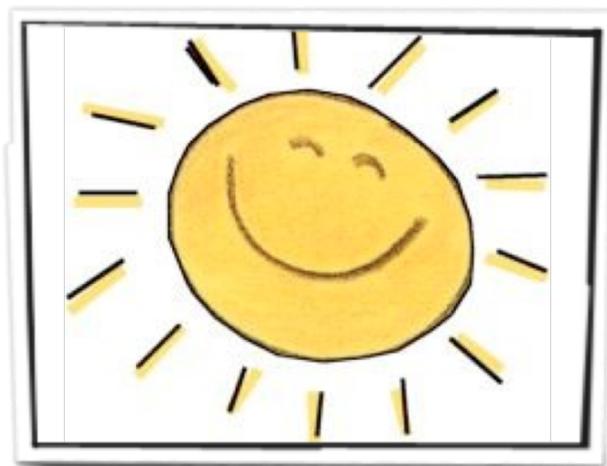


# **Parent Handbook**

## **SUNRISE PRESCHOOL LDC**



*Last revised: November 2015*

### **SUNRISE PRESCHOOL LDC**

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**This Handbook  
is a concise version on  
'The Sunrise Parent Hand Book'**

**We recommend  
that you see  
office Staff  
for a copy**

I personally want each child and parent to feel happy, welcomed, accepted and safe at our Centre. We have both had the experience of leaving little ones in a child-care centre. We often share with each other how we felt at the time. First children for each of us at different times of our lives and in different centers. While it was different for each of us the feelings were the same - relief at having found a "good" centre, high anxiety that staff may not understand our young child's needs and a certain sadness about leaving our children. As a co-coordinator I often share with our experiences with parents - we do know how you feel. Our only assurance to you is that we will always strive to provide the understanding, care, support, and the learning experiences for you and your child we wanted and received for our children and ourselves. We believe we have a responsible and skilled staff team who share our commitment to providing the highest achievable standard of professional care for the children in our Centre. Our door is always open. We want to discuss any concerns, issues or questions you may have so please come in and talk with us. We look forward to having your family involved in our Centre.

Didi Manika  
Co-ordinator

# Parent Handbook 2015-2016

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## INTRODUCTION

Welcome to Sunrise Kindergarten & Long Day care Centre for 3 to 5 year olds. Our kindergarten has been in operation since 1993 and our program is based on the Neo-Humanistic Educational Philosophy.

Sunrise Kindergarten is an educational project of Ananda Marga organisation (Path of Bliss), which was founded in 1953 by PR Sarkar (1920 – 1990), a prominent philosopher and educator. It is a multifaceted international organization. Reflecting this broadness, the Ananda Marga organisation has many different branches dedicated to the uplifting of humanity through education, relief work, welfare, the arts, ecology, intellectual renaissance, women's emancipation and humanistic economy.

## CENTRE MANAGEMENT

Our Centre is managed by the Director/Coordinator, who is assisted by a Management Committee comprised of local supporters of the Centre and its philosophy. The organisation Ananda Marga Pracaraka Samgha Ltd owns the premises. The school is managed by women welfare department of Ananda Marga.

The Management Committee meets **monthly** for approximately one and a half hours. The Committee is responsible for making major decisions about the management of the Centre, its finances, service delivery, and broad policy matters. The Committee does not enter into fundraising activities or become involved in day-to-day administrative issues and the meeting agenda is confined to major management issues. The executive Board members duties, the constitution, the legal agreement and meeting minutes are available to be read upon request. There are a number of questions you will have about how this service operates. This Information manual has been put together to ensure you are well acquainted with the policies and procedures of our service. Please ask for clarification or further details.

The Committee reviews this manual each year.

Changes to policies are ratified by the Management Committee and issued to parents. Please talk to the Co-ordinator - your input would be greatly appreciated.

### 1.1 GOALS AND OBJECTIVES

One of the goals of Sunrise Preschool is to develop a feeling of the interconnectedness of all things and to nurture an attitude of love and respect for the environment and everything in it. The elements of the programme are carefully planned to encourage children to deepen their concern for the welfare of others and to extend this to other living things such as animals and plants. In this way they come to realise that all living beings are interrelated and that the welfare of others is inseparable from their own. Through the behaviour of teachers and implementation of the programme, the children learn to care for and nourish their environment and its inhabitants.

Sunrise strives to promote the total growth and development of each child and endeavours to create a suitable environment for this purpose. The environment is warm, loving, stimulating and in keeping with our philosophical ideals.

All interactions with the children and decisions affecting their well being are based on knowledge of early childhood theories and practices.

The Centre maintains a safe, healthy learning environment. The physical space, materials and routines are arranged in a way that creates an interesting, secure and enjoyable place in which to learn and grow.

The program allows children to choose from various activities, which provide them with excellent opportunities to gain greater self-mastery of themselves and their environment and to develop physical and mental competence, social skills and spiritual outlook.

## **1.2 OUR PHILOSOPHY**

The educational philosophy of Sunrise Kindergarten recognises the importance of learning respect and love for all. It is called Neo-Humanism (NH). The philosophy of Neo-Humanism expands the underlying spirit of humanism or love for fellow beings to encompass love for animals, plants and the inanimate.

The word Neo means 'ever new'. In this spirit, a NH teacher keeps an open perspective, free of dogma or limiting views.

Because we advocate a non-harming attitude towards all living creatures, the NH education supports a sentient vegetarian diet. Some mutative foods stimulate the mind and body, tending to make one restless while other static foods are not beneficial to the mind and may be harmful to the body. A sentient diet excludes all meat and meat products, chicken, caffeinated beverages, excessive herbs and spices, eggs, fish, shell-fish, onions, garlic, mushroom and fungi, alcohol, tobacco, fermented, stale or spoiled food.

This hand book contains our full philosophy statement and sets out our beliefs about children, the learning outcomes we aim to achieve and the strategies staff use to implement our philosophy. Reading our full philosophy statement will give you a picture of how we carry out this philosophy in our day-to-day work with, and care of, your children.

The philosophy document is evaluated and modified, if necessary, by way of a review each year.

All parents will be notified (via our newsletter) and invited to participate in this process.

(Please Appendix I for)

## **1.3 ENROLMENT**

Sunrise accepts children from the ages of 3 to 5 years (must be 3 years old by January the year they start). The Centre does not have nappy changing facilities; children are required to be 'toilet trained'.

The group size is up to 22 children with the kindergarten teacher and qualified childcare workers. The staff child/ratio is 1 staff member to 11 children.

**1.** Enrolment is usually started with a visit to the Centre by the parent/guardian and child and meeting with the director. The philosophy and various policies of the Centre are explained.

**2.** If the parent/guardian accepts to enrol the child, a payment of Bond & enrolment fee is payable (refer below) Enrolment form must be filled out fully with all necessary information including emergency contact, contact numbers, Allergies, special needs and the names of those

persons permitted to pick the child from the Centre. It is Parents responsibility to supply the Centre a copy of any existing Court Orders.

**Enrolment fee** of \$150 is payable at the time of enrolment. This fee is non-refundable.

**Security bond** of \$400 is payable at the time of enrolment. This fee is refundable at the end of the service. (If no outstanding fees owed).

A child will not be enrolled unless parents/guardians authorise the Centre to seek emergency medical, hospital or ambulance services. (As with duty of care we require all medical details including Medicare No. and Ambulance Membership)

3. Parents/guardians who enrol their child receive this information handbook that contains basic information about the Centre. **More detailed information about our policies is available in Sunrise's Policy Handbook.**

## 1.4 ORIENTATION PROCESS FOR NEW FAMILIES

Leaving your child in a child centre can be a highly anxious time for both parents and children. It is important that we set aside time for us to get to know and develop a trusting relationship with each other before you leave your child. When you do an initial tour of the Centre we will discuss some of the benefits, problems and worries you may have of introducing children to a group situation in their pre-school years. You will have time to talk with the Director, Office Admin, and the staff of the room. Each child is unique and there is no one "Simple Solution to Successful Separation". Some of the practical things you can do to make yourself and your children feel more secure are:

- Complete your enrolment form at home and make a list of things you want staff to know. Each time you think of something - write it on the list.
- Visit the Centre and stay with your child for one hours or join us for morning circle. You may do this as many times as necessary before the agreed commencement date.
- Upon agreed time of starting you will be allocated 2 by 4 hour time slots for orientation. (Normal day fees do apply)
- Show your child that you trust the staff by talking to them about your child's needs/interests etc. Let your child see you doing this.
- When you return back to the room after saying goodbye, you need to leave at this time, it is confusing to come and go more than once in a day. We want children to know that when their parents come back it is home time.
- Staff have strategies to guide parents through this process and it is important to take your lead from them. Communication is vital – when children see parents and staff building trusting relationships they feel more secure when separating. Talk with staff to establish a routine for leaving and always tell your child you are going - a quick "bye bye mummy/daddy is going and we will come back" is good. It is very important to say this – even for little babies. It can be hard but we want our children to trust us and this means being honest about the "big issues".
- Try and keep the same routine so your child can predict who will bring them to the Centre and who will collect them. Predictability is very re-assuring for everyone.
- If someone other than yourself is collecting your child, you will need to inform staff or if the

person collecting your child is not the person you have written down you need call the office and let them know. Ensure that the person collecting has ID on them.

3.3 "Authority to Collect children from the Centre") and we will tell your children who is coming. Please do not "surprise" them – it can create an unnecessary insecurity.

- Ring the Centre as many times as you need to - we want you to feel reassured so please feel comfortable - we don't mind how often you ring. Staff will be available at the end of each day to spend some time with you to discuss briefly about your child's day and any other issues that may be helpful us to know. We welcome you and your family and encourage you to bring extended family members to visit us and see your child's Centre. Children love this and we do too. We are very happy if someone can come and share time with us. We are especially pleased when visitors contribute to our day by talking with the children or reading, knitting, cooking, gardening, telling stories, singing, bringing in pets, wearing a national costume or dress up talking about work etc. Staff will be eager to chat with you about this.

## 1.5 HOURS OF OPERATION

Sunrise offers a daily funded kindergarten program and long day care.

The centre opens **from 8am to 5.45pm(For a 6pm pickup) Monday to Friday**. You may pick up your child at any time throughout the course of the day. Children may not be left before opening and must be collected before closing time.

Parents who pick up their child after the closing time of 6pm, a **late-fee** at the rate of \$10 for every 5 minutes or part thereof. If we are not able to contact parent/guardian your child will be dropped off at the Local Police station.

We are open all year round and during school holidays. We are closed from the week prior to Christmas and reopens in the second last week of January (closed for 4 weeks).

We are closed for all public holidays and Staff Professional Day & Clean up day. (Date to be confirmed). Normal fees apply.

## 1.6 ORGANISATIONAL STRUCTURE

Approved Provider: Ananda Marga Sunrise Preschool Ltd

Committee of Management

Co-ordinator

### **Class room till 1.00/30pm**

Kindergarten Teacher, 2 Team Member, operates 5 mornings week during school term.

### **Classroom 1.00/30pm**

Team Leader & 1 team member till 3.30, second Team member till 6pm.

Up to 22 Children

All staff has their photograph, name and position in the Centre, displayed on the glass door in the hallway.

The Centre employs permanent staff: Office admin, cleaner.

## **1.7 FEES are \$99 a day**

These fees are set by the committee of management and are subject to change depending on the budget. Fees are payable for 4 weeks in advance.

Sunrise Preschool and Long day care is service run for families, not for profit.

We do not make a profit and we must make sure the total of money coming in equals the total amount of money going out. We must receive all of the fees all of the time to keep our Centre operating.

The full day fee must be paid, even if your child does not attend for the full day. Fees are payable **monthly in advance** from your start date. (If there is delay in paying fees for two months or more and no payment plans are arranged, then we will request that the child will be withdrawn from the Centre.)

Fees can be paid by Internet banking – this can be organised with the office staff. Please be sure to include reference as 'child's name'. (NO CASH PLEASE)

**There is a late fee of \$10 per week unless prior arrangements are made.**

The preferred method of payment is by net banking (No CASH). You'll find fee slips in your child's communication pocket.

**No fees** are payable for the four weeks that the Centre is closed during the year; (last two weeks of Dec. and first two weeks of Jan.).

**Normal full fees are payable for:**

- Public Holidays
- Holidays/days off taken by families
- Staff in-service days/Professional Development days. (Date TBA).
- Orientation days
- Clean up day (children's free day) usually the 3<sup>rd</sup> Friday in December. (No CCB/CCR is claimable on these day/s). All dates are published on the notice board.

During prolonged illness, normal fees will be paid for the first two weeks of absence. After that, fees may be negotiated with the director.

**Parents/guardians wishing to relinquish part or all of their enrolled days during the year are required to give a MINIMUM of THREE WEEKS NOTICE in writing and full fees are payable for the three week notice period.**

### **1.7a LATE FEES**

Fees, which become late, will incur a \$10.00 per week charge unless prior arrangements have been made.

A late fee of \$10.00 per 5 minutes will be charge for parents picking up their children after 6 p.m. This will be added to the fees and will be payable at the time of paying normal school fees. The parent/guardian will be informed of the policy in the first instance and the fee will be applied to subsequent incidences of lateness.

## **1.8 CHILDCARE BENEFIT - (CCB) and CHILDCARE REBATE – (CCR)**

Childcare Benefit (CCB) is a payment made by the Australian Government to families to assist with the cost of childcare. In addition to CCB families are eligible to claim Childcare Rebate (CCR) which is a further entitlement of up to 50% rebate for their out of pocket childcare fees expenses.

All families are encouraged to contact the Family Assistance Office, located at Human Services Customer Service Centres and Medicare Australia shop fronts or by using [online services](#) to obtain a Customer Reference Number (CRN) prior to using childcare. The FAO will process your claim and send you a letter with your CRN. Please provide us with all your CRNs - both parents and those of each child being enrolled. All details must be exactly as you have provided to the FAO i.e. spelling of names dates of birth and same surnames. We submit this information to Department of Education Employment and Workplace Relations (DEEWR) who then link you, our Centre, Human Services and the Family Assistance Office.

### ***Make a claim for child care assistance***

The first step is to claim [Child Care Benefit](#) for approved care or registered care based on the type of care that you are using. Depending on your circumstances, you may be able to claim for JET Child Care Fee Assistance. We will process your claim and assess your eligibility.

You do not need to claim [Child Care Rebate](#) they will automatically assess your eligibility for the rebate once you have lodged a claim for Child Care Benefit for **approved** care. Even if your income is too high for Child Care Benefit, you may still be able to get Child Care Rebate. Child Care Rebate is not paid for registered care.

If you are unsure what type of child care you use, information on this page may help or you can check with your child care service.

**NOTE: Applications assessed by Human Services to determine your entitlements can only be back dated 28 days – please contact Human Services promptly.**

To apply to the Human Services for CCB and CCR parents can call Monday to Friday 8am and 8pm:

Telephone: 13 61 50

TTY 1800 810 586

Languages other than English: 13 12 02

Information regarding eligibility and what to do to claim CCB and CCR can be found at:

[www.humanservices.gov.au/](http://www.humanservices.gov.au/)

[www.mychild.gov.au/childcarerebate/default.aspx](http://www.mychild.gov.au/childcarerebate/default.aspx)

<http://docs.education.gov.au/node/29700>

Child Care Services Handbook 2012-2013 Section 9 – Reporting Enrolment Information

– Sourced Updated June 2014

## 1.9 ABSENCE FROM THE CENTRE

If your child is going to be absent, please notify us as early as possible. Fees are paid for all absences. Childcare Benefit is available for up to 42 “allowable absences” per financial year for each child across all approved long day care centres. Allowable absences per financial year. They are 12 public holidays and 30 days without the need to provide documentation such as medical certificates, (as for family’s own holidays).

For further information download the CCMS Childcare Service Handbook 2012-2013:

<http://docs.education.gov.au/node/29700>

Child Care Services Handbook 2012-2013 Section 4 – Operating a Service

Sourced November 2013. Updated June 2014

## 1.10 ONSELLING BOOKED CARE

This is an internal system put in place to assist families wanting to temporarily sell unwanted or buy additional days of care. The system aims to save parents money and to allow flexibility in buying extra care on an as needs basis. Management of the system is time consuming and requires constant attention by office staff. Please be clear about your needs as it adds to our workload and increases the potential for error when families continually change their arrangements.

Conditions for using the system are as follows:

1. Families may offer days of booked care, which they do not require, to be purchased by other families at the Centre.
2. Offering a booked day of care for sale is no guarantee that it will be sold. You are still liable to pay normal for the day until it is sold.
3. Days will be on-sold in the order in which the office is notified of their availability. E.g. first listed, first sold for any given day. Full day will be sold for full days unless by agreement with the seller to sell a morning or afternoon session of a full day.
4. Families may list requests for days of additional care. The office will notify you if the day becomes available to purchase.
5. Once you have agreed to purchase or sell a day of care you will be contacted in person and then by email to confirm you have officially purchased or sold the care. Once this is completed you are liable to pay for that care. If your purchase has been finalized and you then no longer require the care, you may on-sell your purchased day again.
6. Days will not be held or reserved.
7. If you do not use a purchased day of care (e.g. the day is no longer needed or your child is absent due to being unwell) you will still be charged the full cost of the day unless it is re-sold at your request.
8. Days of care may be listed for sale well in advance and on short notice on the day of booked

care. The more notice given the more likely it is that the day will be sold.

9. Families requiring care are able put in requests well in advance and on short notice on the morning of the day required.

10. Maximum numbers of children apply, even if the overall number has not been reached. This may mean that an available day can not be sold. For example a family wishing to purchase a day of care on a 4 year old Kinder day, the room may not be able to purchase an available day if the it's a 4 year old Kinder day.

11. We do not resell booked days during SCHOOL HOLIDAYS!

## 2 KINDERGARTEN PROGRAMME

Our programme is based on our centre's Neo-Humanistic Educational Philosophy and teacher's personal philosophies and values. In our written curriculum we explain the framework from which we work and the broad goals we have developed. Staffs make daily observations of the children that provide the foundation for the weekly planned experiences (i.e. group's and individual's current interests).

The specific objectives are designed to meet children's current needs for development or extension. Sometimes the children might work on one specific objective for 4 weeks, depending on their development and/or maturation.

We aim for the programme to be realistic, attainable and address the development of knowledge, understanding processes, skills, dispositions and attitudes. Our programme has a strong emphasis on teaching children Yoga, Meditation, Music, Arts and Dance.

Our programme includes respect and support for cultural diversity and encourages positive relationships with families.

Naturally it is important to encourage a feeling of happiness about coming to a new environment. Explain to your child that the teachers are kind and caring and that there will be lots of interesting things to do. Your child will feel more secure and contented if you also feel good about them attending.

**When you arrive**, feel welcome to spend some time with your child in free play, doing puzzles or reading him or her story. Leaving your child for the first time can sometimes be difficult. When you are ready to leave, tell them you are going, that you will return soon and that you love them. We have found through experience that long extended good-byes make it harder for the child. It is quite natural that there will be a few tears on the first day. The teachers will do their utmost to comfort your child. If your child remains unduly distressed, you will be contacted. Please feel free to talk to the teachers if you have any concerns.

### 2.1 CHILD'S ARRIVAL

Please **sign the attendance book** and acknowledge Educators when you drop off and pick up your child so they can keep track of your child's whereabouts. If you have other children accompanying you at these times please keep them close to you, as staff cannot supervise these children as well as the kindergarten children.

The Kindergarten Program includes **Morning Circle** with stories, songs and games, a choice of individual and group activities, morning snack and outside time (weather permitting). For your child to fully enjoy this program and for the smooth running of the program, please make every

effort to arrive before 9:00 am where possible for a 9.15. If you are running late and morning circle has started, please move in quietly. If children circle is meditating please wait outside till it is finished. Etc.

At this time, it is recommended that the parent leaves the child promptly, as this does not prolong the

with the parent but rather have the opportunity to play with other children and attach to other adults. We generally find that once the parent has left, the child settles fairly quickly, however if this is not the case, we will call you and have you collect your child. Educators recommend that for the first 4 - 6 weeks new children have an early pick up.

TIME	ROUTINES
8.00	Free play indoors/outdoors. Families and Staff discuss any daily concerns
9.15 am	Morning Circle
9.30 – 10.30 am	Progressive morning tea, children to encourage to help themselves Children have kindergarten program indoors/outdoors
10.20 – 10.45 am (Leave)	Group time then educators and children prepare for walkabout/park adventures
12.30/45 – 1.00 pm	(Return from park) then Lunchtime
1.30 – 1.45 pm	Indoor/Outdoor play
1.30/45 - 3.00/15	Sleep/quiet time and relaxation for those who do not sleep
3.15 pm	Group time then afternoon tea
3.30 - 6.00 pm	Indoors/outdoors activities

## 2.2 DAILY ROUTINES (times approximate)

### 2.3 Walk about/Park adventures

Our walk about/park adventures is a part of our daily Kinder program, we go for walkabouts to our local parks & streets:

- Clauscen St -Park, (corner Clauscen & Nicholson St, Fitzroy North
- Holden Neighbour Hood Park – Holden St, Fitzroy North
- Park St - Park, Park St, Fitzroy North
- Merri Creek playground, Sumner Ave, Northcote
- Or a jog/walk explore around the block

While there we can play, i.e. do yoga, have morning tea, have running races, balls and other spontaneous activities suggested by children or staff.

We generally leave Sunrise between 10.30am-11am and come back between 12- 1/30pm, however on hotter days we leave straight after Morning Circle to beat the heat.

Our staff ratio for the walkabout is 2-3 staff for our 22 children, depending on the time of the day.

Walkabout Risk Assessment Plan has been completed, (copy of the Risk Assessment is available in the office; please ask office staff if you would like to see a copy).

The Staff bring a first aid kit, water bottles, snacks, emergency details & asthma kits with them as well as their mobile phone.

## **2.4 CHILD'S DEPARTURE:**

We do close at 6pm however we ask parents/carers to be at the Centre at **5.45pm**, come early enough to spend a short time with your child in the Centre before going home. This helps him/her to bridge the transition between kindergarten and home. Once again we remind parents to keep younger siblings close to them.

At the time of enrolment, you must list the names of the persons permitted to pick up your child at the Centre. Your child will only be released to those persons. If anyone other than those persons listed on the enrolment form or sign out form is to pick up your child, you must inform us in advance or on the day. That person will be required to provide identification if we have not met them before.

The authorized person nominated to collect your child, notify in case of emergency, consent to medical treatment is over 18 years of age.

## **2.5 WHAT YOUR CHILD NEEDS TO BRING**

Sunrise provides a Sunsmart hat. Leave a change of clothes in your child's bag. All items are to be clearly labelled. For cold weather bring warm clothing and winter hat, coat/jacket (for rainy days gum boots and raincoat, if possible).

## **2.6 EACH DAY PLEASE BRING:**

- ❑ One piece of fruits for morning and afternoon snacks: this will be divided and share amongst all the children.
- ❑ A nutritious vegetarian lunch (please **exclude** red and white meat, eggs, mushrooms, onion, garlic & **ALL NUTS** ) Please use minimum packaging and bring lunches in a insulated lunch box and left in pigeon hole. (Sunrise is a **NUT FREE ZONE**)
- ❑ Lunches can be warmed up, provided they are in a microwavable container clearly labelled, the staff will microwave your child's lunch (please provide cutlery). All lunches that require heating must be stored in the fridge!
- ❑ For afternoon snack, dry biscuits and crackers (rice/corn etc) and raw vegies e g carrots, cucumber.
- ❑ Change of clothes in your child's bag.

## **3. PARENT'S/GUARDIANS' RESPONSIBILITIES**

### **3.1 REMEMBER TO SIGN IN/OUT EACH DAY**

At the time of arriving each day, children must be placed into the care of a Educator and the Sign In/out must be signed including the expected pick up time and PRINT the person picking up.

When picking up children the Sign In/out must be signed again and the departure time recorded. Sign In/Out is located on top of children's pigeonholes.

Staff will only allow children to be collected by those persons nominated on the child's enrolment information sheet or by some other person officially nominated by the parent/guardian on that day (i.e. notified to staff in person, Sign In/out or by phone). That person should also provide identification to staff if necessary.

### **3.2 PUNCTUALITY**

To ensure that the kindergarten runs smoothly parents are asked to drop off their children by 9.00am or before hand, morning circle commences at 9.15 and is an important start to the day for your child and our group.

### **3.3 TOILETING**

Children enrolled must be toilet trained. We do not have nappy changing facilities as per current Health Regulation. To encourage your child to practice self-help skills, dress her/him in clothing and footwear that s/he can easily manage.

### **3.4 EXCURSIONS and Regular WALKABOUTS**

As a part of our daily Learning Program we will be going out on walks & explore our local park lands and local area. We will from time to time arrange excursions travelling on a bus/tram/walk.

Upon enrolment you will be given forms to fill in for the regular Walkabouts to our local parks.

**Regular outing:** (In relation to education and care services) means a walk, drive or trip to/from a location that the service visits regularly as part of its educational program, and where the circumstances covered by the risk assessment are the same on each trip. If the excursion is a regular outing, an authorisation from parents/guardians is only required to be obtained once every 12 months. A new authorisation is required if there is any change to the circumstances of the regular walkabout outing.

While there we can play, i.e. do yoga, have morning tea, have running races, balls and other spontaneous activities suggested by children or staff.

We generally leave Sunrise between 10.30am-11am and come back between 12- 1pm, however on hotter days we leave straight after Morning Circle to beat the heat.

Our staff ratio for the regular walkabouts is 2-3 staff for our 22 children, depending on the time of the day.

Walkabout Risk Assessment Plan has been completed, (copy of the Risk Assessment is available in the office; please ask office staff if you would like to see a copy)

The Staff bring a first aid kit, water bottles, snacks, emergency details & asthma kits with them as well as their mobile phone.

**Excursions:** For all other excursions you will be given notice 3 weeks prior to the excursion and the Parent/Carer consent form must be signed and returned to us. Parent/grandparents/carers

are most welcome to attend to assist with supervision, 3:1 ratio child: adult is required to attend excursions.

Parents/guardians will be notified and asked for their written permission to include their child on excursions. Parents are welcomed and encouraged to attend with the children and are occasionally asked to provide additional assistance or transport when needed. Excursion costs are not incorporated within fees and are an additional expense. See Sunrise Policy 'Excursions an Service Events Policy' - Mandatory – Quality Area 2 for further information.

Legislation and standards

Relevant legislation and standards include but are not limited to:

- *Education and Care Services National Law Act 2010*
- *Education and Care Services National Regulations 2011*: Regulations 98, 99, 100, 101, 102, 123, 355, 357, 360
- *National Quality Standard, Quality Area 1: Educational Program and Practice*
  - Standard 1.1: An approved learning framework informs the development of a curriculum that enhances each child's learning and development
    - Element 1.1.3: The program, including routines, is organised in ways that maximise opportunities for each child's learning
    - Element 1.1.5: Every child is supported to participate in the program
- *National Quality Standard, Quality Area 2: Children's Health and Safety*
  - Standard 2.3: Each child is protected
    - Element 2.3.1: Children are adequately supervised at all times
    - Element 2.3.2: Every reasonable precaution is taken to protect children from harm and any hazard likely to cause injury.

The most current amendments to listed legislation can be found at:

- Victorian Legislation – Victorian Law Today: <http://www.legislation.vic.gov.au/>
- Commonwealth Legislation – ComLaw: <http://www.comlaw.gov.au/>

### 3.5 COMMUNICATION WITH PARENTS

We endeavour to maintain a policy of open communication between staff and parents regarding the children, centre activities and events and Centre policies.

Every year a **Parents meeting** is held to explain our policies and procedures, the principles of our Kindergarten Program and share ideas and suggestions. Also Sunrise parents Committee is formed to create events for socialising and fundraising. Be involved; it's fun!

The Educators work hard to maintain a flow diary located inside the class room, please take the time to go through at the end of the day or from your child's previous day. You are welcome to add a comment or include an interest or communicate something you would like your child or Educators to know.

New announcements for the kindergarten, eg fund raising initiatives are placed on the notice board near the entrance above sign-in book. Please check this regularly.

**A mail pocket** for each child or guardian is placed near the entry where all communications can be made available eg weekly newsletter, fee slips, meetings, notifications & birthday invitations. Please check this regularly and clear for important messages. To minimize paper usage some messages are sent by e-mail.

Our newsletter "Reflections" of the kindergarten programme is emailed to parents. This is an invaluable source of information on what is currently happening in the kindergarten program, upcoming events and sharing of anecdotes on the children's experiences throughout their day.

Child's learning story outlines your child's developmental progress and will be made available to your child to keep at the end of your time at Sunrise. You are welcome to go through your own child's at anytime. We ask you to respect and only read your own child-learning story.

**Appointments** can be made for more in-depth discussions about your child. The kindergarten teacher keeps a detailed record of each child's development through daily observations. You are welcome to look over these records. However, you must schedule a convenient time with our teacher. Our policy is, is possible, to have two staff members present at our opening hours.

**Informal exchanges between parents and staff** are welcome, however if a lengthy discussion is required we ask that you make an appointment so we do not disrupt the kindergarten program for that day.

## 4. YOUR CHILD'S HEALTH

You must keep your child home if he or she is unwell, especially with vomiting, diarrhoea or fever, until they have recovered. If your child develops a skin rash or unusual sore, you must consult with your doctor to determine whether it is contagious or not before bringing your child to the Centre.

When there is an outbreak of a contagious illness parents will be notified on our notice board.

A child with a fever of more than 38 C should be kept at home as this indicates that the child is unwell. It is advised that the child should have a normal temperature for 24 hours and his/her activity level should have returned to normal before returning to the centre. **Please notify us before 9 a.m. if your child will be absent due to illness or absent for the day.**

If your child becomes sick while at the centre, we will contact you or the person designated by you as an emergency contact and asks that the child be picked up within half an hour. This is for the welfare of your own child and that of the others attending the Kindergarten. You will be shown a illness report form and ask to sign.

If your child receives a minor injury at the centre, the teachers concerned will write an incident report. You will be shown the report at home time and asked to sign. The report details the event and the action taken after the injury.

Any major injury requiring medical attention will be immediately reported to you. If you are not available, those on your emergency list will be contacted. If no one can be contacted, we will contact a doctor or ambulance officer.

### 4.1 ANAPHYLAXIS

See Appendix III

### 4.2 DENTAL CARE

The centre encourages parents to pack healthy and nutritious food for their child's lunch.

The staffs discuss with children about healthy foods and the effect sugar food has on dental health and the importance of mouth hygiene.

We encourage the children to “Sip, Swivel and Spit” with water after meals to ensure mouth hygiene.

The centre invites regularly dental health care professionals to visit and discuss dental care with children.

### **4.3 USE AND STORAGE OF DANGEROUS PRODUCTS**

Sunrise follows Victorian Work cover Authority recommendations regarding storage and use of dangerous products kept in the centre e.g. tools, chemicals and medicines. (**See Policy Handbook**). We recommend that parents adhere to safety storage of dangerous products at home.

### **4.4 MEDICATION POLICY & PROCEDURE**

Parents and staff have important responsibilities to meet in administering medication to children. In addition to recording daily medication requirements, it is a parent’s responsibility to verbally inform staff on arrival that their child requires medication during the day. Parents must be aware that staff will adhere to the following:

⇒ Non-prescription medication will only be administered according to the dosage direction on the label of the bottle or package, which must be clearly labeled and fill in a Medical Management Plan.

⇒ Prescribed medication will only be given if the label has the child’s name printed on it, and staff will only administer the dosage prescribed on the label.

⇒ The Centre staff will not administer the first dose of any medication to a child in case the child has an allergic reaction.

⇒ Medication that is out of date cannot be administered.

#### **PROCEDURE**

##### **Staff Responsibilities**

Staff on early shift must ensure all messages relating to children’s medication are passed onto the appropriate staff members.

Staff must ensure all medication is stored in the locked medication cabinet in each room or the refrigerator in the kitchen (a non-child area) if required.

Before administering any medication staff need to check with other staff members whether the medication has been administered.

Two staff members need to check that the medication to be administered corresponds with the information recorded in the medication book i.e. the child’s name, the date and name of the medication, the dose to be given, and the time to be administered.

Once the medication has been administered both staff members need to complete and sign the appropriate section of the medication book.

Staff must remind parents to collect their child’s medication at the end of the day.

##### **Parent Responsibilities**

Staff are to guide parents in meeting the following requirements:

⇒ On arrival parents must hand any medication to the staff member on duty, and explain what the medication is, the dose and time it is to be administered.

⇒ Parent must inform staff if their child had any medication before coming to the Centre.

⇒ Parent must complete the relevant sections of the medication book, stating the child's name, the date and name of the medication, the dose and time the medication is to be administered. Parent must sign this entry.

⇒ Parent to complete a separate line for each medication or dose that is to be administered during the day.

⇒ If medication is written in "as required" parent must include a descriptive reason as to the circumstances under which medication should be administered.

It is parents responsibility to collect their child's medication at the end of the day, and to ensure that they are taking the correct medication home.

Reviewed November 2013

#### **4.5 IMMUNIZATION POLICY & PROCEDURE**

From 1 January 2016, immunisation requirements for Family Tax Benefit (FTB) Part A end of year supplement, Child Care Benefit (CCB), and Child Care Rebate (CCR) will be extended to include children of all ages up to, and including, 19 years of age.

The Australian Childhood Immunisation Register will be expanded to capture and report on children's immunisation status for payments up to, and including, 19 years of age. Children not up-to-date with their childhood immunisations will need to follow a catch-up schedule.

'Conscientious objections' will be re-termed 'vaccination objections' and will no longer be a valid exemption category. Child care assistance and the FTB Part A supplement will not be paid to customers who fail to comply with immunisation requirements, or who do not have a valid exemption.

For more information visit the Department of Social Services website.

When an infectious disease is present or suspected at the Centre or at home and a child or staff member has not been immunized against this disease as per the National Immunization Program Schedule then children or staff that have not been immunized will need to be excluded temporarily from the Centre.

#### **PROCEDURE**

⇒ On enrolment parents are required to complete their child's immunization record and provide copy of the immunization certificate, copy of maternal health records as part of the Enrolment forms. It is parents' responsibility to inform the Centre of their child's immunization status. No Immunization no enrolments

⇒ On commencement of employment staff are given information from the Department of Health about immunization for people who work with children.

⇒ Staff are responsible to keep their immunization status up-to-date.

⇒ It is parents' responsibility to make sure that their child's immunization records are kept up-to-date and parents will be formally requested to update records in writing annually.

⇒ It is the Centre's responsibility to inform parents and staff on matters relating to immunization.

⇒ It is the Co-ordinator's responsibility to inform staff and parents of children who are not immunized of any reported cases of childhood diseases at the Centre. Children and staff who are not immunized will be excluded from the Centre in accordance with the Department of Health and Ageing Immunize Program guidelines.

⇒ Please refer to Public Health and Wellbeing Regulations 2009 for the "Minimum Period of Exclusion from Primary Schools and Children's Services Centre's for Infectious Diseases Cases and Contacts" Schedule for cases of, and contact with infectious diseases, for the required exclusion period.

⇒ Please refer to the attached Victorian Department of Health Immunize Program for details of immunization requirements.

⇒ Further information about immunization is available from the Health Department of the Yarra City Council (ph 03 90255555) and at the following websites or via the office staff. Sourced November 2013

[www.yarracity.vic.gov.au](http://www.yarracity.vic.gov.au) go to Health + Safety® Immunization

[http://www.nhmrc.gov.au/\\_files\\_nhmrc/publications/attachments/ch43.pdf](http://www.nhmrc.gov.au/_files_nhmrc/publications/attachments/ch43.pdf)

[www.immunise.health.gov.au](http://www.immunise.health.gov.au)

#### **4.6 ACCIDENT OR INJURY OR ILLNESS**

If an accident or injury occurs, or the child becomes ill, the incident will be recorded in the accident/injury/illness form. If the staff is concerned about the well being of the child, the child's parents will be notified.

##### **PROCEDURE**

The senior staff member directly responsible for the child will assess the situation and discuss the child's injury with the Co-ordinator.

Staff will carry out any basic first aid procedures and continue to monitor the child's general condition.

If the staff have heightened concerns about the child, they will contact the child's parents and outline the nature of the injury and any treatment that has been given. A decision regarding further action will be made in consultation with the parents.

Staff have a legal obligation to record all information in the accident book.

If your child has an accident, injured or becomes ill, this will be recorded on the s record in your child's form. Parents have an obligation to sign all accident reports as per the Educations & Care Services National Regulations 2012.

## 4.7 CHILD PROTECTION

Sunrise follows the Protocol between Child Protection and Children's Services (DHS 2004) regarding any observations of any possible abuse or neglect. (See Sunrise Parent Handbook).

## 4.8 HEAD LICE AND NITS POLICY

Sunrise recommends parents to take immediate steps if they find head lice and/or nits in their children's hair. At enrolment parents are requested to give permission for staff to check child's hair. Staff should do that after explaining to the child the reason and wear disposable gloves.

If it is evident that there are lice/nits, the parents will be notified by phone and the child has to be picked up.

Children with head lice/nits are required under the Health (Infectious Diseases) and Our Policy to exclude the child from Sunrise Preschool care until 24 hours after treatment.

**Recommendation is to wait 24hrs once treated before returning to Sunrise and no nits or lice in hair. If we detect them you will need to bring child home & repeat process.**

## 4.9 SUN & CLOTHING POLICY & PROCEDURE

All children and staff at the Centre need to dress in a way that ensures protection from the elements during outdoor time. A "No adequate dress = No outdoor play/work" policy applies all months of the year. The SunSmart policy applies whenever the UV Index levels reach 3 and above. In Victoria this generally applies from 1st September through to 30th April. Family and visitors are requested to follow the procedures of this policy when attending the Centre.

Procedure

- ⇒ The UV exposure index is displayed each day on the office room notice board
- ⇒ All children and staff are to wear appropriate clothing and hats while outdoors. Sun protective clothing is essential from: **1st September till end of April** as UV radiation levels are strongest at this time of year. During other months of the year staff are expected to use good judgment in assessing the situation on a daily basis and consider safe UV exposure.
- ⇒ The Centre will ensure there is an adequate supply of hats for every child and staff member. These hats will be selected as per the specifications of the current Sunsmart protective hats criteria.
- ⇒ The Centre shall maintain sufficient shaded areas in the outdoor playground.
- ⇒ Children will be encouraged to play in shaded areas of the playground.
- ⇒ When setting up the playground during the summer months, staff will ensure that equipment and play experiences are set up in shaded areas.
- ⇒ The Centre shall provide SPF 30+, broad spectrum, water resistant sunscreen, for both children and staff. Children will be encouraged to apply their own sunscreen with staff supervision and the use of a full length mirror. Parents may wish to supply an alternative sunscreen if their child is sensitive to the one provided by the Centre.
- ⇒ Following the written parental consent/instructions on the child's enrolment form staff will apply sunscreen to children 20 to 30 minutes before going outside which will be re-applied every 2 or 4 hours (dependant on the sunscreen used) when children are outdoors.
- ⇒ With written parental consent on the child's enrolment form, children with naturally very dark skin (skin that rarely burns) are not required to wear sunscreen.

- ⇒ Outdoor play during peak daily UV radiation times (10am – 3pm EST and 11am – 4pm DEST) will be minimized .
  - ⇒ Learning about skin, healthy UV exposure and ways to protect skin from the sun will be incorporated into the children’s program. The importance of wearing hats, appropriate clothing and sunscreen and the “No adequate dress = No outdoor play/work” policy will be discussed with children.
  - ⇒ Staff will act as role models by wearing hats and applying sunscreen to themselves.
  - ⇒ The Centre will provide parents with information relating to sun protection, via the newsletter, notice board displays, and the Parent Resource Library.
  - ⇒ Parents are asked to dress children in loose fitting clothing that protects as much of children’s skin as possible. Shirts/T-shirts that cover the shoulders have collars and sleeves that are at least elbow length and longer style shorts and skirts are most suitable for sun protection. Recommend sunglasses that are close fitting, cover as much of the eye as possible and meet Australian standards 1067 (Sunglasses – Category 2, 3 or 4) are recommended – staff must put a name tag on these. Baseball caps are not accepted as adequate protection against the sun.
  - ⇒ Staff and children will need to bring coats (or an extra layer of clothing), boots, and hats/beaniw to wear outside during the winter months.
  - ⇒ An outdoor curfew will be set during both the winter and summer months. This time will be continually assessed and changed by team leaders’ and determined by the changing weather conditions.
- Reviewed November 2013 Sourced: [www.sunsmart.com.au](http://www.sunsmart.com.au)→ protecting others, in early childhood services.

## **5. PARENT INFORMATION**

### **5.1 NUTRITION VEGETARIAN PHILOSOPHY & POLICY**

Recognising the effect of diet on mind and behaviour as well as on the growth of the body, we encourage only healthy vegetarian foods at school. Please do not bring in red or white meat, nuts, egg, mushroom, garlic, onion, sweets or dyed drinks.

- ⇒ Enjoy their meals and snacks, and the positive socialization associated with these routines
- ⇒ Experience healthy eating and the benefits of making good food choices
- ⇒ Learn the connection between nutrition and health, including drinking adequate quantities of fresh water
- ⇒ Experience meals from a broad range of cultures
- ⇒ Develop a positive relationship with and understand the value of food
- ⇒ Learn the role hygiene has at mealtimes.

### **STRATEGIES**

To achieve these goals the staff at this Centre will implement the following:

- ⇒ Give children the message that all food provided at the Centre has equal value and will not be used as a reward, bribe or reprimand.
- ⇒ Support parents wishing to breastfeed their children while in childcare.
- ⇒ Present food in an appealing way offering a range of colors, textures, flavors and diversity that gives children a variety of choice, and is age/stage appropriate.
- ⇒ Recognize and respect the factors that influence children’s food choices and values e.g. religious beliefs, past experiences, cultural differences etc.
- ⇒ Cater for children with specific dietary requirements.

- ⇒ Create opportunities for children to participate in food preparation, and encourage the value of food as a social activity.
- ⇒ Staff will model and encourage children to try different foods, develop an understanding of appropriate serving sizes and the implications of waste.
- ⇒ Consistently emphasize to children the need and reasons for hygiene, dental practice and care by encouraging them to:
  - \_ wash their hands before and after eating
  - \_ eat food from their own lunch box rather than from other peoples' lunch box
  - \_ throw away food that has been on the floor,
  - \_ finish each meal with a piece of fruit,

Sunrise strives to be a rubbish-free Centre. We request parents to use none/less wrappings when packing children's lunches.

## **5.2 BIRTHDAYS**

Birthdays are special as they help each child to realise the rhythm of the year as well as being an occasion for the child to feel especially sociable and joyful. When it is your child's birthday, we welcome a cake or a treat such as biscuits or a slice (preferably a healthy type). Hand all food directly to a staff member- remember children who have been diagnosed as at risk of anaphylaxis are enrolled at this centre. Please give staff a list of ingredients in your child's cake – (Exclude eggs and nuts). We especially request 'healthy' as possible! We ask that lollies and other "sweet treats' are kept for the home party and not bought into the Centre.

A further note on birthday; Birthdays are special days and staff like to celebrate with the children at the Centre. Often children invite staff to their "home" party. Generally staffs choose not to attend as it creates a ripple effect and all children want to staff to come to their home party. Children find it difficult to understand, we ask you to explain to your child that they have their birthday party at the Centre with their friends and teacher and the home party is for family & friends.

## **5.3 CLOTHES**

Play clothes are the most appropriate to wear at Kindergarten. That is, clothes in which your child can play safely without the worry of becoming dirty or ruffled. We encourage practical neatness in the choice of clothing. Your child should also have proper clothing for the weather conditions. This includes warm clothing in winter including a jacket to put on for outdoor play and a Sunrise will provide your child with a Sunsmart hat. Please see Sunsmart section for further information.

Shoes should also be comfortable and practical. There are many times during the day when children may or may not need their shoes. We advise shoes that are easy to remove and put back on.

## **5.4 TOYS FROM HOME**

We allow cuddly, soft animal toys/special blanket to be brought from home for rest time. Please leave other toys at home.

## **5.5 YOUR CHILD'S WORK**

Your child's work/art/creations are kept in his or her pigeonhole. Please collect it and take it home to see how and what your child is doing. We will keep some samples of your child's work for the Learning Story, which parents will be able to view on request. The Learning Story will be released to take home when your child leaves Sunrise.

## **5.6 REST TIME & SLEEPING**

All children are encouraged to rest after lunch each day, children rest time will vary according to needs. Whilst sleeping is not necessary, resting the mind and body with some quiet private time is, for example sitting quietly on a mat with a book. Staff will often give older children the option to use this time to make listen to story/read book and relaxation music. Please talk with staff about the level of rest/sleep you want your child to have throughout the day.

Further information about safe sleeping can be found at:

<http://www.sidsandkidsvic.org/>

<http://www.kidsafevic.com.au/>

<http://www.productsafety.gov.au/content/index.phtml/itemId/975000>

Sourced November 2013

## **6. WHEN YOU HAVE A COMPLAINT**

All complaints and concerns will be acknowledged and discussed first in a meeting with parent or guardian and the Director. The minutes and or documents of these meetings will be brought forward to the Management Committee Meeting. The action to the complaints and concerns will be decided in the Management Committee Meeting. This process should be prompt i.e. done at the earliest convenience. The parents can also report any complaints to the responsible office of:-

Department of Education and Early Childhood Development (DEECD)

Regional Office Children's Services Advise

145 Smith Street

Fitzroy 3065

Phone: 94122729

email: [nmr.qar@edumail.vic.gov.au](mailto:nmr.qar@edumail.vic.gov.au)

## **7. BEHAVIOUR GUIDANCE**

Our behaviour guidance policy at Sunrise Pre-school is based on the idea that all situations are learning experiences for the child. Thus behaviour guidance is all the things staff members do and say to help children learn and demonstrate acceptable behaviour. The aim is for children to improve guiding and controlling their own behaviour and to rely less on carers to guide them.

In Sunrise all staff understands the importance of creating and maintaining warm and caring relationship with all children. As with children's general learning, staff use their knowledge to help children to develop skills to guide their own behaviour. Staff supports children in learning to do the "right" thing and wanting to do it.

Behaviour guidance does not include any acts of punishment. Although the staff is required to show firmness at times, they are always respectful of the child.

The Centre also recognises that the children have the right to be safe and not to be disturbed by the other children in their activities and play.

A series of Classroom and Playground Rules have been made with the children. These are followed in the Centre and include:

- Be kind to plants.                      Inside toys – outside toys.
- Be kind to animals.                    Inside feet – outside feet.
- Be kind to everyone.                  Inside voice – outside voice
- Use your words.                        Everything has a home
- Use your ears.                         Everyone is safe here

**See a complete copy of the Centre's Behaviour Guidance/Positive Behaviour Management Policy in the Policy Hand Book !!!**

## **8. WAYS IN WHICH PARENTS CAN HELP**

The Educators maintain a daily journal, which is displayed in the classroom, you most welcome to go through the journal and what has been happening at Sunrise. Please feel free to go through and discuss with staff, it will let you know where/how ideas have emerged from and where to from here? The journal is filled out daily and you can go through it at anytime.

A **suggestion box** is placed at the entry, where you can write suggestions or agenda items for **Parents' Committee meetings** or the program. Minutes from the meetings will be sent out via email.

Please feel free to share with the kindergarten group any of **your talents and interests**, eg, cooking, gardening, music and dance, crafts, feeding/bathing a new baby, sport, and language other than English.

Throughout the year there are a small number of initiatives that raise money for the kindergarten. **Fund-raising events** will be held periodically to raise money for specific items that will benefit the children. Planning and carrying out these events is possible only by our collective effort and we encourage your participation.

The centre holds 1-2 **working bees** each year and participation from all families is encouraged as together we can make our centre truly great. Any person who is handy and willing to help out on a needs basis for maintenance would be greatly appreciated.

At the beginning of the year we will have a Parent information evening, Welcome picnic for all families and other information evenings, you are encouraged to attend.

## **10. CONCLUSION**

Parents are welcome to drop in at any time to check on their child. If the teachers observe your child having any problems or difficulty, the Director will inform you. You may be asked to come in for a meeting with the Director and the Teacher to discuss the matter. It is best for the child when the kindergarten and parents work together in overcoming problems.

The Director and Teachers are always happy to discuss any issues but for the mutual convenience, please arrange a specific time to meet.

We value your comments and suggestions.

***We hope that your child's time here is a positive and enjoyable learning experience***

*Thank You, Enjoy and have fun!*

***Didi***

## APPENDIX I

### PHILOSOPHY OF SUNRISE

The educational philosophy of Sunrise Preschool recognises the importance of **learning respect and love for all**. It is called Neo-Humanism. Neo-Humanism expands the underlying spirit of humanism, which is love for fellow beings to encompass love of all the creation as well as a realisation of the interconnectedness of all aspects within it.

One of the goals of Sunrise Preschool is to develop this feeling of **interconnectedness** and to nurture a sentiment of love and respect for the environment and everything in it. This is accomplished through the application of the principles of Neo-Humanism in the classroom.

The elements of the program are carefully planned to encourage children to deepen their concern for the welfare of others and extend it to other living things such as plants and animals. In this way, they come to realise that all living beings are interrelated and that the welfare of others is inseparable from their own. Through the presentation of themes, the behaviour of staff and activities such as animal care and gardening, **ecological awareness** is developed and the children learn to care for and nourish their environment and its inhabitants.

This broadens the mental horizons of children promoting an outlook free from prejudice and narrowness. For this reason, **cultural respect** and appreciation are encouraged and planned within the program.

Another equally important goal is to develop the **full potential of each child** – physically, emotionally, socially, intellectually and spiritually. This is accomplished by providing a wide variety of developmentally appropriate childhood experiences throughout the day.

In short, we hope to infuse the children with a sentiment of respect so they will grow into individuals who care, for benefit the world in which they live.

We seek to create a **Neo-Humanistic environment** to mirror these ideas. The physical environment is aesthetically pleasant, attractive and uncluttered. A warm and homelike atmosphere is maintained. Learning materials are displayed for easy child access and plants and animals are an integral part of the learning experience. The environment includes adults modelling caring behaviour and exhibiting empathy towards people, plants, animals and non-living things. Adults and children respect and care for each other and the environment.

Staff model good relationships with each other and the management works to consolidate good relationships. Ideally, these principles are not only modelled by the teachers but form a part of their own attitudes towards life and learning.

Because we advocate a non-harming attitude towards all living creatures, the NH education supports **a sentient vegetarian diet**. Some mutative (containing restless, stimulated energy) foods stimulate the mind and body, tending to make one restless, while other static foods are not beneficial to the mind and may be harmful to the body. **A sentient diet excludes all meat and meat products, chicken, caffeinated beverages, excessive herbs and spices, eggs, fish, shell-fish, onions, garlic, mushroom and fungi, alcohol, tobacco, fermented, stale or spoiled food.**

## THE BASIC PRINCIPLES OF NEO-HUMANISTIC EDUCATION

### 1. *To awaken a thirst for knowledge in the child which becomes the child's own motivation to self-actualise*

We trust, believe in and respect children. This belief and trust is based on the premise that each child has an innate desire to learn and develop themselves. We strive to awaken the thirst for knowledge that is already inside them. This recognises that a wealth of potential lies in every child and that it is a basic desire in everyone to strive for something great.

Neo-Humanistic Education facilitates the development of the human personality: physical, cognitive, creative, communication skills, spiritual well-being, emotional expression and social skills (an appropriate way of interacting with the environment based on respect). Each child develops at their own pace and our education system aims to meet their individual needs.

## **2. *An Ethically-based Education***

Ethics or pro-social development is the essence of the child's moral development. Values form the basis of a balanced individual and a harmonious and well-integrated society. Neo-Humanism has ten ethical concepts that are encouraged and modelled. They are:

- non-harming
- truthfulness
- non-stealing
- universal love
- simple living
- clean and clear
- happy hearted
- helpful hands
- inspirational study
- meditation and self-improvement.

Children should see teachers set an example by modelling these concepts in their own interactions. Making an effort towards following these guidelines themselves, teachers will reaffirm that most learning occurs through trial and error. They adopt the attitude that mistakes (even their own) are learning experiences for the children.

## **3. *Awakening of Spiritual Awareness***

The entire learning process of Neo-Humanistic Education is rooted in the conviction that the universe is an integrated whole. This idea fosters a deep sense of connection to self and others. It causes a shift in viewpoint from a mechanistic and materialistic one to one of wholeness and interdependence. Spiritual appreciation means a commitment to care for all creation and to encourage the innate desire to learn "Who am I?" and "What is my destiny?"

## **4. *Integrated Approach to Learning***

Instead of compartmentalising knowledge into isolated academic disciplines, Neo-Humanistic Education encourages a multi-disciplinary exploration. It is focused on the process and not on an end-product. Education is the living experience of the world as a dynamic and interrelated whole. Early childhood education includes a child-directed approach and child-directed play, and in later years, self-chosen projects to stimulate a joy for learning. Collaborative learning takes place when the children learn to work and solve problems together during the learning process. They work together in small groups and free conversation occurs throughout the co-operative learning time.

## **5. *Cultivation of Aesthetics in All Disciplines***

In Neo-Humanistic Education, aesthetic appreciation and experience suffuse all aspects of learning. The curriculum includes organised exploration to develop the creative imagination. The subtle expression of beauty in music, art, literature, environment and other areas uplifts human life and nurtures a greater awareness.

Aesthetic appreciation also refers to the way things are done. There should be some order and system in the activities, in the way the children do them and in the classroom itself.

## **6. *Local and Multi-cultural Recognition and Inclusion***

Neo-Humanism recognises the importance of culture in forming a person's self-image and esteem. It emphasises the teaching of local languages and traditions and acknowledges the beauty and importance of all cultures. Every student in the class should feel that their culture is appreciated and valued. Children learn to appreciate and embrace cultural similarities and diversities. Collectively, they move towards a global future of harmony and peace.

## **7. *A New Environmental Consciousness***

Environmental education imparts the skills and values necessary for responsible stewardship of our planetary resources. It also helps children develop an intimate, living relationship with the web of life around them. Children are born with both the potential for analytical thought and for synthesised, cyclical thinking. Neo-Humanistic Education cultivates especially the development of the latter. Children learn how to build a sustainable society for the future.

## **8. *Exemplary Role of the Educator***

The role of the educator is of paramount importance. Example is one of the most effective methods of teaching. Therefore, teachers should strive to embody the noblest qualities of humanity in their day to day conduct. They also require a sound knowledge of child development and psychology. Teachers must also be good observers. Through observation, they will gain an understanding of each child's progress and development. Observation also enables the teacher to know what activities and programs are successful with the children and which are not. With this understanding, they plan, carry out and assess their work. Teachers provide a proper learning environment by arranging materials and experiences to provide maximum opportunities for the children to interact and learn. They create a safe environment that is, at the same time, conducive to originality and risk-taking. Teaching should be an empowerment process for the children and the road to greater and greater independence, self-motivation, problem solving and team working.

Additionally, the teacher helps bridge the gaps between families, the school and the community.

## **9. *Spirit of Service***

Neo-Humanistic Education does not view education as a passport to prestige and privilege but a responsibility to serve others. Art, science and knowledge are dedicated to service and welfare for all. The spirit of helping others is encouraged in children from their earliest years.

## **10. *Expanded Social Consciousness and Sense of Justice***

Neo-Humanistic Education encourages active participation in positive social change. Children need to develop a social consciousness and sense of justice. By developing rationality and heightened awareness they can discern exploitative strategies and counteract divisive sentiments which cause suffering to all beings. They are motivated towards a more just and progressive society.

## **YOGA AND MEDITATION IN THE PROGRAM**

In Sunrise, children attend a guided yoga session daily. The class contains activities to warm up, lively stories into which yoga postures and movements are incorporated, calm visualisations and relaxation. Yoga and meditation aids in many areas of development: coordination and balance, concentrated thinking and memory, self-esteem and self-awareness, ethical values and empathy. During the Morning Circle session, children, carers and parents share songs, rhymes and stories, and chant and meditate together. Important events and seasons of nature are discussed. All this

is done to enhance a feeling of belonging to a community, which embraces and appreciates cultural, religious and social differences.

## CODE OF CONDUCT

It is expected that all adults entering the Centre will, whilst in any part of the Centre environment, conduct themselves in a manner that meets the code of conduct. In modeling this behavior all adults will actively encourage children to conduct themselves in the same manner.

The Code The Code of Conduct requires that all who enter the Centre including its surrounding environment will:

- ⇒ Behave honestly and with integrity
- ⇒ Act with care and diligence and in a manner that ensures a safe and secure environment
- ⇒ Treat everyone with respect and courtesy and without harassment
- ⇒ Comply with Australian laws
- ⇒ Comply with any lawful and reasonable direction given by someone in the Centre who has authority to give direction
- ⇒ Maintain appropriate confidentiality
- ⇒ Disclose, and take reasonable steps to avoid, any conflict of interest (real or apparent) in connection with their position in the Centre
- ⇒ Use the Centre's resources, equipment, property, and assets in a proper manner
- ⇒ Not provide false or misleading information in response to a request for information that is made for official purposes in connection with the Centre
- ⇒ Not make improper use of information in order to gain or seek to gain benefit or advantage.

Where it is alleged a person has contravened the Code a "Contravention of Code of Conduct" report shall be completed. The report will be referred to the Chairperson of the Board. Unless the report is considered to be frivolous or vexatious the Chairperson will:

- ⇒ Investigate it
- ⇒ Authorize another person/appropriate agency to investigate it.

If it is determined a contravention is valid, notification in writing will be handed to the person responsible for the contravention/s. Where it is not possible to be personally delivered by hand the notification will be sent by certified mail. After two contraventions of the Code the Board of Management will make a decision that may result in the person contravening the Code being excluded from the Centre.

If the contravention is a serious threat to the welfare of other persons at the Centre the person responsible for the contravention would be immediately excluded from the Centre environment. A letter to formalise and clarify the rationale of the decision will be handed or sent by certified mail to:

the excluded person.

Sourced November 2013: [www.apsc.gov.au](http://www.apsc.gov.au) search Code of Conduct

Adapted and adopted by the Sunrise Management Committee in July 2014.

## **1. Policy statement**

### **Values**

Sunrise Preschool believes that the safety and wellbeing of children who are at risk of anaphylaxis is a whole-of-community responsibility.

### **The service is committed to:**

- Providing, as far as practicable, a safe and healthy environment in which children at risk of anaphylaxis can participate equally in all aspects of the children's educational programs and experiences
- Raising awareness about allergies and anaphylaxis amongst the centre community and children in attendance
- Actively involving the parents/guardians of each child at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for their child
- Ensuring each staff member and other relevant adults have adequate knowledge of allergies, anaphylaxis and emergency procedures and,
- Facilitating communication to ensure the safety and wellbeing of children at risk of anaphylaxis.

### **Purpose**

The aim of this policy is to:

- Minimise the risk of an anaphylactic reaction occurring while the child is in the care of the children's service
- Ensure that staff members respond appropriately to an anaphylactic reaction by initiating appropriate treatment, including competently administering an adrenaline auto-injection device and,
- Raise the service community's awareness of anaphylaxis and its management through education and policy implementation

## **2. Scope**

The *Children's Services Act 1996* requires proprietors of licensed children's services to have an anaphylaxis management policy in place. This policy will be required whether or not there is a child diagnosed at risk of anaphylaxis enrolled at the service. It will apply to children enrolled at the centre, their parents/guardians, staff and licensee as well as to other relevant members of the centre community, such as volunteers and visiting specialists. The Children's Services Regulations 2009 include the matters to be included in the policy, practices and procedures related to anaphylaxis management and staff training.

## **3. Background and legislation**

Anaphylaxis is a severe, life-threatening allergic reaction. Up to two per cent of the general population and up to five per cent (0-5years) of children are at risk. The most common causes in young children are eggs, peanuts, tree nuts, cow milk, sesame, bee or other insect stings and some medications.

Young children may not be able to express the symptoms of anaphylaxis. A reaction can develop within minutes of exposure to the allergen, but with planning and training, a reaction can be treated effectively by using an adrenaline auto-injection device. The licensee recognises the importance of all staff members responsible for the child/ren at risk of anaphylaxis undertaking training that includes preventative measures to minimise the risk of an anaphylactic reaction, recognition of the signs and symptoms of anaphylaxis and emergency treatment, including administration of an adrenaline auto-injection device.

Staff members and parents/guardians need to be made aware that it is not possible to achieve a

completely allergen-free environment in any service that is open to the general community. Staff members should not have a false sense of security that an allergen has been eliminated from the environment. Instead the licensee recognises the need to adopt a range of procedures and risk minimisation strategies to reduce the risk of a child having an anaphylactic reaction, including strategies to minimise the presence of the allergen in the service.

## **Legislation**

Children's Services Act 1996

Children's Services Regulations 2009

Health Act 1958

Health Records Act 2001

Occupational Health and Safety Act 2004

National Regulation 2010

## **4. Definitions**

**Agency/Casual staff:** Staff employed on a on-call basis.

**Allergen:** A substance that can cause an allergic reaction.

**Allergy:** An immune system response to something that the body has identified as an allergen. People genetically programmed to make an allergic response will make antibodies to particular allergens.

**Allergic reaction:** A reaction to an allergen. Common signs and symptoms include one or more of the following: hives, tingling feeling around the mouth, abdominal pain, vomiting and/or diarrhea, facial swelling, cough or wheeze, difficulty swallowing or breathing, loss of consciousness or collapse (child pale or floppy), or cessation of breathing.

**Anaphylaxis:** A severe, rapid and potentially fatal allergic reaction that involves the major body systems, particularly breathing or circulation systems.

**Anaphylaxis medical management action plan:** a medical management plan prepared and signed by a Registered Medical Practitioner providing the child's name and allergies, a photograph of the child and clear instructions on treating an anaphylactic episode. An example of this is the Australian Society of Clinical Immunology and Allergy (ASCI) Action Plan.

**Anaphylaxis management training:** accredited anaphylaxis management training that has been recognised by the Secretary of the Department of Education and Early Childhood Development and includes strategies for anaphylaxis management, recognition of allergic reactions, risk minimisation strategies, emergency treatment and practice using a trainer adrenaline auto-injection device.

**Adrenaline auto-injection device:** A device containing a single dose of adrenaline, delivered via a spring-activated needle, which is concealed until administered.

**EpiPen:** This is one form of an auto-injection device containing a single dose of adrenaline, delivered via a spring-activated needle, which is concealed until administered. Two strengths are available, an EpiPen® and an EpiPen Jr, and are prescribed according to the child's weight. The EpiPen Jr® is recommended for a child weighing 10-20kg. An EpiPen is recommended for use when a child is in excess of 20kg.

**Anapen.** Is another adrenaline auto injection device containing a single dose of adrenaline, recently introduced to the Australian market.

NB: The mechanism for delivery of the adrenaline in Anapen® is different to EpiPen.

**Adrenaline auto-injection device training:** training in the administration of adrenaline via an auto-injection device provided by allergy nurse educators or other qualified professionals such as doctors, first aid trainers, through accredited training or through the use of the self-paced trainer CD ROM and trainer auto-injection

device.

**Children at risk of anaphylaxis:** those children whose allergies have been medically diagnosed and who are at risk of anaphylaxis.

**Auto-injection device kit:** An insulated container, for example an insulated pouch containing a current adrenaline auto-injection device, a copy of the child's anaphylaxis medical management action plan, and telephone contact details for the child's parents/guardians, the doctor/medical service and the person to be notified in the event of a reaction if the parent/guardian cannot be contacted. If prescribed an antihistamine may be included in the kit. Auto-injection devices are stored away from direct heat.

**Intolerance:** Often confused with allergy, intolerance is a reproducible reaction to a substance that is not due to the immune system.

**No food sharing:** The practice where the child at risk of anaphylaxis eats only that food that is supplied or permitted by the parent/guardian, and does not share food with, or accept other food from any other person.

**Nominated staff member:** The child's direct staff members whom liaise between parents/guardians of a child at risk of anaphylaxis.

**Communication plan:** A plan that forms part of the policy outlining how the centre will communicate with parents and staff members in relation to the policy and how parents and staff members will be informed about risk minimisation plans and emergency procedures when a child diagnosed at risk of anaphylaxis is enrolled in the service.

**Risk minimisation:** The implementation of a range of strategies to reduce the risk of an allergic reaction including removing, as far as is practicable, the major sources of the allergen from the centre, educating parents and children about food allergies and washing hands after meals.

**At the moment no nuts are allowed in the Centre.**

**Risk minimisation plan:** A plan specific to the centre that specifies each child's allergies, the ways that each child at risk of anaphylaxis could be accidentally exposed to the allergen while in the care of the centre, practical strategies to minimise those risks, and who is responsible for implementing the strategies. Families of children at risk of anaphylaxis should develop the risk minimisation plan and the child's direct educators at the centre and should be reviewed at least annually, but always upon the enrolment or diagnosis of each child who is at risk of anaphylaxis.

**Secretary:** Refers to Secretary of the Department of Education and Early Childhood Development

**Service community:** all adults who are connected to the children's service.

**Staff members:** Staff employed on a permanent basis by the children's centre

## 5. Procedures

**The Proprietor (Sunrise Preschool) shall:**

1. In the children's centre :

- Ensure that all staff members have completed first aid and anaphylaxis management training that has been approved by the Secretary by January 2012 then at least every 3 years(r 63 (1)(3)(4))
- Ensure there is an anaphylaxis management policy in place containing the matters prescribed in Division 3 Medical condition policy of National Regulation (r.90 part 4.2)
- Ensure that the policy is provided to a parent/guardian of each child diagnosed at risk of anaphylaxis at the centre (r.90 part 4.2) and,
- Ensure that all staff members in the centre whether or not they have a child diagnosed at risk of anaphylaxis in the program undertakes training in the administration of the adrenaline auto-injection device and cardio- pulmonary resuscitation every 12 months (National regulation r.136 part 4.4). It is recommended that practice with the trainer auto-injection device is undertaken on a regular basis at staff meetings, preferably quarterly.

2. At Sunrise Preschool where a child diagnosed at risk of anaphylaxis is enrolled the director

/assistant director shall also:

- Conduct an assessment of the potential for accidental exposure to allergens while child/ren at risk of anaphylaxis are in the care of the centre and develop a risk minimisation plan for the centre in consultation with the families of the child/ren (National Regulation (r.90 part 4.2))
- Ensure that a notice is displayed prominently in the main entrance of the children's centre stating that a child diagnosed at risk of anaphylaxis is being cared for or educated at the service (r. 90)
- Ensure staff members on duty whenever a child diagnosed at risk of anaphylaxis is being cared for or educated have completed training approved by the Secretary in the administration of anaphylaxis management (r.136 part 4.4) and that practice of the adrenaline auto-injection device is undertaken on a regular basis, preferably quarterly, and recorded
- Ensure that all agency/casual staff members in the centre have completed training approved by the Secretary in the administration of anaphylaxis management including the administration of an adrenaline auto-injection device, awareness of the symptoms of an anaphylactic reaction, the child at risk of anaphylaxis, the child's allergies, the individual anaphylaxis medical management action plan and the location of the auto-injection device kit
- Ensure that no child who has been prescribed an adrenaline auto-injection device is permitted to attend the centre and its educational programs without the device (r.90 of national regulation)
- Implement the communication strategy and encourage ongoing communication between parents/guardians and staff members regarding the current status of the child's allergies, this policy and its implementation (r.90 of the national Regulations)
- display an Australasian Society of Clinical Immunology and Allergy inc (ASCIA) generic poster called *Action Plan for Anaphylaxis* in a key location at the service, for example, in the children's room, the staff room or near the medication cabinet
- display an Emergency contact card by the telephone
- ensure that a child's individual anaphylaxis medical management action plan is signed by a Registered Medical Practitioner and inserted into the enrolment record for each child (r.90). This will outline the allergies and describe the prescribed medication for that child and the circumstances in which the medication should be used
- Ensure that all staff members in the centre know the locations of all the anaphylaxis medical management plans and that individual copies are kept with the auto-injection device kit in the children's rooms (r.90 of the National Regulations).
- Ensure that the staff member accompanying children outside the centre carry the anaphylaxis medication and a copy of the anaphylaxis medical management action plan with the auto-injection device kit (r.90 (2,3)).
- Ensure a spare adrenaline auto-injection device is located in the office in an insulated container. In the event of a child's adrenaline auto-injection device misfiring, the spare adrenaline auto – injection device will **only** be administered after consulting a paramedic when dialling 000
- Ensure a copy of the child's anaphylaxis medical management action plan is visible and known to staff members in the centre
- Follow the child's anaphylaxis medical management action plan in the event of an allergic reaction, which may progress to anaphylaxis
- In the situation where a child who has not been diagnosed as allergic, but who appears to be having an anaphylactic reaction:
  1. Call an ambulance immediately by dialling 000
  2. Commence first aid measures
  3. Contact the parent/guardian and,
  4. Contact the person to be notified in the event of illness if the parent/guardian cannot be contacted.
- Practice the administration procedures of the adrenaline auto-injection device using an auto-

injection device trainer and “anaphylaxis scenarios” on a regular basis, preferably quarterly at staff meetings

- Ask all parents/guardians as part of the enrolment procedure, prior to their child’s attendance at the centre, whether the child has allergies and document this information on the child’s enrolment record. If the child has severe allergies, ask the parents/guardians to provide a colour medical management action plan signed by a Registered Medical Practitioner and with a current photo of the child (not more than 6 months old)
- Ensure that an anaphylaxis medical management action plan signed by the child’s Registered Medical Practitioner and a complete auto-injection device kit (which must contain a copy the child’s anaphylaxis medical management action plan) is provided by the parent/guardian for the child while at the centre
- Ensure that the auto-injection device kit is stored in a location that is known to all staff members, including agency/casual staff (on a hook beside the child’s allergy management action plan; easily accessible to adults (not locked away); inaccessible to children; and away from direct sources of heat
- Ensure that the auto-injection device kit containing a copy of the anaphylaxis medical management action plan for each child at risk of anaphylaxis is carried by a staff member accompanying the child when the child is removed from the centre or the home e.g. on excursions that this child attends
- Ensure the staff member regularly checks the adrenaline auto injection device expiry dates on all adrenaline auto injection devices. (The manufacturer will only guarantee the effectiveness of the adrenaline auto injection device to the end of the nominated expiry month)
- Provide information to the centre community about resources and support for managing allergies and anaphylaxis via a resource folder located in the centre resource area and,
- Comply with the procedures outlined in Schedule 1 of the policy.

**Parents/guardians of children shall:**

- Inform the director/assistant director and their child’s direct educators at the children’s centre, either on enrolment or on diagnosis, of their child’s allergies
- Develop an anaphylaxis risk minimisation plan with the director
- Provide the centre with an anaphylaxis medical management action plan signed by the Registered Medical Practitioner giving written consent to use the auto-injection device in line with this action plan
- Provide the centre with a complete auto-injection device kit
- Ensure that the adrenaline auto- injection device is clearly labelled with the child’s name
- Regularly check the adrenaline auto-injection device expiry date
- Assist staff members by offering information and answering any questions regarding their child’s allergies
- Notify the centre and their child’s direct educators of any changes to their child’s allergy status and provide a new anaphylaxis action plan in accordance with these changes
- Communicate all relevant information and concerns to the director/assistant director and the child’s direct educators, for example, any matter relating to the health of the child
- Comply with the centre’s policy that no child who has been prescribed an adrenaline auto-injection device is permitted to attend the service or its educational programs without that device.
- If possible, leave allergy medication permanently at the centre. It is the parents/guardians responsibility to ensure that the adrenaline auto- injection device is signed into the log book kept in the medical cabinet in the relevant children’s room
- Comply with the procedures outlined in Schedule 1 of the policy.

**6. Related documents**

Related documents at the service:

- Enrolment checklist for children at risk of anaphylaxis (Schedule 2 of the policy)
- Brochure titled “Anaphylaxis – a life threatening reaction”, available through the Royal Children’s Hospital, Department of Allergy
- Relevant service policies such as:
  1. Food and Nutrition
  2. Hygiene
  3. Food Safety
  4. Asthma
  5. Inclusion and Diversity

### **Contact details for resources and support**

- Australasian Society of Clinical Immunology and Allergy (ASCI), at [www.allergy.org.au](http://www.allergy.org.au), provides information on allergies. Their sample Anaphylaxis Action Plan can be downloaded from this site. Contact details for Allergists may also be provided.
- Anaphylaxis Australia Inc, at [www.allergyfacts.org.au](http://www.allergyfacts.org.au), is a non-profit support organisation for families with food anaphylactic children. Items such as storybooks, tapes, auto-injection device trainers and so on are available for sale from the Product Catalogue on this site. Anaphylaxis Australia Inc provides a telephone support line for information and support to help manage anaphylaxis. Telephone 1300 728 000.
- Royal Children’s Hospital, Department of Allergy, at [www.rch.org.au](http://www.rch.org.au), provides information about allergies and the services provided by the hospital. Contact may be made with the Department of Allergy to evaluate a child’s allergies and if necessary, provide an adrenaline auto-injection device prescription, as well as to purchase auto-injection device trainers. Telephone (03) 9345 5701.
- Royal Children’s Hospital Anaphylaxis Advisory Support Line provides information and support about anaphylaxis to school and licensed children’s services staff and parents. Telephone 1300 725 911 or Email: [Wilma.Grant@rch.org.au](mailto:Wilma.Grant@rch.org.au)
- Department of Education and Early Childhood Development website at [www.education.vic.gov.au/anaphylaxis](http://www.education.vic.gov.au/anaphylaxis) provides information related to anaphylaxis, including frequently asked questions related to anaphylaxis training.

### **Training**

- Access the Department of Education and Early Childhood Development website for information about free training for staff members in services where there is a child diagnosed at risk of anaphylaxis enrolled at: [www.education.vic.gov.au/anaphylaxis](http://www.education.vic.gov.au/anaphylaxis) .
- There are a range of providers offering anaphylaxis training, including Royal Children’s Hospital Department of Allergy, first aid providers and Registered Training Organisations. Ensure that where there is a child diagnosed at risk of anaphylaxis enrolled in the service the anaphylaxis management training undertaken is accredited.

### **7. Evaluation**

The Director/Committee of Management shall:

- Discuss with staff members their knowledge of issues following staff members participation in anaphylaxis management training
- Selectively audit enrolment checklists (e.g. annually) to ensure that documentation is current and complete
- Discuss this policy and its implementation with parents/guardians of children at risk of anaphylaxis to gauge their satisfaction with both the policy and its implementation in relation to their child

- Respond to complaints and notify the Department within 48 hours (r.105)
- Review the adequacy of the response of the centre if a child has an anaphylactic reaction and consider the need for additional training and other corrective action.

**The director shall :**

- conduct 'anaphylaxis scenarios' at staff meetings
- organise practise sessions at staff meetings in adrenaline auto-injection device administration procedures to determine the levels of staff competence and confidence in locating and using the auto injection device kit
- ensure the auto injection device trainers are stored prominently in the staffroom so that staff can access the information in the resource kits
- monthly review each child's auto-injection device kit to ensure that it is complete and the auto-injection device is not expired and,
- Liaise with parents of children at risk of anaphylaxis.

**Parents/guardians shall:**

- Read and be familiar with the policy
- Identify and liaise with the director/assistant director and their child's direct educator and,
- bring relevant issues to the attention of both the director/assistant director and their child's direct educators.

**Key Source Documents**

Department of Education and Early Childhood Development, Model Policy, January 2011

ASCIA- Australasian Society of Clinical Immunology and Allergy Inc.

The **Anaphylaxis policy** is linked to the *National Quality Standards*.

Quality area 2: Children's health and Safety

*Standard 2.1: Each child's health is promoted*

*Standard 2.3: Each child is protected*

Quality area 6: Collaborative partnerships with families and communities

*Standard 6.1: Respectful supportive relationships with families are developed and maintained*

Quality area: 7 Leadership and service management

*Standard 7.3: Management and administrative systems enable the effective provision of a quality service.*

*Standard 7.6: Information is exchanged with families on a regular basis.*

**Date** Approved by the Committee of Management 18 July 2011

**Risk minimisation plan**

The following procedures should be developed in consultation with the parent or guardian and implemented to help protect the child diagnosed at risk of anaphylaxis from accidental exposure to food allergens:

In relation to the child at risk:

- This child should only eat food that has been specifically prepared for him/her
- All food for this child should be checked and approved by the child's parent/guardian and be in accordance with the risk minimisation plan
- There should be no trading or sharing of food, food utensils and containers with this child
- In some circumstances it may be appropriate that a highly allergic child does not sit at the same table when others consume food or drink containing or potentially containing the allergen. However, children with allergies should not be separated from all children and should be socially included in all activities
- Increase supervision of this child on special occasions such as excursions and incursions.

### **In relation to other practices at the centre:**

- Ensure tables and bench tops are washed down after eating
- Ensure hand washing for all children before and after eating and, if the requirement is included in a particular child's anaphylaxis medical management action plan, on arrival at the children's centre
- Restrict use of food and food containers, boxes and packaging in crafts, cooking and science experiments, depending on the allergies of particular children
- All children need to be closely supervised at meal and snack times and consume food in specified areas. To minimise risk children should not wander around the centre with food
- The risk minimisation plan will inform the children's service's food purchases and menu planning
- All staff members should be instructed about measures necessary to prevent cross contamination between foods during the handling, preparation and serving of food – such as careful cleaning of food preparation areas and utensils and,
- All parents/guardians will be asked not to send food containing specified allergens or ingredients as determined in the risk minimisation plan.

### **Enrolment Check list for Children at Risk of Anaphylaxis**

- A risk minimisation plan is completed in consultation with the parent/guardian, which includes strategies to address the particular needs of each child at risk of anaphylaxis, and this plan is implemented
- Parents/guardians of a child diagnosed at risk of anaphylaxis have been provided a copy of the service's anaphylaxis management policy
- All parents/guardians are made aware of the Anaphylaxis management policy
- Anaphylaxis medical management action plan for the child is signed by the child's Registered Medical Practitioner and is visible to all staff. A copy of the anaphylaxis medical management action plan is included in the child's auto injection device kit
- Adrenaline auto-injection device (within expiry date) is available for use at any time the child is in the care of the centre
- Adrenaline auto-injection device is stored in an insulated container (auto injection device Kit), in a location easily accessible to adults (not locked away), inaccessible to children and away from direct sources of heat
- All staff, including agency/casual staff, are aware of each auto-injection device kit location and the location of the anaphylaxis medical management action plans.
- Staff who are responsible for the child/ren diagnosed at risk of anaphylaxis undertake accredited anaphylaxis management training, which includes strategies for anaphylaxis management, risk minimisation, recognition of allergic reactions, emergency treatment and practise with an auto-injection device trainer, and is reinforced at quarterly intervals at staff meetings and recorded annually
- The centre's emergency action plan for the management of anaphylaxis is in place and all staff understand the plan
- Parent/guardian's current contact details are available.
- Information regarding any other medications or medical conditions (for example asthma) is available to staff and,
- If food is prepared at the centre has measure in place to prevent contamination of the food given to the child at risk of anaphylaxis.

### **Authorization**

This policy was adopted by the Approved Provider of Sunrise Preschool and Long Daycare  
7<sup>th</sup> August 2014.

**Next review date:** July 2015