

June Newsletter 2020

Early Education FDC Scheme



## *Content*

- 1. June events around Sydney*
- 2. Healthy emotional awareness*
- 3. A cool cooking idea*
- 4. Critical Reflection for educators*
- 5. Our COVID policy*

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# Early Education FDC Scheme



<https://www.sydney.com/events/june>



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# Helping children embrace their emotions: A guide for parents/educators

The current pop culture has hugely influenced us to seek happiness through distractions. In reality, this is counterproductive as such type of force or exertion excludes personal honesty and integrity which are an integral part of a healthy emotional transmutation.

Personal honesty/integrity is vital for an energy to truly transient into a more positive state. How? According to the first law of thermodynamics,

*“Energy cannot be created nor destroyed; it simply transfers from one object to another.”*

According to this law, our current emotional state attracts a physical reality indicative of the state. Hence, suppression of emotions by deliberate positive focus or distraction is likely to manifest in one way or another.

*“A thought has an energy and form. Thoughts are caused by suppressed and repressed feelings. Emotions are energy and motion. When a feeling is let go, thousands or even millions of thoughts that were activated by that feelings disappear.”*

David R. Hawkins emphasises that ‘Awareness’ enables energy transient to truly take place. Therefore, the best skill you can foster in your child is cultivating an healthy emotional awareness and encouraging him/her to be comfortable with feeling emotions, while excluding the thought form.

*“Your emotions can be measured. Whatever level of consciousness or emotion you are currently in and vibrating effects everyone and everything around you where you go.”  
(Excerpt taken from the book ‘letting go’ by Dr. David R. Hawkins).*

According to Dr David R Hawkins (an author of the book ‘Letting go’), we tend to handle feelings in three ways:

- Suppression and repression – We deny our real emotions as it’s a socially acceptable norm, or we project emotions onto others (e.g. blame).
- Expression – We unnecessarily vent out our feelings at the expense of others. We maintain our self-esteem at the expense of others. This creates relationship issues, rivalry and further suppression of emotions.
- Escape – We avoid feelings by distracting ourselves with socialising, movies, play, medications, work etc

*“Thoughts are endless and self-reinforcing, and they only breed more thoughts. Thoughts are merely rationalizations of the mind to try and explain the presence of the feeling.*

*The real reason for the feeling is the accumulated pressure behind the feeling that is forcing it to come up in the moment.” (Excerpt taken from ‘Letting go’ by David R. Hawkins).*

# **How can we allow a healthy socio-emotional development in children?**

*We need to allow children to have a feeling without venting, resistance, fearing, moralising or condemning. We also need to ensure that we model the process by practicing this strategy in our daily lives.*

*It is to be noted that surrender/ full acceptance of the current state naturally elevates it to a more positive state with practice. As we continuously surrender to our ego, we become supportive, encouraging, patient, and tolerant. We begin to effortlessly appreciate the worth and values of others and consideration of their feelings. Continuous practice of surrender further leads to natural states of gratitude, love, pleasure, peace, joy and true inspirations to work on our goals.*

## **This process of emotional surrender includes these simple steps:**

1. Continue to live in the present moment (e.g. practice mindfulness).
2. Accept the emotions as they come and know that they are perfect and beautiful the way they are.
3. Ignore all thoughts as they are merely an endless rationalisation of inner feelings.
4. Simply observe the feeling –and let yourself experience it fully until it naturally transmutes itself into a lighter sensation.
5. No matter what occurs in life, persist in surrendering negative feelings as they arise.

# How to teach children about their feelings



Feelings are an 'abstract concept', thus they are required to be introduced in smaller increments depending on the developmental level. Below are some ideas on how to so:

## Aged 0-2

- Conduct musical play e.g. making sounds with simple instruments to help children let out emotions.
- Use touch to help babies/infants express emotions.
- Experiment with messy play to allow babies/infants to feel a range of feelings.
- Use toys or puppets to explain simple emotions.

## Aged 2-3

- Teach children basic words such as sad, mad, happy or scared.
  - Sing songs that allow expression e.g. If you are happy and you know it etc
- Make emotion faces and have children guess what you might be feeling.

- Listen empathetically and validate children's feelings.

### **Aged 4-6**

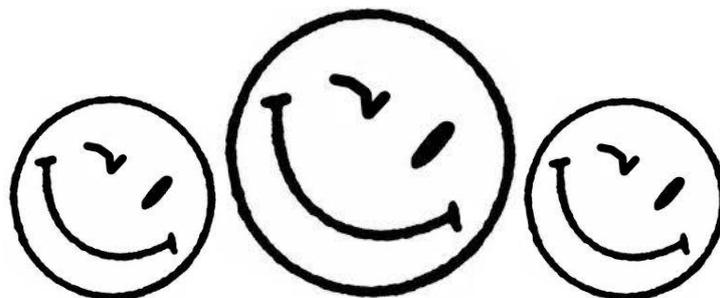
- Add in more complex feeling vocabulary such as, disappointed, frustrated or nervous.
- Discuss feelings of characters in storybooks, movies etc by asking, "How do you think she/he feels right now?"
- Have a chill out corner. Model the feeling process (e.g. I am feeling sad. So, I am going to go in my chill out corner and allow myself to feel sad. I am not going to think anything nor going to scream/ hit).
  - Model assertive communication when problem solving conflicts.
    - Help children label emotions.
  - Listen empathetically and validate children's feelings.

### **Aged 6-8**

- Use feeling games and activities (e.g. feelings charade).
  - Introduce mindfulness to children.
- Encourage children to make use of the chill out corner.
  - Listen empathetically and validate children's feelings.

### **Aged 8-12**

- Introduce more complex concepts e.g. resilience.
- Include resources in the chillout corner and provide templates to allow children to independently facilitate the feeling process.
  - Role plays relating to assertive communication.
- Listen empathetically and validate children's feelings.



# Cooking kit ideas

<https://www.tasteofhome.com/collection/best-cooking-kits-for-kids/>



Hi educators! Please check out our latest document on understanding 'critical reflection'. The document is available via our website:

<https://www.earlyeducationfdcscheme.com/programming-training-for-educators.html>



*Critical Reflection*  
- A guide to improving your Early Childhood service.

*What is Critical Reflection?*

Our practice is influenced by our own world views. Engaging in critical reflection involves closely examining our world views to challenge the validity and appropriateness of our assumptions and beliefs.



*Critically reflecting involves:*

- ▶ Critical reflection goes beyond a simple reflection. It is more about reflecting our own world views that are influencing how we regulate our practice. Critically reflecting enables us to examine our practice by:
  - Reflecting on your own personal biases
  - Examining and re-thinking your perspectives
  - Questioning whether your perspectives generalise.
  - Considering all aspects of experiences.
- ▶ Engaging in professional conversations with colleagues, families, professionals and community members.



*Step 1: What's your intention?*

- ▶ Why am I writing this critical reflection?

Example:  
"I am writing this Critical Reflection to examine my viewpoints on incorporating ATSI perspectives into my practice."



*Step 2: Apply your knowledge!*

- ▶ Connect to previous learning, assumptions or experiences.
- ▶ Discuss the relevant theories, ideas, and skills that helped you shift your perspective.

Example:  
"Previously, I thought ATSI perspectives were irrelevant for the current context. Upon conducting recent research into the ATSI and cultures cross-curriculum priority, I found that inclusion of ATSI perspective is crucial for fostering an unbiased mindset in children."

*Step 3: Start critically reflecting!*

- ▶ How do you think new knowledge would be useful for your practice?
- ▶ How will your new perception influence your approach as you forward?

Example:  
"This new perspective will benefit my practice as the concept of 'reconciliation' will open myself to uptake new perspective, thus bringing more harmony and connectedness into my surroundings."

*Step 4: Providing your overall evaluation!*

- ▶ How did this impact on your view on quality education?

Example:  
"Indigenous cultural perspectives are an important aspect of quality education because such learning enables children to develop respect for diversity and understanding of cultural difference."

### Are you doing it right? A checklist:

- My Critical Reflection is deeper than my daily reflection.
- I have stated why I do what I do in my service and why I have changed my thinking.
- I have stated my previous beliefs and how I am feeling.
- I have included the benefits for educators, families, and children.
- I have identified strengths, achievements or areas of growth.

# EARLY EDUCATION FAMILY DAY CARE SCHEME

## Coronavirus Policy

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### NQS

QA2	2.1.2	Health practices and procedures Effective illness and injury management and hygiene practices are promoted and implemented.
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### National Law

Section	167	Offence relating to protection of children from harm and hazards
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### National Regulations

Reg	77	Health, hygiene and safe food practices
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### Aim

To ensure all employees and families implement appropriate risk management procedures to prevent the spread of coronavirus or reduce the potential for the illness to spread.

### **Related Policies** (these are Centre Support Policies – replace with relevant service policies)

Excursion Policy

Fees Policy

Food, Nutrition and Beverage Policy

Health Hygiene and Safe Food Policy

Incident, Injury, Trauma and Illness Policy

Infectious Diseases Policy

Medical Conditions Policy

Relationships with Children Policy

Sleep, Rest, Relaxation and Clothing Policy

Work, Health and Safety Policy

## Implementation

Coronavirus (COVID-19) can cause illnesses similar to the common cold, but it can also cause more serious respiratory diseases. Most people displaying symptoms such as fever, cough, sore throat, tiredness or shortness of breath are likely suffering with a cold or other respiratory illness—not coronavirus. People at higher risk of catching the virus include older people, those with underlying medical problems and Indigenous Australians. The threats posed by the virus mean serious steps must be taken to stop the spread of the disease.

As outlined in our [Infectious Disease and Health, Hygiene and Safe Food Policies](#), the Approved Provider, Nominated Supervisor, educators and staff implement strict hygiene and infection control procedures at all times to prevent or minimise the spread of contagious illnesses. Hygiene measures and exclusion principles outlined in these policies continue to apply, and will be informed by current guidance on coronavirus issued by relevant Commonwealth and State/Territory Governments including:

- [Federal Department of Health coronavirus health alerts](#) which are updated daily
- [State/Territory Education Departments](#) which may issue coronavirus updates directly to service providers.

Latest updates and resources can also be reviewed online

- [Federal Department of Education, Skills and Employment Information](#) including [Frequently Asked Questions](#) and email updates [Federal Department of Education, Skills and Employment](#)
- [Federal Department of Health](#) coronavirus Information Sheets which include:
  1. [‘Information on the use of surgical masks’](#)
  2. [Environmental Cleaning and Disinfection Principles for COVID-19](#)
  3. [COVID-19-Frequently Asked Questions](#)
  4. [‘Information for employers’](#) which covers when staff cannot go to work, what to tell staff, cleaning precautions and how to help prevent spread of Coronavirus.

If in doubt about current coronavirus guidance, the Approved Provider or Nominated Supervisor will contact the **Federal coronavirus hotline on 1800 020 080** or their State/Territory health Department.

## **What must employees and families do?**

### **Comply with government guidance**

The Approved Provider, employees and volunteers and families must:

- **comply with guidance issued by Government agencies, including in relation to attendance, quarantine and self-isolation.** This includes ensuring they/a child/a family member comply with isolation requirements and stay home for 14 days where required eg arriving in

Australia from overseas or close contact with someone who has the virus ie face to face for at least 15 minutes or in the same closed space for at least 2 hours

- **seek medical attention** if they develop symptoms of coronavirus including fever, cough, sore throat or shortness of breath. Call ahead before visiting the doctor/hospital to advise them of your symptoms, and wear a surgical mask when visiting the medical facility
- **agree to have their temperature tested** before entry to the service if educators reasonably believe a child or adult may have a fever
  - **advise the service** if they develop symptoms of the virus or are or are confirmed to have the virus. This is particularly important if they have been at the service before a positive test
- **provide written clearance** from a doctor after a period of isolation or quarantine related to coronavirus confirming they/child/family member are not contagious and may return to the service
  - **complete a Health Declaration if requested** declaring they are healthy and do not have any symptoms of coronavirus before entering the service.

Employees, volunteers and families must also comply with any isolation/exclusion periods in relation to coronavirus implemented by the Approved Provider or Nominated Supervisor including periods which exceed government requirements.

## **Implement effective hygiene process**

The coronavirus is most likely to spread from person-to-person through droplets of saliva produced when a person coughs or sneezes. Droplets cannot go through skin and people can only be infected if they touch their mouth, nose or eyes once their skin (ie hands) is contaminated. Droplets usually travel no farther than 1 metre through the air. This means the transmission of droplets can occur when people:

- have direct close contact with a person while they are infectious
- have close contact with an infected person who coughs or sneezes
- touch objects or surfaces like door handles or tables contaminated from a cough or sneeze from a person with a confirmed infection, and then touch their mouth or face.

The Approved Provider will ensure all staff complete the online [COVID-19 Infection Control Training](#) made available by the Federal Department of Health.

Certificates of completion will be displayed. Employees and volunteers will ensure they continue to implement hygiene processes outlined in the **Health, Hygiene and Safe Food Policy** to ensure high standards of hygiene and infection control at all times. This includes ensuring they and where relevant children:

- wash hands frequently with soap and water including before and after eating or handling food, going to the toilet, changing a nappy, handling play dough, using gloves, and after wiping or touching nose and cleaning up spills of body fluids

- wash hands in ways that meet the principles recommended by the World Health Organisation in the following videos [wash hands with soap and water](#) and [wash hands with alcohol based sanitiser](#)
- cough and sneeze into their inner elbow, or use a tissue to cover their mouth and nose and placing tissues in the bin immediately after use

If using alcohol-based hand sanitiser in place of soap it will contain 60-80% alcohol and antibacterial soap/gel will never be used.

In addition the Approved Provider and Nominated Supervisor will ensure educators engage in regular handwashing with children and cleaning requirements are documented and completed more frequently than usual. This includes regularly cleaning and disinfecting frequently touched surfaces like door knobs, bathrooms (eg taps, toilets), tables and chairs, phones, tablets, keyboards. Cleaning staff, including contracted cleaning staff, will implement the procedures outlined in the [‘Information for employers’](#) and [Environmental Cleaning and Disinfection Principles for COVID-19](#) Information Sheets including:

- wearing gloves and using alcohol-based hand sanitiser before and after wearing gloves
- wearing surgical masks and eye protection if person with the virus or in isolation has been in the area being cleaned or there are spills of body fluids which could be infected with the virus
- disinfecting surfaces with an anti-viral disinfectant after cleaning with detergent and water.

The Approved Provider, Nominated Supervisor and educators will ensure hand hygiene posters are displayed in areas which can easily be seen by families, including the front entrance, and require all employees and families to use hand sanitiser provided at service entrances. They will also place signs and posters about physical distancing around the Service like those from [Safework Australia](#). Educators will ensure children's bags and bottles are wiped with sanitiser/disinfectant at the beginning and end of each day.

### **Social distancing**

We're also implementing the following social distancing strategies where possible to limit the potential spread of the infection:

- restricting number of parents in service dropping off or picking up children eg by asking parents to remain in car and wait for advice to enter service or using mobile/contactless sign in /out
- putting marks on the floor so families and visitors stand at least 1.5 metres away from the counter and form each other
- deferring activities that lead to mixing of children from different rooms/groups
- avoiding situations where children are required to queue, assemble in large groups or hold hands
- staggering lunch /snack times to reduce number of children playing outside at one time
  - staggering children's attendance where possible
  - cancelling all excursions and unnecessary visitors
- arranging for deliveries to be dropped away from main entrance or collected from using contactless acceptance measures
  - requiring essential visitors to sign a COVID-19 declaration that they are healthy and do not have any symptoms of the virus

- increasing the use of technology like Skype and Zoom to ensure children can continue to communicate with community members in a protected environment
  - maintaining 1.5 metres distance when children are seated eg by removing every second chair from tables and using tape to mark sitting spots
- maintaining 1.5 metres between cots, stretchers, floor cushions etc
  - ceasing activities which may have a higher risk of infection including play dough, cooking and dress up activities
  - providing children with resources rather than letting children select from communal resources
  - serving food to children rather than providing sharing plates
- increasing supervision in bathrooms and only allowing 1 child at tap at a time to wash hands
  - opening windows and adjusting air-conditioning for more fresh air
    - conducting more learning and activities outside

### **Information and notification requirements**

The Approved Provider, Nominated Supervisor and educators will:

- report instances of (suspected) coronavirus to the local state/territory health department
- comply with notification requirements for serious incidents which include:
  - any incident involving serious illness of a child at the service where the child attended, or should have attended, a hospital
  - any emergency where emergency services attended ie there was an imminent or

severe risk to the health, safety or wellbeing of a person at the service

- comply with other notification requirements including:
  - notifying the Regulatory Authority within 24 hours if directed to close or closing voluntarily because of coronavirus. Note where possible the Approved Provider or Nominated Supervisor will contact the Authority before making decision to close because of low numbers. (If closing voluntarily, children cannot be reported as absent and CCS will not be paid unless the closure is determined as a local emergency by State/Territory Education Departments)
  - notifying the Regulatory Authority within 7 days about any changes to service days or operating hours
- provide families with current information about the coronavirus including relevant information and Fact Sheets from Federal or State Health and Education Departments.

### **Interactions with Children**

Where appropriate, educators will speak with children about the coronavirus in ways that do not alarm them or cause unnecessary fear or distress. Educators may, for example, discuss with children their feelings in relation to the virus, remind children that the risk of catching the illness is very low, review hygiene measures they can take to reduce the risk of infection, discuss some of the good things happening in the world, or implement other strategies outlined in our **Relationships with Children Policy**. Educators will be careful not to speak to others in an alarmist way about the coronavirus if children are present or within hearing.

### **What else should families do?**

Asthma Australia has advised doctors to ensure all patients with asthma have a current Asthma Action plan and to update it if needed via a phone consultation, with any new plan delivered electronically. If their child has an Asthma Plan, families must consult their doctor and provide Educators with an updated Plan or written confirmation from the doctor that the current Plan can continue.

### **Fees**

On 2 April 2020 the Government announced that from 6 April 2020 until the week ending 28 June 2020, services that remain open and have children enrolled will receive weekly payments to ensure they can deliver early childhood education and care to families. The payments will be approximately 50% of the fees charged in the fortnight preceding 2 March 2020 up to a maximum of the hourly rate cap. **Payments for services providing vacation care only will be calculated on the equivalent of the average weekly amount for the vacation period between term 3 and term 4 in 2019 (September-October School Holidays).** Larger payments may be available in exceptional circumstances. These payments will be made instead of Child Care Subsidy (CCS) and Additional Child Care Subsidy (ACCS) payments, and services will be able to waive out of pocket fees for enrolled families, even where children are not attending for COVID-19 reasons. This change will apply from 23 March 2020.

In order to receive these payments the Approved Provider and educators will:

- keep the service open unless it's closed on public health advice or for other health and safety reasons (payments will continue in this event)
- ensure families are not charged a fee, including gap fee
- prioritise care to essential workers, vulnerable and disadvantaged children and previously enrolled children
- continue to record attendance of children
- comply with all other provider obligations including National Quality Framework and other relevant conditions of approval under Family Assistance Law.

Families are encouraged to remain enrolled, or to re-enrol to ensure they maintain their eligibility for CCS, and do not have to wait for CCS claims to be assessed in the future.

**Please read following in conjunction with JobKeeper Payments section below**

**Staff Entitlements - Employees are ill or need to care for family member**

Permanent employees are entitled to paid sick leave if they're ill with coronavirus. Employees must provide a medical certificate confirming they have the virus.

Permanent employees who need to look after a family member or someone in their household who's sick with the virus are also entitled to paid carer's leave, or unpaid carer's leave if they have no paid sick or carer's leave left. Casual employees are entitled to 2 days unpaid carer's leave per occasion. Employees must provide evidence supporting an application to take carer's leave if requested. Permanent employees who want to stay at home as a precaution against exposure to coronavirus must apply for paid or unpaid leave.

### **Staff Entitlements - Employees required to self-isolate or wish to stay home as precaution**

The Approved Provider or Nominated Supervisor will discuss available employment options with permanent employees who can't return from overseas or are required to enter quarantine or isolation but aren't sick. Options include taking annual leave or other leave eg long service leave, and taking unpaid leave.

### **Staff Entitlements - Employees directed not to work**

Permanent employees will be paid if they are directed not to work to prevent the spread of the illness, cannot work because numbers of children have declined or the service is voluntarily closed by the Approved Provider.

In cases where service viability is threatened, for example because enrolments have significantly reduced, the Approved Provider will discuss the situation with all permanent and seek their views on possible changes to staffing arrangements eg reductions in hours. Employees' written consent to any new arrangements will be obtained.

### **Staff Entitlements - Stand downs**

Under the Fair Work Act, an employee can only be stood down without pay if:

- there's a stoppage of work
- the employees can't be usefully employed (not limited to an employee's usual work)
- the cause of the stoppage is one the employer cannot reasonably be held responsible for (eg service is directed to close by Government).

Note employees may use paid leave entitlements if the Approved Provider agrees. During stand down periods there is no interruption to continuity of service and leave accruals continue. The Approved Provider may seek

legal advice to confirm payment of salaries is not required under the 'stand down' provision of the Fair Work Act if directed to close by the Government.

During this time employees may engage in activities which don't involve children, for example, training, deep cleaning or administration.

### **JobKeeper Payments**

Eligible employees receiving Jobkeeper payments, including those stood down or on unpaid leave, have an obligation to work their usual contracted hours of employment if requested by the Approved Provider or Nominated Supervisor unless there is a reasonable reason why this cannot occur. Jobkeeper does not replace an employee's normal rights and responsibilities in relation to sick leave, unpaid leave, employment contracts etc. The Approved Provider or Nominated Supervisor can however implement Jobkeeper Enabling Directions for these employees which provide businesses with the flexibility they may need to meet the adverse effect of the current Pandemic. The Directions can cover reductions in hours, duties to be performed and work locations. The Approved Provider or Nominated Supervisor must give employees at least 3 days written notice of their intention to give a JobKeeper Enabling Direction (can be shorter if employee genuinely agrees) and consult with an employee before giving the Direction. JobKeeper Agreements can cover employees taking annual leave on half pay and days or times of work.

## **Source**

**Education and Care Services National Law and Regulations**

**Fair Work Act 2009**

**Fair Work Ombudsman 'Coronavirus and Australian**

**Workplace laws'**

**Federal Department of Health coronavirus information**

**sheets**

**Federal Department of Education, Skills and Employment**

**coronavirus information sheets**

**National Quality Standard**

**Work, Health and Safety Laws and Regulations**

## **Review**

The policy will be reviewed annually by the Approved Provider, Supervisors, Employees, Families and any committee members.

