



Educational Leader

At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.

Looking at the element in detail - A service reviewed what the NQF Guide said about element 2.2.1 and understood educators:

- need to supervise children at all times to ensure their safety
- always need to be alert for potential hazards that may endanger children or cause accidents and injuries
- need to take actions (reasonable precautions) to remove or minimise identified risks of harm to children.

There's often a misconception that when ratios are met, supervision must be adequate. But this is not the case.

Ratios are minimum requirements (set out in the Regs), while 'adequate supervision' is a much broader requirement under section 165 of the Law 'Offence to inadequately supervise children.'

Adequate supervision means:

- actively planning and implementing supervision levels required to keep children safe in particular situations
- being able to respond immediately, particularly when a child is distressed or in a hazardous situation
- knowing where children are at all times, and diligently monitoring each child's activities.

To determine if supervision is adequate we must look at a much broader range of issues – not just whether ratios are met.

Factors affecting adequate supervision include:

- number, ages, abilities and individual needs of children (In general, the younger the children, the more they need an adult close by to support and help them.)
- number and positioning of educators

- each child's current activity
- areas where children are playing, in particular their visibility and accessibility
- risks in the environment and experiences provided to children, including during excursions or transportation which might require different levels of supervision
- educators' knowledge of each child and each group of children
- the experience, knowledge and skill of each educator.

Do you consider all these factors when supporting educators to implement the curriculum? Which factors could you give greater consideration to?


Examples of adequate supervision include:

- birth to three – educators can see and hear the children at all times, especially if sleeping
- young children – educators remain in close proximity to the children
- preschool age children – educators actively supervise indoor and outdoor environments.

Do educators always supervise children adequately? For example, are children adequately supervised during rest time, when educators are cleaning after meals, spills or scheduled cleaning, or during excursions?

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What measures are in place to ensure supervision is adequate, especially in riskier environments or situations (eg head counts, allocating a group of children to a particular adult or educator, monitoring changes in noise levels?) Are educators familiar with these procedures?



Teamwork and good communication is critical for ensuring adequate supervision. For example, educators should let team members know if they need to leave the area for any reason, such as to get a resource or to use the bathroom.

How well do your educators do this? How could you support them to improve?



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Administration of Authorised Medication Policy

- Medication must be handed to educators and not left in a child’s bag
- Medication will only be administered if it is authorised by a parent or a person the parent has authorised on the enrolment form except:
 - in an anaphylaxis or asthma emergency, medication may be administered without authorisation.
 - in other emergencies we may obtain verbal authorisation from parents, or emergency services if parents can’t be contacted.

In both these cases parents will be advised as soon as possible

- If authorised (unless asthma or anaphylaxis emergency), medication will only be administered if it’s in the original container, has an original legible label, hasn’t expired, and is administered in line with any instructions on the label or from the doctor.
- A Medication Record will always be completed when medication is administered containing the authorisation, the time and date the medication is/was administered, the dosage, the name and signature of the person administering the medication and of the person who checked the dosage and child’s identity.

Check what your policy says in relation to Over-the-Counter Pain Relief medication like Panadol. It will either say:

- *We do not accept written or verbal authorisations to administer Over-the-Counter pain relief medication like Panadol, Nurofen, Ibuprofen and paracetamol unless it has been prescribed by a medical practitioner, or authorised verbally by a medical professional in an emergency OR*
- *Unless the child has a medical emergency (see below), we only accept written authorisations to administer Over-the-Counter pain relief medication, including medication like Panadol, Nurofen, Ibuprofen and paracetamol....*

Do you have any feedback or comments about this policy? Please include below.

Educator’s Name	Educator’s Signature

Note we are now listing any Procedures which relate to the Policy reviewed. We have a comprehensive Procedure Pack (in addition to the procedures already included in the policies) which is currently part of our HR Toolkit. Please contact us on admin@centresupport.com.au if you would like a quote for the Kit.

Procedure - Child Safe

Procedure – Supervision

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