**THIS IS AN EXAMPLE. COMPLETE YOUR QIP TEMPLATE LIKE THIS USING YOUR OWN STRENGTHS AND IMPROVEMENTS.**

**This example uses Exceeding Indicators. You can use same technique using Meeting Indicators for a Meeting rating if you wish.**

Week 18, 12 to 16 June 2023 - QIP Suggestions - complete and copy this into your QIP

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| **Element 2.1.2** | **Health Practices and Procedures** Effective illness and injury management and hygiene practices are promoted and implemented. |
| **Strengths** | **MEETING****Using the 'Staying Healthy' Publication:**We use the 'Staying Healthy in Childcare' publication to guide our practice and provide relevant information to families. For instance, I share guidelines on handwashing and coughing/sneezing etiquette from the publication during parent meetings, through newsletters, or by providing printed materials. This ensures families have access to the same information and can implement healthy practices at home.**Teaching Children about Health and Hygiene:**We implement engaging activities to teach children about health and hygiene. During group time, we discuss topics like brushing teeth, nutrition, and staying active using visual aids. Hands-on activities like handwashing before meals or after play are incorporated into our routines, and we use storytelling, songs, or puppet shows to introduce concepts. Special events, ‘Healthy Harrold’ or themed weeks focused on health allow children to role-play and learn about healthy habits.**Discussing Service Health or Hygiene Practices with Families:** To familiarise families with our service's health and hygiene practices and enable them to implement them at home, we engage in discussions during orientation sessions and family meetings. We explain our routines, such as handwashing and cleaning protocols, and the reasons behind them. We encourage open communication, address families' concerns, and provide resources like handouts or posters to support consistency between our service and home environments.**EXCEEDING****Embedded practice -** We always confidently respond to children’s changing health needs and events that affect them. Examples include mental health, Covid, bullying, anxiety, trauma related to domestic violence, abuse and neglect, death in family (and stillbirth), and new medical diagnosis. We implement changing medical plans and consult with ancillary health professionals such as physios and OTs. If our educators are concerned, we connect families with medical professionals.**Critical Reflection -**We regularly reflect on opportunities to enhance each child’s health outcomes, especially at Monday night meetings, and discussions with the Ed Leader. Points discussed include the children’s home situation relating to healthy food, sleeping routine, toileting practices, physical activity, devices time, dental hygiene, cultural practices impacting health (sugar in drinks), and any specific medical plans. We connect families with community support groups, medical professionals, and financial planners.**Families and community -**We regularly build partnerships with families and the broader community to enhance children’s health outcomes. Examples include partnerships with health professionals (physios, OTs, speech therapists, optometrists, dentists, paediatricians); community organisations (Healthy Harold – Life Education); state healthy eating organisations (Munch and Move NSW, Nutrition Australia); and local council support groups. We help implement behaviour/health plans at home and at the service.**Above can be used for NSW’s SAT in the 5 separate boxes for each individual element.** |

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| **Element 2.1.2** | **Health Practices and Procedures** Effective illness and injury management and hygiene practices are promoted and implemented. |

Improvement plan (identified through assessment against NQS indicators)

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| **Standard/element** | **Issue identified during self-assessment** | **What outcome or goal do we seek?** | **Priority (L/M/H)** | **How will we get this outcome? (Steps)** | **Success measure** | **By when?** | **Progress notes** |
| 2.1.2Week 18Date: 12/6/23 | Inadequate implementation of risk management procedures. | To ensure a safe and healthy environment for children. |  | Review and update risk management policies and procedures.Conduct regular risk assessments of the learning environment.Provide training and support to educators on risk identification and mitigation.Implement clear protocols for supervision and monitoring of children's activities.Communicate and collaborate with families to promote awareness of safety practices. | *Educators implement procedures to minimise the risk of children being injured, or becoming unwell. For example, in relation to:** handwashing, hygienic toileting/ Covid hygiene/cleaning procedures
* exclusion procedure
* inside/outside supervision procedures/plans
* allergy/anaphylaxis management plans
* play dough procedures (fresh batch made every day)
* birthday cake procedures (individual cupcakes)
* disinfecting after cleaning if spill of urine or blood known to be infectious
* excursion (including walking excursions)/transport procedures
* safe-food practices (four-hour, two-hour rule)
* hot drinks/water never near children
* bottle preparation procedures (testing temperature before giving to children, microwave-use safe)
* safe-sleep practices (never put to bed with teething necklace or chain attached to dummy, never left to sleep in pram, bassinet)
* daily safety checks
* sandpit cleaning procedure
* bike safety procedure
* regular scheduled cleaning and maintenance procedures
* testing surface temperatures in hot weather to avoid burns to feet
* sun-safety and water-safety procedures.
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| 2.1.2Week 18Date: 12/6/23**Exceeding Embedded** | Inconsistent response to children's health needs and events. | To ensure prompt and appropriate responses to children's health needs. |  | Provide ongoing training and professional development for educators on recognising and addressing health issues.Establish effective communication channels with families to stay informed about children's health concerns and updates.Regularly review and update health records and medical consent forms for each child.Create an accessible and well-equipped first aid area with necessary supplies and equipment.Conduct regular health and safety audits to identify areas for improvement. | *All educators are responsive to children’s (changing) health needs at all times, and confidently respond to events that affect children’s health needs. For example, in relation to:** mental health needs (Covid, bullying, anxiety,

 trauma related to bushfires, earthquakes, floods, domestic violence, abuse and neglect, death in family, including stillbirth)* new medical diagnosis
* implementing changing medical plans or plans implemented in consultation with ancillary health professionals (OTs)
* helping families connect with/liaise with medical professionals when educators are concerned, for example, child missing relevant learning outcomes, child may be on ASD spectrum, have SPD, have middle-ear infection
* adapting program for children with temporary injuries (broken limbs, grazes)
* implementing illness/injury management procedures when child becomes ill/is injured at service.
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| 2.1.2Week 18Date: 12/6/23**Exceeding Critical reflection** | Limited reflection on opportunities to enhance each child's health outcomes. | To continually improve and enhance each child's health outcomes. |  | Implement a structured reflection process for educators to regularly review and evaluate each child's health outcomes.Encourage educators to seek input and perspectives from children and families regarding their health needs and experiences.Provide professional development and resources to support educators in staying informed about current health guidelines and best practices.Foster a culture of open communication and collaboration among educators, children, and families to share insights and ideas for improving health outcomes.Establish partnerships with health professionals and community organisations to access additional expertise and resources.Regularly review and update health-related policies, procedures, and practices based on reflection outcomes. | * *All educators regularly reflect on opportunities to enhance each child’s health outcomes, from various perspectives (including those of children and families). For example, we reflect on the following.*
* Is a child eating healthy food at home?
* What are their sleeping routine/toileting practices like at home?
* How much physical activity does a child engage in at home? Does a child spend a lot of time on devices?
* How is a child's dental hygiene? Do they brush enough at home?
* Are there cultural practices impacting on a child’s health?
* If a child has a diagnosed medical condition/health need, is the medical plan/family practices following the latest guidance/information? Is there a better way to manage some aspect of the condition?
* Can educators help connect the family with relevant community resources/information (support groups, financial help, medical professionals)?
* Can educators manage a child's needs more sensitively (increased privacy) or more efficiently?
* Immunisations, and their benefits.
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| 2.1.2Week 18Date: 12/6/23**Exceeding Families and community** | Limited engagement with families and the broader community to enhance children's health outcomes. | To establish strong partnerships with families and the broader community that positively impact children's health outcomes. |  | Actively involve families in the planning and decision-making processes related to children's health, seeking their input and perspectives.Collaborate with healthcare professionals, such as paediatricians and nurses, to access expert guidance and support in addressing children's health needs.Organise workshops and presentations conducted by health professionals or community organisations to provide families with valuable information and resources on health-related topics.Establish partnerships with local support services and organisations specialising in children's health and well-being to access additional resources and referrals.Participate in community health initiatives and campaigns, collaborating with local health authorities, organisations, or government agencies to raise awareness and provide resources for families.Seek feedback from parents and community members regarding health-related policies, programs, or initiatives to ensure continuous improvement and responsiveness to their needs. | *Educators* *regularly build partnerships with families and the broader community to enhance children’s health outcomes. For example, we:** form partnerships with health professionals such as OTs, speech therapist, optometrists, dentists, paediatricians
* form partnership with community organisations on all levels such as Healthy Harold – Life Education, state healthy eating organisations (Munch and Move – NSW), Nutrition Australia, and local (council) support groups
* work with organisations/community members to implement behaviour plans/learning plans/medical plans
* work with families consistently to implement behaviour/health plans at home and at the service.
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**Summary of Exceeding Themes Standard 2.1 Health**

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| **Exceeding themes** |  |
| 1. Practice is embedded in service operations | In the strength example for element 2.1.2 we have identified the following exceeding theme indicators:* Educators are always responsive to children’s (changing) health needs, and confidently respond to events that affect children’s health needs.
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| 2. Practice is informed by critical reflection | In the strength example for element 2.1.2 we have identified the following exceeding theme indicators: * Educators regularly reflect on opportunities to enhance each child’s health outcomes, from various perspectives (including those of children and families).
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| 3. Practice is shaped by meaningful engagement with families, and/or community | In the strength example for element 2.1.2 we have identified the following exceeding theme indicators:* Educators regularly build partnerships with families and the broader community to enhance children’s health outcomes.
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