

DATES FOR THE DIARY

April 2023:

Management Committee  
Meeting Wednesday 19<sup>th</sup>

@ 7.30pm



## APRIL NEWSLETTER 2023

In complying with the National Quality Standards, we ensure that a copy of the Law and Regulations can be accessed by families, including those seeking to enrol their child at the service?

To access it go to <https://legislation.nsw.gov.au/view/html/inforce/current/sl-2011-0653>

Dear families,

Could you please pack a hat for your child/ren as Yarrunga only has enough for spares. We do have some to purchase from the Front Office if you would like at \$20 each.

### WE WELCOME YOUR FEEDBACK!

How can we make our newsletter better?

What information would you like us to include?

Call us on: (02) 60217597

Or EMAIL [admin@yarrunga.com.au](mailto:admin@yarrunga.com.au)



Yarrunga can now be followed  
on Facebook and Instagram



### Yarrunga Policies:

Just a reminder to families and for all our new family's information - our policies can be accessed on our website [www.yarrunga.com.au](http://www.yarrunga.com.au) and the password is 2640

Policies/Procedure/Reflection being reviewed this month: Summary of changes to EYLF, Flag Protocol Procedure, Quality Improvement Plan, Revised RAP, the Curriculum Policy, and the Child Protection Policy.



**NO FOOD FROM HOME!** A reminder that we have children attending Yarrunga with severe allergies to dairy, nut, and sesame. Anaphylaxis is a severe and potentially life-threatening allergic reaction. We want to do our best to keep those at risk safe.

Please refrain from bringing food from home.

If you are bringing treats to share for your child's birthday, please check with room educators for allergies prior.

## CHILDREN'S T-SHIRTS, JUMPERS & HATS

If you would like to order a t-shirt or shirts or jumpers for your child/ren, order forms will be available in the office - Shirts \$12.00, Jumpers \$25 each. We now have a supply of children's hats for \$20 each. Please see Deb or Karen.

## NURSERY NEWS

We have had a very busy month and welcomed back Emma.

The children have shown a big interest in working on their strength and coordination by using the a-frames, wooden slide, and beams in the junior preschool yard. Hopefully soon we will have access to our nursery yard.

This month most of the children have been engaged in the cleaning routine. They like to use the washers to wash their faces and then proceed to put that and their bibs in the bin themselves.

We celebrated Harmony week and enjoyed lots of different cuisines including Filipino, Swedish, British, Turkish, Aussie, and Korean. The children enjoyed eating foods and wearing orange to celebrate all the different cultures we are lucky to have at Yarrunga.

Another highlight from this month was the balloons from Harmony week. We used the balloons to explore different concepts such a up and down and how the wind effects the direction of the balloon.



Emma, Chrissy, Serena and Kaitlin.  
[nurserytoddler@yarrunga.com.au](mailto:nurserytoddler@yarrunga.com.au)

## PRESCHOOL ROOM NEWS

Preschoolers had a WHEELY fun time during our bike and scooter week recently. Participants relished the opportunity to show off their mode/s of self-propelled transport and demonstrate how competent they were in using these. Linking to both fundamental movement skills and health and safety, it was enjoyable being 'back in the community' and witnessing the pride children showed.



Easter celebrations here at Yarrunga have flowed out into the wider community, with excursions to St. Pat's and Albury Public School planned. Class members were elated to be invited and very eager to show off their wearable art project, as they join in with festivities and their parades. We're also loving the daily parades here at Yarrunga, welcoming family members to share the fun.



On Thursday 30<sup>th</sup> March, we were joined by Judy from the Responsible Pet Program. She and her dog Boots taught children how to safely interact with dogs and read their body language. The session culminated with Preschoolers being invited to meet and pat the very calm dog.

Alana, Krystine, Maree, Liv, Jay and Jodie  
[Preschool@yarrunga.com.au](mailto:Preschool@yarrunga.com.au)



## JUNIOR PRESCHOOL NEWS

G'Day from the Gugubarra room. We have been going hard for our new room name by learning, "Kookaburra Sits on the Old Gum Tree", as a group before going outside and even learning some sign language to go with the wording of the song.



We have had a very busy month celebrating the community we live in with events including Harmony Week, and Easter. We have been holding Easter Hat Parades during the lead up to Easter with families coming in to watch, and families were welcome during Harmony Week as well. We shared beautiful new foods from cultures in our Centre and made a beautiful display for our room which is still up.

We were lucky enough to have Teish, one of our classmates Mum come in to do a smoking ceremony with us to open up Harmony Week. We are getting the hang of these now as we wash and cleanse our bodies with the healing smoke. Thank you so much for giving up your time to spend it with us!

We were also invited on the Pre-Schoolers bike week a couple of times. We got to venture outside of Yarrunga and went for rides on the bikes that we have here. Some of our friends have siblings in the Pre-School room and brought their own bikes in too.



To follow up with some of our individual learning goals, we have created an egg matching game that helps us learn our colours and patterns.



One of the things we've been showing interest in now has been climbing and jumping. We've been mastering our obstacle course and have had the opportunity to use the ratchet straps a couple of times now. We will be able to have a turn on these as we get more confident with higher heights!

Cheers, Gugubarra Room, Natt, Tash, Nicole, Lesley, and Robyn  
[juniorschool@yarrunga.com.au](mailto:juniorschool@yarrunga.com.au)

## Educational Leader:

Hello families,

We are focusing on our annual review of Yarrunga's Philosophy to make sure it represents the core values, beliefs and understandings of our children, families, staff, educators, and community.

It has been suggested that we include wording that really emphasises Yarrunga's strengths, as well as the specific unique qualities that set us apart from other services.

I would very much appreciate a response in relation to our Philosophy values (representing what you, your child and/or possibly community connections) think about the following:

What sets Yarrunga apart?

What makes Yarrunga uniquely Yarrunga?

Thanks in advance,

### WEEKLY HIGHLIGHTS

Thank you for taking the time to share your thoughts about the way we format our weekly highlights to share children's learning.

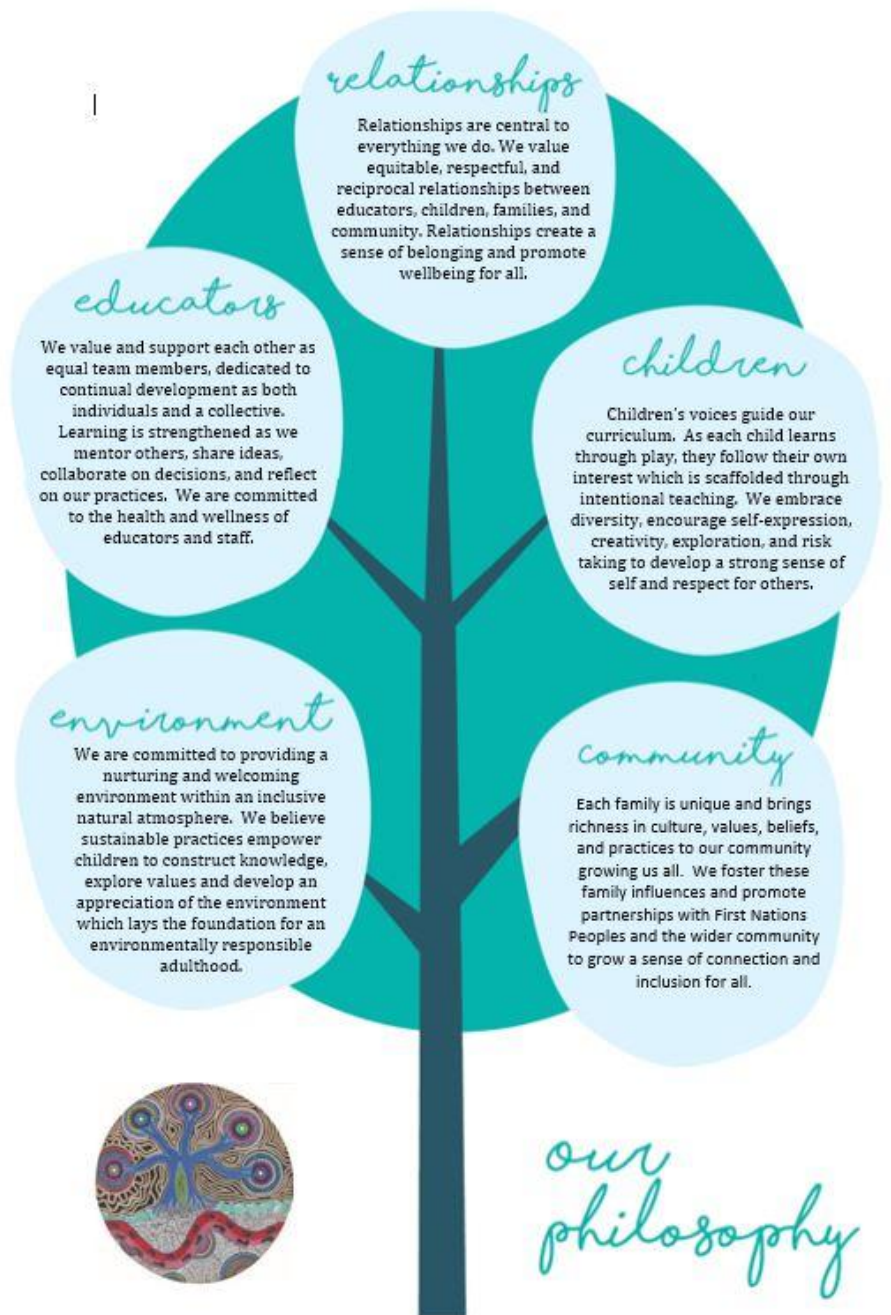
Room teams will now email a photo collage with simple learning explanations to accompany each experience.

Hoping this makes it easier to read and share with your child/ren and family.

Your feedback is always welcome!



Krystine





## Healthy Snack and Meal Ideas:

Our Children's Menu Survey returns indicate that you would like more healthy eating materials to access. Each month I will include a link with lots of recipes and dietary information which you will be able to access.

[heartfoundation.org.au recipes](http://heartfoundation.org.au/recipes)

Catering Officer - Meg

### Grievance Policy

If parents have any concerns or complaints, please follow the attached Grievance Policy

## 1 Informal Resolution of Grievances

Initially any grievance raised will be approached in an informal manner. (Informal Procedure for Resolution of Grievance). If required, an appointment time with the Centre Director and/or President of the Management Committee Genna Richter (phone 0428109382) to discuss the grievance can be arranged.

## 2 Formal Resolution of Grievances

2.1 In the event informal processes are unable to be used or informal processes fail to achieve a satisfactory outcome for any of the parties involved in the grievance, the formal process will then be used. Determining whether the grievance will be handled formally is at the discretion of the Director/President of Management Committee based on feedback from the concerned parties at the conclusion of the informal stage (Formal Procedure for Resolution of Grievance).

2.2 **When a formal resolution of grievance is pursued, all interactions must be documented by the Director (Complaint form), signed (by Director and or parties involved), and a copy given to each party concerned.**

2.3 Any allegation that the safety, health or wellbeing of a child has been compromised, or relating to a staff member, the details of action taken in response to a complaint will be recorded and kept in a confidential place.

## 3 Regulatory Authority - ACECQA

3.1 The Nominated Supervisor or Certified Supervisor will notify (within 24 hours of the complaint being made) ACECQA of a complaint that alleges

- a serious incident has occurred or is occurring while a child is being educated and cared for by Yarrunga.
- the National Law and/or National Regulations have been contravened.

The required Forms to be completed are;

**Notification of Complaints and Incidents (Other than serious Incidents)** as required by the Education & Care Services National Regulations - through the National Quality Agenda IT System (NQA IT System). Log in to access the portal.

A scanned copy of the written complaint will be uploaded prior to submitting the form electronically.

# FOUR CRITICAL ACTIONS FOR EARLY CHILDHOOD SERVICES

## Responding to Incidents, Disclosures and Suspicions of Child Abuse

### PROTECT



It is strongly recommended that **ALL** early childhood service staff follow these **Four Critical Actions** as soon as they witness an incident, or form a reasonable belief that a child has, or is at risk of being abused.

This means acting even when you're not sure and have not directly witnessed the abuse (e.g. if another person tells you about the abuse). A reasonable belief is a deliberately low threshold. This enables authorities to investigate and take action.

Following these actions will support you to:

- best protect children in your care
- meet your legal obligations and Duty of Care.

It is also strongly recommended that you use the **Responding to Suspected Child Abuse Template** to keep clear and comprehensive notes. MCH services may opt to use this form, but **must** still utilise their existing information management systems.



### 1 RESPONDING TO AN EMERGENCY

If there is no risk of immediate harm, go to **Action 2**.

If the child is at immediate risk of harm you **must** ensure their safety by:

- separating alleged victim and others involved
- administering first aid
- calling **000 for urgent medical and/or police assistance** to respond to immediate health or safety concerns
- identifying a contact person at the service for future liaison with police

Where necessary you may also need to maintain the integrity of the potential crime scene and preserve evidence.

\* In Victoria there are a range of legal obligations which set out the actions you **must** take if you suspect a child has, or is at risk of being abused. Some of those obligations apply differently across the range of licensed, approved and other early child services and can vary depending on your role within the services. For further information on how these obligations apply to you see the **Identifying and Responding to All Forms of Abuse in Early Childhood Services**.

### 2 REPORTING TO AUTHORITIES

As soon as immediate health and safety concerns are addressed you **must** report all incidents, suspicions and disclosures of child abuse as soon as possible. Failure to report physical and sexual child abuse may amount to a criminal offence.

Q: Where does the source of suspected abuse come from?

#### WITHIN THE SERVICE

**VICTORIA POLICE**  
You **must** report all instances of child abuse which are led by a staff member, contractor or volunteer, or child, to Victoria Police.

**REPORT TO MANAGEMENT**  
You **must** report to your approved provider or licensee.

#### NOTIFY THE REGULATOR

Licensed or approved early childhood services **must** also report to their Quality Assessment and Regulation Division.

Notifications may be made at [www.ocecoo.gov.au/national-quality-ogondo-it-system](http://www.ocecoo.gov.au/national-quality-ogondo-it-system) or by contacting **1300 307 415**.

#### WITHIN THE FAMILY OR COMMUNITY

##### DHHS CHILD PROTECTION

You **must** report to DHHS Child Protection if a child is considered to be:

- in need of protection from child abuse
- at risk of being harmed (or has been harmed) and the harm has, or is likely to have a serious impact on the child's safety, stability or development.

##### REPORT TO MANAGEMENT

You **must** report to your approved provider or licensee.

**NOTIFY THE REGULATOR**  
Approved and licensed early childhood services **must** notify the Quality Assessment and Regulation Division of any serious incidents, circumstances, or complaints which raise concerns about the safety, health, and wellbeing of a child being educated and cared for by a service.

##### VICTORIA POLICE

You **must also** report all instances of suspected sexual abuse (including grooming) to Victoria Police.

If you believe that a child is not subject to abuse, but you still hold **significant concerns** for their wellbeing you must still act. This may include making a referral or seeking advice from Child FIRST (in circumstances where the family are open to receiving support), or to DHHS Child Protection or Victoria Police.

### 3 CONTACTING PARENTS/CARERS

You **must** consult with DHHS Child Protection or Victoria Police to determine what information can be shared with parents/carers. They may advise:

- NOT to contact** parents/carers (e.g. in circumstances where the parents are alleged to have engaged in the abuse), or the child is a mature minor and does not wish for their parent/carer to be contacted)
- to contact** the parents/carers and provide agreed information as soon as possible (for licensed and approved services it is a requirement that parents/carers are notified within 24 hours if the suspected abuse occurred at the service)

#### CONTACT

**DHHS CHILD PROTECTION AREA**  
North Division **1300 664 9777**  
South Division **1300 655 795**  
East Division **1300 360 391**  
West Division (Rural) **1800 075 599**  
West Division (Metro) **1300 664 9777**

**AFTER HOURS**  
After hours, weekends, public holidays **13 12 78**

**CHILD FIRST**  
[www.dhs.vic.gov.au](http://www.dhs.vic.gov.au)

**VICTORIA POLICE**  
**000** or your local police station

### 4 PROVIDING ONGOING SUPPORT

Your service **should** take reasonable steps to make a child feel safe and supported whilst they are attending the service. Your service should also consider providing support for children impacted by abuse. E.g. referral to wellbeing professionals.

MCH nurses should follow the MCH Service Practice Guidelines to determine appropriate support.

You **must** follow the **Four Critical Actions** every time you become aware of a further instance or risk of abuse. This includes reporting new information to authorities.

#### QUALITY ASSESSMENT AND REGULATION DIVISION

**NORTH WESTERN**  
Loddon Mallee (03) 6440 311  
Northern Metropolitan (03) 8397 0372

**SOUTH-EASTERN**  
Gippsland Area (03) 5127 0400  
Southern Metropolitan (03) 8765 5787

**NORTH-EASTERN**  
Eastern Metropolitan 1300 651 940  
Hume (03) 8392 9500

**SOUTH-WESTERN**  
Barwon South West (03) 5225 1001  
Western Metropolitan (03) 8397 0246  
Grampians (03) 5337 8444

### 2. UNDERSTAND

What the behaviour is telling you  
Children show their needs and wants through their behaviour. Understanding the reason behind a child's sexual behaviour is important. When children or young people do not have the language, experience or ability to seek help, adults must look carefully at the behaviour to interpret it.

When sexual behaviours are identified as concerning or harmful, it is essential to think about why the child or young person is exhibiting the behaviour. Reviewing the behaviour and the way it happens will help you understand what is going on for the child and indicate what to monitor.

Q1. What are the issues or concerns regarding the child or young person and their behaviour?

- Q2. What might these concerns indicate?
- lack of accurate sexuality information
  - boredom or loneliness
  - curiosity
  - sexual excitement
  - lack of social skills
  - medical needs
  - conflict in relationships
  - confusion about sexuality, relationships and sexual activities
  - lack of roles and consequences
  - lack of information about the risks of the behaviour
  - caregivers to explicit sexual activity and materials
  - ease of adult supervision and support
  - experience of physical, emotional or sexual abuse or neglect
  - ease of consistency across environments
  - anxiety about adult or family relationships
- Understanding the child or young person and the issues that may be contributing to the behaviour guides the planning of effective responses.
- Exploring sexuality through sexual behaviour is natural, matter and a basic aspect of being human. Sexual behaviour which makes children or young people vulnerable or causes harm to another require adult intervention to provide support and protection.
- All children and young people have the right to be safe.

RED	ORANGE	GREEN
<p>Sexual behaviours which cause serious concern because of:</p> <ul style="list-style-type: none"> <li>frequency or duration of behaviour</li> <li>the type of activity or behaviour for the age and stage of the child or young person</li> <li>involvement in sex, both, power or developmental issues</li> <li>risk to the health and safety of the child or young person</li> <li>response children or young people have to the behaviour</li> <li>these behaviours suggest the need to monitor and provide extra support.</li> </ul>	<p>Sexual behaviours which are part of normal and healthy development and are:</p> <ul style="list-style-type: none"> <li>curiousness, enquiry, talk, flirting</li> <li>interest in body parts and functions</li> <li>wanting to touch familiar children's genitals during play, toilet or bath times</li> <li>participation in make believe games involving looking at and/or touching the bodies of familiar children e.g. "show me yours and I'll show you mine", playing "family"</li> <li>asking about or wanting to touch the breasts, bottoms or genitals of familiar adults e.g. when in the bath.</li> </ul>	<p>Sexual behaviours which are part of normal and healthy development and are:</p> <ul style="list-style-type: none"> <li>curiousness, enquiry, talk, flirting</li> <li>interest in body parts and functions</li> <li>wanting to touch familiar children's genitals during play, toilet or bath times</li> <li>participation in make believe games involving looking at and/or touching the bodies of familiar children e.g. "show me yours and I'll show you mine", playing "family"</li> <li>asking about or wanting to touch the breasts, bottoms or genitals of familiar adults e.g. when in the bath.</li> </ul>
<p>0 to 4 years</p> <ul style="list-style-type: none"> <li>compulsive masturbation which may be self-injurious, or a persistent nature or duration</li> <li>persistent explicit sexual themes in talk, art or play</li> <li>disclosure of sexual abuse</li> <li>stimulation of sexual touch or sexual activity from child abuse</li> <li>persistently touching the genital/private parts of others</li> <li>forcing other children to engage in sexual activity</li> <li>sexual behaviour between young children involving penetration with objects, masturbation of others, oral sex</li> <li>presence of a sexually transmitted infection</li> </ul>	<p>5 to 9 years</p> <ul style="list-style-type: none"> <li>compulsive masturbation e.g. self-injuring, self-harming, seeking an audience</li> <li>disclosure of sexual abuse</li> <li>persistently talking involving sexual aggression e.g. pulling/pinching/forcing other children's clothing, sexually threatening notes, drawings, text messages</li> <li>sexual behaviour with significantly younger or less able children</li> <li>accessing the rooms of sleeping children to touch or engage in sexual activity</li> <li>stimulation of, or participation in, sexual activities e.g. oral sex, sexual intercourse</li> <li>presence of a sexually transmitted infection</li> <li>persisted sexual activity with animals</li> <li>using mobile phones and internet which includes giving out identifying details or sexual images</li> </ul>	<p>10 to 13 years</p> <ul style="list-style-type: none"> <li>compulsive masturbation e.g. self-injuring, seeking an audience</li> <li>engaging vulnerable others in a process to gain sexual activity by using grooming techniques e.g. gifts, letters, letters</li> <li>force or coercion of others into sexual activity</li> <li>oral sex and/or intercourse with a partner of different age, developmental ability and/or peer pressure</li> <li>presence of sexually transmitted infection or pregnancy</li> <li>deliberately sending and/or publishing sexual images of another person without their consent</li> <li>arranging a meeting with an online acquaintance without the knowledge of a peer or known adult</li> <li>sexual contact with animals</li> <li>sexual activity in exchange for money, goods, accommodation, drugs or alcohol</li> <li>forcing or manipulating others into sexual activity</li> <li>possessing, accessing or sending child exploitation materials e.g. photos of children naked or in sexual activities</li> </ul>
<p>0 to 4 years</p> <ul style="list-style-type: none"> <li>masturbation in preference to other activities</li> <li>preoccupation with sexual behaviours</li> <li>persistently watching others in sexual activity, toileting or when nude</li> <li>explicit sexual talk, art or play</li> <li>following others into private spaces e.g. toilets, bathrooms to look at them or touch them</li> <li>pulling other children's pants down or skirts up against their will</li> <li>touching the genital/private parts of other children in preference to other activities</li> <li>attempting to touch or touching adults on the breasts, bottoms, or genitals in ways that are persistent and/or invasive</li> <li>touching the genital/private parts of animals after redirection</li> </ul>	<p>5 to 9 years</p> <ul style="list-style-type: none"> <li>masturbation in preference to other activities, in public and/or causing self-injury</li> <li>explicit talk, art or play of sexual nature</li> <li>persistent questions about sexuality despite being answered</li> <li>persistently nudity and/or exposing private parts in public places</li> <li>persistently watching or following others to look at or touch them</li> <li>pulling other children's pants down or skirts up against their will</li> <li>persistently mimicking sexual flirting behaviour too advanced for age, with other children or adults after redirection</li> <li>touching genital/private parts of animals after redirection</li> <li>use of mobile phone and internet with known and unknown people which may include giving out identifying details</li> </ul>	<p>10 to 13 years</p> <ul style="list-style-type: none"> <li>masturbation in preference to other activities, in public and/or causing self-injury</li> <li>persistent explicit talk, art or play which is sexual or sexually intimidating</li> <li>accessing age restricted materials e.g. movies, games, internet with sexually explicit content</li> <li>persistent expression of fear of sexually transmitted infection or pregnancy</li> <li>marked changes to behaviour e.g. older or adult flirting behaviours, seeking relationships with older children or adults in preference to peers</li> <li>oral sex and/or intercourse with a known partner of similar age and developmental ability</li> <li>using mobile phones and internet with unknown people which may include giving out identifying details</li> </ul>
<p>0 to 4 years</p> <ul style="list-style-type: none"> <li>comfort in being nude</li> <li>body touching and holding own genitals</li> <li>unconscious masturbation</li> <li>interest in body parts and functions</li> <li>wanting to touch familiar children's genitals during play, toilet or bath times</li> <li>participation in make believe games involving looking at and/or touching the bodies of familiar children e.g. "show me yours and I'll show you mine", playing "family"</li> <li>asking about or wanting to touch the breasts, bottoms or genitals of familiar adults e.g. when in the bath.</li> </ul>	<p>5 to 9 years</p> <ul style="list-style-type: none"> <li>increased sense of privacy about bodies</li> <li>body touching and holding own genitals</li> <li>masturbation, usually with awareness of privacy</li> <li>curiosity about other children's genitals</li> <li>travelling looking at and/or touching the bodies of familiar children e.g. "show me yours and I'll show you mine", playing "family"</li> <li>curiosity about sexuality e.g. questions about babies, gender, masturbation, sexual activity</li> <li>telling stories or asking questions, using "saww words", "toilet" words or names for private parts</li> <li>use of mobile phones and internet in relationships with known peers</li> </ul>	<p>10 to 13 years</p> <ul style="list-style-type: none"> <li>grooming need for privacy</li> <li>masturbation in private</li> <li>curiously and seeking information about sexuality</li> <li>use of sexual language</li> <li>interest and/or participation in girlfriend or boyfriend relationships</li> <li>hugging, kissing, touching with known peers</li> <li>establishment amongst same age peers within the context of play e.g. occasional flirting or teasing</li> <li>use of mobile phones and internet in relationships with known peers</li> </ul>
<p>14 to 17 years</p> <ul style="list-style-type: none"> <li>sexual preoccupation which interferes with daily function</li> <li>intentional spying on others while they are engaged in sexual activity or nudity</li> <li>explicit communications, art or actions which are obscene or sexually stimulating</li> <li>repeated exposure of private parts in a public place with peers e.g. flushing</li> <li>unusual sexual behaviour, including unprotected sex, sexual activity while intoxicated, multiple partners and/or frequent change of partner</li> <li>presence of sexually transmitted infection or unwanted pregnancy</li> <li>oral sex and/or intercourse with known partner of more than two years age difference or with significant difference in development</li> <li>arranging a meeting with an online acquaintance accompanied by a peer or known adult</li> <li>using mobile phones and internet to send or receive sexual images of another person with their consent</li> </ul>	<p>14 to 17 years</p> <ul style="list-style-type: none"> <li>need for privacy</li> <li>masturbation in private</li> <li>accessing information about sexuality</li> <li>viewing materials for sexual arousal e.g. music videos, magazines, movies</li> <li>sexually explicit mutual conversations and/or use of humour and obscenity with peers</li> <li>interest and/or participation in one on one relationships with someone of the same or other sex</li> <li>sexual activity with a partner of similar age and developmental ability (ability to consent must be considered)</li> <li>use of mobile phones and internet in relationships with peers</li> </ul>	<p>14 to 17 years</p> <ul style="list-style-type: none"> <li>need for privacy</li> <li>masturbation in private</li> <li>accessing information about sexuality</li> <li>viewing materials for sexual arousal e.g. music videos, magazines, movies</li> <li>sexually explicit mutual conversations and/or use of humour and obscenity with peers</li> <li>interest and/or participation in one on one relationships with someone of the same or other sex</li> <li>sexual activity with a partner of similar age and developmental ability (ability to consent must be considered)</li> <li>use of mobile phones and internet in relationships with peers</li> </ul>

These signs adapted from the Child at Risk Assessment Unit (2000). Age Appropriate Sexual Play and Behaviour in Children. Canberra: Australian Capital Territory Government Community Care, 69.



