- a current approved first aid qualification; and
- a current approved emergency asthma management qualification; and
- a current approved anaphylaxis management qualification; and
- a current approved CPR qualification, (which must include child CPR and be updated annually)

Please refer to the Education and Care Unit, Department of Education’s, website, which specifies the agreed codes for First Aid, CPR, asthma and anaphylaxis training/qualifications.

Any course that has a different code, must be a nationally accredited equivalent course. Where staff attend a course that has a different code to that specified on the Education and Care Unit’s website, evidence will need to be provided that the course attended is a nationally accredited equivalent course. It is expected that this documented evidence will be provided by the Registered Training Authority (RTO).

First Aid Qualification required for administration of asthma medication, i.e. as a first aid response in an emergency and where a child is known to have asthma
To both obtain a supply or to administer Salbutamol (ventolin), both where a child is known to have asthma (has an ‘Asthma Plan’) and in an emergency, child care personnel require a current, approved emergency asthma management qualification.

As previously stated, the Education and Care Unit, Department of Education’s website, specifies the agreed codes for asthma qualifications.

An annual update is recommended to maintain skill level but is not required.

*Persons authorised to administer Salbutamol are detailed in the Tasmanian Poisons Regulations 2008 reg 54 (4).

Anaphylaxis and allergic reactions
There has been a sharp increase in the number of children with allergic/anaphylactic reactions in recent years and there is growing recognition of the need for child care personnel to be aware of such issues.

Administration of adrenaline auto-injecting devices, e.g. EpiPen, AnaPen in an emergency situation is potentially emotive, and it is recognised that a trained person will be in a better position to deal with an emergency.

Having persons trained also assists the service with the implementation of safe practice and procedures, thereby minimising risk for children with allergic/anaphylactic reactions while in the care of the service.

This qualification must be renewed every three years, or in line with RTO requirements. An annual update is recommended to maintain skill level but is not required.

Please note that the Anaphylaxis Australia website http://www.allergyfacts.org.au/ has useful information.
In general, adrenaline must only be administered if there is a Medical Action Plan in place for the child. In other circumstances Tasmanian Ambulance Services must be called on 000 and their directions followed.

**A person without an approved qualification has been appointed to a position which requires a qualification – can this person continue to hold this position?**

The Education and Care Unit recognises that some ARBs may have staff who do not have an approved qualification appointed to positions for which an approved qualification is required. These persons may continue in this position under certain conditions approved by the Education and Care Unit:

- they undertake training which will lead to an approved qualification (highly desirable);
- the qualification is to be completed within an agreed time frame and reviewed at least every 12 months; and
- where relevant, the person participates in a mentorship program approved by the Education and Care Unit.

Or:

- they enter into a process with a registered training provider (RTO) to gain recognition of their current competencies leading to an approved qualification; and
- where relevant, the ARB will be required to participate in a mentorship program approved by the Education and Care Unit.

Or:

- special circumstances as approved by the Education and Care Unit.

**Can this apply to an unqualified person who is the appointed coordinator/person in charge when the licensing standards are initially implemented?**

Yes. The Education and Care Unit may give approval for the coordinator/person in charge, who may have neither an approved nor an appropriate qualification at the time of the commencement of the In Home Child Care Standards, to continue in that position.

**Our service would like to have a “job-share” part-time arrangement for the person-in-charge position – what should we do?**

The ARB is to contact the Education and Care Unit. Such requests will be considered on a case by case basis. The service will need to demonstrate that it has developed a management plan which demonstrates how it will deal with, for example:

- day to day operational issues;
- licensing preparation and visits;
- management structure;
- broader management issues;
- continuity and consistency of cover and service delivery, levels of responsibility;
- appropriate communication strategies; and
- evaluation/review of the management plan.

**For licensing, the applicant will need to provide the following documents/information**

- Organisational structure
- Schedule of Personnel
- Copies of approved qualifications for persons whose primary role is advising in home child carers
• Where relevant, a copy of documentation which validates that a person with a pre-1997 qualification meets the current qualification standard
• Where relevant, copies of documentation to validate a person’s progress towards an approved qualification
• Copies of current first aid qualifications for all staff members who have regular contact with children, including:
  i) a current approved first aid qualification; and
  ii) a current approved emergency asthma management qualification; and
  iii) a current approved anaphylaxis management qualification; and
  iv) a current approved CPR qualification, (which must include child CPR and be updated annually).
Standard 3 - Administration and Records

An ARB needs to keep adequate and accurate records, and have appropriate administration practices in place to ensure the safety and wellbeing of children, and to ensure the legal protection of staff and carers. It is also important that the ARB and carers ensure that children’s information is up to date, in case of an emergency.

An ARB receives considerable personal information about children, their families and staff members. Such information is to be kept confidential. The ARB will need to determine who is able to access these records and under what circumstances.

Information about a child must not be given to any other person without parental permission, except where statutory requirements dictate otherwise. An ARB must be aware of any applicable privacy legislation and reflect this in the wording of relevant enrolment, employment, report forms and policies.

What insurance cover does our ARB need?
To obtain a licence, the ARB must demonstrate that public liability and workers compensation insurance are current. The ARB may check with an insurance broker or insurance company to determine what other insurances are required or recommended.

What must an ARB have in place in relation to disciplinary action, suspension, and de-registration of carers?
The ARB’s written policy/procedures must cater for situations ranging from the non-dangerous, to serious breaches and emergencies.

Power to take disciplinary action
I. Direct action by the ARB

The Child Care Act 2001 states that the Standards may make provision for disciplinary action (Section 47 (3) and Section 45 (5)). This ensures that the ARB is able to take disciplinary action against in home child carers registered with it.

Section 47 (3) states ‘Without limiting subsection (2), the Standards may make provision with respect to the following matters:

(g) All matters relating to -
   (iii) the taking of disciplinary action by an ARB against a child carer.’

‘Disciplinary action’ open to an ARB means any one or more of the following:

- the issuing of a letter of censure; or
- the amendment of a registration; or
- the suspension of a registration; or
- the cancellation of a registration.

It is recommended that, in the letter of censure to a carer, the ARB incorporate the action that the carer must take in order to rectify the situation and specify the time period for this. It may also outline the ARB’s response if the carer does not follow the required action within the required timeframe.

To accord a carer procedural fairness, if an ARB wants to take disciplinary action other than a letter of censure, it may invite the carer to first make submissions on the matter and take these submissions into consideration.
2. **Disciplinary action through the Department of Education**

Section 45 (5) enables an ARB to proceed to take disciplinary action under Section 25, after having, as an emergency measure, suspended a carer’s registration (refer to 3 - Emergency suspension of registration’, below).

Section 25 is written specifically in terms of the Secretary’s powers to take disciplinary action with regard to a licence holder. Therefore, under Section 25 (5), the Secretary could send a letter of censure to the ARB to cancel or suspend the registration of a registered carer or to amend that registration (including the registration conditions to which that registration is subject).

However, Section 25 (5) states that this letter of censure does not limit the disciplinary action that is open to the ARB.

Section 25 (5) was included in the Act in order to assist an ARB that may be experiencing difficulties in implementing disciplinary action. It enables the ARB to request the additional support of the Department – it is not expected that the Secretary would generally direct the actions of an ARB.

**Under what circumstances would an ARB take disciplinary action?**  
Circumstances in which the ARB may take disciplinary action could include:

a) where the in home child carer has contravened the *Child Care Act 2001*, the regulations, the In Home Child Care Standards, or a condition to which their registration is subject; or

b) where the carer is no longer a fit and proper person to hold the registration.

Examples of such circumstances could include one or more of the following:

- inappropriate behaviour towards staff of the ARB, other carers, families and children;
- the carer refuses to permit access to a child in care, or to the premises, by personnel from the ARB (or authorised officer from the Education and Care Unit – see Section 38 (1) (a) (i) of the *Child Care Act 2001*), during any reasonable time that children are in care;
- concern that the carer no longer is able to provide for the welfare of children;
- the carer provides false or misleading information in relation to the administrative/legal requirements of the ARB, State, or Australian Government;
- a substantiated complaint from a parent regarding unsatisfactory service by a carer;
- the carer commits a breach of the In Home Child Care Standards, e.g.
  - the carer is not complying with relevant health and safety regulations;
  - the carer does not complete the Hazard Identification and Management checklist as per ARB policy.
- a change in the carer’s circumstances which may affect the conditions of registration, or implies that the carer no longer is able to lawfully carry out the conditions of registration;
- the carer is suspected of/identified as responsible for child abuse or neglect;
• is being investigated/is convicted of criminal charges which indicate a threat to the welfare of children.

3. Emergency suspension of registration
The Child Care Act 2001, Section 45, gives both an ARB and the Secretary emergency powers to act immediately, if concerned that a child:
   a) is not in a safe environment; or
   b) is not being properly and appropriately cared for and supervised; or
   c) is in or may be exposed to a situation where every reasonable precaution is not taken to protect the child from a hazard likely to cause injury;

This covers situations where there is concern that a registered in home child carer is not complying with Section 29 (2)).

Section 45 enables either the Secretary or an ARB to suspend a registration for a period not exceeding seven days. The suspension may be revoked at any time.

Note: None of the above precludes the suspension of a carer’s Tasmanian Working with Children Check by the Department of Justice, or the suspension of the carer’s safety screening clearance by the Department of Education’s Conduct and Investigations Unit. Suspension of either would automatically result in the suspension of a carer’s registration, because their Tasmanian Working with Children Check or safety screening clearance would no longer be valid.

Must carers/the ARB notify parents of all accidents, incidents or injuries?
The ARB must establish guidelines for carers and staff to follow. Some may decide that parents do not need immediate notification, e.g. by telephone, of minor accidents or incidents; however, parents must be notified promptly of any serious accident/injury.

In situations when the child has an accident/injury to the head, parents must be notified as soon as possible and the child closely monitored for signs of concussion.

Details of all accidents, injuries, or incidents must be detailed on an appropriate report form as soon as possible. Details must be accurately and objectively recorded.

Parents must sign the report as an acknowledgement that they have been informed of the details of any accident, injury or incident and any action that was taken.

In case there may ever be a dispute about the time that a parent was notified of a child’s accident/injury, and the time that the child received treatment, the carer must record on the accident/injury report the time that the child was signed out of care and the name of the person who took the child to medical treatment.

Record Keeping
The ARB must have procedures around record keeping and storage that very clearly delineate the responsibilities of both the ARB and the carers. For example, this may specify the period of time that the carer is required to keep records, what may occur if the carer’s registration ceases with that ARB, or the carer moves interstate, etc.

Why do we need to keep a record of the child’s immunisation status?
It is a requirement of the Public Health Act 1997 that a person in charge of a child care service obtains information about a child’s immunisation status before that child commences care.
Parents may elect not to have their child(ren) immunised because of medical or other reasons – but it is necessary to have a written record of this to enable the ARB and carers to act promptly, in the event of an outbreak of mumps, rubella (German measles), measles, polio, diphtheria, pertussis (whooping cough), etc. Keeping immunisation records up to date will enable the ARB and carers to act promptly.

Public health authorities have developed guidelines to assist child care services deal with such situations.

**Why do we need to keep a record of notifiable illnesses?**

A record of notifiable illnesses will assist the ARB and carers to implement any necessary action plan, such as notifying other families, upgrading cleaning or hygiene routines, etc. Parents have a right to know of illnesses which may have been introduced into the care situation and the signs and symptoms that will alert them to any change in their own child’s health.

The Australian Government publication, *Staying Healthy: Preventing Infectious Diseases in Early Childhood Education and Care Services*, recommends recording, as a minimum, the name and age of child, the symptoms, and the date and time symptoms were noticed.

A record of illnesses would assist public health authorities in the event of an outbreak of a notifiable disease.

It is a recommended practice (refer to *Staying Healthy*), and helpful to the Tasmanian Public and Environmental Health Service of the Department of Health and Human Services, if an ARB advises them of any case of a notifiable disease.

**How long do we need to keep records?**

Apart from licensing requirements, there are several reasons for keeping accurate records, such as the ARB’s business, legal and insurance obligations.

Some organisations decide to keep enrolment records, for example, as part of their cataloguing of the organisation’s history.

The ARB must be aware of other relevant legislation or regulations which may apply to its operations, such as taxation, workplace health and safety legislation and local government regulations.

**The Tasmanian Limitation Act, 1974**

Under the terms of this Act, a parent or guardian may commence legal action on behalf of a child within three years of an accident or injury. This time can be extended by a further three years by the court.

This means also that children may make a claim within three years of reaching 18 years, with an extension of three years if approved by the court.

A further possibility is that a condition/consequence of an accident or injury may not become apparent within the initial three year period following the accident or injury – in such an instance, the limitation period would commence from the time that the condition does become apparent.

Because the *Tasmanian Limitation Act, 1974* provides for the periods of time in which a claim can be made, the length of time that records are kept must be in line with the Act. The majority of children are placed in child care by a parent or guardian and an ARB could reasonably expect that six years is the minimum period of time to retain records such as
enrolment and personal information, authorisation and administration of medication, excursions and parental permissions.

However, records of accident and injury and treatment of the same, must be retained until a child turns 25 years of age.

If the ARB is unsure whether or not a situation will require investigation in the future, it would be prudent to retain all relevant records until the child turns 25 years of age. The ARB may also notify their insurance company of any incidents which may give rise to a claim.

The ARB may prefer to clarify their position by obtaining legal/insurance advice.

Investigation of a complaint
Six years is a reasonable period of time that the licensing authority may need to check back in the event of a complaint or a query in relation to licensing.

Financial records
Financial records must be kept for at least five years, consistent with the requirements of the Income Tax Assessment Act 1936 (Section 262 (a) (4)) – enrolment and attendance records and personnel records, are relevant to the area of financial accountability. The requirement to keep records for at least six years thus also covers the ARB’s taxation/financial obligations.

Records of child enrolment/information
Records of child enrolment/information must be retained for at least six years.

However, if there is an incident, e.g. a child has a severe allergic reaction, then these records must be considered in the same manner as accident or injury records, and retained until the child turns 25 years of age.

It is recommended that, if/when the ARB is unsure whether or not a situation will require investigation in the future, the records be retained until the child turns 25 years of age.

Records of accident or injury, and any treatment given to a child
Records of accident or injury, or any treatment given to a child must be kept until the child turns 25 years of age. This is a requirement of the Tasmanian Limitation Act, 1974, because a child can sue through a parent, or, in certain circumstances, in their own right within six years of becoming an adult (18 years). Records of accidents or injury, or treatment of accident or injury, must be kept in case of legal action against the ARB or a person associated with the ARB, in which case the record can be used as evidence.

Note: The ARB may find it useful to maintain records of accidents and injuries, and of treatment of accidents and injuries centrally, in chronological order, to ensure that records are kept for the required length of time.
Authorisation and administration of medication
If there are complications resulting from the administration of medication, the record must be treated in the same way as accident/injury records, that is, retained until that child turns 25 years of age.

Where the ARB has not obtained a parent’s written permission, e.g. in an emergency, the ARB may choose to obtain verbal authority (on behalf of the carer), in which case documentation of the same must be retained.

Personnel records
Personnel records such as current Tasmanian Working with Children Checks, valid safety screening clearances, qualifications, first aid, CPR, asthma and anaphylaxis certificates are required for licensing. An ARB is required to retain personnel records for at least five years, or for the period of that person’s employment/registration – whichever is the greater period.

Provided that the minimum period of five years is met, the actual period for retaining these records after a carer/staff member has left the ARB is a decision for the organisation.

What if our ARB is transferred to another operator?
The records must stay with the ARB service operator in place at the time the record was obtained.

What if our ARB dissolves or ceases operation?
A business is obliged to keep records, such as taxation records, for the prescribed period. The ARB must work out a procedure for safe storage of records.

For licensing, the ARB is to have the following readily available for parents
- Contact information for the Education and Care Unit.
- ARB philosophy.
- Policies and procedures with a covering index.
- A copy of the Child Care Act 2001 and the In Home Child Care (ARB) licensing standards.

For licensing, the ARB is to submit a copy of the following
- Grievance procedure for staff, carers and parents.
- Certificates of currency for public liability and workers compensation insurance.
- If applicable, confirmation that cots and relevant furniture/equipment meet appropriate Australian Standards, e.g. if the ARB leases items to registered carers/families.
- Proformas for enrolment/child information/parent permission records/attendance records (used by registered carers)/authorisation and administration of medication records/Accident, injury, and notifiable disease records.
- Proformas around registration of carers.
- Sample Hazard Identification and Management Checklist.
- Information to parents re relevant guidelines for carers.
- Proforma of Record of visits to families.
- Copy of carer ID proforma/card.

For licensing, the ARB is to confirm that it maintains the following records:
- ARB personnel/registered carer records as per Standard 3.8.
Standard 4 - Philosophy, Policies and Procedures

The way in which an ARB is administered will have a direct effect on the quality of care offered to the children and on the wellbeing of carers and ARB personnel.

When well administered, an ARB is able to respond promptly to the needs of children, families, carers and staff, and set clear expectations of the rights and responsibilities of everyone involved.

Written policies are an essential basis for effective and consistent communication among the ARB provider, ARB personnel, carers and families. Clearly written policies assist carers and personnel to act in accordance with the ARB’s policies and procedures.

Carers must know, accept, and agree to abide by the ARB’s policies and procedures. It is expected that the ARB has a procedure in place to inform new staff and carers of its policies, practices and procedures.

Parents have a right to know the ARB’s policies and procedures. It enables them to make an informed decision on the appropriateness of that service for their child/ren. Policies must be readily available to parents at all times, at the ARB office, and must be provided to carers.

Some parents may have specific literacy or language requirements. The ARB must consider strategies to encourage these parents to become familiar with the policies, e.g. use of a translator.

Policies are more effective when based on the ARB’s philosophy, goals and objectives. Policies must be regularly reviewed, with carers, staff and parents having the opportunity to contribute to this process.

What level of policy development is required for licensing?

Policies required for licensing essentially cover the safety, welfare and protection of children, the programs, and the administration of the ARB.

An ARB is definitely not limited to the range of policies required for licensing, and it is expected that an ARB has additional policies and procedures in place to implement high quality care and workplace/professional requirements.

What must an ARB have in place in relation to the placement of carers with families?

The ARB’s policies and procedures in relation to monitoring of care will be assessed by the Education and Care Unit as part of the licensing process.

The ARB’s policies about planning for children are to complement its philosophy, and encourage and support carers to provide for the continuing developmental needs of each child.

Policies are to include planning, implementation and evaluation.

In order to establish a safe environment, prior to care commencing, the ARB and parents will together assess the premises to ensure that:

- a) the home environment is safe for the children, and provides for the occupational health and safety of the carer;
- b) equipment and furniture do not pose a hazard to children.

From this assessment, an agreed Action Plan around any identified hazards is developed, documented, and implemented within a negotiated timeframe.
In addition, an agreed hazard identification and management checklist, for the carer’s regular* use, is developed and documented (* = at commencement of each shift).

The ARB will advise the family of relevant guidelines for carers in relation to health and safety of toys and equipment outdoor play equipment, safe food preparation and storage, medicines and medicinal products, storage, children’s access to vehicles, etc.

What must an ARB have in place in relation emergencies which might occur in the care situation?
Standard 4.2 (a) concerns policies to cover emergency situations and evacuation/invacuation.

Evacuation occurs when people are required to leave the immediate area, for example, when there is a fire, or threat of gas cylinder explosion, or storm. It is also suggested that a ‘Bushfire Survival Plan’, be developed. For further information www.fire.tas.gov.au

Invacuation, or ‘lockdown’ occurs when circumstances dictate that the safety of people is better ensured inside the building, behind locked doors. In the event of invacuation, staff and children are to remain out of sight, away from openings, windows and behind furniture or solid walls. An example of this sort of emergency is a chemical spill, bushfire or weapon crisis.


Child and Family Services, within the Division of Children and Families, Department of Health and Human Services (DHHS) have the statutory responsibility for intervening where children are at risk of abuse and neglect under the Children, Young Persons and their Families Act 1997.

Notifications of abuse or neglect must be directed to the state-wide Child Protection Advice and Referral Service (CPAARS) which provides the entry point for statutory care and protection.

For information about policy and program development, please contact: Child and Family Services Support Unit, 1st Floor “Inga” Building, St Johns Park, NEWTOWN 7008 Phone: (03) 62307870 Fax: (03) 62307924.

The Child Protection Advice and Referral Service can be contacted on 1300 737 639. Information about the Family Violence Act and the Safe at Home campaign is available on the website www.safeathome.tas.gov.au.

The Family Violence response and referral line can be contacted on 1800 633 937.

What about the outdoor play environment?
The Kidsafe (NSW) website, www.kidsafensw.org, has excellent reference material, e.g. ‘Safe Play for Backyards’. Follow the links to playground safety, road safety (article about driveway safety) and water safety.

Trampolines:
Trampolines, although great fun for children, can be a particular source of injury. The ARB is expected to develop a policy that trampolines are not to be used, and are to be stored in a manner that prevents their use as a trampoline while children are in care (similar to the standard for family day carers), other than in exceptional circumstances.
Exceptional circumstances may include a family and the ARB developing an agreed management plan, for example, where a child has a condition such as Asperger’s Syndrome, and where it is known that exercise on a trampoline is beneficial for the child.

There is now an Australian Standard for trampolines, AS 4989, and a considerable amount of relevant information is available which can be given to families about the safe use and storage of trampolines. For example, Kidsafe have a Fact Sheet about trampolines, at www.kidsafensw.org

### Swimming/water activities and high risk activities such as horse-riding:
The ARB is expected to develop policies around the use of an on-site pool, spa or jacuzzi, and high risk activities. While ARB policies may be prepared to accommodate particular family circumstances, the policy must acknowledge that it is the carer’s personal decision whether or not to participate.

### What must an ARB have in place in relation to disciplinary action, suspension, and deregistration of carers?
The ARB’s written policy/procedures must cater for situations ranging from non-dangerous, to serious breaches and emergencies. Refer to this Guide, Standard 3 for further information.

### What must an ARB have in place in relation to overall expectations of in home child carers?

*An ARB must, as part of their duty of care, have policies and/or procedures in relation to the health of carers – these may address, for example, medical clearance for initial registration as a carer, appropriate immunisation for carers, carer medication, carer illness, and so on. The ARB must make these policies and procedures clear to prospective carers, prior to registering them.*

A carer may have a condition for which medication is required, for example asthma or diabetes. Where the carer’s ability to care for children is not impaired by either the condition or the medication, this should not present an issue.

An ARB must also have clear policies/guidelines about their expectations of carers’ general health, and personal behaviour where this may impact on the carer’s ability to perform their duties and responsibilities to children.

It is the responsibility of the ARB to ensure that no child is at risk by a carer remaining on the premises when it is inappropriate for the carer to be there.

In situations where the ARB is concerned that, for reasons of health, a carer cannot perform their child care duties competently, the ARB may require that carer to submit to a medical examination by a medical practitioner approved by the ARB. This could result in the withdrawal, on medical advice, of a carer from the premises by the ARB.

### What should be incorporated into a medication policy?
It is a licensing requirement that the ARB have a policy on medication, for the reference and use of carers – this must include the ARB’s approach to the use of Panadol, the authorisation and administration of medication and the records carers must keep and the storage and disposal of medication.

The Poisons Regulations 2008 specify that the educator administering the medication must do so in accordance with the authority of the person-in-charge. This means that there must be a process in place when administering the medication. Providing the authority does not
necessarily mean that the person-in-charge has to provide direct oversight of each administration of medication, and it is acknowledged that this is not practicable in the In Home Child Care setting.

The policy could also include, for example, the ARB’s decision about the use/non-use of ‘over the counter’ medications, the use of Ventolin or antihistamines in an emergency, and other related matters that the approved registration body considers important. It may reflect medical/legal advice that the ARB has obtained.

The policy may consider the following:
The person in charge of the ARB authorises administration of medication by carers who have demonstrated that they can manage the responsibility of administering medication narcotic substances must be stored apart from other goods in an enclosure (e.g. a cupboard) that is securely locked and the key must be retained either with a person entitled to administer the substance or stored in a place not readily accessible to others, including other members of the carer’s family. All other medications must be securely stored away from narcotics. For a list of narcotic medications see Schedule 8 of the Standard for the Uniform Scheduling of Medicines and Poisons. This can be found by browsing on http://www.tga.gov.au/industry/scheduling-poisons-standard.htm.

- Home based carers are not able to destroy narcotic substances, e.g. in circumstances where the child’s narcotic medication may be out of date. Carers may seek advice from a pharmacist regarding the correct disposal of medication.
- Salbutamol used for emergencies must be controlled by the persons who are authorised to administer it. Persons authorised to administer Salbutamol are detailed in the Tasmanian Poisons Regulations 2008 54 (4). If access to the first aid kit is only to those that hold the certification, the salbutamol could be stored in the kit, otherwise it must be stored in the manner required for emergency medication.
- The carer must also have the necessary knowledge to administer the medication in whatever form it is required to be administered, e.g. orally, subcutaneously (i.e. injection), or rectally.

What else do I need to know about emergency medication?
The service must ensure that individual children’s medical requirements, such as asthma/anaphylaxis/allergy medication, are taken on excursions.

Children with asthma, severe allergic reaction or anaphylaxis must have an Action Plan which, together with their emergency medication, is easily accessible to the carer.

Adrenaline auto-injecting devices, e.g. Epipens/Ana-pens must be:
- stored in an unlocked, easily accessible place away from direct heat; and not in a refrigerator or freezer;
- clearly labelled with the child’s name; and distinguishable from adrenaline auto-injecting devices of all other children; and
- kept in a location known to all staff.

A copy of the child’s ASCIA (Australasian Society of Clinical Immunology and Allergy Inc.) Action Plan must be kept with the Epipen/other device.

The adrenaline auto-injecting device must be signed in and out when taken from its usual place, such as excursions.
It is important that trainer adrenaline auto-injecting devices (which do not contain adrenaline) are kept in a separate location from the children’s personal adrenaline auto-injecting devices.


**Can we obtain help if we are unsure how to develop policies or of policy content?**
Yes. Peak child care organisations produce resources to assist management, staff and carers in their consideration of policies. Other ARBs may also be prepared to assist. Several training organisations are able to tailor training programs on policy development to suit the particular ARB. It is important that an ARB modify and adapt 'model' policies to suit their own operation and the venue.

An example is **parent access to their children** – this policy could include a section and/or procedures on the visiting rights of the non-custodial parent, to assist carers deal with potentially difficult situations, and to protect children.

The Australian Government publication *Staying Healthy: Preventing Infectious Diseases in Early Childhood Education and Care Services* includes recommendations from the National Health and Medical Research Council about policy and practice with regard to infectious diseases and exclusion periods, cleaning procedures, food safety, and so on. It also has information about infectious diseases and other conditions which can be photocopied for distribution to families.

The [Early Childhood Australia](https://www.earlychildhoodaustralia.org.au) website lists helpful information and resources for policy development.

**For licensing, the ARB will need to provide the following documents**
- A copy of the ARB philosophy
- A copy of the policies and procedures listed in the standard.