

National Standards for Family Day Care

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Introduction

Background to National Standards

Quality Assurance is an important aspect of providing children's services. The question of quality standards for child care services has a high priority for State, Territory and Commonwealth governments.

The Council of Social Welfare Ministers endorsed the National Standards for Centre-based Long Day Care in January 1993. State and Territory ministers agreed that the standards would be incorporated into individual State and Territory regulations over a period of time. The National Standards for Centre-based Long Day Care underpin the National Quality Improvement and Accreditation System (QIAS) for long day care centres. Ministers endorsed National Standards for Outside School Hours Care in June 1995 with implementation to be determined by individual jurisdictions.

State, Territory and Commonwealth ministers responsible for child care endorsed the National Standards for Family Day Care in June 1995. Focussing on the child's experience in family day care, these standards concentrate on the provision of child care within the carer's home. Acknowledging the important contribution made by Coordination Units to the provision of quality family day care, Ministers endorsed additional standards, concentrating on management and support, in July 1998. These complement the original standards and the two parts integrate to form the National Standards for family day care.

National standards prescribe the minimum standard necessary to ensure the provision of child care that is a safe, nurturing and developmental experience for children.

There is a high degree of consistency in the standards across the three service types. This is because many standards are fundamental to the provision of a quality service, for children of any age, provided in any setting (such as a purpose-built child care centre, a preschool, a family day care home, a recreation centre or school facility). Certain core standards are common to long day care centres, family day care and outside school hours care. Other standards are specific to a particular service type being influenced by the age of the children attending the service, the service hours of operation or the type of facilities in which the service is provided.

The baseline standards were developed and aim to be objectively assessed. Different approaches may be taken to ensuring that the standards as defined are implemented in all services. These could include the incorporation of the standards into regulations, into service agreements, funding contracts or industry agreed standards of operation.

The standards identified in this document represent the minimum standard of family day care that families have the right to expect for their children, and more importantly, that children in family day care have the right to experience.

From this perspective, the standards address the facilities, health and safety, programs, administration and the people providing family day care.

It is recognised that the provision of high quality child care services involves much more than meeting minimum standards. Support, explanatory information and availability of resource material to assist service providers to implement the standards are important, as are training and a range of other quality assurance and improvement practices.

Family day care is provided throughout Australia in many different types of family homes. The wide variation reflects the geographic size and diversity of our country as well as its cultural diversity.

National Standards for Family Day Care

While the structure and operation of family day care varies across Australia, family day care is defined as a network of approved carers working with support, resourcing and monitoring provided by a central Coordination Unit. Family d

ay care is provided by carers who are registered/approved or employed by a licensed/registered family day care scheme/service operator.

Individuals who are not members of family day care schemes may provide home-based care, however this does not fall within the definition of Commonwealth family day care and is not covered by these standards.

To assist readers, this document is divided into three parts.

NATIONAL STANDARDS FOR FAMILY DAY CARE

- **Part One** provides a brief background to the development of national standards, in particular the National Standards for Family Day Care.
- **Part Two** details minimum quality standards to be met by carers to ensure the safety and well being of children in family day care.
- **Part Three** details minimum quality standards to be met by Coordination Units to support the provision of quality family day care.

The term carer is used to refer to a person who provides Commonwealth-funded family day care in his or her own home. It includes care providers, home-based child care workers, family-based child care workers, family day care givers and family day carers. Carer is the term used by the National Family Day Care Council of Australia.

The intention of the standards is to provide a framework to ensure an acceptable standard of child care for all children in family day care. The standards articulate a baseline for the provision of quality family day care in Australia, and provide the foundation for future systems of quality assurance in family day care. The standards are therefore relevant to approved/employed carers of a family day care scheme where the carer or the family day care scheme/service operator is licensed or registered by a State or Territory government.

1. Standards for carers in family day care

1. Facilities

1.1 Laundry

To maintain the health and wellbeing of children and to minimise the risk of cross infection, family day care homes must have adequate and hygienic arrangements for laundry requirements. In many cases in family day care, however, parents make provision for their own laundering (for example, a bucket with tightly fitting lid for nappies and a plastic bag for clothes and linen).

Standard

1.1.1 The family day care home must have laundry arrangements either on the premises or through another facility, service or arrangement.

1.1.2 The family day care home must provide safe and sanitary facilities for the storage of soiled clothes, linen and nappies pending their laundering or disposal.

1.2 Food preparation facilities

Children need adequate nutrition which includes a wide variety of foods. Children can learn about foods and meal expectations during the early childhood years.

The National Standards set a requirement for basic kitchen facilities, regardless of the meal preparation practices, as all services will have some requirement for food storage and heating, together with the cleaning of plates and other eating utensils.

The extent to which the family day care home provides food preparation facilities is dependent on the practices of the service in relation to main meals. Where main meals are prepared on the premises full kitchen facilities will be required.

Standard

- 1.2.1 The family day care home must have safe, hygienic facilities for the preparation, storage, heating and cooking of food for children, including a sink, refrigerator, suitable disposal facilities and hot water supply.**

1.3 Toilets and hand basins

Toilet facilities should:

- ensure the health and wellbeing of children;
- ensure minimal delay for children requiring the use of a toilet;
- enable independent access; and
- enable children to be treated as individuals.

The provision of toilet facilities and hand basins at a suitable height for children is to:

- increase the confidence and skills of children;
- encourage hand washing after toileting;
- decrease cleaning and the frequency with which adults must assist children onto the toilet; and
- decrease the necessity for lifting thus recognising occupational health and safety issues.

For these reasons it may be appropriate for the carer or parent to provide a potty, junior toilet seat and/or firm, non-slip step.

To minimise the risk of children being scalded, their access to hot water should be under adult supervision.

Standard

- 1.3.1 A family day care home must have toilet and handwashing facilities which are safe and appropriate to the ages of the children in care and facilities for cleaning between usage.**

1.4 Nappy change

To maintain the health and safety of children who are not toilet trained the family day care home must have nappy change facilities that:

- are sufficient to meet the number of children in care;
- are of a type that are easily cleaned to prevent cross infection; and
- will minimise occupational health and safety implications.

Standard

1.4.1 Where children who wear nappies are cared for the following will be provided:

- a a changing bench or mat with an impervious washable surface that is cleaned after each use;**
- b a bath/wash tub; and**
- c covered storage for soiled and wet nappies.**

1.5 Sleeping facilities

The provision of adequate bedding is necessary to ensure that children have individual access to a bed to ensure undisturbed sleep. The provision of individual bed linen and implementation of adequate hygienic measures are necessary to minimise the risk of cross infection.

The family day care home shall have sleeping facilities which enable a number of children to sleep or rest at any one time. The extent to which children sleep is dependent on the age of a child. Infants sleep for longer periods of time and at more frequent intervals than do children who are older (for example, babies characteristically sleep/rest for 80 per cent of a 24-hour cycle). Whilst the sleeping requirements for children who are three years and over are less than those of infants it must be assumed that all children under school age may wish to sleep during the course of a day at family day care (for example, children who are 3–5 years old characteristically sleep for 40 per cent of a 24-hour cycle).

Different cultural groups may prefer a particular style of bedding which their children will be accustomed to, for example, a hammock, or siblings sharing a bed. Carers and parents need to talk about individual children's sleeping habits and preferences.

Standard

- 1.5.1 **There must be one bed/mattress or other age and culturally appropriate bedding for sleeping/resting for each child requiring a sleep.**
- 1.5.2 **There must be individual clean bed linen for each child.**

1.6 Storage

To guard against the accidental poisoning of children through the consumption of harmful substances all goods that are not suitable for human consumption must be stored safely.

To ensure that children develop a sense of caring for their individual belongings and in acknowledgment of the right to individual space and privacy, it is necessary that children have access to a space for storage of their personal belongings. This might simply be the same place each day a child is at the family day care home or a very simple, inexpensive storage arrangement that is suitable for a home.

In order to foster their independence children need to be able to access toys, books and equipment suitable to their developmental needs. Provision within children's play areas of open storage of a height suitable to children enables them to see, choose, and independently access equipment without the assistance of an adult.

Standard

- 1.6.1 **The family day care home shall have storage facilities which are secure and inaccessible to children for cleaning materials, disinfectants, poisons, tools, toiletries, first aid equipment and other dangerous, flammable and hazardous substances.**
- 1.6.2 **Children shall have independent access to toys, books and equipment suitable to their development and needs and which are culturally appropriate.**
- 1.6.3 **Each child shall have access to a space for storage of their personal belongings.**

2. Health and safety

2.1 Fencing

The provision of barriers around hazards is necessary to ensure that children cannot impulsively run out into dangerous situations. The barrier should be such as to prevent children from scaling it or crawling under it. The provision of barriers is not a substitute for constant supervision in play areas as it is acknowledged that children may scale seemingly childproof barriers.

Standard

- 2.1.1. **Outdoor play areas must be securely fenced.**
- 2.1.2. **Premises adjacent to or providing access to any hazards including water hazards (such as dams, swimming pools, spas or fishponds), or roads, shall be isolated from such hazards by an effective barrier or fence. Gates in fences should be secured with a latch which is inaccessible to children.**
- 2.1.3. **Any side of a stairway, ramp or corridor, hallway or external balcony which is accessible and is likely to cause a hazard to children in care and is not abutting a wall must be protected to prevent a child falling through or scaling.**
- 2.1.4 **Age appropriate barriers are required at the top or bottom of stairs.**

2.2 Telephone

The provision of a telephone is necessary for the calling of emergency services and notification of parents in the case of illness or accidents.

Standard

- 2.2.1 **The carer shall have an operating telephone on the premises. In an area where telephone services are not available, an effective emergency communication plan must be in place.**

2.3 Pools/water

Children can drown in as little as 5 centimetres of water. Whilst most drownings occur in swimming pools, carers must be mindful of other potentially dangerous situations. Particular attention must therefore be paid to children in the presence of water, for example, nappy buckets, toilets, wading pools, spas, fish ponds.

The proposed standards on adult:child ratios in relation to excursions must apply when children have access to swimming pools. Australian standards in relation to fencing around swimming pools apply automatically to all child care services, including family day care.

The proposed standard refers specifically to safety precautions when using wading pools. A practice where the pool is emptied after every use (even where there are water shortages) prevents accidents in the event of a child using it unsupervised. The practice is also supported by evidence demonstrating that bacteria and algae that may be detrimental to children can grow quickly in unchlorinated water and be of considerable health risk to children.

Having effective barriers to swimming pools (above and below ground pools and wading pools), and sound safety practices in place in relation to other water receptacles, does not reduce the need for close supervision of children when these hazards are present. All children must be closely supervised near water and direct adult supervision should be provided at all times when a swimming or wading pool is in use.

Standard

- 2.3.1 All paddling pools must be emptied after use and must be stored to prevent the collection of water.**
- 2.3.2 Isolation swimming pool fencing and gates which comply with ASA Standards 1926 and 2820 must be provided. Effective barriers should be in place to prevent access by any child in care to any area that opens directly into a fenced pool area.**
- 2.3.2 Water containers must be safely covered or inaccessible to children.**
- 2.3.4 Pool filters must be inaccessible to children in care.**

2.4 Heating and cooling and household appliances/hot liquids

Children need to be in a comfortable temperature both summer and winter. The provision of suitable heating and cooling devices may be needed.

The provision of safety mechanisms around heating and cooling units is necessary to ensure the safety of children.

One of the most common household accidents involves children coming into contact with household appliances such as stoves and irons and hot liquids, causing burns and scalds.

Carers must provide a comfortable and safe environment for children in their care. While it is recognised that family day care provides a unique environment for children's participation in day-to-day home activities and experiences, carers must be aware of the hazards associated with hot appliances and hot liquids and children should be closely supervised when these are in use.

Standard

- 2.4.1 **All heating and cooling units must be adequately secured and guarded to prevent injury to children through contact with hot surfaces or moving parts and the emission of any sparks or flames.**
- 2.4.2 **Any equipment that is a hazard must have the controls guarded to prevent children's access.**
- 2.4.3 **Fans in all rooms must be inaccessible to children**

2.5 Infectious diseases

For the general health and wellbeing of children and adults, it is necessary to minimise the risk of cross infection both through the practice of strict hygiene codes and the isolation of children from the family day care home in the case of infection occurring.

Parents have the right to know what policies are in place in order to satisfy themselves that the practices are in keeping with their expectations.

The practices must respect the rights of individual privacy and be in keeping with Commonwealth and State Acts that specifically deal with a particular disease. In States and Territories where the health authority has recommended practices of exclusion, these should be maintained.

Standard

- 2.5.1** There must be a policy on infectious diseases which outlines the exclusion practices and conditions for return to care for children who have an infectious disease or who have been exposed to an infectious disease. This policy must cover all members of the family day care home. The policy must be practiced.
- 2.5.2** Information about the occurrence within the family day care home of illness which could impact on children in care or infectious disease (with the exception of those diseases dealt with by the Commonwealth Privacy Act or State or Territory Health Acts) in either the carer's household, or the children in care must be made available to parents or guardians of children in care. It must be made available in a manner that is not prejudicial to the rights of individual children or the carer or members of the household.

2.6 Illness, accidents and injury

The standard of care provided for each child must ensure maximum personal safety. In the event of a child becoming ill or having an accident, every attempt must be made to ensure the sound management of the child to prevent an exacerbation of the situation and to secure necessary medical treatment.

In the interests of maintaining rights and to ensure the emotional security of the child, every attempt must be made to inform the parent of the status of the health of the child in such situations.

The administration of medication poses a serious question for carers. Failure to follow good practice may result in an accident. Duplicate dosages, or medication to which the child is allergic, may be given in error if sound practices are not followed. In order that the interests of the child, parents and carers are maintained, administration of medication must only be given with parental consent, or in the case of emergency, with permission from a medical practitioner. A record must be kept of all medication given to a child together with a record of the person administering the medication. (See Standard 2.14)

The occurrence of a serious accident or death of a child in care causes much distress for all parties. An appropriate authority identified in each State or Territory will require notification of such occurrences so that assistance can be offered to individuals who may benefit from support (this may be provided by the State/Territory department with responsibility for child care or referred appropriately). Monitoring of such occurrences also enables the identification of hazards that may otherwise go unnoticed.

Standard

- 2.6.1 If a child has an injury and/or accident or becomes ill while care is being provided, every reasonable attempt must be made to notify the parent or guardian as soon as practically possible, and:**
- a the child must be kept under adult supervision until the child recovers or the child's parents or some other responsible person takes charge of the child; and**
 - b if the child requires immediate medical aid, all reasonable attempts must be taken to secure that aid and to notify the parent of the accident or illness; and**
 - c in the case of medication being required in an emergency without the parent's/guardian's prior consent, every attempt must be made to secure that consent, or the consent from a registered medical practitioner (for example, general practitioner, children's hospital, local hospital) must be obtained.**
- 2.6.2 A parent or other responsible person must be notified of any medication administered to the child and any other matter concerning the child's health that comes to the notice of the carer.**

- 2.6.3 **If a child has an accident that causes hospitalisation or death or dies from non-accidental causes at family day care, the chief executive officer of an appropriate authority must be notified no later than the next working day of that fact and the circumstances of the injury or death.**
- 2.6.4 **Details of all accidents and/or injuries, including the time, circumstances and actions taken by adults in attendance must be maintained by the carer and the record of injury passed on to a parent or guardian.**
- 2.6.5 **A carer must have a current certificate or approved training in first aid and resuscitation.**

2.7 First aid

In the event of an accident or illness, first aid equipment must be available and carers must be trained in first aid.

Standard

- 2.7.1 **A first aid kit must be maintained in effective order on the premises in a position that is inaccessible to children but readily accessible to carers in an emergency.**

2.8 Food

The provision of a nutritious diet to children is necessary to continuing health and wellbeing. Children who do not have adequate food and fluids do not perform to the best of their ability and are more prone to accident due to tiredness and irritation. The provision of food that suits the developmental needs of children is essential to ensure that accidents do not occur (for example choking). It needs to be of a standard to attract the interest of the children who may otherwise be reluctant eaters.

Information for parents, regarding the meals provided for their child is necessary to ensure that a child is offered a balanced diet throughout the day.

Carers are encouraged to discuss with parents individual children's particular cultural, religious or health related dietary needs and to determine the best way of meeting these needs, for example, the parent providing specially required food. The approach to special needs will be written in the food policy so that parents and carers are clear in their understanding of how requirements will be met.

Standard

- 2.8.1 The carer shall ensure that food provided by the carer is nutritious, adequate in quantity, varied, offered at frequent intervals and is appropriate to the developmental needs of the child. Drinking water must be provided and available at all times.**
- 2.8.2 There must be information that is readily accessible to parents that outlines the approach to individual children's dietary needs, culture, religion and health.**

2.9 Outdoor play equipment

The frequency of accidents involving children whilst playing on outdoor equipment both in the home and in public places led to the development of Australian Standards in relation to outdoor equipment. Australian Standards 1924 Playground Equipment for Parks, Schools and Domestic Use Part 1—1981—General Requirements and Part 2—1981 Design Construction—Safety Aspects are applicable.

Attention to the safety of equipment used by children does not eliminate the need for effective supervision of children, for example when they are playing on swings or trampolines.

Standard

- 2.9.1 The outdoor play equipment at the family day care home must minimise risks to children.**

Risks include:

- a inappropriate surfaces under or around the equipment;**
- b inappropriate height of the equipment;**
- c lack of stability of equipment;**

- d the likelihood that a child can be trapped, pinched, crushed or struck; and
- e sharp or rough edges and projections or rust.

2.10 Cleanliness, maintenance and repairs

The provision of an environment that is safe, clean and in a hygienic condition is necessary for the general health of children.

Environments must be regularly cleaned and kept in a hygienic state to protect against vermin, bacteria and fungal outbreak which can have serious consequences to a child's health.

In addition to the general health of children it is necessary that the carer sets an example to children that will promote sound long-term behaviour.

Carers should ensure that dangerous chemicals are not used to remove vermin in a manner that will create residue dangerous to children.

Standard

- 2.10.1 **The carer shall ensure that the premises, grounds, all equipment and furnishings, (including bedding) used are maintained in a thoroughly safe, clean, hygienic condition and in good repair at all times.**
- 2.10.2 **The premises and grounds must be kept free of rubbish and any accumulated hazardous materials and every effort made to maintain a vermin-free environment.**

2.11 Health of carers and children

For the general health and wellbeing of children and carers, it is necessary to minimise the risk of cross infection between children and between adults and children through strict hygiene practices. It is necessary that carers have up to date information from health authorities in relation to procedures to minimise cross infection as new research becomes available.

There is much documentation supporting the risks associated with the consumption of alcohol and other drugs when operating in precise situations. Clearly judgements are impaired and the risks of accidents occurring are increased in these situations. Furthermore, the consequences of modelling undesirable behaviour to children must be avoided in all child care services, including family day care.

Research indicates that the risk to passive smokers is considerable. In the interest of the health of children both in the long term and the immediate consequence to children who suffer from lung sensitive conditions it is necessary that children are not exposed to this risk. Carers should also be aware of the possible legal implications of not providing a smoke-free environment in the family day care home and car used for children in their care.

It is well accepted that children are influenced by the behaviours of others around them. Modelling of sound hygiene practices by carers and encouraging their use by children will promote the child to adopt personal hygiene practices beneficial to their long-term health.

Standard

- 2.11.1 Carers must be of good health and free from any medical conditions or dependency on any medication and/or substance that may affect their ability to care for children.**
- 2.11.2 Carers requiring regular medication should hold a medical certificate confirming their ability to care for children.**
- 2.11.3 No person who is adversely affected by drugs or alcohol shall supervise or remain in the presence of a child in care.**
- 2.11.4 The carer shall not consume alcohol during the hours children are in care.**
- 2.11.5 The carer shall provide a smoke-free environment while children are in care.**
- 2.11.6 The carer shall observe strict health, hygiene and sun protection practices in relation to children that have regard to current community standards and are in accord with relevant government guidelines to minimise risks to children.**
- 2.11.7 Carers should encourage children to observe these practices.**

2.12 Plants

Many common indoor and outdoor plants pose a health risk if consumed. Some plants cause skin irritation on contact. As with other hazardous items it is necessary that children are protected from the risks associated with poisonous vegetation.

Standard

- 2.12.1 The carer must identify any poisonous vegetation on the premises and shall ensure that the vegetation is not accessible to children.**
- 2.12.2 Any plants that can lead to injury or severe discomfort (for example, because of sharp prickles or prominent thorns) should not be accessible to children.**

2.13 Animals

The keeping of animals is common to the Australian culture. Animals kept in a sound condition can be both educational to children and promote a sense of caring and responsibility if the animal is in a sound environment. In addition to legal questions in regard to the protection of animal welfare rights, modelling positive behaviour is important in regard to children.

Maintaining animals in a hygienic condition is necessary for the health and safety of children. Animals can become a source of infection.

Animals can cause severe injury to children.

Standard

- 2.13.1 Carers must ensure that any animal or bird kept at the home is in a clean and healthy condition.**
- 2.13.2 Carers must ensure that any animal or bird kept on the premises does not constitute a health or safety risk to children.**
- 2.13.3 Every domestic pet or farm animal or other potentially dangerous animal shall be made inaccessible to a young child, unless under the supervision of the carer.**
- 2.13.4 Carers must have an area where animals and feed and water containers can be kept separate from children.**

2.14 Administering medication

As discussed in Standard 2.6 Illness, Accidents and Injury, procedures following circumstances when children are administered medication must be strictly adhered to. During the registration process, parents should be given accurate information about all procedures related to the administration of medication.

Standard

2.14.1 Medication must only be administered to a child:

- a on the written authorisation of the parent/guardian and/or a doctor and administered in accordance with the written instructions;**
- b from its original packaging. In the case of prescription medication this should only be administered to the child for whom it has been prescribed, from a container bearing the child's name and with a current use by date.**

2.14.2 A record should be kept of the date, time and dosage of medication administered and the record signed by the carer.

2.15 Emergency procedures/fire drills

To ensure the safety of children in the case of flood, cyclones, fires and other emergencies including accident to the carer, emergency procedures must be known and practiced.

Standard

2.15.1 The carer must have a written emergency plan for fire and other emergencies.

2.15.2 The carer must practice emergency procedures with children, each six months so that they, and the children, are prepared for emergencies.

3. Program Procedures

3.1 Policies

Parents have a right to know the policies and practices operating in family day care so that they may make an informed decision as to the appropriateness of the care in relation to the needs of their child.

The availability of written policies and strategies to ensure the effective implementation of those policies is important for the following reasons:

- Access to written policies will ensure that carers and parents have consistent information regarding the expectations of the service. In the absence of policies, individuals will act from their own experiences; these experiences may not necessarily be consistent with the intention of the service.
- Access to written policies will provide tangible evidence of intended practices; where these practices are not maintained they provide an opportunity for the consumer to have some redress as the service did not meet the intended contract. Written policies also afford a protection for the service in the case of a consumer having an expectation that was not offered by the service.

Policies do not need to be complex. They will be best understood by everyone if they are short and clearly expressed. The policies should reflect exactly what the carer provides in the service and the approach that is taken in providing care in each of the following areas.

Where carers are members of a family day care scheme, policies will generally be developed by the scheme.

Standard

- 3.1.1 There must be a written statement and implementation plan in the following areas:**
- a aims of the family day care service and a statement of the program philosophy;**
 - b parent participation;**
 - c individual developmental needs of children;**
 - d cultural relevance;**
 - e child self-reliance and self-esteem;**
 - f children with a disability;**

- g** gender equity;
- h** excursions; and
- i** reporting of child abuse.

3.2 Planning for children's development

The home-based child care setting provides a unique child care experience for children, in which they are engaged in the real life of the home.

The effective use of appropriate and flexible programming in a home-based early childhood service is regarded as an important indicator of quality. In family day care it is important for carers to plan to ensure that children's needs are met. A range of experiences for young children, based on their needs and individual abilities, should be regularly offered by carers.

The development and use of a programming model and keeping written notes ensures that:

- the perceptions of all involved in the care of children, particularly carers, and the needs of individual children are taken into account;
- the carer is aware of the program aims; and
- all parents have access to knowledge of the experiences offered to their children and the carer's aims for the group as a whole.

A home environment that provides opportunities for children to learn and develop their skills requires creativity, enthusiasm and access to suitable materials and equipment and should be culturally appropriate, culturally diverse and provide for a variety of experiences that appeal to individual interests.

Appropriate toys and other materials assist and further extend children in a play situation. Equipment and toys need to be available in sufficient quantities for children to avoid excessive competition.

The learning needs of children vary according to their age and level of development. These differing needs should be recognised in the equipment available for their use. For instance:

- children aged 0–2 years are generally learning to organise and cope with the physical world;
- children aged 3–6 years develop their perceptual skills;

- children aged over 6 are further developing their social skills and require some autonomy in selecting equipment.

Standard

- 3.2.1** The carer shall endeavour to stimulate and develop each child's social, physical, emotional, intellectual, language and creative potential and shall provide activities that are appropriate to the development of the children.
- 3.2.2** The carer shall provide a balance of indoor and outdoor activities, active and quiet activities and include activities that can be freely chosen by the child.
- 3.2.3** Adequate equipment to meet the developmental needs of children must be provided.
- 3.2.4** The carer shall regularly communicate with parents about what activities the child has engaged in.

3.3 Interactions with children

Positive, supportive and individualised relationships with adults enhance and integrate the social, emotional, cognitive and physical development of young children. The manner in which adults interact with children is significant to the child's development and growth. Of particular relevance are behaviour management practices. It is well accepted that physical, humiliating punishment has negative consequences for children and that a warm, attentive atmosphere enhances children's ability to be responsible for their actions and builds their self-esteem or sense of confidence and self-worth. When isolation is used as a method of managing unacceptable behaviour, isolation on a chair or in a room should only be for two or three minutes to allow time for everyone to cool off. If using a bedroom it is best to tell children it's because they are tired, not naughty, and they need time to rest.

Standard

- 3.3.1** Carer interactions with children should ensure that:
- a** children are guided towards positive and responsible behaviour;

- b children have the opportunity to freely choose activities, problem solve and have access to learning experiences;**
- c children are encouraged and supported towards self-reliance and the development of positive self-esteem.**

3.3.2 The dignity and rights of the child must be maintained at all times.

This includes:

- a child management techniques that do not include physical, verbal or emotional punishment, including, for example, punishment that humiliates, frightens, or threatens the child;**
- b guidance towards acceptable behaviour, with encouragement freely given; and**
- c respect for the child's family values.**

3.4 Confidentiality

A range of sensitive and private matters are often discussed within family day care, particularly between parents and carers.

Standard

3.4.1 There must be policies and practices that maintain confidentiality about:

- a carers and their families; and**
- b families using a family day care scheme.**

4. Administrative functions

4.1 Parents' access to children

Families are of primary importance in child development. Because the family and the carer have a common interest in the child's welfare, it is important to acknowledge a primary responsibility to bring about collaboration between family day care and the family in ways that enhance the child's development. This collaboration should recognise the value of mutual respect between parents and carer to ensure a quality program for all participants.

It is therefore necessary for families to have access to their children at any time. It is also important to build support networks for families by providing them with opportunities to interact with the carer and to see the carer interact with their children and other children at any time.

Access by parents to the carer can assist the parent overcoming anxieties associated with leaving a child in the care of another adult. While most parents are committed to the decision to use child care, it is a common experience that many parents feel anxious, particularly in situations involving the first child or a new carer. Anecdotal evidence supports the proposition that these anxieties are alleviated when the service has an 'open door' policy.

Standard

4.1.1 The carer must ensure that a parent/guardian can:

- a have access to their child at any time during the hours his/her child is attending family day care;**
- b exchange information about their child with the carer on an ongoing basis.**

4.2 Information for parents

The way in which a program is administered will affect all the interactions within the program. The availability of written policies is important for the following reasons:

- Written communications are an essential basis for effective and consistent communication among carers and parents. In the absence of clearly defined policies individuals will act from their own experiences, these experiences may not necessarily be consistent with the intention of the service.
- Access to written policies will allow parents to make an informed decision about the appropriateness of the child care service in relation to their family's needs.
- Access to written policies will provide tangible evidence of intended practices; where these practices are not maintained they provide an opportunity for the consumer to have some redress to the service not meeting the contract and may allow parents to influence such policies. Written policies also afford a protection for the carer in the case of a consumer having an expectation that was not offered.

Standard

- 4.2.1 Parents must have access to the following information:**
- a the approval to operate the family day care service which must be displayed in a prominent place;**
 - b written policies and procedures;**
 - c procedures for dealing with parents' concerns and complaints;**
 - d if registered as a provider with the Health Insurance Commission, service provider number;**
 - e emergency evacuation procedures;**
 - f the telephone number, address and other relevant information of the nearest appropriate office of the government department with responsibility for child care; and**
 - g procedures for the arrival and departure of children.**

4.3 Records

Adequate records about individual children in family day care must be kept to ensure their safety and wellbeing. The records are required to enable:

- access to information which is important to a child's wellbeing;
- safety of children by allowing them to be accounted for;
- safeguarding against the child's removal by an unauthorised person;
- accountability to consumers; and
- legal protection of carers.

Just as there are requirements for individuals and businesses to keep taxation and other records for specified periods of time, there are requirements for family day care records to be kept to ensure the availability of important records and to protect carers and children in the event of legal action.

The specified periods of time for which records must be kept have been determined on the basis of legal advice taking account of the time over which legal action may be taken after a child has ceased to use a family day care service.

Different arrangements may be used to keep records, for example, they could be returned to the parents when a child leaves the family day care service or the carer or a family day care Coordination Unit could store the records. Recognising that the keeping of records is an important protection for carers it would be good practice for carers to keep a written, signed acknowledgment where original records have been given to parents, or stored by a Coordination Unit and for a carer to keep a copy of the documentation.

Standard

- 4.3.1** The following records shall be kept up to date and in a safe and secure area. The records will remain confidential and will only be made available to those who have a lawful right to them.
- a** the child's full name, date of birth, residential address and gender;
 - b** details of allergies or other relevant medical history or detail;
 - c** the full name, residential address, place of employment, and contact telephone number of the parents/guardian;
 - d** any special requirements notified by a parent/guardian, for example, culture or religion, the needs of a child with a disability or with other special needs;
 - e** the primary language spoken by the child or, if the child has not learned to speak, the child's parents;
 - f** court orders affecting custody of, and access to, the child;
 - g** the name and address and telephone number of a person authorised by the parents to collect the child;
 - h** the name, address and telephone number of at least one person who may be contacted in an emergency (if the parents are not available);
 - i** the name, address and telephone number of the child's doctor or hospital;
 - j** if any medication is administered to the child while in family day care:
 - (i)** the name of the medication;

- (ii) the date, time and dosage administered;
 - (iii) the name of the person who administered the medication; and
 - (iv) the parent's written permission for, and any doctor's instructions in relation to its administration.
-
- k a parents's permission for emergency medical, hospital and ambulance service;
 - l a parent's permission for a child to be taken on an excursion or escorted to or from a specified place;
 - m the nature and circumstances of any injury to the child while in family day care;
 - n particulars of treatment given to the child who is injured or becomes ill while in family day care; and
 - o if a child dies while in family day care, the details surrounding the death.

4.4 Insurance

Insurance protection is an essential ingredient of sound management. It protects children, parents and carers from the severe financial consequences of matters of public liability.

Standard

- 4.4.1 **There must be a current policy of insurance that will meet the liability in respect of the provision of family day care.**

4.5 Arrival and departure of child

For the wellbeing and protection of the child, sound arrival and departure procedures are required. To avoid the child being handed over to the wrong person, a carer must ensure that the child can only leave with a custodial parent or guardian or a person authorised in writing by the parents.

Accurate attendance records which show times of arrival and departure and which are signed by the person responsible for the child, protect the rights of the child, parents and the carer.

Procedures need to be in place to provide for school age children to arrive at and leave family day care unaccompanied by parents.

Arrangements agreed to by the parents and the carer should be written and signed by both parent and carer for the protection of the child, the parents and the carer. Procedures should include a plan to be followed if a child fails to arrive at family day care at the regular agreed time.

Standard

- 4.5.1** When a child who is to stay at a family day care home, arrives at the home, the authorised carer must receive the child.
- 4.5.2** The person who brings the child to family day care is to record on the attendance record or time sheet, the time of the child's arrival and sign the record.
- 4.5.3** The person who receives the child from family day care is to record on the attendance record or time sheet the time of the child's departure and sign the record.
- 4.5.4** When a child leaves family day care, the carer must ensure the person who receives the child is the child's parent or a person who is authorised in writing by the child's parent to receive the child.
- 4.5.5** If it is not possible to comply with 4.5.4 the carer must ensure that alternative arrangements that secure the safety and welfare of the child have been made before the child is permitted to leave.
- 4.5.6** Where school age children arrive at or leave the family day care home unaccompanied by a parent, the arrival and/or departure shall be in accordance with procedures agreed to in writing by the child's parents or guardian.

4.6 Authority for treatment

In an emergency, time and the ability for a quick response can be a crucial factor. Immediate action can be taken to procure medical, hospital or ambulance services if the parent's or guardian's authority for such treatment has been gained in advance. When advance authority to obtain medical attention is being obtained, the carer should discuss the parents' responsibility to cover any expenses arising from the action. If emergency treatment is sought, the parent or guardian should be notified as soon as possible in order to provide comfort to the child and to take over the responsibility for any further treatment that may be required.

Standard

- 4.6.1 A child must not be registered in a family day care home unless the child's parent has authorised emergency medical, hospital and ambulance services or the parents' chosen alternative.**
- 4.6.2 If ambulance attention, transport or medical treatment under 4.6.1 is provided a parent must be notified as soon as possible.**

4.7 Excursions

Excursions are an essential part of family day care. Children learn from a broad range of experiences and environments. Family Day Care is a unique child care service which is able to provide regular opportunities for children to explore their local community and to use excursions and outings to support particular aspects of the family day care program.

Provision of family day care usually involves regular outings by various means of travel which must be undertaken in a safe manner at all times. Routine outings in family day care include visits to playgroup, preschool, school, shops, local parks, child health centres and the scheme office.

Family day care must ensure any excursion arranged maximises children's developmental experiences and their safety. Parents have a right to expect that their children will be properly supervised and cared for on any excursion or outing. Child safety and carer liability must be the primary consideration.

Parents have a right to control where and when their children go on excursions. However this should not restrict a carer to the home. Parents have the right to withdraw their child from an excursion but not to prevent the carer from taking the other children.

Standard

- 4.7.1 **No child should leave the premises without a parent's or guardian's written authorisation.**
- 4.7.2 **Permission to participate in routine outings should be obtained in writing from parents when the child enters care. This written agreement should describe the nature of routine outings.**
- 4.7.3 **Specific authorisation is needed for non-routine excursions. This should include the date, proposed destination, method of transport, activities and number of adults to accompany and supervise the children.**
- 4.7.4 **All outings must be conducted in a safe manner. Seating and appropriate child restraints must be available according to State/Territory law and used at all times for travel in cars.**
- 4.7.5 **If the excursion is to a place where children are to swim or where there is significant hazard there must be:**
 - a **one adult for each child under the age of three years;**
 - b **one adult for each two children over three years;**
 - c **the person in charge of the excursion must have a current resuscitation certificate and the knowledge and ability to implement safety procedures.**

5. Carers

5.1 Fit and proper persons

It is essential that persons who may cause physical or emotional harm to children are prevented from any involvement in child care. There is a range of ways of objectively assessing whether a person is fit and proper to provide a child care service. These could include police checks, contacting referees, advertising in the press or requesting a statutory declaration at the time of applying to become a carer.

Standard

- 5.1.1** A carer shall be a fit and proper person to provide a child care service.
- 5.1.2** A person is fit and proper if:
- a** the person is capable of providing an adequate standard of child care in the family day care setting; and
 - b** the person is of good character and is suitable to be entrusted with the care of children.

5.2 Carer competencies

There is general acceptance within the Children's Services Industry of the principle that quality care is dependent on relevant staff training and the qualities of the people providing care.

It is recognised that carers in family day care have a wide range of skills, knowledge and experience gained through their life experience including parenting their own children, work, study and/or training. The proposed Standards reflect experience, knowledge, skills and qualities rather than formal qualifications. When competencies for carers in family day care are formally identified and recognised, they are likely to expand upon the broad competencies included in these standards.

Standard

- 5.2.1** A carer must have an appropriate understanding of children's needs and development, including, for example:
- a** the individual differences between children;
 - b** activities that stimulate a child's growth and development;
 - c** nutrition, health, hygiene and safety; and
 - d** behaviour management.
- 5.2.2** A carer must:
- a** be responsive to children;
 - b** be physically and emotionally able to care for young children;

- c be able to respond appropriately in a medical or other emergency;
- d be able to communicate effectively with adults;
- e be aware of and sensitive to the needs of children and their families, including children from a range of cultures and religions, and children with disabilities; and
- f be at least 18 years of age.

5.3 Carer:child ratio—limits on numbers

One of the most important determinants of quality care in family day care is the number of children cared for by an individual carer working alone. This affects the quality of the interactions between the carer and the children and the interactions between the children.

A limit on the number of children in a family day care setting needs to accommodate varied mixed age groups, the concepts of a less structured program, the presence of the carer's own children or grandchildren and their visiting friends and the variety of physical environments of family day care homes.

Note that in calculating the number of children who may be cared for in a family day care home at any one time, an older child can replace a child from a younger age group without affecting the specified ratios. A younger child cannot replace a child from an older age group.

Coordination Units of family day care schemes may limit the carer to a lower number of children than the maximum allowed under this standard.

Individual State/Territory departments responsible for family day care will examine the transitional arrangements to implement this standard. Alternative arrangements may be approved in exceptional circumstances.

Under conditions approved by the relevant State/Territory child care authority, a carer may provide care for one child additional to that specified in this standard, including one who has not started school.

Standard

- 5.3.1 A carer must not provide care at any one time for more than seven children, four of whom have not started school.**

- 5.3.2 Under conditions approved by the relevant State or Territory, a carer may provide care for one additional child, in exceptional circumstances.
- 5.3.3 States or Territories may develop transitional arrangements to cater for approved carers disadvantaged by the carer/child ratios of 1:7.

5.4 Supervision

Carers have a duty to provide effective supervision at all times they have children in their care. This includes responsibility for supervision indoors, outdoors, in vehicles and other transport and on outings and excursions. Some specific areas that require particularly vigilant supervision have been identified in many of the standards in this document. There are obviously many other situations around the home where children may be faced with some risk (eg power points and cords, electrical appliances, baths, toilets, windows, sliding doors, baby walkers, exercise bikes, venetian blinds and curtain cords, plastic bags). The list is seemingly endless and highlights the need for carers to plan carefully and supervise the children in their care closely, while allowing them opportunities for 'safe' exploration and challenging experiences.

Standard

- 5.4.1 The carer shall be responsible for the effective supervision of children at all times they are attending the family day care service provided by the carer.

2. Standards for Family Day Care Coordination Units

1. Management of a Coordination Unit

Coordination Units play a key role in the provision of quality family day care. A Coordination Unit comprises coordinator(s) and, in some cases, other administrative staff. For the purpose of national standards, and in view of different nomenclature across States and Territories, the term coordinator includes: child development officer, child care services officer, field officer/worker, manager, director and team leader.

Coordination Unit staff are engaged by the scheme's sponsor/management body/operator to perform a range of functions relating to the day-to-day operation and management of the family day care scheme. Key functions include to recruit and train carers, resource, support and monitor the quality of family day care and to manage the operation of the family day care scheme on behalf of the sponsor. While not generally engaged in the provision of direct care to children, Coordination Unit staff have a direct impact on the quality of family day care experienced by children and their families.

Acknowledging the various layers encompassed in a family day care scheme, sound management practices are required to ensure that the roles and responsibilities of all participants (for example, the scheme's sponsor/management body/operator, Coordination Unit staff, carers and parents) are clear and effective. A quality service is dependent upon clear channels of communication, collaborative policy development, commitment to sharing information and clear and effective management policies.

Standard

- 1.1.1 The scheme's sponsor/management body/operator must ensure that the family day care scheme has:**
- a clearly stated procedures, channels of communication and dissemination of information and reporting between the scheme's sponsor/management body/operator, Coordination Unit staff, carers and parents; and**

- b selection criteria, position descriptions, pre-service and in-service training, employment conditions and grievance procedures for Coordination Unit staff; and
- c selection criteria and role statements for carers; and
- d procedures for the support and supervision of Coordination Unit staff and the support and monitoring of carers; and
- e effective mechanisms which facilitate the participation of bodies such as:
 - (i) parents and children using the scheme; and
 - (ii) Coordination Unit staff; and
 - (iii) carers; and
 - (iv) community representatives; and
 - (v) any individuals and/or organisations that may be able to assist in the management and operation of the scheme; and
- f policies and practices to support and monitor the quality of family day care provided, including:
 - (i) the conduct of regular visits to carer's homes, sufficient in number and frequency to support carers and to ensure effective monitoring of the quality of care; and
 - (ii) the role of coordinators in identifying and assisting to meet the pre-service and in-service training needs of carers; and
 - (iii) the role of coordinators and carers in identifying their own in-service training needs and facilitating their professional development; and
 - (iv) clear processes to adequately address concerns that may arise about the quality of care and concerns about policies and practices to support and monitor the quality of care; and
- g documented grievance processes that enable carers and parents to raise concerns about the conduct of the scheme; and
- h policies and practices that respect individual privacy and maintain confidentiality about:
 - (i) children and families using the scheme; and

- (ii) carers and their families; and
- (iii) Coordination Unit staff; and
- i policies and practices that support the effective and efficient management of the family day care scheme.

2. Coordination Unit staff

2.1 Fit and proper persons

To ensure the safety and wellbeing of children, all persons involved in the provision of family day care must be fit and proper. In determining whether a person is fit and proper, the scheme sponsor/management body/operator needs to consider the character of the applicant, as well as their ability to perform the functions of the position to the required standard. A range of measures may be implemented to objectively assess the fitness and propriety of persons who wish to be involved in the provision of family day care. The disclosure of criminal history by applicants and the conducting of criminal history checks by the sponsor/management body/operator are integral to establishing fitness and propriety. Other measures to be taken by the sponsor/management body/operator may include personal and professional referees, medical checks and ongoing supervision by management.

Standard

- 2.1.1 **The scheme sponsor/management body/operator must ensure that all persons engaged in the provision of family day care are fit and proper persons.**
- 2.1.2 **A person is fit and proper if:**
 - a **the person understands the needs of children, families and carers and is capable of performing the professional duties of the position; and**
 - b **the person is of good character and is suitable to be entrusted with the care of children.**

2.2 Qualifications of coordinators

There is general acceptance across the children's services sector that good quality child care is dependent on the professional qualifications, training and experience of child care staff.

To ensure the provision of good quality family day care, Coordination Units should comprise qualified staff who possess the necessary professional knowledge, skills, understandings and experience including: knowledge and understanding of child development and quality child care service provision; sensitivity to the diverse and changing needs of children, families and carers; good communication and interpersonal skills, including negotiation and mediation skills; management, business and financial skills; the ability to work with adults and successful experience working as a team leader and member.

Until recently there has been a lack of specialised courses focussing on the training and professional needs of family day care staff. However, with the development of the National Child Care Competencies and related National Child Care Curriculum, within the Vocational Education and Training (VET) sector, courses can now be tailored to the needs of family day care staff.

Increasingly, students can also negotiate with individual training institutions to focus study in other related areas, such as teacher education, child and family studies and behavioural sciences, on the family day care context. Prospective students may obtain credit for previous study and/or Recognition of Prior Learning (RPL) and can select from a wide range of study options including full-time, part-time, internal, external and flexible delivery modes.

In addition, the advent of competency-based training and work-based assessment enables relevant competencies to be assessed on the job. This can provide the basis for RPL and advanced standing into a VET course, professional development planning and may, in some cases, lead to the award of a qualification.

Pre-service qualification requirements for Coordination Unit staff must form part of the national standards. However, implementation needs to take account of the differences in formal qualifications held by current staff and the value of a multidisciplinary team that encompasses relevant and supporting professional qualifications and backgrounds. Within this context, the increasing emphasis on child learning and development in family day care, as evidenced by the national standards and current discussion in relation to the Quality Assurance Project, and the resulting need for Coordination Units to hold some expertise in child development and early education must also be considered. Where a Coordination Unit comprises more than one coordinator, a balance of professional qualifications, training and experience should be sought.

In moving toward a fully qualified and professional workforce, there is a need to ensure that coordinators currently working in family day care are not disadvantaged by the introduction of a qualification requirement. While obtaining professional qualifications is desirable for all coordinators, States and Territories will not require a coordinator who is currently engaged at a family day care scheme to hold the specified minimum qualifications while she or he remains at that service (that is, a grandparent clause will apply). However, the standard will apply to all new positions. While a grandparent clause will apply, the direct link between training and positive outcomes for children and their families and the benefits to staff in terms of career satisfaction and progression are clear. Consequently, all coordinators are encouraged to participate in professional development opportunities.

Standard

- 2.2.1 The minimum qualifications held by a family day care coordinator whose primary role includes working with carers must be:**
- a a Diplomaⁱ of 2 years full-time study in early childhood studies or behavioural sciences conducted by a registered training organisationⁱⁱ; or**
 - b a qualification or demonstrated level of competence that is approved by the relevant State or Territory.**
- 2.2.2 In each Coordination Unit there must be at least one family day care coordinator who holds a Diploma of two years full-time study or more in early childhood studies.**

2.2.3 While obtaining professional qualifications is desirable for all coordinators, as a minimum, States and Territories will not require a coordinator who is currently engaged at a family day care scheme to hold the specified minimum qualifications while she or he remains at that service (that is, a grandparent clause will apply).

2.2.4 A coordinator who has direct contact with children must have a current senior first aid certificate and resuscitation certificate that provide specialised training in first aid and resuscitation for children.

2.3 Functions of the coordination unit

The primary function of the Coordination Unit is to support the provision of good quality family day care. To ensure effective support, there is a need to clearly identify the role and particular functions of the Coordination Unit. While some aspects of work will differ from scheme to scheme due to variables such as scheme size, geographic location, percentage of part-time and casual care etc., in the pursuit of good quality family day care core common functions can be identified.

According to the Commonwealth Family Day Care Handbook (1996), functions include: to support carers, arrange the placement of children according to the needs of children, families and carers, to monitor the care provided and to undertake the necessary administrative responsibilities.

Standard

2.3.1 The scheme sponsor/management body/operator must ensure that Coordination Unit staff perform the specified functions.

2.3.2 The functions of the Coordination Unit are;

- a** to develop, document and implement procedures for the recruitment and assessment of carers and their homes; and
- b** to develop, document and implement procedures for the assessment of the members of the carers' households; and

- c to conduct regular visits to carer's homes, sufficient in number and frequency, to ensure that the quality of care is being maintained and to support carers to enhance the quality of care; and
- d to provide relevant support and assistance to carers, including helping to identify the individual needs of each child in care, plan relevant experiences and monitor development; and
- e to identify and assist in meeting carers' needs, including pre-service and in-service training, professional development, networking and equipment needs; and
- f to develop effective procedures to meet the needs of all children being cared for in the scheme, having regard to:
 - (i) the development, best interests and wellbeing of the individual child; and
 - (ii) the views of the child's parents; and
 - (iii) advice provided by specialist advisers assisting families using the scheme; and
- g to develop, document and implement procedures to assist parents to make informed decisions about the placement of their child with a carer; and
- h to disseminate information to carers and parents on behalf of the scheme sponsor/management body/operator; and
- i to maintain required records on behalf of the scheme sponsor/management body/operator; and
- j to develop, document and implement effective administrative procedures for the scheme, and
- k to facilitate community access to the family day care scheme including, for example, promoting awareness of family day care and responding promptly and positively to enquiries; and
- l to develop, document and implement effective referral procedures to assist in meeting the comprehensive needs of children and their families; and
- m to establish effective liaison with parents, carers, community agencies and government bodies.

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ⁱ *Diploma refers to a course of study that leads to the qualifications of Diploma as defined by the National Child Care Competency Standards published by Community Services and Health Training Australia, July 1997.*

ⁱⁱ *Registered training organisation refers to an entity which is approved by the relevant State or Territory Training Authority to provide Training and/or assessment services.*