



CHINCHILLA CHRISTIAN COLLEGE

Let your light shine



KINDERGARTEN

2025 Parent Handbook

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Welcome to Chinchilla Christian College Kindergarten

We would like to extend a warm welcome to the children and their families enrolling at CCC Kindergarten. Since our Kindy building opened in 2005, we have been providing our students with a safe, secure and inviting environment where they are able to flourish in their God-given gifts as they engage in play and learning. We understand that all children are unique and capable, learning in different ways and at different rates and that the early years are among the most significant periods of learning development. We aim to provide opportunities to allow each child to develop at their own pace, providing experiences that scaffold their cognitive, social, emotional, physical and spiritual development. Safety, along with respectful, reciprocal relationships are of the utmost importance at CCC Kindy, so you can have peace of mind knowing that your child is loved, accepted and receiving the best possible care.

We value the input of our student's families and strive to make you feel welcomed, recognised, acknowledged and respected when you enter our Kindy. We invite you to be active participants with us in your child's education. We encourage parents and carers to take the time to meet and talk with your child's teachers at pick-up and drop-off, to take part in Kindy events throughout the year, to share with our students your skills or interests, attend parent teacher interviews and to organise a time to speak with staff if you have any concerns.

This Parent Handbook outlines important Kindergarten information that you need to be aware of while your child is a part of our Kindy family. Please make sure you read through this booklet and ask questions about any matters you may not understand. All of our Policies, along with our Quality Improvement Plan, are located in our Kindergarten app, OWNA. Please feel free to read and comment on our Policies at any time. They are reviewed and updated annually.



CONTACT DETAILS

Phone (Reception)	07 4522 4000
Address	88 Oak Street, Chinchilla, QLD 4413
Postal Address	PO Box 242, Chinchilla, QLD, 4413
Email	kindy@chinchillacc.qld.edu.au
Website	www.chinchillacc.qld.edu.au

Note: To contact Kindy via phone, please ring Reception and they will transfer you through to Kindy.

Principal	Mr Nathan McDonald principal@chinchillacc.qld.edu.au
Director and Nominated Supervisor (including fees and enrolments)	Mrs Alison Miles-Fanning alison.miles-fanning@chinchillacc.qld.edu.au

Enrolment

If you are interested in enrolling your child at CCC Kindy or would like to tour the premises, please contact Reception to book a Kindy tour with the Director.

GOVERNANCE and LICENSING

Chinchilla Christian College Kindergarten operates as part of the wider Chinchilla Christian College community and is under the governance of Christian Community Ministries Ltd (CCM).

Chinchilla Christian College Kindergarten is licensed under the Education and Care Services National Law and Regulations. Our services are governed by the Australian Children's Education and Care Quality Authority and regulated by our state licensing department, the Department of Education, Training, and Employment, including Qld Acts and Regulations.

Our programs and practices are guided by the National Quality Framework which promotes high quality education and care nationally across early childhood services. Assessment and ratings of the seven quality areas are conducted by state governing bodies. These quality areas are:

1. Educational Program and Practice
2. Children's Health and Safety
3. Physical Environment
4. Staff Arrangements
5. Relationships with Children
6. Collaborative Partnerships with Families and Communities
7. Leadership and Service Management

Chinchilla Christian College Kindergarten Philosophy Statement

Our Kindergarten is part of the Chinchilla Christian College family and as such, we align ourselves with their vision, mission and values, working to provide rich, authentic learning opportunities for students within a Christian environment. We embrace our College distinctive that we are all part of a large 'family' and the benefits this brings such as a sense of belonging, acceptance, encouragement and support.

In our Kindy, we use this distinctive to guide us in our approach to working with staff, students, their families and the wider community. We strive to create a warm, welcoming and inclusive environment where there is a strong sense of belonging. We place great importance in the building of positive relationships between all parties, relationships that are caring, supportive, respectful and collaborative.

We are a child-centred Kindergarten, where children are accepted and recognised as unique individuals, each with their own interests, strengths, learning styles, culture and traditions. We want students to feel loved for who they are and to feel confident in making choices, taking risks, asking questions, making suggestions and to experiment, explore and discover. In our program, students are supported and encouraged to make decisions, take responsibility and to provide direction to their learning.

We believe that early childhood is a critical growth and development period in a child's life and that play is an important tool in their learning, helping them to grow, explore, discover, problem solve, develop friendships, imagine, contribute ideas and to take on the ideas of others. Play is also essential in helping young students to develop their language skills, providing opportunities to talk, listen and explore language and sounds. We use the National Quality Standards (NQS) and Queensland Kindergarten Learning Guidelines (QKLG) to guide our decision making and to support our students learning across 5 learning and development areas:

1. Identity
2. Connectedness
3. Wellbeing
4. Active Learning
5. Communicating

Our Kindergarten program aims to assist students in preparing for their transition to school and we believe that a student's social and emotional preparedness are key indicators in school readiness. We also aim to develop student's understanding of early literacy, numeracy and other pre-academic skills. These skills are developed through play, along with responsive and intentional teaching practices. In practice, throughout the day staff look for opportunities to engage students with a variety of texts, language, rhyming, ordering, counting, matching, spatial awareness and other concepts in a natural play-based context, with skills reinforced through stories, games and activities during group sessions.

Being a part of the College family means that our students begin the process of transitioning to formal schooling from their enrolment. Throughout their time at Kindy, our students are invited to special productions and performances in the College grounds, they take part in events such as Book Week and the JNR Athletics Carnival, along with attending the library for regular visits, story times and book borrowing.

We aim to provide students with a safe, flexible and engaging environment both indoors and outdoors, whilst continuing to develop our outdoor play environment to create an inviting and natural play-space, that fosters student's connections with nature and provide opportunities for exploration, discovery, risk-taking and engagement with nature. Our Kindergarten is also committed to engaging students with sustainability practices and we do this in a variety of ways. During mealtimes students are given opportunities to recycle and contribute food scraps to our compost bins. We then use this compost in our class vegetable gardens, where students are able plant and care for a variety of produce throughout the

year. Our College is powered by solar panels and we endeavour to use natural, recycled and pre-loved materials where possible.

We recognise reflection as an important tool to improve our practices, programs, policies and procedures to ensure we provide a high-quality service that meets the needs to the current students and their families.



Chinchilla Christian College - Vision, Mission and Values

Our Vision

To develop confident and compassionate men and women of character who will shine in their work and service, to the glory of God.

Our Mission

To provide a Christ-centred, high quality education that equips our students to fulfil their God-given potential, shining their light for God's glory.

Our Values

In acknowledging the Lordship of Jesus Christ and seeking to grow in Christ-like character, our core values are:

- Commitment - engaging wholeheartedly in all one does
- Compassion - showing kindness, care and a sense of community
- Courage - demonstrating bravery or strength when faced with a challenge
- Creativity - using original ideas and imagination to innovate or to problem solve

CCM Statement of Faith – *please see Appendix 1*

OUR STAFF

Mrs Alison Miles-Fanning

Director and Nominated Supervisor

*Cert III Early Childhood Education and Care
First Aid- in an education and care setting*

Miss Grace Aason

Kindergarten Teacher

*Bachelor of Education (Birth-Five years)
Diploma Early Childhood Education and Care
First Aid- in an education and care setting*

Miss Renae Hubbard

Kindergarten Assistant Educator

*Cert III Early childhood Education and Care
First Aid – in an education and care setting*

The CCC Kindy class is under the care and guidance of 2 adults at all times, with a maximum class size of 22 students (current regulations require a ratio of 1:11 for this age group). At all times at least one of these Educators will hold a minimum of a Diploma level qualification.

All staff working directly with children in the Kindy are qualified or studying an appropriate early childhood qualification and must hold a current Senior First Aid, CPR and Asthma and Anaphylaxis Certificates. All staff are trained in Child Protection and hold a valid Blue Card or Blue Card Exemption.

Relief Staff, Volunteers and Student Visitors

In the middle of the day, between 12:00pm and 2pm, qualified staff from the College will come over to relieve each member of the Kindy team as they take a lunch break.

At times there will be new faces in the Kindy when volunteers and students visit to gain experience in the education field. These new faces may also include relief staff who will sometimes be present at the Kindy. Every relief staff, volunteer or student that visits the Kindy is interviewed by the Principal and/or the Director and undergo induction training before commencing. All volunteers will be under the supervision of regular staff members and must hold a current Blue Card.



SESSION TIMES

Our Kindergarten is for students aged between 3.5 (turning 4 by 30 June) and 5. We have one room and operate two groups, running on a five-day fortnight program, with a maximum number of 22 students per group. Our Kindy runs from 8:45am – 3:00pm during school terms. A Calendar with each group's days will be sent out at the beginning of the year.

Kangaroos - (Monday Group)

- Monday, Tuesday and Alternating Wednesdays 8:45am – 3:00pm

Koalas - (Thursday Group)

- Alternating Wednesdays, Thursday and Friday 8:45am – 3:00pm

Term Dates for 2025

Term 1	Tuesday 28 January	-	Friday 4 April	10 Weeks
Term 2	Tuesday 22 April	-	Friday 27 June	10 Weeks
Term 3	Tuesday 15 July	-	Friday 19 September	10 Weeks
Term 4	Tuesday 7 October	-	Thursday 4 December	9 Weeks

OWNA APP.



At CCC Kindy, we use the OWNA Childcare Management System. This application allows families to:

- View photographs, videos and voice recordings of their child's kindergarten day
- Send and receive messages from kindergarten
- Update children's and family information
- Alert the service and give permission for any medications your child will require
- Read and sign permission notes, excursion notes, incident and injury reports, risk management plans, policies and procedures and our Quality Improvement Plan
- Keep parents informed of our daily educational program
- Issue and pay fees and invoices

You will receive an email once your enrolment is confirmed with your log in details. We recommend downloading the free app to your phone to keep up to date with your child's kindergarten journey.

Instructions for how to navigate the app are here:

<https://www.youtube.com/watch?v=zRkDvK0vY2Q>

<https://www.owna.com.au/app/cheatsheet.pdf>

The app houses all our service policies and important documents and will be used to communicate with you **on a daily basis**. It is essential that you have quality access.

FEE INFORMATION

Fees for the 2025 Kindergarten Program

Chinchilla Christian College Kindergarten is an approved program provider under the Queensland Kindergarten Funding Scheme (QKFS).



Total Daily Rate: 2024 FREE KINDY	
FREE Kindy	
\$53.00 a day – Full Fee	
- \$53.00 - Our program is fully funded by the government in 2025.	
= \$ 0	

Additional Fees or Levies:	
Enrolment Fee - once off, non-refundable payment.	\$50

We are committed to keeping the College an affordable, high quality, values based, Christian school. Fees are charged on a Term-by-Term basis and in advance of services being provided.

Enrolment Fee: \$50 (non-refundable)

Payment options:

- ✓ Upfront full payment in advance. Payment can be made via the OWNA App.
- ✓ Weekly, fortnightly or monthly instalments via direct debit from bank account or credit card via the OWNA App.

Other Notes:

- Should a family fall behind, the child's place in Kindy may be reviewed.
- There are additional deductions from Centrelink benefits.
- When going away for an extended period, the College must be informed in writing.
- No refund is applicable where services are not used.

UNIFORMS

Chinchilla Christian College Kindergarten encourages our students to wear Kindy shirts, consisting of a Polo Shirt, which is available in 4 colours; emerald green, royal blue, red and pink. Although our uniform shirt is not compulsory during normal Kindy days, we do ask our students to wear them on certain occasions, such as the ANZAC Day March, excursions, photo days and our Athletics Carnival.

Reasons we encourage students to wear Kindy shirts:

- Kindy can get messy and so can the clothes students wear to Kindy
- They are sun safe
- Wearing a uniform shirt helps to transition children from wearing free dress every day to having to wear a set uniform when they attend Prep the following year.

Shirts are available to purchase from the Uniform Shop for \$20 and College bucket hats are available to purchase for \$15. From Term 2 Kindy students will also need a library bag, available for \$12. Prices are subject to change.

Kindy Shirts	Bucket hat	Library bag
		
\$20	\$15	\$12

UNIFORM SHOP OPENING HOURS

Mon - Thurs : 8:30am - 9:30am and 2:30pm - 3:30pm (*Term Time*)

School Holidays – bookings by appointment.

The Uniform Shop is located across the carpark from the Reception building on our College Campus.



A DAY AT KINDERGARTEN

What to wear each day

- Uniform shirt or shirt that has a high neck and covers shoulders and upper arms
- Longer length shorts, skirts, pants
- Girls are to wear bike pants under dresses & skirts.
- Shoes (at Kindy students are able to wear thongs or sandals, as we often take our shoes off to play)
- A sun safe hat (broad brimmed hat, bucket hat or legionnaires cap)

What not to wear

- No singlets or strappy dresses (unless a sun safe shirt is worn underneath)
- No caps or visors

We are a Sun Smart Centre, so if students arrive wearing clothing that isn't sun safe, they will be asked to change into spare clothes/hats that are sun safe or be unable to play outside in areas that aren't undercover.

What to Bring

- Backpack (*that can easily fit everything inside*)
- Lunch box with morning tea and lunch inside (*please **no insulated bags***)
- Fruit snack – a piece of fruit/vegetable ready to eat separate to morning tea.
- Water bottle
- Sun safe hat (*bucket or wide-brimmed*)
- Spare clothes, appropriate for the season, including underwear
- Set of cot sheets (fitted & flat) in a drawstring bag or pillowcase (*please **NO** big or bulky pillows or bedding, as the sheets need to fit in your child's shelf with their backpack*).

Please Note: We ask children not to bring their own toys to Kindy. If they do, they will be asked to keep it in their bags for the day, as we do not want personal toys being lost or broken. The exception to this will be when show and tell starts, and then the toys will be kept in the designated show and tell box.

ALL ITEMS brought to Kindergarten must be clearly marked with your child's name



Arriving in the Mornings

1. Parents sign their child in on the tablet at the entryway, using the OWNA app.
2. Students take their lunchbox and water bottles out of their bags and place them into the fridge
3. Parents check their child's communication pockets
4. Students then put on their hats and place their bags into their named shelf
5. Students stay inside for a group interactive Carpet Time.

In helping our students to prepare for Prep, we work with them to develop independence in looking after their belongings. You can help encourage this by allowing them to perform the routine tasks of unpacking their belongings at the start of the Kindy day.

Students are taught to pack their own bags in the afternoons and place their hats and shoes in the correct spot if they take them off. To encourage this independence and prevent loss of belongings it is important that your child's backpack is large enough to fit all their belongings and to be easily zipped shut.

Leaving in the Afternoons

1. Students will have their bags packed and their shoes on ready to be picked up
2. Parents sign their child out on the OWNA app at the entrance.
3. Parents check their child communication pockets
4. When students see their parent/carer they collect their bags and head home
5. Sheets are taken home on students last day of Kindy for the week

Pick up and drop off are a great time to catch your child's teacher to ask any questions or communicate any comments or concerns. If you need to talk about something private or have a longer chat, this is a great time to make an appointment for a later time.

Our Day's Rhythm

At Kindy, we have a flexible rhythm to our day, able to be adapted to students needs on the day. A "visual timetable" of a typical Kindy day will be on display in the Kindy room.



Playtime at Kindergarten

Play is a very important part of the learning process at Kindy and we dedicate a lot of our time to allowing our students to engage in a variety of meaningful and engaging play experiences. Some of the different activities and play experiences your child might engage in during the Kindy day include, painting, creating at the art tables, playing in home corner, dressing up, the cubby house, the sandpit, riding bikes, hobby horses, making cubby houses, gardening, reading books, puzzles, playing games, table activities focusing on skills such as sorting, matching or fine motor and gross motor play.

There are different types of play, which emerge as children grow and develop, these include socio-dramatic, imaginative, explorative, manipulative, physical and games with rules. Each of these different types of play engage children in learning and developing in different developmental areas.



Chappy Time

Each fortnight our students take part in a 30-minute group activity time with our College School Chaplain, where they sing songs, listen to a story and take part in a game .

Library Visits

From Term 2 our Kindy students visit the library once a fortnight. During our library visit students engage in a story time with our College Librarian and are then able to borrow a book. Students will need to have a library bag if they would like to borrow books from our library. College library bags are preferred and available to purchase from the Uniform Shop.

Rest Time

A daily rest and relaxation period is incorporated into our daily rhythm and usually lasts between 30 – 45 minutes. This period allows students to have a time of quiet and calm to relax after a busy morning and gather strength and energy for the remainder of the day. We understand that each child's needs for rest and sleep is different and that whilst some children need time to sleep, others do not. A small mattress is provided for each child to place their sheets from home on, these sheets will then be sent home at the end of each week for cleaning. The students are encouraged to rest quietly on their beds whilst listening to quiet music or audio books during Term 1. As the year progresses, children's sleep/rest needs change, however they are still provided time and space for rest, whether that be quietly colouring or reading a book etc. Please see the Kindy teacher if you have any queries or requests in regard to your child's rest needs. Our policy, "Sleep, Rest and Clothing" also outlines this important time.

ARRIVALS AND DEPARTURES

Settling your child in

As the year begins, children will cope differently with the changes in routines and adjusting to spending the day at Kindy. Some children (and parents) find it difficult to separate from family at the start, so in the first week we encourage parents to stay and help the children settle by helping them unpack their belongings and spend some time doing an activity together. After this it's important that parents 'make the break', reassuring your child that you will be back in the afternoon. Please do not sneak off, as this can be more distressing and confusing for your child.

It is normal for Kindy aged children to become upset at separating from their parents/carers, especially if being away from you is not a normal experience. We assure you that we will look after and comfort your child, and generally within several minutes of parents leaving, upset children have settled happily into an activity. Starting school can be a bundle of excitement and nerves, but I assure you, we are all in this together and we will do our best to make sure that your child settles in and becomes a valuable member of our Kindergarten classes.

Strategies for dealing with Separation Anxiety

Over the years we have found one of the most successful strategies for dropping off an anxious child is to communicate clearly beforehand what will happen, stay calm and be consistent with the drop off routine. For example:

- Let your child know beforehand that you will help them unpack their belongings and then stay and do an activity/play with them for a set amount of time eg 5/10 minutes or until the bell rings, but that you will see them again at 3pm when you pick them up.
- After arriving and unpacking their belongings, go and do an activity with them, reminding them that you will have to go soon, but that you will pick them up at 3pm.
- When the time comes that you said you will leave, let your child know that it is time for you to leave, but that you will be back to pick them up at 3pm. Give them a hug and leave, staff will be there to assist or to comfort them if they are upset.
- Come back and pick them up at 3pm.

All children are different, and parents know their children best, so we are happy to work with you to develop strategies for settling your child into Kindy.



Signing In and Out of Kindergarten

It is a legal requirement that all students are signed in and out of the Kindy each day. We use the OWNA app to do this. **Only authorised adults** are able to sign a student out from Kindy. Authorised adults are listed by parents/carers on the enrolment form and must be over 18 years of age.

In the event that you require a person not on your list to collect your child from the Kindy you will need to phone Reception and speak to the Kindergarten Director, giving them the details of the person who will be collecting your child. If unknown to staff, they will need to show Photo ID before being allowed to collect your child. If they are to collect your child more than one time, parents will need to add them officially to their authorised person list. You can do this on the OWNA app.

If a child is not picked up by **3:10pm we will start calling people on the child's emergency contact list.**

Catching the Bus

For those of you who have children who will regularly travel to Kindergarten on the bus, we require you to sign your children in by using the OWNA app on your phones.

1. Once your child is on the bus, simply go to the 'Sign In' section and sign them in. Note in the comments section that they are on the bus. Anna Guscott, the Kindergarten Teacher, will approve them via the OWNA app once your child has arrived at Kindy.
2. If your child is not on the bus in the morning, bring them in and sign them in via the OWNA app at Kindy.
3. In the afternoon, if your child is NOT on the bus, it is very important that you let the Kindy staff know by writing a note on OWNA at the time of signing them in. If this changes throughout the day, contact Administration and let them know before 2:45pm.
4. If your child is not attending Kindergarten for the day, please go to the circle on the app that says 'Mark child not attending' and write a brief comment to explain the reason why they will not be attending.

If your child catches the bus to Kindy in the mornings, they are escorted straight to the Kindy, where a staff member signs them in. In the afternoon a designated staff member will come over to the Kindy to collect and sign out the bus children, before escorting them up to the bus waiting area and onto the correct bus.

Parking

The area in front of the College is a bus loading zone and there is no parking in this area during the times stated on the signs. The car park has been designed for one-way traffic flow, with entry from Rodger St and exiting onto Oak St. For the safety of College students and families, please adhere to the one-way traffic flow. Parents are also able to park on the gravelled parking area. When using the car park, please be aware that there are often small children in the area, so please be observant and drive SLOWLY to the 5km/h speed limit. We also ask parents to make sure their children are supervised at all times.

Drop and Go Zone

The Drop and Go zone of the car park is designated for parents to quickly drop off or pick up their children. It is **NOT** to be used for parking; therefore parents/carers of Kindy students are requested to **not** use this zone.

At Kindy we do not give children food unless it is part of a special day, such as break-up day or an event like Harmony Day. In these cases, we will let you know beforehand. The exceptions to this are if a child brings cakes to celebrate their birthday or if we taste food that we have grown.

Lunches

Each day students are to bring a lunch box containing food for morning tea and lunch. Student's lunch boxes are stored in the fridge, so they do not need to be in an insulated lunch bag. We ask that you keep in mind what food your child's body needs to fill it with healthy food.

At Kindy we discuss healthy food and healthy eating and encourage families to pack their child a balanced and healthy lunch box, including items such as sandwiches, wraps, fruit, vegetable sticks and dip, yoghurt, cheese etc. When discussing food we use the terms everyday food (fruits, vegetables, proteins & carbohydrates) and sometimes food (such cakes, biscuits, lollies, fizzy drinks). We don't mind if students have an item of sometimes foods in their lunchboxes, though ask that parents refrain from packing items such as lollies, chocolates, cordial and soft drink.

Food Restrictions

In the past we have not had students enrolled with serious allergies, so there are currently no food restrictions. Students are able to have items with nuts, peanut butter, fish and egg in a packed in their lunchbox. If this changes, we will let you know.

Food from our Gardens

Throughout the year we plant a variety of plants in our Kindy gardens and often these may be fruits or vegetables. Our students love to plant and care for our gardens and particularly love watching any fruits or vegetables grow and develop. The best part of growing fruits and vegetables is eating them, so when they are ripe all students will be given the chance to taste what we have grown.

Birthdays & Cakes

Birthdays are an exciting time in a child's life, and we love to help our Kindy students celebrate their special days. On a child's birthday or the closest Kindy day to their actual birthday, each Kindy child is able to bring in cupcakes to help celebrate their birthday. We prefer cupcakes or patty cakes, rather than large muffins or a whole cake please. We are happy to accept alternatives such as birthday fruit skewers, cookies etc.

If for any reason you do not want your child to eat birthday cupcakes, please let the teacher know.



KINDERGARTEN PROGRAM

Photos

Throughout the day we are regularly taking photos of what the Kindy students are doing as a way of documenting their learning. These photos are shared with families via the OWNA app.

At times photos taken in Kindy may be used in newsletter articles, on the school website, in school publications, local newspapers or other electronic publications. Consent to use and share your child's photo is found in the Authorisation section of the Kindy enrolment form. We will never publish your child's photo without your consent.



Student Portfolios

Throughout the year Kindy staff are taking photos and observing your child's learning. We document this mostly on OWNA. This is a working document and is being constantly added to throughout the year. Your child's portfolio can be accessed via OWNA. At the end of the year, it will be printed and bound for you in a book form.

Transition Statements

During Term 4 your child's teacher will prepare a Transition Statement for your child. This is similar to a report card and provides a strength-based snapshot of where your child is at according to the Queensland Kindergarten Learning Guidelines. A copy will be given to you to review and comment on, before a final copy is handed out at the end of the term. After reviewing you have the option to sign a consent form to allow us to send a copy directly to your child's Prep teacher, helping them to provide a smooth transition into Prep after the summer holidays.

Show and Tell

Starting in Term 2 students are invited to take part in show and tell, a time where they are able to bring something special from home, sharing it with the class. Show and tell is a great opportunity for students to develop their confidence in talking in front of others, develop their language, create connections between Kindy and home and develop their question and answer skills. A roster will be sent home each term, with students having the opportunity to bring something to share twice a term. Popular items to bring for show and tell include toys, photos, books, things they have grown or collected and souvenirs. Pets are also able to be brought along, though please organise this with the teacher prior to the day of your child's show and tell, as risk management plans need to be prepared.

Curriculum

We use the Queensland Kindergarten Learning Guidelines (QKLG) (see below) to guide our planning, curriculum development and analyse documentation and observations. The guideline describes a set of five learning and development areas that relate to the five broad learning outcomes identified in the Early Years Learning Framework (EYLF).

Queensland Kindergarten Learning Guidelines

Identity		
EYLF	Key focus	Significant learnings
Children have a strong sense of identity	Building a sense of security and trust	<ul style="list-style-type: none"> Shows confidence that others can provide support Shows willingness to engage in new learning experiences
	Acting with independence and perseverance	<ul style="list-style-type: none"> Organises self & belongings to manage routines Makes decisions about learning Perseveres when trying challenges Works toward goals, recognizing effort & success
	Building a confident self-identity	<ul style="list-style-type: none"> Shares aspects of own cultural experiences Recognises achievements and strengths and works to extend them

Connectedness		
EYLF	Key focus	Significant learnings
Children are connected with and contribute to their world	Building positive relationships	<ul style="list-style-type: none"> Engages with others Develops skills in cooperating, sharing and turn-taking Responds to others with care and concern Builds awareness of rights and fairness Understands responsibilities
	Showing respect for diversity	<ul style="list-style-type: none"> Show respect for others, develop awareness of stereotypes Develops understanding of cultural experiences of others Develops understanding of Aboriginal & Torres Strait Islander peoples ways & connection to country
	Showing respect for environments	<ul style="list-style-type: none"> Shows interest in natural environment Develops sustainable practices to care for environment Develops awareness of problems & actions to protect environment

Wellbeing		
EYLF	Key focus	Significant learnings
Children have a strong sense of wellbeing	Building increasing autonomy and resilience	<ul style="list-style-type: none"> Recognises and expresses feelings Develops strategies to regulate emotions Develops strategies to respond to change
	Engaging with ways to be healthy and safe	<ul style="list-style-type: none"> Recognises ways nutrition, physical activity & rest contribute to being healthy Manages self-care Develops awareness of body autonomy and personal space Develops awareness of safe and unsafe risks to make safe choices
	Building physical wellbeing	<ul style="list-style-type: none"> Develops gross and fine motor skills Develops spatial awareness and uses senses for discovery

Active Learning		
EYLF	Key focus	Significant learnings
Children are confident and involved learners	Building positive dispositions towards learning	<ul style="list-style-type: none"> Showing curiosity and enthusiasm for learning Responds to the arts creatively and imaginatively Creates and communicates through the arts
	Showing confidence and involvement in learning	<ul style="list-style-type: none"> Plans and carries out learning projects Develops awareness of inquiry processes Builds problem solving strategies
	Engaging with technologies for learning and communication	<ul style="list-style-type: none"> Reflects on learning Shares ideas and discoveries

Communicating		
EYLF	Key focus	Significant learnings
Children are effective communicators	Engaging with and expanding language	<ul style="list-style-type: none"> Communicates verbally and nonverbally with others Expands vocabulary & builds awareness of sounds & letters
	Building literacy in personally meaningful ways	<ul style="list-style-type: none"> Interacts by communicating and responding purposefully with others Engages with a range of texts for purpose and meaning Makes connections between texts and personal experiences
	Building numeracy in personally meaningful ways	<ul style="list-style-type: none"> Builds awareness of ways images add meaning to print Develops writing behaviours

Communicating Information

At Kindy we communicate information to families in a variety of ways including

- OWNA App – This is our primary way of Communication
- Email
- Via notices in your child’s communication pockets
- Posters/notices placed on the sign in bench
- Via the College Newsletter

It is the parent’s responsibility to make sure they are checking notice boards, emails, their child’s bag (we will place bus students notes directly into their bags), OWNA and communication pockets regularly. Please allow OWNA notifications on your phone and check the App regularly so that you see all important notes, and reports that are sent to you.

Absences

If your child is sick or unable to attend Kindy for other reasons parents are asked to notify the kindergarten via the OWNA app.

Communicating with Staff

Pick up and drop off are a great time to catch your child’s teacher to ask any questions or communicate any comments or concerns. If you need to talk about something private or have a longer chat, this is a great time to make an appointment for a later time, generally outside of school hours.





WAYS TO BE INVOLVED

Once students are settled and feel a strong sense of belonging in the Kindy environment there will be opportunities for parents who are able to join us from time to time. At times we may need parent help for activities or excursions; we will let parents know about these opportunities. Alternatively, if you have a skill, passion or something from your family's culture that you can share with our class, we would love to learn from you. Please speak to your child's teacher to arrange a suitable time to share.

We also need our families to help us collect items to use in our art. We would love it if you could collect items such as; *small cardboard boxes, paper towel tubes, seed pods, shells, pinecones, plastic bottles, bottle tops, child friendly magazines, plastic fruit containers, wrapping paper, packaging foam, egg cartons* etc. Please make sure all items sent in are clean. Unfortunately, we are unable to use toilet paper rolls or medication boxes for health and safety reasons.

TOILETING

At CCC Kindy, our Toileting Policy states that students need to be toilet trained before commencing enrolment. Students are expected to be able to complete all toileting procedures independently. We understand that toileting accidents may occur, and we will assist students at these times.

SUN SAFETY

We are a SunSmart Centre and follow the Cancer Council's guidelines when it comes to outdoor play.

Hats

Appropriate hats are to be worn at all times when children are playing outdoors. Appropriate hats include bucket hats, wide brimmed hats or legionnaire hats. Children are not to wear caps at Kindy. If a child forgets their hat or does not have an appropriate hat, they will be given a spare hat to borrow.

Sunscreen

We ask that parents apply sunscreen on their child before arriving at the centre each day. Staff will then help your child to reapply sunscreen throughout the day. Sunscreen is provided by the Kindy. If you choose to supply your own sunscreen, please label it clearly with your child's name and pass it to staff on your child's first day.

Clothing

We ask that parents send their child in sun safe clothing. This means clothes that have a high neckline and covers shoulders and upper arms, along with longer length shorts, skirts, pants. Please do not send your child in singlets or strappy dresses.

POLICIES AND PROCEDURES

Our Policies

Kindergarten Policies and Procedures are available for families to read on OWNA under the "Documents" tab. Our policies are based on the Early Childhood National Laws and Regulations, along with the National Quality Framework and ensure a consistent approach to nurturing, caring for and providing high quality Early Childhood Education for the children in our care.

Emergency Procedures

Policies and procedures are in place in the case of an emergency such as a fire, lock down or evacuation. Evacuation plans are displayed near all exit points of the Kindy and regular drills are undertaken with children and staff; our drills are usually completed alongside the rest of the College.

Feedback and Concerns

If you feel that we are doing something well, we would love to hear from you either in person or via OWNA. If something happens that concerns you at Kindy, the best method is to speak directly to the staff member involved. If the issue cannot be resolved, you may then chat to the Director or to the Principal if the issue involves the Director. Please see our 'Suggestions, Concerns and Complaints Policy' for more details.

Incidents & Injuries

Whilst we strive to create a safe environment of our students, we do allow children to engage in appropriate physically challenging play (running, climbing, balancing etc.), to promote independence resilience and wellbeing. From time to time children will have trips, bumps or falls in the process as they learn to coordinate their movements. If your child is injured whilst at Kindy, our first aid qualified staff members will treat any minor injuries and send you a completed Injury and Incident Report on OWNA. Please sign this as soon as possible on the app to acknowledge you have been informed of the event. If a more serious injury occurs, including any bumps to the head, families will be notified immediately, and professional medical attention sought if required.

Illness

Should your child become ill while attending Kindy, staff will inform you and ask you to come and collect them. If we are unable to contact you, we will start to call your child's listed emergency contacts, or if required seek medical attention from emergency services on your behalf.

In the interest of controlling the spread of sickness, we ask that children **do not** attend Kindy if they are unwell. Germs can spread very quickly through Kindy, as students are still learning proper hygiene practices. If you child shows any of the following signs please keep them at home:

- Conjunctivitis
- Cold or flu symptoms such as a persistent cough, wheezing, fever, listlessness, loss of appetite, etc.
- Fever, even if fever abates after taking medication (Medication has just masked the symptom)
- Vomiting or Diarrhoea (children must stay home for at least **24 hours** after their last episode)

Children should not be brought to Kindergarten unless they are well enough to be able to cope adequately with the normal daily routines and experiences within the program.

We follow the exclusion periods as outlined on "Staying Healthy in Childcare 5th Edition" (Appendix 5)



Medication

In the event that your child is unwell and is prescribed medication by your GP, our staff can administer medication for you on the following conditions:

- A Medication Record is completed on OWNA prior to child's arrival
- The medication must be in date
- The medication MUST have a pharmacist label which states the child's name, GP's name, dosage amount and method, storage instructions and date issued (we cannot administer unlabelled medication)

The form and medication must be given to your child's teacher on arrival for safe storage out of the reach of children. Under no circumstances is medication of any kind to be kept in children's bags (this includes asthma puffers and medicated creams). It is important that liquid medications are measured accurately, so we ask that parents provide an appropriate oral syringe or measuring device with their child's medication.

Please read our Administration of Authorised Medication Policy and Medical Conditions Policy – *Appendix 3* and *Appendix 4* of this handbook.

Infectious Diseases

There are exclusion periods that must be observed for some communicable diseases and illnesses, these are set out in our *Infections Diseases Policy*, based on the Australian Governments '*Staying Healthy – Preventing infectious diseases in early childhood education and care services (5th edition*)'. A copy of the QLD Governments '*Time Out – Keeping your child and other kids healthy*' poster, based on this document is attached in *Appendix 5*.

In the event of exposure to, or an outbreak of a vaccine preventable infectious disease, any non-immunised Kindergarten student may be required to remain at home until advised to return by the College.

Asthma, Allergies & Anaphylaxis

We aim to provide a safe environment for children who have asthma and allergies. It is a policy of Chinchilla Christian College Kindergarten that families provide an up to date 'Asthma Action Plan', 'Anaphylaxis Action Plan' or an 'Allergy Action Plan' completed by a registered medical practitioner for any child with asthma or allergies. These plans need to be provided before enrolment commences. Parents will need to provide labelled Asthma/Allergy medication either before enrolment commences or on arrival on their child's first day, this medication will be stored at Kindy throughout the year.

Upon receiving your child's action plan, their teacher will contact you to arrange a time to create a *Medical Conditions Management Plan*, so staff are able to manage your child's condition whilst at Kindy.

THANK YOU

Thank you for choosing to send your child to Chinchilla Christian College Kindergarten. We count it a blessing to be a part of your child's educational journey and we look forward to getting to know them and welcoming them into our Kindy family. We know it can be a big change, starting Kindy, so thank you for your trust, as we work together to prepare your child for school and beyond. We commit to educate and care for your child in a loving, Christian environment, seeking to learn about and encourage your child's unique personality, interests and God-given gifts.

APPENDIX

Appendix 1

CCM Statement of Faith

Appendix 2

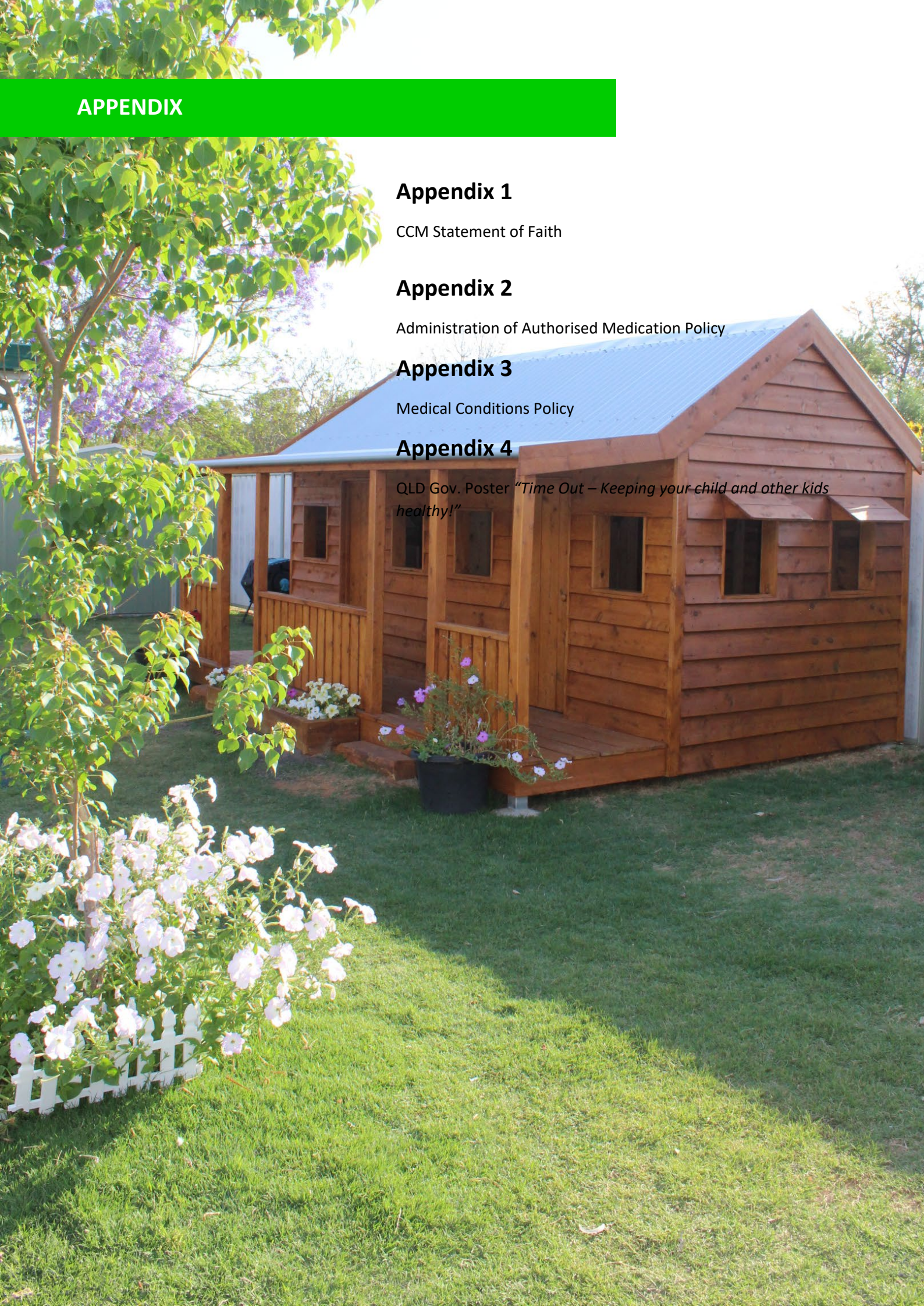
Administration of Authorised Medication Policy

Appendix 3

Medical Conditions Policy

Appendix 4

QLD Gov. Poster *"Time Out – Keeping your child and other kids healthy!"*





STATEMENT OF FAITH

We believe the Bible as originally given by God is divinely inspired, infallible, and entirely trustworthy, and is the supreme authority in all matters of faith and conduct, from which we can know that:

1. **God:** There is one true eternal creator God — Father, Son and Holy Spirit.
2. **Creation:** God created all things, making man and woman in His own image and for relationship with Him.
3. **Sin:** Sin entered into the world through human disobedience following the rebellion of Satan against God.
4. **Christ:** The Son, Christ Jesus, was born of a virgin and lived as a sinless man. Out of the abundance of God’s love the Father gave His only Son, Jesus Christ, to die to save all people from sin. Christ rose from the grave defeating the power of sin.
5. **Salvation:** The death and resurrection of Christ brings salvation by grace through faith to those who repent, seek forgiveness, and believe in Him.
6. **Spirit:** The Holy Spirit, following Jesus’ return to His Father in heaven, lives within those who have salvation as a comforter and guide; guaranteeing their eternal hope.
7. **Life:** Those who trust in Jesus as their Lord and Saviour are called to live a transformed life and as such we have the responsibility to:
 - a. Encourage other Christians through meeting together for worship and fellowship;
 - b. Uphold moral directives and ethical values contained in the Bible as expressed within the context of their personal life, their marriage life (the covenantal relationship of one man and one woman), and their relationships with others;
 - c. Share the good news to all the world;
 - d. Be active in expressing God’s love through social justice.
8. **Eternity:** Jesus is the only way to a relationship with God. Those who have received salvation have eternal life as joint heirs with Christ. Those who do not believe in Christ are separated from God for eternity.
9. **Return and New Creation:** Christ will return as Lord to the earth and everyone will see him. There will be a new heaven and a new earth.

Christian Community Ministries Ltd (ABN 96 105 961 135)

Chinchilla Christian College (Chinchilla QLD)
Endeavour Christian College (Cooktown QLD)
Livingstone Christian College (Ormeau QLD)
Warwick Christian College (Warwick QLD)

Blakes Crossing Christian College (Blakeview SA)
Seaview Christian College (Port Augusta SA)

Cornerstone Christian College (Busselton WA)

Dalby Christian College (Dalby QLD)
Groves Christian College (Kingston QLD)
Staines Memorial College (Redbank Plains QLD)
Whitsunday Christian College (Cannonvale QLD)

The Lakes Christian College (Castlereagh NSW)

www.ccmschools.edu.au





STATEMENT OF FAITH

10. **Marriage:** Marriage has been divinely established by God and affirmed by Jesus as the voluntary, lifelong union of one man and one woman to the exclusion of all others. Marriage is a symbolic representation of the nature of God’s love for us and for His church, anticipating His union with the believers in eternity.
Genesis 1:27; Genesis 2:18-25; Matthew 19:4-6; Ephesians 5:22-33; Revelation 19: 6-9.
11. **Sexuality:** Marriage is the only context in which human sexuality is to be expressed and in which sexual intimacy is to be experienced. The Bible teaches that sexual behaviour is to be limited to monogamous, heterosexual, married couples and that believers are to abstain from sexual immorality.
Genesis 1:26-28; Genesis 2:18-25; Exodus 20:14; Leviticus 18:22; Matthew 5:27-28; Matthew 15:18-20; Acts 15:20; Romans 1:20-32; 1 Corinthians 6:9-20; 1 Corinthians 7:2; 1 Timothy 1:10; Hebrews 13:4.
12. **Gender Identity:** The two distinct, complementary genders (sexes) of male and female together reflect the image and nature of God (Genesis 1:26-27). The Bible ties gender identity to biological sex (Genesis 1:27; Genesis 2:22-24) and does not make a distinction between the two. God’s intended best for humankind is that we live our lives in accordance with our biological sex. According to Scripture, our gender identity is to align with our biological sex, as designed by God. The determination of biological sex commences in the womb and is recognised at birth (Genesis 1:27; Genesis 5:1-2; Psalm 139:13-14; Mark 10:6). We therefore acknowledge the biological sex of a person as recognised at birth and require practices consistent with that sex.
Genesis 1:26-27; Genesis 2:22-24; Genesis 3:21; Genesis 5:1-2; Psalm 139:1-5 and 13-16; Matthew 19:4-5; Mark 10:6-7.
13. **Christian Character and the Appearance of Sin:** Acknowledgement of our sin and acceptance of the loving grace of God will lead to purity and holiness as the Holy Spirit's work enables the believer to demonstrate the character of the perfect man, Jesus Christ. The Bible exhorts us to pursue godliness and to model Biblical standards of behaviour to our peers and the wider society in both word and deed. It also calls Christian believers to abstain from all appearance of evil and to be active members of a local Church and meet together regularly as a body so that we may encourage one another.
Leviticus 20:22-26; Deuteronomy 6:25; Psalm 133:1; Matthew 5:16; Acts 2:46; 1 Corinthians 14:26; Philippians 2:12-16; 1 Thessalonians 5:22; Titus 2:10-14; Hebrews 10:25; 1 Peter 1:13-16; 2 Peter 3:11-14; 1 John 1:5-10.





Administration of Authorised Medication Policy

NQS

QA2	2.1.2	Health practices and procedures - Effective illness and injury management and hygiene practices are promoted and implemented.
	2.2.1	Supervision - At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.

National Regulations

Regs	90	Medical conditions policy
	91	Medical conditions policy to be provided to parents
	92	Medication record
	93	Administration of medication
	94	Exception to authorisation requirement - anaphylaxis or asthma emergency
	95	Procedure for administration of medication
	96	Self-administration of medication

EYLF

LO3	Children take increasing responsibility for their own health and physical wellbeing. Educators promote continuity of children's personal health and hygiene by sharing ownership of routines and schedules with children, families and the community
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Aim

Our Service and our educators will only administer medication to a child if it is authorised or the child is experiencing an asthma or anaphylaxis emergency. We recognise it is essential to follow strict procedures for the administration of medication to ensure the health, safety and wellbeing of each child using the service.

Related Policies

Emergency Service Contact Policy

Enrolment Policy

Incident, Injury, Trauma and Illness Policy

Medical Conditions Policy

Implementation

Our service and educators will only administer medication to children if it is authorised by parents (or by someone authorised by parents on the enrolment record to make decisions about the administration of medication). If there is a medical emergency, we will also administer medication when authorised verbally by a parent, medical practitioner or an emergency service, however we may administer medication during an asthma or anaphylaxis emergency without first receiving authorisation.

Medication under the Regulations includes medication covered by the Therapeutic Goods Act 1989. Therapeutic goods include those for therapeutic use to:

- prevent, diagnose, cure or alleviate a disease, ailment, defect or injury
- influence, inhibit or modify a physiological process.

This covers products like sunscreen and nappy cream.

The Nominated Supervisor will ensure a copy of this policy is provided to parents when they enrol their child.

The Director will ensure children's medication is regularly audited to ensure it has not expired, and is in the original container with legible labels.

Administration of Medication (non-emergency)

Educators will administer medication to a child if it complies with our policy requirements and:

1. if the medication is authorised in writing by a parent or another authorised person via a Medication Record on OWNA and
 - is the original container
 - has not expired
 - has an original label and instructions that can be clearly read and, if prescribed by a doctor has the child's name
 - is administered in accordance with any instructions on the label or from the doctor.
2. after the child's identity and the dosage of the medication is checked by an educator who is not administering the medication. This educator will witness the administration of the medication.

Over the Counter Medication (non-prescription medication)

Our service does not administer over the counter medication unless it has been prescribed by a medical practitioner. Medication may mask the symptoms of other, more serious illnesses and our educators are not qualified medical professionals. However, we will administer sunscreen without prescription if a parent or authorised person authorises this.

Anyone delivering a child to the service must not leave medication in the child's bag or locker. Medication must be given directly to an educator on arrival for appropriate storage. Auto injection devices (eg Epipens) and asthma puffers will be stored up high so they are inaccessible to children. All other medication will be stored in accordance with the storage instructions on the medication in a locked labelled container in a cabinet or fridge. Non-refrigerated medication will be kept away from direct sources of heat.

Administration of Medication in emergencies other than anaphylaxis or asthma emergencies

1. Educators will administer medication to a child in an emergency:
 - if a parent or another authorised person verbally authorises the administration of the medication or
 - they receive verbal authorisation from a registered medical practitioner or emergency service if the parent or authorised person cannot be contacted.
2. The child will be positively reassured, calmed and removed to a quiet area under the direct supervision of a suitably experienced and trained educator.
3. The Director will contact the child's parent, and provide written notice to the parent, as soon as possible.
4. The Director will ensure the service completes an Incident/ Injury/Trauma Record via OWNA.

Educators will not administer medication if parents provide verbal authorisation in circumstances that are not emergencies. If educators are unsure whether they should be administering a medication in an emergency after receiving verbal authorisation from a parent or responsible person, educators will obtain authorisation from a registered medical practitioner or emergency service.

Administration of Medication during Anaphylaxis or Asthma Emergencies

1. Educators may administer medication to a child in an anaphylaxis or asthma emergency without authorisation.
2. The child will be positively reassured, calmed and removed to a quiet area under the direct supervision of a suitably experienced and trained educator.
3. The Nominated Supervisor will contact the child's parent and the emergency services as soon as possible.
4. The Nominated Supervisor will advise the child's parent in writing as soon as possible.
5. The Nominated Supervisor will ensure the service completes an Incident, Injury, Trauma and Illness Record via OWNA.

Medication Record

Educators will complete a Medication Record on OWNA with the name of the child which:

- contains the authorisation to administer medication
- details the name of the medication, the dose to be administered and how it will be administered, the time and date it was last administered, and the time and date or circumstances when it should be administered next
- if medication is administered to a child (including during an emergency), details the dosage that is administered and how it is administered, the time and date it is administered, the name and signature of the person that administered it, and the name and signature of the person that checked the child's identity and dosage before it was administered and witnessed the administration.

We will use the Medication Record on the OWNA app.

Sources

Education and Care Services National Law and Regulations

National Quality Standard

Early Years Learning Framework

Review

The policy will be reviewed annually by stakeholders.

Last reviewed: November 2024

Date for next review: November 2026



Medical Conditions Policy

NQS

QA2	2.1.1	Health - Each child’s health and physical activity is supported and promoted.
	2.1.2	Health practices and procedures - Effective illness and injury management and hygiene practices are promoted and implemented.
	2.2.1	Supervision - At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.

National Regulations

Reg	90	Medical conditions policy
	90(1)(iv)	Medical Conditions Communication Plan
	91	Medical conditions policy to be provided to parents
	92	Medication record
	93	Administration of medication
	94	Exception to authorisation requirement—anaphylaxis or asthma emergency
	95	Procedure for administration of medication
	96	Self-administration of medication

EYLF

LO3	Children are happy, healthy, safe and connected to others.
	Educators promote continuity of children’s personal health and hygiene by sharing ownership of routines and schedules with children, families and the community
	Educators discuss health and safety issues with children and involve them in developing guidelines to keep the environment safe for all

Aim

The service and all educators can effectively respond to and manage medical conditions including asthma, diabetes and anaphylaxis at the service to ensure the safety and wellbeing of children, staff and visitors.

Related Policies

- Administration of Medication Policy
- Death of a Child Policy
- Emergency Service Contact Policy
- Emergency Management and Evacuation Policy
- Enrolment Policy
- Food Nutrition and Beverage Policy
- Health, Hygiene and Safe Food Policy
- Immunisation and Disease Prevention Policy
- Incident, Injury, Trauma and Illness Policy
- Infectious Diseases Policy
- Privacy and Confidentiality Policy
- Staffing Arrangements Policy

Implementation

The service will involve all educators, families and children in regular discussions about medical conditions and general health and wellbeing throughout our curriculum. The service will adhere to privacy and confidentiality procedures when dealing with individual health needs.

A copy of the Medical Conditions Policy will be provided to all educators and volunteers at the service. The Policy will also be provided to parents of children enrolled at the service including those whose child has been identified as having a specific health care need or allergy. Educators are also responsible for raising any concerns with a child's parents about any medical condition/suspected medical condition, or known allergens that pose a risk to the child.

No child enrolled at the service will be able to attend the service without medication prescribed by their medical practitioner. In particular, no child who has been prescribed an adrenaline auto-injection device, insulin injection device or asthma inhaler is permitted to attend the service or its programs without the device.

Families are required to provide information about their child's health care needs, allergies, medical conditions and medication on the Enrolment Form and are responsible for updating the service about of these things, including any new medication, ceasing of medication, or changes to their child's prescription. Where children have specific health care needs or medical conditions, medical, risk minimisation and communication plans are required as discussed below.

The Director and educators will provide support and information to families about resources and support for managing specific health care needs and medical conditions, including allergies, anaphylaxis asthma and diabetes.

Where a child has been diagnosed at risk of anaphylaxis, a notice stating the anaphylaxis risk and the nature of the allergen will be displayed so it is clearly visible from the main entrance. The privacy and confidentiality of the child will be maintained at all times and the notice will not name the child.

The Nominated Supervisor will ensure all educators and relevant staff receive refresher training in the administration of adrenaline auto-injection devices and cardio- pulmonary resuscitation every 12 months, even if there are no children diagnosed at risk of anaphylaxis at the service at the time.

If there are children with diabetes at the service, the Nominated Supervisor will ensure first aid trained educators receive regular training in the use of relevant devices eg insulin injection device (syringes, pens, pumps) used by children

Medical Information that must be provided in Enrolment Record

Medical Conditions Management Plan

The Enrolment Form provides an opportunity for parents to help the service effectively meet their child's health and medical needs. All educators and volunteers at the service follow a child's medical management plan, including in the event of an incident related to the child's specific health care needs or medical condition.

Families must:

- advise details of specific health care needs or medical conditions including asthma, diabetes and allergies, and whether the child has been diagnosed at risk of anaphylaxis
- provide an Action Plan prepared by the child's doctor in respect of any specific health care needs or medical conditions. The Plan should:
 - include a photo of the child
 - state what triggers the allergy or medical condition if relevant
 - state first aid needed

- contact details of the doctor who signed the plan
- state when the Plan should be reviewed
- have supporting documentation if appropriate

Medical Conditions Risk Minimisation Plan

The Director and relevant educators will prepare and implement a medical conditions risk minimisation plan in consultation with families which is informed by the child’s specific medication condition Action Plan. The Plan will include measures to ensure:

- any risks are assessed and minimised
- practices and procedures for the safe handling of food, preparation, consumption and service of food for the child are developed and implemented if relevant (we will follow all health, hygiene and safe food policies and procedures)
- all parents are notified of any known allergens that pose a risk to a child and how these risks will be minimised
- a child does not attend the service without medication prescribed by their medical practitioner in relation to their specific medical condition.

The Medical Conditions Management including the Risk Minimisation plan will be kept in the child’s file and a copy of the plans stored securely with the child’s medication, emergency evacuation kit and first aid kit.

The medical conditions plans will also be taken on any excursions.

Medical Conditions Communication Plan: Must be completed by parent and signed by parents and educators if child has known medical condition PRIOR to a child’s first day at kindergarten.

CHILD’S NAME	
MEDICAL CONDITION/S	
MEDICATION NAME	
MEDICATION STORED	IN FIRST AID CUPBOARD NEXT TO FRIDGE
WE THE UNDERSIGNED AGREE THAT WE HAVE READ AND UNDERSTOOD THIS MEDICAL CONDITIONS POLICY, UNDERSTAND (CHILD’S NAME) _____ PARTICULAR MEDICAL AND HEALTH CARE NEEDS. WE HAVE READ AND UNDERSTOOD (CHILD’S NAME) _____ MEDICAL MANAGEMENT AND RISK MINIMISATION PLANS.	
PARENT 1	
PARENT 2	
NOMINATED SUPERVISOR	
DIRECTOR	
EARLY CHILDHOOD TEACHER	
ASSISTANT EDUCATOR 1	
ASSISTANT EDUCATOR 2	
I, THE PARENT, AGREE TO UPDATE THE SERVICE IMMEDIATELY OF ANY CHANGES TO MY CHILD’S MEDICAL CONDITION, DIAGNOSES, MEDICATIONS OR OTHER HEALTH CARE NEEDS. I WILL ADVISE THE SERVICE IN WRITING TO ADMIN.	
PARENT SIGNATURE:	

The Director will also ensure the medical conditions communication plan sets out how parents may advise changes to their child's medical management and risk minimisation plans. The Director will regularly remind families to update their child health and medical information as outlined in the Plan.

The Director will ensure:

- any new information is attached to the child's Enrolment Form and medical plans where relevant and shared with relevant educators, staff and volunteers
- displays about a child's health care needs or medical conditions are updated.

Anaphylaxis/Allergy Management

While not common, anaphylaxis is life threatening. It is a severe allergic reaction to a substance. While prior exposure to allergens is needed for the development of true anaphylaxis, severe allergic reactions can occur when no documented history exists. We are aware that allergies are very specific to an individual and it is possible to have an allergy to any foreign substance.

Symptoms of anaphylaxis include difficulty breathing, swelling or tightness in the throat, swelling tongue, wheeze or persistent cough, difficulty talking, persistent dizziness or collapse and in young children paleness and floppiness.

Anaphylaxis is often caused by a food allergy. Foods most commonly associated with anaphylaxis include peanuts, seafood, nuts and in children eggs and cow's milk.

To minimise the risk of exposure of children to foods that might trigger severe allergy or anaphylaxis in susceptible children, educators and staff will:

- ensure children do not trade food, utensils or food containers
- prepare food in line with a child's medical management plan and family recommendations
- use non-food rewards with children, for example, stickers for appropriate behaviour
- request families to label all bottles, drinks and lunchboxes etc with their child's name
- consider whether it's necessary to change or restrict the use of food products in craft, science experiments and cooking classes so children with allergies can participate
- sensitively seat a child with allergies at a different table if food is being served that he/she is allergic to, so the child does not feel excluded. If a child is very young, the family may be asked to provide their own high chair to further minimise the risk of cross infection
- hold non-allergic babies when they drink formula/milk if there is a child diagnosed at risk of anaphylaxis from a milk allergy
- closely supervise all children at meal and snack times, ensure food is eaten in specified areas and children are not permitted to 'wander around' the service with food

The Director will also:

- instruct educators and staff on the need to prevent cross contamination
- consider requesting parents to not send food that contains highly allergenic elements, even if their child does not have an allergy eg by placing a sign near the front door reminding families about this. In the case of a nut allergy this may prevent, for example, parents or other individuals visiting the service from bringing any foods or products containing nuts or nut material such as:
 - peanuts, brazil nuts, cashew nuts, hazelnuts, almonds, pecan nuts
 - any other type of tree or ground nuts, peanut oil or other nut based oil or cooking product, peanut or any nut sauce, peanut butter, hazelnut spread, marzipan
 - any other food which contains nuts such as chocolates, sweets, lollies, nougat, ice creams, cakes, biscuits, bread, drinks, satays, pre-prepared Asian or vegetarian foods
 - foods with spices and seeds such as mustard, poppy, wheat and sesame seeds
 - cosmetics, massage oils, body lotions, shampoos and creams such as Arachis oil that contain nut material

In relation to nuts and nut products, commercial food processing practices mean it is not possible to eliminate nuts and nut products entirely from our service eg there will be traces of nuts in many products. **For this reason we are a nut aware service rather than a nut free service.**

- consider the food allergies of all children. It may not be practical to prohibit all foods triggering food allergies. Nut allergy is the most likely to cause severe reaction and will take precedence
- consider requesting parents of children with (severe) food allergies to prepare food for the child at home where possible
- instruct food preparation staff and volunteers about measures necessary to prevent cross contamination between foods during the handling, preparation and serving of food and organise training as required eg careful cleaning of food preparation areas and utensils, use of different tools and equipment for allergic children
- ensure meals prepared at the service do not contain ingredients like nuts, and other allergens including eggs and milk if appropriate
- ensure food preparation staff consult risk minimisation plans when making food purchases and planning menus
- provide information about anaphylaxis and organise training for all educators on how to administer adrenaline auto injector devices eg EpiPens
- encourage all educators to undertake anaphylaxis management training
- ensure all educators administer medication in accordance with our “Administration of Medication Policy”
- ensure educators and staff regularly reflect on our documented risk management practices to prevent the triggering of an anaphylactic reaction, and implement improvements if possible

Allergic reactions and anaphylaxis are also commonly caused by:

- animals, insects, spiders and reptiles
- drugs and medications, especially antibiotics and vaccines
- many homeopathic, naturopathic and vitamin preparations
- many species of plants, especially those with thorns and stings
- latex and rubber products
- Band-Aids, Elastoplast and products containing rubber based adhesives.

Educators will ensure body lotions, shampoos and creams used on allergic children are approved by their parent.

The service will display an Australasian Society of Clinical Immunology and Allergy (ASICA) Action Plan poster for Anaphylaxis in a key location at the service, for example, in the children’s room, the staff room or near the medication cabinet (see www.allergy.org.au)

Educators will react rapidly if a child displays symptoms of anaphylaxis and will:

- lay child flat or seat them if breathing is difficult (child will not be allowed to walk or stand)
- ensure a first aid trained educator with approved anaphylaxis training administers first aid in line with the child’s medical management plan. This may include use of an adrenaline autoinjector device eg EpiPen® and CPR if the child stops breathing in line with the steps outlined by ASICA in the Action Plan for Anaphylaxis (see www.allergy.org.au)
- call an ambulance immediately by dialling 000

The Director will ensure that an emergency auto-injection device kit is stored in a location that is known to all staff, including relief staff, easily accessible to adults (not locked away), inaccessible to children, and away from direct sources of heat.

Asthma Management

Asthma is a chronic lung disease that inflames and narrows the airways. Asthma symptoms include wheezing, cough, chest tightness or shortness of breath. Educators and staff will implement measures to minimise the exposure of susceptible children to the common triggers which can cause an asthma attack. These triggers include:

- dust and pollution
- inhaled allergens, for example mould, pollen, pet hair
- changes in temperature and weather, heating and air conditioning
- emotional changes including laughing and stress
- activity and exercise

To minimise exposure of susceptible children to triggers which may cause asthma, educators and staff will ensure children's exposure to asthma triggers are minimised. This may for example,

- implement wet dusting to ensure dust is not stirred up
- plan different activities so children are not exposed to extremes of temperature eg cold outdoors and warm insides
- restrict certain natural elements from inside environments
- supervise children's activity and exercise at all times
- keep children indoors during periods of heavy pollution, smoke haze or after severe storms which may stir up pollen levels etc

The Director will also:

- consider banning certain plants and vegetation from the outdoor and indoor environments
- consider children's asthma triggers before purchasing service animals or allowing children's pets to visit
- ensure indoor temperatures are appropriate and heating and cooling systems are being used appropriately
- assist educators to monitor pollution levels and adverse weather events
- ensure educators and staff regularly reflect on our documented risk management practices to prevent the triggering of an asthma attack, and implement improvements if possible

The service will display a National Asthma Council Australia Action Plan Poster in a key location at the service- on the door near the medication cabinet (see www.nationalasthma.org.au)

An asthma attack can become life threatening if not treated properly. If a child is displaying asthma symptoms, educators will:

- ensure a first aid trained educator with approved asthma training immediately attends to the child. If the procedures outlined in the child's medical management plan do not alleviate the asthma symptoms, or the child does not have a medical management plan, the educator will provide appropriate first aid, which may include the steps outlined in the National Asthma Council Australia Action Plan:
 1. Sit the child upright - Stay with the child and be calm and reassuring
 2. Give 4 separate puffs of a reliever inhaler (blue/grey)
 - Use a spacer if there is one
 - Shake puffer
 - Give 1 puff at a time with 4-6 breaths after each puff
 - Repeat until 4 puffs have been taken
 3. Wait 4 minutes - If there is no improvement, give 4 more puffs as above
 4. If there is still no improvement call an ambulance on 000
 - Keep giving 4 puffs every 4 minutes until the ambulance arrives

The service will ensure that an Emergency Asthma First Aid Kit is stored in a location that is known to all staff, including relief staff, easily accessible to adults (not locked away), inaccessible to children, and at room temperature in dry areas. An Emergency Asthma First Aid kit should contain:

- Blue or grey reliever puffer
- At least 2 spacer devices that are compatible with the puffer
- At least 2 face masks compatible with the spacer for use by children under 5

Spacers and masks can only be used by one person. That person can re-use the spacer or mask but it cannot be used by anyone else. Educators will ensure the child's name is written on the spacer and mask when it is used.

Diabetes Management

Diabetes is a chronic condition where the levels of glucose (sugar) in the blood are too high. Glucose levels are normally regulated by the hormone insulin. The most common form of diabetes in children is Type 1. The body's immune system attacks the insulin producing cells so insulin can no longer be made. People with type 1 diabetes need to have insulin daily and test their blood glucose several times a day, follow a healthy eating plan and participate in regular physical activity.

Type 2 diabetes is often described as a 'lifestyle disease' because it is more common in people who are overweight and don't exercise enough. Type 2 diabetes is managed by regular physical activity and healthy eating. Over time type 2 diabetics may also require insulin.

Symptoms of diabetes include frequent urination, excessive thirst, tiredness, weight loss, vision problems and mood changes. People who take medication for diabetes are also at risk of hypoglycaemia (they may have a "hypo") if their blood sugar levels are too low. Things that can cause a "hypo" include:

- a delayed or missed meal, or a meal with too little carbohydrate
- extra strenuous or unplanned physical activity
- too much insulin or medication for diabetes
- vomiting

Symptoms of hypoglycaemia include headache, light-headedness and nausea, mood change, paleness and sweating, and weakness and trembling. If left untreated people may become disorientated, unable to drink, swallow or stand, suffer a lack of coordination, loss of consciousness and seizures.

Educators and staff will implement measures to reduce the risk of children suffering adverse effects from their condition. These may include, for example:

- ensuring medication is administered as outlined in the medical management plan
- ensuring children eat at regular intervals and have appropriate levels of carbohydrate

The Director will also ensure information about the child's diet including the types and amounts of appropriate foods as outlined in the child's Medical Management Plan is considered when preparing service menus.

If a child is displaying symptoms of a "hypo" a first aid trained educator will:

- immediately administer first aid in accordance with the child's medical management plan. This may include giving the child some quick acting and easily consumed carbohydrate eg several jellybeans, 2-3 teaspoons of honey or some fruit juice. Once blood glucose is at regular levels the child may be given some slow acting carbohydrate to stabilise blood sugar eg slice of bread, glass of milk, piece of fruit

If a child is displaying severe hypoglycaemia (eg they're unconscious, drowsy or unable to swallow) a first aid trained educator will:

- immediately administer first aid in accordance with the child's medical management plan
- call an ambulance by dialling 000
- administer CPR if the child stops breathing before the ambulance arrives.

We will refer to as1diabetes (as1diabetes.com.au) for more information and resources, including child friendly resources, on diabetes.

Sources

Education and Care Services National Law and Regulations

National Quality Standard

Asthma Australia

National Asthma Organisation

Australasian Society of Clinical Immunology and Allergy www.allergy.org.au

Allergy and Anaphylaxis Australia www.allergyfacts.org.au

Australian Diabetes Council

Better Health Vic

Review

The policy will be reviewed annually by:

- Management
- Employees
- Families
- Interested Parties

Last reviewed: Aug 2025

Date for next review: Aug 2026

Time Out

Keeping your child and other kids healthy!

This poster provides information on the recommended minimum exclusion periods for infectious conditions and will assist medical practitioners, schools, pre-schools and childcare centres to meet the requirements of the *Public Health Act 2005*¹.

Condition	Person with the infection	Those in contact with the infected person ²
Chickenpox (varicella)	EXCLUDE until all blisters have dried. For non-immunised children, this is usually 5 days after the rash first appears, and less for immunised children.	EXCLUSION MAY APPLY EXCLUDE non-immune pregnant women and any child with immune deficiency or receiving chemotherapy. <i>Contact your Public Health Unit for specialist advice.</i> Varicella can be reactivated in older children and adults as Shingles. <i>See below.</i>
Cold sores (herpes simplex)	NOT EXCLUDED if the person can maintain hygiene practices to minimise the risk of transmission. Young children unable to comply with good hygiene practices should be excluded while sores are weeping. Sores should be covered with a dressing where possible.	NOT EXCLUDED
Conjunctivitis	EXCLUDE until discharge from eyes has ceased unless a doctor has diagnosed non-infectious conjunctivitis.	NOT EXCLUDED
COVID-19⁴	EXCLUDE for at least 10 days after the onset of illness and until they have not had any symptoms for 3 days. <i>Contact your Public Health Unit for specialist advice.</i>	EXCLUSION MAY APPLY <i>Contact your Public Health Unit for specialist advice.</i>
Cytomegalovirus (CMV)	NOT EXCLUDED Pregnant women should consult with their doctor.	NOT EXCLUDED Pregnant women should consult with their doctor.
Diarrhoea³ and/or Vomiting including: <ul style="list-style-type: none"> • amoebiasis • campylobacter • cryptosporidium • giardia • rotavirus • salmonella • viral gastroenteritis but excluding: <ul style="list-style-type: none"> • norovirus • shigellosis • toxin-producing forms of E.coli (STEC) <i>See specific information below</i>	NOT EXCLUDED	
Enterovirus 71 (EV71 neurological disease)	EXCLUDE until written medical clearance is received confirming the virus is no longer present in the person's bowel motions.	NOT EXCLUDED
Fungal infections of the skin and nails (ringworm/tinea)	EXCLUDE until the day after antifungal treatment has commenced. (No exclusion for thrush).	NOT EXCLUDED
Glandular fever (mononucleosis, Epstein-Barr virus)	NOT EXCLUDED	NOT EXCLUDED
German measles (rubella)⁴	EXCLUDE for 4 days after the onset of rash or until fully recovered, whichever is longer. Pregnant women should consult with their doctor.	NOT EXCLUDED Pregnant women and female staff of childbearing age should check their immunity with their doctor. <i>Contact your Public Health Unit for specialist advice.</i>
Haemophilus influenzae type b (Hib)	EXCLUDE until the person has completed a course of appropriate antibiotic treatment. ⁵ <i>Contact your Public Health Unit for specialist advice.</i>	EXCLUSION MAY APPLY <i>Contact your Public Health Unit for specialist advice.</i>
Hand, foot and mouth disease (EV71)	EXCLUDE until all blisters have dried.	NOT EXCLUDED
Head lice	Exclusion is not necessary if effective treatment is commenced before next attendance day (i.e. the child does not need to be sent home immediately if head lice are detected).	NOT EXCLUDED
Hepatitis A⁴	EXCLUDE until at least 7 days after the onset of jaundice or dark urine, or for 2 weeks after onset of first symptoms if no jaundice or dark urine.	NOT EXCLUDED <i>Contact your Public Health Unit for specialist advice about vaccination or treatment for children and staff in the same room or group, children transferring to another centre and new enrolments.</i>

1. Observing the exclusion period meets the intent of the *Public Health Act 2005* for a person to be non-infectious.
2. The definition of 'contact' will vary between diseases and is sometimes complex. If unsure, contact your local Public Health Unit.
3. Diarrhoea definition is: 3 or more loose stools or bowel movements in a 24 hour period that are different from normal and/or escapes a child's nappy.
4. Doctors should notify the local Public Health Unit as soon as possible if children or staff are diagnosed with these conditions.
5. Appropriate antibiotic treatment: this will vary between diseases. If unsure, contact your Public Health Unit.

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Condition	Person with the infection	Those in contact with the infected person ²
Hepatitis B and C	NOT EXCLUDED Cover open wounds with waterproof dressing.	NOT EXCLUDED
Hepatitis E	EXCLUDE until at least 2 weeks after the onset of jaundice.	NOT EXCLUDED
Human immunodeficiency virus (HIV/AIDS)	NOT EXCLUDED Cover open wounds with waterproof dressing.	NOT EXCLUDED
Influenza and influenza-like illness	EXCLUDE until symptoms have resolved, normally 5–7 days.	NOT EXCLUDED
Measles ⁴	EXCLUDE for 4 days after the onset of the rash. <i>Contact your Public Health Unit for specialist advice.</i>	EXCLUSION MAY APPLY Vaccinated or immune contacts NOT EXCLUDED . EXCLUDE immuno-compromised contacts (including those receiving chemotherapy) until 14 days after the appearance of the rash in the last case. EXCLUDE non- or incompletely vaccinated contacts, without evidence of immunity. <i>Contact your Public Health Unit for specialist advice.</i>
Meningitis (bacterial)	EXCLUDE until well and has received appropriate antibiotics.	NOT EXCLUDED
Meningitis (viral)	EXCLUDE until well.	NOT EXCLUDED
Meningococcal infection ⁴	EXCLUDE until 24 hours of appropriate antibiotics have been completed. <i>Contact your Public Health Unit for specialist advice.</i>	NOT EXCLUDED <i>Contact your Public Health Unit for specialist advice about antibiotics and/or vaccination for close contacts.</i>
Molluscum contagiosum	NOT EXCLUDED	NOT EXCLUDED
Mumps	EXCLUDE for 5 days after onset of swelling. Pregnant women should consult with their doctor.	NOT EXCLUDED Pregnant women should consult with their doctor.
Norovirus	EXCLUDE until there has been no diarrhoea or vomiting for 48 hours.	NOT EXCLUDED
Roseola, sixth disease	NOT EXCLUDED	NOT EXCLUDED
Scabies	EXCLUDE until the day after treatment has commenced.	NOT EXCLUDED
School sores (impetigo)	EXCLUDE until 24 hours of appropriate antibiotics have been completed. Cover sores on exposed areas with a waterproof dressing until sores are dry, and encourage handwashing.	NOT EXCLUDED
Shiga toxin-producing E.coli (STEC)	EXCLUDE until diarrhoea has stopped and two samples have tested negative. <i>Contact your Public Health Unit for specialist advice.</i>	EXCLUSION MAY APPLY <i>Contact your Public Health Unit for specialist advice.</i>
Slapped cheek syndrome, fifth disease (parvovirus B19, erythema infectiosum)	NOT EXCLUDED Pregnant women should consult with their doctor.	NOT EXCLUDED Pregnant women should consult with their doctor.
Shigellosis	EXCLUDE until there has been no diarrhoea or vomiting for 48 hours <i>Contact your Public Health Unit for specialist advice.</i>	EXCLUSION MAY APPLY <i>Contact your Public Health Unit for specialist advice.</i>
Shingles (herpes zoster)	EXCLUSION MAY APPLY If blisters can be covered with a waterproof dressing, until they have dried NOT EXCLUDED . EXCLUDE if blisters are unable to be covered and until no new blisters have appeared for 24 hours.	EXCLUSION MAY APPLY <i>Contact your Public Health Unit for specialist advice, including advice for pregnant women and any person who is immuno-compromised (including receiving chemotherapy).</i>
Streptococcal sore throat (including scarlet fever)	EXCLUDE until 24 hours of appropriate antibiotics have been completed.	NOT EXCLUDED
Tuberculosis (TB) ⁴	EXCLUDE until written medical clearance is received from the relevant Tuberculosis Control Unit.	NOT EXCLUDED
Typhoid ⁴ and paratyphoid fever	EXCLUDE until diarrhoea has stopped and two samples have tested negative. <i>Contact your Public Health Unit for specialist advice.</i>	EXCLUSION MAY APPLY <i>Contact your Public Health Unit for specialist advice.</i>
Whooping cough (pertussis) ⁴	EXCLUDE until 5 days after starting appropriate antibiotics or for 21 days from onset of cough. ⁵ <i>Contact your Public Health Unit for specialist advice.</i>	EXCLUSION MAY APPLY for those in contact with the infected person. <i>Contact your Public Health Unit for specialist advice regarding exclusion of non- or incompletely vaccinated contacts.</i>
Worms	EXCLUDE until diarrhoea has stopped for 24 hours and treatment has occurred.	NOT EXCLUDED



Some medical conditions require exclusion from school, childcare centres and other settings to prevent the spread of infectious diseases among staff and children.

For further information or advice about diseases or conditions not listed here:

- Contact your nearest public health unit at: www.health.qld.gov.au/system-governance/contact-us/contact/public-health-units
- National Health and Medical Research Council publication: infectious diseases in early childhood and education and care services, 5th edition www.nhmrc.gov.au/guidelines-publications/ch55
- For fact sheets about various communicable diseases visit the Queensland Department of Health website at: <http://disease-control.health.qld.gov.au>

Time Out



Use this QR Code to access a digital copy of this poster or visit www.health.qld.gov.au/public-health/schools/prevention

