

Acknowledgements

The development of the *In Home Child Care Standards for Approved Registration Bodies (ARBs)* and Carers occurred as the result of concern expressed by the services responsible for the Australian Government approved In-Home Care programs currently offered in Tasmania, that there should be appropriate standards for this type of care.

One of three pilots in Australia, an In-Home Care program was sponsored in 2000 by Mersey-Leven Child Care Services. Based on their success, the Australian Government introduced In-Home Care officially in 2001, and since then programs have been sponsored by Mersey-Leven Child Care Services, Sorell Council Children's Services and Northern Children's Network.

Grateful acknowledgement is given to representatives from these three services for their input, enthusiasm and on-going support to the Child Care Unit during the development of these Standards.

Foreword

Child care and early childhood education are of central importance to our society and a key responsibility for Government. It is imperative that safe and developmentally appropriate children's services are available to promote the health and wellbeing of children and the families.

The *Child Care Act 2001* provides a system for the regulation of child care services that reflects the Government's desire to safeguard children through the effective licensing and registration of child care services. The ability to encompass all forms of child care ensures that the Act remains relevant to future child care provision and responsive to community expectations in a rapidly growing and changing service sector.

An Approved Registration Body (In Home Child Care) is a service which arranges, and places in home carers with children in the primary or other residence of the child, and monitors the care provided in accordance with the relevant Standards.

Section 47 of the Act provides for the issuing of Standards. Standards for Approved Registration Bodies are based on relevant sections of the National Standards for Family Day Care Co-ordination Units, endorsed in November 1999 by State, Territory and Australian Government Ministers responsible for child care.

Tasmania has an excellent record in the field of children's services and I am confident that our legislation and associated Standards will enhance that reputation.



John Smyth
Secretary

Preface

The Department of Education through the Child Care Unit is responsible for the administration of the *Child Care Act 2001*, and the licensing of child care services.

The Standards for In Home Child Care (Carers)

In home child care refers to care within a child's primary or other residence, arranged by an organisation or agency which has been licensed as an Approved Registration Body (In Home Child Care) under the provisions of Section 10 of the *Child Care Act 2001*.

An ARB class 2 is an operator which provides two home based child care services - in home child care and family day care. An ARB class 3 is an operator of an in home child care service.

At this stage, the *In Home Child Care Standards (ARBs)* apply to all operators who are approved by the Australian Government to operate an In-Home Care service. This may include, for example, a centre based care provider which is approved to offer an In-Home Care service.

The *In Home Child Care Standards (Carers)* have been written for two main purposes. Firstly, the standards outline the roles and responsibilities of in home child carers, and the standard of care they are expected to provide.

Secondly, the standards are used by an ARB in assessing applications from a person who wishes to register with, and be supported by, that ARB as an in home child carer.

Format of the Standards for In Home Child Care (Carers)

Each standard has two parts – the standard, and the explanatory notes.

The explanatory notes are written to give the carer additional information about the standard, and to provide details of where the carer can obtain resources or further information.

Standard 1, 'Fit and Proper', outlines the requirement under the *Child Care Act 2001* that a person is suitable to care for children, and able to carry out their responsibilities to the required standard. A carer must hold a current safety screening clearance, issued by the Department of Education, in order to work with children. A safety screening clearance is generally issued for three years. It is a carer's responsibility to ensure that their safety screening clearance remains current. The explanatory notes to Standard 1 discuss this in more detail.

The explanatory notes to Standard 6 'Health and Safety' give details about ARB policies around a carer's health and personal behaviour where this may impact on the carer's ability to perform their duties and responsibilities to children.

Relationship of a registered carer with an ARB

The ARB is expected to provide a copy of the *In Home Child Care Standards* to each person interested in registering as an in home child carer, prior to assessing that person's application for registration. The ARB should also make available a copy of the ARB standards, so that the applicant can be aware of the links between the ARB licensing standards and the standards for carers.

The ARB is required to give carers a copy of all their relevant policies and procedures. To assist the carer with administration responsibilities and record keeping, the ARB is required to give each carer a range of forms, such as the *Accident or Injury Report* form.

Relationship between an ARB and families using the In Home Child Care service

The ARB enters into a contract with a family to provide care, usually within that family's own home. The ARB is also responsible for ensuring that the carer is provided with a safe work environment. Initially, the ARB and the family together do a risk assessment of the premises prior to the commencement of care, and any hazards identified during this assessment are documented, and a timeframe to attend to these hazards is set – this usually will be *before* care can commence.

The assessment tool used, the *In Home Child Care Environmental Checklist*, is included with the standards for carers, for their information.

The ARB is required to advise families of relevant guidelines that carers are expected to follow, for example, in relation to health and safety issues, cleaning, food preparation and storage, toys and play equipment, medicines, and so on.

CONTENTS

	Page Numbers
Acknowledgements	2
Foreword	3
Preface	4
Contents	6
 Standards for In Home Child Carers	
Standard 1 Fit and Proper	7
Standard 2 Carer knowledge, skills and experience	10
Standard 3 Carer to child ratio and Carer responsibilities	15
Standard 4 Excursions and transport.....	18
Standard 5 Activities and experiences for children	24
Standard 6 Health and Safety	27
Standard 7 Administration and records	37
 Glossary	 42

I FIT AND PROPER

STANDARD

A registered in home child carer must be a fit and proper person.

Rationale

A duty of care is owed to all children placed with a registered in home child carer, and the standard of care in relation to these children is high. In order to ensure that the safety of children is maximised and their developmental needs are addressed, the registered in home child carer must be a fit and proper person.

I.1 Fit and proper

An applicant for an in home child carer registration must meet the following criteria in order to be assessed as fit and proper in conjunction with the provisions of the *Child Care Act 2001*:

- a) provide proof of a satisfactory current safety screening clearance issued by the Department of Education for sighting by the approved registration body (ARB);
- b) provide the names of two referees (who are not relatives of the applicant) who can attest that the applicant is fit and proper for the purposes of providing care for children;
- c) have an understanding of their legislative responsibilities under the *Child Care Act 2001*; and
- d) demonstrate an understanding of their duty of care towards children in their care and undertake to ensure that they will meet their duty of care at all times.

What must I do to meet the 'fit and proper' standard?

The care of children requires a high degree of responsibility, and, as a provider of in home child care, an ARB must be satisfied that a person applying to be a registered in home child carer is a responsible person who will ensure the welfare of the children in their care, at all times.

'Fit and proper' concerns the suitability of the character of the person to be entrusted with the care of children, and their ability to carry out their responsibilities to the required standard.

As an applicant for registration as an in home child carer you will be required to meet the tests for 'fit and proper', which include:

- a satisfactory, current safety screening clearance;
- an understanding of your legislative responsibilities under the *Child Care Act 2001*; and
- an understanding of your duty of care.

Also, you must initially provide the names and contact details of two referees (who are not your relatives) who are prepared to state that they believe you are fit and proper for the purposes of providing in home child care.

What is safety screening?

- The safety screening process is one method of assessing whether a person is fit and proper. The safety screening process enables the Department of Education to request information from the Police, and other government agencies, e.g. Child Protection, and Domestic Violence.
- To be accepted as valid, a safety screening application must include verification by the Commissioner for Declarations who witnesses the application, of the applicant's acceptable proof of identity (preferably documents which include photo documentation, e.g. driver's licence or current passport).
- Completed applications for safety screening are submitted to the Conduct and Investigation Unit, Department of Education, GPO Box 169, Hobart.
- The Conduct and Investigations Unit then determines whether to grant the safety clearance, to consult further with the applicant, or to refuse the safety clearance. In the event that an application is refused, the applicant may appeal directly to the Conduct and Investigations Unit.
- **Further information about the safety screening process is available at <http://www.education.tas.gov.au/admin/hr/policies/recruitselectandstaffmove/employprereq/ccwrkrs.htm>. This has a link to the application form.**
- Safety screening application forms may also be obtained by contacting the Child Care Unit, Department of Education by telephone on 03 6233 5676 or, for the cost of a local call: 1300 135513, or downloading the form from the Child Care Unit's website, <http://www.childcare.tas.gov.au/forms/default.htm>.
- The safety screening process may vary as State and national processes alter, and it is recommended that applicants check the website for current information and application form.

Note: Provision of false information, or non-disclosure of any information that may be relevant may result in the suspension or cancellation of your safety screening clearance, which in turn may result in suspension or cancellation of your registration.

Explanatory Notes: Standard 1

It is important to be aware that your responsibility to care for children cannot be transferred to an unregistered person.

You therefore need to supervise a child/ren when any unregistered adults other than the child's family members are present, and ensure that these persons comply with duty of care requirements.

Is my spouse/partner able to accompany me to an In Home Child Care situation?

Your ARB may have a policy about whether carers may or may not take their spouse/partner to the in home child care situation. In the event that this is approved, the ARB would require that the carer's spouse/partner have current safety screening clearance.

Am I able to take my own children to an In Home Child Care situation?

The ARB may have a policy about a carer taking their child/children to the in home child care situation in certain approved circumstances. In the event that the ARB policy supports this notion, carers' children who are over the age of 18 years are required to hold a safety screening clearance. The ARB may also develop its own requirements around carers' children between the ages of 15 – 18 years. Refer to Standard 3: Explanatory Notes for additional information.

What else will the ARB consider when assessing my application for registration to be an In Home Child Carer?

A carer should be physically and emotionally able to care for young children. For this reason, the ARB:

- will assess an applicant's general health as part of the initial registration;
- will have guidelines about their expectations around a carer's health and behaviour where this may impact on the carer's ongoing ability to care for children;
- may request a carer to have a medical examination, if necessary; and
- may have strategies in place to assist a carer who is temporarily suffering ill health.

For initial registration as an In Home Child Carer you will need to

- provide evidence of your current safety screening clearance to the ARB
- provide names and contact details of two referees to the ARB
- demonstrate your understanding of your duty of care

For re-registration, you will need to provide

- evidence of your current safety screening clearance

2 CARER KNOWLEDGE, SKILLS AND EXPERIENCE

STANDARD

In home child carers are to possess appropriate knowledge, skills and experience.

Rationale

Research demonstrates that the most significant variable which influences the quality of care provided is the level of related training which carers have undertaken.

Appropriate training, and a sound understanding of child development, facilitate the carer's ability to recognise and provide for children's needs, and to competently manage groups of children.

2.1 The carer is to have

- a) an understanding of their duty of care in relation to children in their care.
- b) experience in caring for children.
- c) an understanding that the environment provided for children needs to be safe:
 - i) physically;
 - ii) emotionally; and
 - iii) socially.
- d) a basic knowledge of child development.
- e) a basic knowledge of children's health, hygiene and nutritional and safety needs.
- f) an understanding of supervision and other preventive measures to ensure a safe environment for children.
- g) a current recognised first aid qualification (HLTFA301B 'Apply First Aid' or nationally accredited equivalent¹) plus EAM (21886VIC or nationally accredited equivalent) and anaphylaxis (VBP434 or 21827VIC or nationally accredited equivalent).
- h) a current CPR certificate which must include child CPR (to be updated annually).

¹ – 'nationally accredited equivalent' includes, for example, Senior First Aid/Level2/Child Carers First Aid, which will be acceptable for a period of three years after the date of issue only.

2.2 Professional development

The carer is to undertake relevant professional development each year, as specified/required by the ARB.

2.3 Carer interactions with children

The carer's interactions with children in their care must ensure that the children:

- a) are guided towards positive and responsible behaviour;
- b) have the opportunity to make choices, solve problems and access learning experiences; and

- c) are encouraged and supported towards self reliance and the development of positive self esteem within the family cultural context.

How are a carer's knowledge, skills and experience measured by an ARB?

It is the ARB's responsibility to ensure that registered in home child carers have appropriate knowledge, skills and experience. The minimum requirements are outlined in Standard 2.1.

The ARB's selection procedures may include:

- referee checks;
- an interview addressing at least the minimum requirements;
- a check that first aid and CPR qualifications are current; and
- observation of an applicant's interaction with children (when appropriate).

Do I need a qualification to apply to be registered as an In Home Child Carer?

You do need to have current first aid and CPR (including child CPR) qualifications. However, a person applying for an In Home Child Care registration does not need to have a child care qualification, provided that all other criteria outlined in Standard 2.1, are assessed by the ARB as being satisfactorily met.

If I choose to become qualified, what is a suitable minimum child care qualification?

The suitable minimum qualification level is Certificate 3 (Child Care).

What are the requirements for first aid qualifications?

Based on agreements reached between First Aid RTOs and the Child Care Unit (the licensing authority) in October 2007, and implemented from 01 January 2009:

- (1) The requirement is HLTF A 301B 'Apply First Aid' (Health Training HLT07 Package) plus HLTCPR201A CPR plus Emergency Asthma Management (EAM: 21886VIC or nationally accredited equivalent) and anaphylaxis (VBP434 OR 21827VIC OR nationally accredited equivalent).

Some RTOs which deliver First Aid training in Tasmania have agreed to 'streamline'; delivery of these components in a package by 01 January 2009.

Note: Current accredited equivalent qualifications e.g. Senior First Aid/Level2/Workplace First Aid will be accepted as by ARBs and the Child Care Unit as a valid alternative to 'Apply First Aid' for three years from the date of issue of that qualification. The 'cut-off' date for these equivalent qualifications is 31 December 2011.

- (2) The above qualifications should be renewed as follows:
 - HLTF A 301B 'Apply First Aid' – every three years.
 - 21886VIC 'Emergency Asthma Management' (EAM: 21886VIC OR nationally accredited equivalent) – every three years.
 - VBP434 OR 21827VIC Anaphylaxis OR nationally accredited equivalent – every three years
 - HLTCPR201A CPR, including child and infant techniques – annually (child care sector requirement).
- (3) The person, when assessed as competent, receives a **Statement of Attainment**. A Statement of Attainment, **to be recognized by CCU as**

Explanatory Notes: Standard 2

valid, must include:

- The 'Nationally accredited' logo;
- Provider registration number;
- The words 'Statement of Attainment'; and
- A list of relevant national training package codes to reflect those competencies in which the student has been assessed as competent.

- (4) **Annual updates of CPR, asthma and anaphylaxis**, from 01 January 2009, can be delivered by RTOs that have the relevant courses in their scope, or are licensed to deliver EAM.

Note: To undertake an annual **update** of CPR, asthma and anaphylaxis, the person must first hold the qualifications for CPR (HLT CPR201A), Emergency Asthma Management (21886VIC or nationally accredited equivalent), and anaphylaxis (VBP434 **OR** 21827VIC **OR** nationally accredited equivalent).

- (5) The First Aid courses must be delivered by an RTO that has the relevant courses in their scope, or holds a licence to deliver EAM. The service should clarify with the RTO whether it has all relevant courses on its scope or is licensed by Asthma Tasmania to deliver EAM.

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

Child care personnel require the EAM (21886VIC or nationally accredited equivalent) certificate to both obtain a supply and to administer Salbutamol (ventolin) both where a child is known to have asthma (has an 'Asthma Plan') and in an emergency*.

Some RTOs have agreed to deliver the 21886VIC course in conjunction with 'Apply First Aid'.

An annual update is recommended to maintain skill level – please refer to (4) above.

*The Tasmanian *Poisons Act* includes a specific list of persons approved to obtain a supply and administer salbutamol (asthma medication). When last amended in 2002, the Chief Pharmacist included the category 'the holder of a current relevant certificate issued on behalf of the Asthma Foundation of Tasmania'. The Chief Pharmacist may from time to time approve other asthma training as being suitable for the purposes of obtaining a supply of salbutamol and administering it in emergency situations.

Anaphylaxis and allergic reactions

I. First Aid response in an emergency

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

Administration of an epipen in an emergency situation is potentially emotive, and it is recognized that a trained person will be in a better position to deal with an emergency. Consequently, RTOs have agreed to deliver VBP434

Provide first aid management of severe allergic reactions and anaphylaxis (2 hours) in conjunction with 'Apply First Aid'.

An annual update is recommended to maintain skill level – please refer to (4).

2. Ensuring a safe environment for children with anaphylaxis and allergic reactions

In line with best practice, it is recommended that a child care service e.g. an ARB have relevant personnel undertake the course VPAU320 *Develop risk minimization and management strategies for allergic reaction and anaphylaxis* (4 hours), **OR** 21827VIC *Anaphylaxis Awareness* (3 hours) **OR** a nationally accredited equivalent course.

Having persons trained in one of these courses will assist the service with implementation of safe practice and procedures, thereby minimizing risk for children with allergic/anaphylactic reactions while in the care of the service.

This qualification should be renewed every three years.

The Anaphylaxis Australia website <http://www.allergyfacts.org.au> has useful information.

Professional development – what are the expectations?

Each ARB will have certain expectations for their registered carers, both before they commence working as in home carers, and also on an on-going in service training basis. The professional development requirements may be fulfilled through a variety of training options, e.g. enrolment with a Registered Training Organisation (e.g. Tasmanian Polytechnic) or conference attendance. Requirements may cover 'core' subjects related to the care of children and working with families, such as duty of care and legal expectations, first aid, risk management, child development, behaviour guidance, communication and conflict resolution, and mandatory reporting.

For initial registration as an In Home Child Carer, you will need to provide

- Current first aid certificate, plus current CPR (including child CPR) certificate.
- Core training – evidence of attendance (if required as per ARB policy).

For re-registration, you will need to provide

- Current first aid certificate, plus current CPR (including child CPR) certificate.
- Evidence of professional development.

3 CARER TO CHILD RATIO AND CARER RESPONSIBILITIES

STANDARD

The in home child carer may care for one family only at any one time.

Note: 'Family' refers to members of one family, i.e. brothers and sisters, including step brothers and sisters, foster children and near relatives who normally reside together. The ARB must assess and approve any other proposal, e.g. to have children from two or more families) on the same premises against the criteria for *Home Based Care, Class 1 (family day care)*.

Rationale

A major determinant of quality care is the number of children cared for or supervised by each carer. Family grouping promotes stability and the ongoing development of close relationships.

3.1 General Ratio

A carer may provide care for one family only at any one time.

3.2 Carer responsibilities

- a) Whenever a child/children are signed into care, the carer is responsible for the child/children, whether or not the parent/s are on the premises.
- b) When the child is out of the carer's direct supervision (!), and in the care of the parent/s while still on the premises or another part of the property (e.g. in a workshop), the child must be signed out of care.

3.3 Carer responsibilities when on excursions

- a) The carer is responsible for the children in care at all times, whether or not accompanied by the parent/s on an excursion.
- b) The carer will consider any known hazards when choosing destinations that are appropriate to the ages and the number of children in the family.
- c) When the parent takes the child/ren on an outing or, for example, to a swimming or music lesson off the premises, without the carer accompanying them, the child/ren must be signed out of care.

Note: For further details about excursions, refer to Standard 4: Transport and Excursions.

(!) The agreed definitions of 'supervision' are –

- (a) **Supervision** - the carer's primary task is to provide help or assistance to the child/ren who may have difficulty performing activities. The carer is present and available whether or not assistance is actually provided.
- (b) **Direct supervision** – The carer is in close proximity to the child/ren and is able to give help or assistance immediately if required by the child/ren. The carer is able to see and hear the child/ren to determine the need for any help.

An important factor which indicates quality care for children is the nature of the interactions between carer and children. Frequent and personal interaction between the carer and child fosters the child's development.

An in home child carer may care for **one family only** at any one time. The ARB must assess and approve any other proposal, e.g. to have children from two or more families on the same premises against the criteria for *Home Based Care, Class 1 (family day care)*.

In some situations, it may not be clear who is responsible for the child – the parent or myself, the carer. How should I deal with this?

Whenever the child is signed into your care, you are responsible, even on those occasions when the child is with the parent, away from the immediate vicinity of the carer. If the situation is such that you are unable to directly supervise (!) the child, e.g. when a child is with the parent on another area of the property, the parent must sign the child out of your care.

Can my own children accompany me to an in-home care situation?

This is NOT an expectation under the standards for in home child care. However, an ARB may develop its own policies around this, basing the policy on considerations such as:

- the number of children you have, and the number of children in care;
- attitude of, and written agreement from, the family requiring care;
- assessment and approval of each situation by ARB staff, prior to the your own children being on the family's premises; and
- the desirability of a safety screening clearance if your child is aged between 15 and 18 years - Refer to Standard 1: Explanatory Notes for additional information.

What is the situation when other children, such as visitors, are on the premises – am I responsible for these children?

No. You are only responsible for the children signed into care, and you must ensure that the children in care are directly and/or effectively supervised, at all times. The ARB may develop policies around visits from other families/children and special functions, e.g. birthday parties, when you are on duty.

Can parents accompany me, the carer, on excursions?

Yes. However, you are responsible for the children in care at all times they are signed into care, including occasions when the parent/s assist or accompany you. If you are unable to directly supervise the child, e.g. if parent and child leave the excursion, the responsibility for the child must be handed over from you the carer to the parent, and the parent must sign the child out of care.

On excursions, a ratio of at least one adult to four children under five years is recommended.

Explanatory Notes: Standard 3

For initial registration as an In Home Child Carer, you will need to demonstrate

- your understanding of your responsibilities with respect to supervision, particularly when parents are on the premises during the hours that care is provided.

Please refer to the Standard 3 (1) for the agreed definition of supervision and direct supervision.

4 EXCURSIONS AND TRANSPORT

STANDARD

The safety and wellbeing of children must be maintained during excursions and vehicular travel.

Rationale

Children clearly benefit from excursions that provide the opportunity to experience a broad range of environments and to explore their local community. Child safety and meeting duty of care must be of primary consideration.

The carer should recognise that planning for excursions must incorporate the possibility of increased risks when children are in unfamiliar environments.

4.1 Parental permission for excursions

- a) No child is to leave the premises without a parent/s' written authorisation.
- b) Written authorisation for a child to participate in routine excursions is to be obtained from the parent/s when the care situation commences, and updated as required, as a record of the agreed routine excursions.
- c) The carer is to give the parent/s specific information about each non-routine excursion using the ARB excursion proforma (refer to Explanatory Notes).
- d) Written permission must be obtained from the parent/s prior to each non-routine excursion taking place.

4.2 Hazard identification and management

The carer is to identify, assess and manage any hazards to ensure the safety of the children.

4.3 Safety of children on excursions

On excursions, the carer must:

- a) supervise at all times;
- b) always have a first aid kit suitable for the excursion;
- c) have emergency information, e.g. information about a child's allergic reactions, etc; and
- d) have a mobile phone or means of emergency contact, e.g. with the ARB or with emergency services, e.g. ambulance.

4.4 Adult to child ratio on excursions

- a) The carer is responsible for the children in care at all times the children are signed into care, whether or not accompanied by the parent/s on an excursion.
- b) The adult to child ratio is to be determined according to:
 - i) any identified hazard;
 - ii) the individual needs of children; and
 - iii) the composition/dynamics of the group of children.

4.5 Excursions with a significant hazard, and activities which involve a high level of risk, e.g. activities such as swimming, horse-riding, bike riding, etc.

a) Risk management

For any excursion or activity which has a high level of risk, the carer will always:

- i) be present and maintain the overall responsibility;
- ii) identify, assess and manage any hazards to ensure the safety of the children; and
- iii) be able to see the children at all times and to assist children immediately if required.

b) Excursions to bodies of water/swimming and water sports/activities

Note: The ARB may have policies around swimming and water sports/activities, which the carer must follow.

*Given the high risks, the carer must assess and manage the situation carefully, and consider factors such as the number and ages of the children, their swimming skills and experience, proposed location/water conditions and the carer's own swimming and lifesaving skills. **Please refer to the Explanatory Notes.***

- i) If the children are to swim, the carer will document a hazard management plan; and
- ii) Swimming in dams or similar bodies of water is *not* permitted.

4.6 Carer's vehicle

Where a carer's own vehicle is used to transport children in their care:

- a) the carer must provide evidence that the vehicle is roadworthy and regularly serviced;
- b) the carer must provide evidence, e.g. certificates, that the vehicle complies with the appropriate transport regulations, including:
 - i) current valid vehicle registration;
 - ii) seating for each child (refer to Explanatory Notes for details of seating for which RACT certification is required); and
 - iii) appropriate child restraints, correctly installed.
- c) when the carer is the driver, the carer must:
 - i) hold a valid driving licence for the vehicle;
 - ii) not be required to display provisional licence plates;
 - iii) have a zero blood alcohol content; and
 - iv) not be adversely affected by drugs or medication.
- d) parents' written permission must be given prior to children travelling with the carer in the carer's vehicle;
- e) children are never to be left unattended;
- f) loose objects, such as luggage, or items on the parcel shelf, are to be stored safely and securely; and
- g) animals must be secured safely.

4.7 Family's vehicle

The ARB may have policies in place in relation to the use of the family vehicle.

How can I plan for excursions?

Excursions can be valuable experiences for children. However, because excursions take place away from the child's home, and may involve a higher level of risk, you should give special consideration to the safety and supervision of the children.

You must ensure that:

- parents are properly informed;
- the excursion is properly planned; and
- the adult:child ratio is based on your identification of hazards.

What is a 'routine excursion'?

This term generally covers a family's regular outings, routines and activities, such as shopping, trips to the local park, or library - the family will share this information with you.

What is a 'non-routine excursion'?

This covers excursions which are outside the routine outings; or an excursion to a place which may feature a significant hazard, e.g. water. Parents' written permission is required for each non-routine excursion.

For non-routine excursions, you must use the excursion proforma developed by your ARB, which gives the parents specific information about the excursion, including:

- i) the date and times;
- ii) the proposed destination;
- iii) the method of transport;
- iv) activities/purpose of the excursion; and
- v) any hazards and management of these hazards.

These signed permission forms will be checked by the ARB on field visits or at re-registration.

Can parents accompany the children and me on excursions?

Yes. However, **you are responsible** for the children in care **at all times the children are signed into care**, including occasions when the parent/s assist or accompany you.

A ratio of at least one adult to four children under five years is recommended.

Am I responsible for defining what is a 'significant hazard'?

Yes, based on your assessment of known risks. As a guide, a 'significant hazard' may be a location or situation that presents a potentially high risk to the safety of children, e.g. a river bank or busy traffic conditions. You could seek advice from your ARB about appropriate areas/locations for excursions, e.g. if you plan to take children where they can paddle.

Am I responsible for developing a hazard management plan?

Yes, using a risk/safety management proforma developed by your ARB.

Can I take children swimming?

You must follow any policies which your ARB has in place about swimming and water sports/activities.

Explanatory Notes: Standard 4

Given the high risks associated with swimming, you must assess the situation very carefully. It is not considered appropriate to specify ratios in the standard, because the numbers and ages of the children, and their level of swimming skills and experience, are particular to each family. You should also consider factors such as the proposed location and water conditions, and the level of your own swimming and lifesaving skills and confidence.

The ARB's 'risk/safety management' proforma will assist you in making your decision and developing a management plan. In the event that your ARB policies allow for a carer to take children swimming, it is your personal decision which is final.

For reference, for licensed centre based care services in Tasmania, the expectation is that there will be one adult for each child under the age of three years; one adult:two children aged three years or older. For registered family day care, there is a 1:1 adult:child ratio for children under five years, and 1:4 if all the children are over five years of age. It is also required that one adult present holds a current Bronze Medallion. These standards are available on the Child Care Unit's website, <http://www.childcare.tas.gov.au/standards/default.htm>.

Given the extreme danger, swimming in dams or similar bodies of water, such as slippery river banks, muddy water, lakes, or canals, is NOT permitted, nor should children be able to access such areas unless directly supervised.

Please refer also to Standard 6 Explanatory Notes re water safety.

Can I drive children while they are in my care, in my own vehicle?

Yes. However, you are responsible for ensuring that your vehicle is registered, roadworthy, and regularly serviced. The ARB may request evidence that the vehicle is roadworthy.

Parents' written permission must be obtained prior to children travelling in a carer's own car.

As driver, you must:

- have a current licence to drive that vehicle;
- have no probationary conditions attached to that licence; and
- accept the standard re alcohol, medication and drugs.

Are there specific requirements about children's seating and restraints if I use my own vehicle?

Yes. Carers are required to have correctly installed, appropriate child restraints which meet the Australian Standard, and baby capsule, booster seats and seats for children aged from 0 - 4 years.

You should obtain RACT confirmation of correct installation of seats and fittings, and regarding number of children that can be carried in your vehicle. The ARB may require this RACT check to be an annual check.

When you change vehicles, or if the vehicle is involved in an accident, the seats/child restraints must be checked prior to next transporting the children in your care.

Can the family's vehicle be used while the children are signed into my care?

It is recommended that the child restraints in the family vehicle be checked by the RACT before you drive the vehicle. Appropriate seating for children aged from

birth to four years of age is required.

It is also strongly advised that you are listed on the family's insurance policy as a regular driver, to protect you in the event of any accident when you are driving.

Am I required to transport children in my vehicle/the family's vehicle?

If you have any concerns about the safety of your own or the family's vehicle, seating and restraints, etc, then you are NOT obliged to drive the children in that vehicle.

What essentials do I need to take on the excursion?

As a minimum, you should take:

- your In Home Child Carer identification, and the contact number for the ARB;
- information re children's allergies etc, and, as necessary, emergency medication;
- a first aid kit which is suitable for the particular excursion; sunscreen etc; and
- mobile telephone or means of emergency contact with the ARB, emergency services, and emergency telephone numbers.

Note: First Aid kits – It is expected that you use your own first aid kit. Your ARB may have first aid kits available for sale. For most excursions, a suitably equipped 'bum bag' is appropriate.

An ARB may include a check of your first aid kit as part of the annual re-registration procedure.

Note: Roadside Assistance membership is recommended; and it is recommended that you consider taking emergency items, e.g. whistle, drinking water, and spare clothing, depending on the nature of the excursion.

Note: Volunteer Help on outings and excursions

There must be written agreement from the family if you want to involve a volunteer, and/or, where possible, the volunteer must hold a satisfactory, current safety screening.

Family members of the children in care do not need to have a safety screening clearance.

For initial registration and for re-registration, you will need to provide, if you agree to transport children in your own or the family's vehicle

- current driver's licence.
- vehicle registration documentation.
- RACT certification re child seating and restraints.

For initial registration as an In Home Child Carer, you will need to demonstrate

- your understanding of risk assessment and management in relation to excursions.

5 ACTIVITIES AND EXPERIENCES FOR CHILDREN

STANDARD

Activities and experiences that support each individual child's development, and allow for age-appropriate leisure and recreational activities, are to be provided in a safe and supportive environment.

Rationale

A supportive learning environment, with opportunities for imaginative play, self-expression and creative thought, is fundamental to the development of young children.

The provision of sufficient and varied opportunities for play enhances each child's growth and individuality. Such opportunities should be culturally appropriate and offer experiences that facilitate each child's individual development.

Carers are expected to plan, provide and evaluate a range of experiences that are developmentally appropriate and support each child's needs through the natural rhythms and routines of the day and night.

Carers are expected to have sufficient evidence to inform parents of their children's planned experiences, such as communication book/journal, photographs, samples of children's work, a folder or scrap book for a child.

5.1 Activities and Experiences

- a) The carer should take into account:
 - i) family routines;
 - ii) the weather and the physical environment; and
 - iii) quiet/active times and settings.
- b) The carer should offer children the opportunity to:
 - i) explore a variety of experiences, both indoor and outdoor;
 - ii) pursue their own interests;
 - iii) be spontaneous; and
 - iv) freely choose activities, and solve problems.
- c) The carer should promote the dignity and rights of each child at all times, by:
 - i) using positive guidance techniques and encouraging children towards positive and responsible behaviour; and
 - ii) respecting the child's family's culture and values.

Explanatory Notes: Standard 5

It is expected that you will offer children a range of experiences that are developmentally and culturally appropriate, appeal to their interests, and support each child's individual needs.

Working in close partnership with parents will assist you to achieve this.

In developing experiences and activities, you should:

- recognise and incorporate the family's routine times, to assist children's learning and development in areas such as self-help and independence;
- recognise that play is a primary means of children's learning, and provide a wide range of opportunities for play, including, for example, imaginative play, creative play, sensory experiences;
- be flexible, encourage spontaneity, and encourage the ongoing development of children's interests and experiences;
- encourage children to develop social skills such as co-operation, and helping others;
- encourage and enable children to feel positive about themselves;
- understand the need for balance between a child having the opportunity to explore and face challenge, with their health and safety;
- encourage all children to participate in a wide range of experiences; and
- provide positive guidance and encouragement so that children learn to take responsibility for their personal behaviour.

Activities and experiences should support nationally recognised child care best practice.

An ARB is able to provide you with support, e.g. in planning experiences and activities for children.

How will I be assessed on this standard?

The ARB will assess whether you:

- include a balance of activities, such as indoor and outdoor, and quiet and active;
- encourage children to choose interests and activities; and
- respect the child's family's values, appropriately encourage the child and use positive guidance.

Do I need a written program?

A written program may not be obligatory according to the policy of your ARB. However, a written program can assist you to:

- take into account the needs of individual children;
- note your perceptions and observations of children;
- inform parents of the experiences you have offered their children; and
- discuss needs of the individual children with parents/ARB staff.

For initial registration as an In Home Child Carer, you will need to

- demonstrate an understanding of children's needs.

For re-registration, you will need to provide

- evidence of choice of experiences and activities based on your observation, reflection and planning.

6 HEALTH AND SAFETY

STANDARD

Children’s health and development is to be nurtured within a safe indoor/outdoor environment and supported through appropriate nutrition, health and hygiene practices. The carer will be protected through the provision of a safe working environment.

Rationale

Children need exposure to a wide variety of challenges and experiences within an environment that is safe, creative and stimulating. Such an environment requires a carer to have an understanding of hazard identification, supervision and other preventative strategies.

It is also important that a carer models positive health practices, and appropriately supervises, assists and encourages children in their daily health and hygiene routines.

As the child care setting is usually the child’s home, care must also be taken to provide the carer with a safe, clean and hygienic work environment. It is the responsibility of the ARB to ensure that the environment is safe (refer to ARB, Standard 4). This will be achieved through a co-operative risk assessment by the ARB and the family of the premises, using the *In Home Child Care Environment Checklist* prior to the commencement of care. Any hazards will be identified on an Action Plan, to be addressed by the family within an agreed timeframe.

The ARB is to provide the carer with a *Hazard Identification and Management Checklist*, tailored to the specific care situation, and agreed between the ARB and the family prior to the commencement of care. This is for the carer’s regular use, i.e. at the commencement of each care shift.

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

6.1 Safe environment: Carer’s responsibility/risk management

- a) The carer will complete the agreed hazard identification and management checklist, each time care commences, for indoors and outdoors, and take any appropriate action.
- b) Where any agreed guidelines/procedures are not being followed, the matter will be discussed between carer and family, or referred to the ARB.
- c) The carer will:
 - i) observe health and hygiene practices which reflect current community standards and guidelines; and
 - ii) encourage children to follow appropriate safety and health practices.

Note: The ARB may have policies/procedures around these matters for guidance.

6.2 Nutrition

In partnership with parents, and respecting the family's cultural, religious or health related dietary needs, the carer will:

- a) promote children's awareness of food and nutrition;
- b) prepare, handle and store food in a safe and hygienic manner;
- c) provide meals and snack times on a regular schedule, with flexibility where possible to accommodate children's individual needs;
- d) ensure food is developmentally appropriate for the child and encourages independent eating; and
- e) ensure drinking water is made available to children at all times.

6.3 Notifiable diseases

If the carer is exposed to a notifiable disease, the carer will notify the ARB.

6.4 Weather protection

The carer is to ensure that:

- a) children are protected against the adverse effects of weather; and
- b) the carer and children follow sun protection practices, based on current community standards and health guidelines, and any ARB policies/procedures.

6.5 Carer health

- a) A carer's ability to care for children should not be impaired by:
 - i) poor health status;
 - ii) any medical condition;
 - iii) dependency on any medication; and
 - iv) dependency on any substance.
- b) A carer is to provide a medical certificate indicating their ability to carry out full duties if requested at any time by the ARB.
- c) The carer must neither be adversely affected by, nor consume alcohol or drugs (except those required for legitimate medical reasons) during the hours children are in care.

6.6 Smoking

A smoke-free environment must be provided for carers and children during the hours children are in care.

6.7 Medical/emergency treatment

- a) If a child has an accident/injury or becomes ill while in care, the child must be kept under the carer's/ARB's supervision until the child's parent/s, or a person nominated by the parent/s, or emergency services personnel take charge of the child.
- b) If a child requires immediate medical aid, the carer will take all reasonable steps to secure that aid.
- c) If medical treatment is sought off the premises, relevant information should be taken with the child.

- d) If emergency treatment/medical aid is sought, the parent/s are to be notified as soon as possible.

Explanatory Notes: Standard 6

Every child and every carer has the right to be safe. To promote this, a safety assessment of the home will be carried out by the ARB and the family **before** care arrangements commence, and an action plan developed if necessary, with any listed hazards to be dealt with preferably before care arrangements commence. A hazard identification and management checklist, specific to the care situation will be developed in consultation with the family for your use before each care 'shift' commences. The ARB will also advise the family of relevant guidelines which will cover your on-going management of the care situation, e.g. keeping medications out of reach, storage of chemicals, or sun protection.

What does 'maintaining a safe environment' mean for me, the carer?

As carer, you should have a sound understanding of dangers to children, and your daily practice should reflect your understanding that children's safety is your responsibility.

The items on the hazard identification and management checklist, agreed with parents prior to care commencing, should reflect the location and any particular circumstances of the family's home and premises. You must complete this checklist each time you are on duty, before care starts.

What does 'maintaining a safe environment' mean for the family?

If necessary, an action plan around any identified hazards will be agreed between the family and the ARB, and implemented prior to care commencing.

The ARB will have advised the family of their responsibilities in relation to maintaining a safe environment.

As carer, you must be aware of ongoing maintenance issues which may need discussion with the family, e.g. vegetation which requires pruning, sharp or rough edges on equipment, trip hazards indoors, e.g. floor coverings, and so on.

What if conditions covered by the agreement between the family, carer and ARB alter when I am caring for the children?

If you are concerned that conditions covered in the agreement have altered, you should first discuss this with the family, and, as necessary, report the matter to your ARB.

What if the family decides to move house, or undertakes renovations/extensions to their home?

If the family moves to a new home, the ARB will conduct another assessment against the *In Home Child Care Environmental Checklist* prior to the care provision continuing in the new premises.

The family is required to inform the ARB if their home is to be renovated/extended and the hazard identification and management plan will be amended as necessary.

Furniture and household equipment

Furniture and equipment should be safely located and maintained in good repair so that there is no hazard to the children or yourself.

Nursery furniture is a significant factor in almost 20% of the injuries to children in their first year of life. As part of the assessment of the family's premises, the cot/alternative bedding will have been assessed by the ARB, as appearing to be safe

and appropriate for the child.

Where a cot/piece of nursery equipment is damaged or unsafe, it should promptly be removed or made inaccessible to children. As carer, you may need to bring this to the attention of the family.

Further information about nursery furniture can be obtained from:

- The Tasmanian Office of Consumer Affairs and Fair Trading (http://www.consumer.tas.gov.au/product_safety/standards)
- Kidsafe (Child Accident Prevention Council) (<http://www.greenweb.com.au/kidsafe>)
- Australian Competition and Consumer Commission (<http://www.accc.gov.au/>) - go to 'Product Safety'.

Bunks

Where top bunks are accessible, and if/whenever the bedroom is used as a play space, you must directly supervise the children. A **Product Safety Alert** issued by Consumer Affairs and Fair Trading advises that top bunks must not be used for playing or for sleeping by children under the age of six years. This informative Safety Alert will be available from your ARB.

What should I look for with toys and equipment?

As a general guide, if a toy, and/or one of its parts, can fit into a 35mm film canister, it is not suitable for a child under three years. For babies, rattles and teething should be at least 50mm wide. For children under three years, balls should be at least 44.5mm or larger. Generally, edges of toys should be smooth, with no sharp points.

You should remove damaged or broken toys from the play area. The ARB will have informed the family that this is one of your responsibilities.

How do I find out more about safety and toys?

Information can be obtained from:

- The Tasmanian Office of Consumer Affairs and Fair Trading (<http://www.justice.tas.gov.au/ca>)
- Kidsafe (Child Accident Prevention Council) (<http://www.greenweb.com.au/kidsafe>). Kidsafe have written 'Safe Toys for Kids'.

What about the outdoor play environment?

The Kidsafe (NSW) website, <http://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 will have a policy that trampolines are not to be used while children are in care (similar to the standard for family day carers). If there are exceptional circumstances the ARB and the family will have developed a management plan.

Exceptional circumstances may include, 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.

Explanatory Notes: Standard 6

Kidsafe have a Fact Sheet about trampolines, at http://www.kidsafensw.org/playsafety/safety_info_sheets.htm

How should medication be stored?

The family is expected to safely store medication in a lockable or child-resistant container or out of reach of children. It is recommended that medication that requires refrigeration should be stored in a lockable container on the fridge shelf rather than the fridge door.

As carer you should ensure that medications and First Aid kits are inaccessible to children (i.e. locked and/or out of the reach of children).

You may administer prescription medication provided that administration is in accordance with the ARB's policies and procedures. It is recommended that you never administer anything other than prescription medication, as the contents of other 'medications' is not always known.

Emergency administration of ventolin – approximately 1 in 6 Tasmanian children are affected by asthma. Generally, first aid courses cover the administration of asthma to a child who has been diagnosed, and has their own asthma medication. People who have been trained in emergency asthma management are also able to administer salbutamol (Ventolin) in an emergency, including a situation where there is not a diagnosis of asthma. Administration of Ventolin in an emergency cannot harm a child. The ARB/Asthma Tasmania can be contacted for further information about training courses.

How should chemicals, poisons and cleaning products be stored?

Chemicals and a wide range of products such as cleaning products, pesticides, or bleach should be handled with great care. The family must ensure adequate storage so that these products are inaccessible to children.

Where there is a query about the safe disposal of chemicals, the Department of Primary Industries, Water and Environment (Environment and Planning Division) can be contacted on (03) 6233 6518.

Information about the storage of chemicals can be obtained from Workplace Standards Tasmania Helpline – 1300 366 322, or their website (<http://www.wsa.tas.gov.au>)

Storage of equipment, tools and dangerous items?

As carer you should ensure that sharp, pointed or jagged objects are inaccessible to children.

Firearms - It is recognised that in some home based care situations there will be firearms. It is the family's responsibility to ensure that these are stored at all times according to the Tasmanian legislative requirements.

What are the requirements for fire safety?

Smoke alarms

The family home must have smoke alarms installed. The ARB may require that the family's home is checked by an approved contractor to ensure that there are sufficient smoke alarms, in appropriate locations, e.g. between the living and sleeping areas, and on each level of a multi-levelled dwelling.

The family should purchase smoke alarms which are Australian Standards approved,

and installed in accordance with the manufacturer's guidelines.

Smoke alarms must be operational at all times. Smoke alarms should be tested at least monthly. In addition, it is recommended that smoke alarms are cleaned every six months (the Tasmania Fire Service suggests using the fine nozzle on the vacuum cleaner to do this).

If batteries are used as the power source for smoke alarms, they should be replaced in accordance with the manufacturer's recommendations (the Tasmania Fire Service suggests at least once a year, at the end of daylight saving).

Fire blanket

The family is responsible for providing a pure woollen blanket or a fire blanket. It is recommended that a fire blanket should be Australian Standards approved, at least one metre by one metre in size, and installed in or close to the kitchen.

Emergency exit

The door designated as an emergency exit, doorway and the approach to the doorway, must be kept clear of obstacles.

Further Information:

For further information, go to the Tasmania Fire Service website <http://www.fire.tas.gov.au>, and follow the links to Fire safety and you/ In the Home, and to Publications/Fire Safety at Home.

Will the glazing in the family home/premises be assessed?

The ARB may assess the level of risk in relation to glazing, and advise the family on alternatives that are available to minimise any identified risk.

If there is nothing to verify that the glass in an area of risk meets the current Australian Standards, then a management plan must be developed.

For example: The family may decide to reglaze or safety film the area. Glazing should be installed by an accredited glazier/installer of safety film who should provide the family with a certificate stating that both the materials and the installation meet the Australian Standard; OR

The family may choose to place an effective barrier in an area identified as a risk in order to prevent injury.

What else can the family do to reduce the risk of injury from glazing?

- Mark transparent glass with motif/s or decorations at appropriate child height.
- Trip-proof the area.
- Make sure that glass shelving is adequately supported, has rounded edges or is protected; or is removed from the play area if the glass is chipped or cracked.
- Ensure that the play and eating areas are away from glass.

Some of these items may be included on the *Hazard Identification and Management Checklist* for you to regularly check.

What are the requirements for fencing and barriers?

Where possible, an outdoor play area should be fenced; if not, an appropriate

Explanatory Notes: Standard 6

management plan will be discussed with the family prior to the commencement of care.

When setting up an outdoor play environment you should take care that there is nothing near the fence, gate, or barrier that will encourage children to climb them; and you must ensure that gates are kept closed when not in use.

Inside, age appropriate barriers may be necessary at the top and/or bottom of stairs. If so, this will be noted on the *Hazard Identification and Management Checklist*.

What are the requirements for water safety?

In Australia drowning is the major cause of death in children under five years of age: drownings have occurred in family pools, dams, ponds and baths.

Australian Standards in relation to fencing around swimming pools and gates (Australian Standards 1926 and 2820) apply to in home child care situations.

Children's **unsupervised access** to a pool, spa or jacuzzi must be prevented by fencing and gates which meet these Australian Standards. It will be your responsibility to ensure gates are kept closed.

The ARB may have policies around the **use of an on-site pool** while the children are in care. The ARB's policy may consider the use of a pool on a case by case basis, taking into account factors including the number and ages of the children, their level of swimming skills and experience, the carer's swimming and lifesaving skills, and so on. In some circumstances, for example, where a child with a disability swims in the family pool as part of their daily routine, it may be appropriate to develop a documented management plan to accommodate this.

If there is a pond such as an **ornamental pond** on the premises, there should be appropriate fencing/barriers in place; and/or the pond should be covered by a rigid material.

Particular care must be taken if there are **dams and/or water tanks** on or near the property. Children's access to dams should be prevented by fencing which is at least 1200 mm high around the outdoor play area or appropriate management plan must be in place.

Water tanks: There is a hazard if the strainer mechanism is not properly screwed into place, or if the water tank has a ladder or similar access. Some ARBs may have requirements such as fencing off the water tank, or that the ladder be removed, and/or that a management plan be developed together with the family to cover the situation.

When you are responsible for the children, you, the carer, must

1. ensure that any doors and windows which give access to a pool, spa or jacuzzi are securely locked, and pool gates kept closed;
2. directly supervise children at all times when children are being bathed, are playing with water and equipment containing water, and on excursions to bodies of water;
3. follow procedures such as:
 - filling a wading pool, bath, basin or trough immediately before it is used, and emptying it immediately after use;
 - storing buckets, bowls etc in a manner that water cannot collect in them; and

- securely covering liquid-filled buckets.
- 4. as specified in Standard 2.1 (h), maintain your CPR skills (to be updated annually).

Should plants which have poisonous components be removed?

No. However, by agreement with parents, an appropriate management plan may have been put in place. Information about such plants can be obtained from *Kidsafe*.

What about pets and animals?

The keeping of animals is common to the Australian culture. Keeping pets can promote a sense of caring and responsibility in children and overall, the family is responsible for maintaining pets and animals in a hygienic condition.

You should check whether any of the children have allergies to animals.

In some instances, you, the carer, may be seen by the family pet as a potential threat. If so, the family must provide you with adequate protection, e.g. a fence/barrier that isolates the pet.

What about health and hygiene practices?

As carer you are expected to model good health and hygiene practices and positively encourage children to do likewise.

It is your responsibility to inform the ARB if you exposed to infectious disease, such as conjunctivitis, chickenpox, diarrhoea, or mumps.

Where can I get up-to-date information about appropriate practices?

Helpful resources include:

- The Australian Government publication *Staying Healthy in Child Care*. This can be downloaded for your personal use from the National Health and Medical Research Council's website <http://www.nhmrc.gov.au/publications/index.htm>
- *The Child Care and Children's Health* folder, developed by the Royal Children's Hospital Melbourne, and supported by the National Accreditation Council.
- The Tasmanian Health Department website <http://www.dhhs.tas.gov.au/publichealth>
- Workplace Standards Tasmania website <http://www.wsa.tas.gov.au>

These and similar resources should be available through your ARB.

Why is there a standard (Standard 6.5) about carers' health?

It is expected that in home child carers, in order to fulfil their child care duties, will maintain a reasonable standard of physical and emotional health.

An ARB must, as 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 should 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.

ARBs must also have clear guidelines about their expectations of carers' general

Explanatory Notes: Standard 6

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 about my occupational health and safety?

Consideration of your health and safety, e.g. knowing appropriate techniques to lift children into chairs or cots is important. Some ARBs organise courses about manual handling and occupational health and safety.

If I am exposed to a notifiable disease, e.g. measles, should I report this?

Yes, you should report this to the ARB. It is the responsibility of the family's doctor to report a case of a notifiable disease, e.g. mumps, rubella (German measles), measles, polio, diphtheria, pertussis (whooping cough), polio or Hib infection to the State authorities. However, you should also report it to the ARB, because the ARB is responsible for ensuring your safety and that of any other children with whom you may be working.

Why are drugs, alcohol and smoking considered to be relevant matters?

The use of alcohol and or drugs may impair a person's judgement, thus increasing the risk of accident. Research continues to highlight the damage of 'passive smoking', particularly to those with asthma or other respiratory conditions. A 'no smoking' environment is a safer environment for children and for you, their carer.

For initial registration as an In Home Child Carer, you will need to demonstrate

- your understanding of your responsibilities in maintaining a safe environment.
- your understanding of health and hygiene practices which reflect current community standards.

7 ADMINISTRATION AND RECORDS

STANDARD

The in home child carer is to ensure their duty of care is met, and is to maintain records appropriately.

Rationale

It is important that the carer keeps accurate records, and has effective administrative procedures.

7.1 Access to information

The in home child carer is to carry with them:

- a) their In Home Child Care ID and current registration certificate, issued by the ARB;
- b) the telephone number, address and other relevant information of the ARB;
- c) a copy of the *Child Care Act 2001*; and
- d) all relevant policies, procedures and practices of the ARB.

7.2 Insurance

The in home child carer must be covered by a current public liability policy.

7.3 Records

Note: The ARB must supply the carer with relevant proformas, which satisfy ARB Standard 3, including Enrolment, Contact and Child Information, Record of Hours of Care Provided, Parent Permissions, Authorisation and Administration of Medication, Child Accident or Injury Report, Notifiable Disease, Risk Assessment/Safety Management.

- a) The carer must use, and keep the completed proformas, as per ARB policy.
- b) **Records for registration as an in home child carer**

The carer is to keep the original of the following documents:

- i) current safety screening clearance;

Note: Where the ARB policy allows for a carer's family members to accompany the carer to the care situation, the carer must also keep the current safety screening clearance of relevant family members and/or regular/long stay visitors, as applicable.

- ii) current first aid and CPR certificates;
- iii) approved qualifications/documentation to validate carer's progress towards an approved qualification; and
- iv) driving licence/s and relevant vehicle certificates and documentation as per Standard 4.6, if applicable.

7.4 Maintenance and retention of records

The carer must:

- a) ensure that any required records are kept up to date, and remain confidential;

- b) keep records (see 7.3 (a) and (b)) for the periods specified in the ARB policy about the retention of records (refer to Explanatory Notes).

Explanatory Notes: Standard 7

Carers need to keep accurate and up to date records to ensure the safety and wellbeing of children, particularly in case of an emergency, and to ensure their own legal protection. A carer receives a considerable amount of personal information about children and families, which must be kept in a confidential manner. Information should not be given to any other person without parental permission, except where statutory requirements dictate otherwise.

Are there policies and procedures I should follow?

Written policies promote consistency in the practices between carers, and assist carers to act in accordance with the ARB procedures. It is expected that an ARB has a system in place to inform new carers about their policies, practices and procedures. The ARB will usually develop policies and procedures in conjunction with carers.

Parents have a right to know about policies and procedures which are relevant to the care of their child. The carer is expected to have a copy of the policies readily available for parents.

What insurance cover do I need?

You will need to be covered by current public liability insurance. This may be purchased on an individual carer basis, or through the ARB if appropriate. You should check with your ARB, or insurance company to determine whether any other insurances are required or recommended.

Why do I need to record times the children are in care?

Accurate attendance records are crucial in case queries are raised about situations related to the carer's duty of care, such as when the carer did not have direct supervision of a child at a time that child may suffer serious injury.

An accurate attendance record is necessary for financial accountability, including Commonwealth Child Care Benefit and insurance purposes.

Must I notify parents of all accidents, incidents or injuries?

The ARB will have policies and procedures around notifying parents of accidents or incidents; parents should be notified promptly of any serious accident/injury. In situations when the accident/injury is related to a bump on the head, parents should be notified as soon as possible and the child closely monitored for signs of concussion.

Details of all accidents, injuries, incidents should be detailed, accurately and objectively, on an appropriate report form, as provided to the carer by the ARB, as soon as possible. Parents should sign the report, to acknowledge that they have been told of the accident, injury or incident.

In case there is ever 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 should record on the accident/injury report the time that the care situation ended and the name of the person who took responsibility for the child.

The same applies for medical emergencies, e.g. emergency administration of Ventolin.

What about information on the child's immunisation?

It is a requirement of the *Public Health Act 1997* that a child care service (e.g. an ARB) obtains information about a child's immunisation status **before** that child commences care. ARBs will keep these records on behalf of registered in-home carers.

Parents may elect not to have their child/ren immunised because of medical or other reasons – but it is necessary for the ARB to have a written record of this to enable prompt response in the event that the children develop mumps, rubella (German measles), measles, polio, diphtheria, pertussis (whooping cough), polio or Hib infection. Public health authorities have developed guidelines to assist carers and ARBs deal with such situations.

What records do I need to keep, and for how long?

Apart from registration requirements, there are several reasons to keep records, such as your own business, legal and insurance obligations. Your ARB will inform you about which records you need to keep yourself and which records can be kept by the ARB.

Financial records need to 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 contribute to this area of accountability.

Records of child enrolment/information should generally be kept for at least six years. However, if there is an incident, e.g. a child has a severe allergic reaction, these records should be considered in the same manner as accident/injury records, and kept until the child turns 25 years.

Record of hours of care provided – should be kept for six years.

Parent permissions – the carer should keep parent permissions until the family ceases care, and then these should be given to the ARB to be kept for at least six years.

Authorisation and administration of medication If there are complications resulting from the administration of medication, the record should be treated in the same way as accident and injury records, i.e. these records must be kept until that child turns 25 years old.

Records of accidents or injury, and 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* (refer to Explanation below). Records must be kept in case of legal action against the carer, in which case the record can be used as evidence.

Why do some records need to be kept until a child turns 25 years of age?**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 (which is able to be extended to six years).

However, a child without a parent may initiate such action within six years of their 18th birthday.

A further possibility is that a condition/consequence of an accident or injury may not become apparent within the initial six year period – in such an instance the six year limit to commence an action would apply from the time that the condition does

Explanatory Notes: Standard 7

become apparent.

Because the majority of children are placed in care by a parent or guardian, it is reasonable to expect that six years is the minimum period of time to keep records such as enrolment and personal information, excursions, parent permissions. However, records of accidents or injuries and treatment of the same should be kept until the child turns 25 years of age.

If you are unsure whether or not a situation will require investigation in the future, it would be prudent to keep all relevant records, including enrolment information records until the child turns 25 years of age. This will be covered in ARB policy.

For initial registration as an In Home Child Carer, you will need to provide

- Confirmation of currency of your public liability insurance.
- Any certificates relevant to your vehicle.
- Certificates/evidence required for registration.

On field visits and/or at re- registration, you will be asked to demonstrate that you carry required documentation with you, and use proforma keep records appropriately. The ARB will check your records for evidence of

- evacuation practices
- hours of care provided
- parental permission, etc, forms
- authorisation and administration of medication
- accident and injury reports
- currency of public liability insurance

GLOSSARY

'applicant' means a person who has applied for a licence under section 13;

'ancillary staff' means persons employed in respect of a child care service otherwise than as child carers;

'approved premises' means premises approved by the Secretary, or premises of a class approved by the Secretary, under subsection (2);

'approved registration body' means a person who holds a registration body approval licence;

'approved registration body licence' means a licence granted under section 16 that authorises one or more of the activities specified in section 10;

'authorised officer' means a person appointed as an authorised officer under section 72;

'centre based child care licence', means a centre-based child care licence granted under section 16 that authorises the activity specified in section 11;

'child' means a person who has not attained the age of 13 years;

'child care' has the meaning given by section 4;

'child care centre' means premises, other than a person's primary residence or approved premises or the primary or other residence of the child, at which a child may be provided with child care;

'child care service' means –

- a) the operation by an approved registration body of any business that involves one or more of the activities authorised by the licence; and
- b) the operation by the holder of a centre-based child care licence of any business that involves one or more of the activities authorised by the licence; and
- c) the operation by the holder of a home-based child care licence of any business that involves one or more of the activities authorised by the licence;
- d) the provision of child care by a registered carer;

'child carer', in respect of a child who is being provided with child care, means a person who, for fee or other material benefit, cares for the child –

- a) in that person's own primary residence; or
- b) in that person's approved premises; or
- c) in the child's primary or other residence; or
- d) in premises in which child care is provided under a centre-based child care licence;

'close relative', in relation to a person, means –

- a) another person who resides with that person; and
- b) another person who is a guardian of that person; and
- c) another person who, in the opinion of the Secretary, may have frequent or extended contact with a child for whom that person is operating or providing or may operate or provide a child care service;

'director', in relation to a body corporate –

- a) if the body corporate is a corporation within the meaning of the *Corporations Act*, has the meaning as in the *Corporations Act*; and
- b) if the body corporate is not a corporation within the meaning of the *Corporations Act*, means a person holding a position in the body corporate that is equivalent to or substantially the same as the position of director in a corporation, within the meaning of the *Corporations Act*;

‘employ’ means employ for payment or other reward and includes engage the services of, whether as an employee or an independent contractor or otherwise;

‘extended family’ has the same meaning as in the *Children, Young Persons and Their Families Act 1997*;

‘guardian’ has the same meaning as in the *Children, Young Persons and Their Families Act 1997*;

‘home-based child care’ means the provision of child care -

- a) in the child’s primary or other residence; or
- b) in the child carer’s primary residence; or
- c) in the approved premises of the child carer;

‘home-based child care licence’ means a licence granted under section 16 that authorises one or more of the activities specified in section 12;

‘licence’ means –

- a) an approved registration body licence; and
- b) a centre-based child care licence; and
- c) a home-based child care licence;

‘parent’ includes a stepmother, stepfather and guardian;

‘person-in-charge’ –

- a) in relation to the child care service operated or provided by an approved registration body, the person who is directly in charge of the day-to-day coordination of the child care service; and
- b) in relation to a child care service operated or provided by the holder of a centre-based child care licence or a home-based child care licence, the person who –
 - i) is physically at the centre, residence or other facility or premises where children are provided with child care by that service; and
 - ii) is in charge of the day-to-day running and supervision of that service or centre, residence or other facility or premises,

whether the person referred to in paragraph (a) or (b) is the holder of the licence under which the child care service operates or is provided, or an individual employed by that holder;

‘potential child carer’ means a person who is desirous of obtaining employment as a child carer;

‘premises’ includes –

- a) a vehicle, vessel and other means of transport; and
- b) a part of premises;

‘registered carer’ means a person who has been registered as a child carer by an approved registration body;

'registration' means registration of a person as a child carer by an approved registration body in accordance with the relevant Standards;

'regulations' means the regulations made and in force under this Act;

'responsible person' means:

- a) the individual, other than the person in charge of the service, to whom is assigned by the licensee the general responsibility for, and supervision of the operations of, the provision of child care under the licence; or
- b) any other body or individual, other than the person in charge of the child care service, who has the authority to give directions and make decisions in respect of the management of that child care service.

'spouse', in relation to a person, includes a person who, although not legally married to that person –

- a) is generally recognised as the de facto husband or wife of that person; or
- b) has a relationship with that person that is of a marital nature.

'Standards' means the Child Care Standards issued under section 47, as amended or substituted from time to time;

'unencumbered space' means useable, clear space which is always available for children's play. This excludes areas such as passageways, thoroughfares, doorways, door swings, and also excludes encumbrances such as fixed furniture, furniture used for storage or administrative purposes, and items whose primary purpose is not for children's play (such as rubbish/recycling bins, bag hooks, etc).