



Chinchilla Christian College  
**Kindergarten**

**PARENT HANDBOOK 2026**





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# Welcome

## To Chinchilla Christian College Kindergarten

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

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

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



# CONTACT DETAILS

|                   |  |
|-------------------|--|
| Phone (Reception) | 07 4522 4000   |
| Address           | 88 Oak Street, Chinchilla, QLD 4413  |
| Postal Address    | PO Box 242, Chinchilla, QLD, 4413  |
| Email             | <a href="mailto:kindy@chinchillacc.qld.edu.au">kindy@chinchillacc.qld.edu.au</a> |
| Website           | <a href="http://www.chinchillacc.qld.edu.au">www.chinchillacc.qld.edu.au</a>     |

**Note:** To contact Kindy via phone, please ring Reception and follow the prompts to go through to Kindy.

|  |  |
|--|--|
| Principal  | Mr Nathan McDonald<br><a href="mailto:principal@chinchillacc.qld.edu.au">principal@chinchillacc.qld.edu.au</a>                             |
| Director and Nominated Supervisor<br>(including fees and enrolments) | Mrs Alison Miles-Fanning<br><a href="mailto:alison.miles-fanning@chinchillacc.qld.edu.au">alison.miles-fanning@chinchillacc.qld.edu.au</a> |

## Enrolment

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

## GOVERNANCE and LICENSING

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

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

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

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

If you would like to find out more information visit [earlychildhood.qld.gov.au](http://earlychildhood.qld.gov.au) or contact the Office of Early Childhood Education and Care, Toowoomba (07) 4619 3791 or [toowoomba.ecec@qed.qld.gov.au](mailto:toowoomba.ecec@qed.qld.gov.au)

## CHINCHILLA CHRISTIAN COLLEGE KINDERGARTEN PHILOSOPHY

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

In our Kindy, we use this distinctive to guide us in our approach to working with staff, students, their families and the wider community. We strive to create a warm, welcoming and inclusive environment where there is a strong sense of belonging. We place great importance in the building of positive relationships between all parties, relationships that are caring, supportive, respectful and collaborative. We are a child-centred Kindergarten, where children are accepted and recognised as unique individuals, each with their own interests, strengths, learning styles, culture and traditions. We want students to feel safe, respected, loved and to feel confident in making choices, taking risks, asking questions, making suggestions and to experiment, explore and discover. In our program, students are supported and encouraged to make decisions, take responsibility and to provide direction to their learning. We believe that early childhood is a critical growth and development period in a child's life and plays an important role in their learning, helping them to grow, explore, discover, problem solve, develop friendships, imagine, contribute ideas and contribute to the ideas of others. Play is also essential in helping young children to develop their language skills, providing opportunities to talk, listen and explore language and sounds.

We use the National Quality Standards (NQS) and Queensland Kindergarten Learning Guidelines (QKLG) to guide our decision making and to support our students learning across 5 learning and development areas: Identity, Connectedness, Wellbeing, Active Learning and Communicating.

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

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

We aim to provide students with a safe, flexible and engaging environment both indoors and outdoors, whilst continuing to develop our play environments to create an inviting and natural play-space, that fosters student's connections with nature and provide opportunities for exploration, discovery, risk-taking and engagement.

Our Kindergarten is also committed to engaging students with sustainability practices, and we do this in a variety of ways. During mealtimes students are given opportunities to recycle and contribute food scraps to our compost bin. We then use this compost in our class vegetable gardens, where students are able plant and care for a variety of produce throughout the year. Our college is powered by solar panels, and we endeavour to use natural, recycled and pre-loved materials where possible.

We recognise critical reflection as an important tool to improve our practices, programs, policies and procedures to ensure we provide a high-quality service that meets each child's and family's needs in a safe and inclusive learning environment.



## Chinchilla Christian College - Vision, Mission and Values

### Our Mission

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

### Our Values

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

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

**CCM Statement of Faith** – please see Appendix 1

# OUR STAFF

**Mrs Alison Miles-Fanning**

**Director and Nominated Supervisor**

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

**Mrs Naomi Back**

**Kindergarten Teacher**

*Bachelor of Education (Early Childhood)  
First Aid- in an education and care setting*

**Miss Renae Hubbard**

**Kindergarten Assistant Educator**

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

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

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

## Relief Staff, Volunteers and Student Visitors

In the middle of the day, between 11:30am and 1:30pm, qualified staff from the College will come over to relieve each member of the Kindy team as they take a lunch break.

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



# TERM DATES AND TIMES

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

## Kangaroos - (Monday Group)

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

## Koalas - (Thursday Group)

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

### Term Dates for 2026

|               |                    |   |                     |          |
|---------------|--------------------|---|---------------------|----------|
| <b>Term 1</b> | Tuesday 27 January | - | Thursday 2 April    | 10 Weeks |
| <b>Term 2</b> | Monday 20 April    | - | Friday 26 June      | 10 Weeks |
| <b>Term 3</b> | Wednesday 15 July  | - | Friday 18 September | 10 Weeks |
| <b>Term 4</b> | Tuesday 6 October  | - | Thursday 3 December | 9 Weeks  |

## OWNA APP.



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

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

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

Instructions for how to navigate the app are here:

<https://www.youtube.com/watch?v=zRkDvKOvY2Q>

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

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

# FEE INFORMATION

## Fees for the 2025 Kindergarten Program

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



### Total Daily Rate: 2026 FREE KINDY

#### FREE Kindy

\$58.00 a day – Full Fee

\$58.00 - Our program is fully funded by the government in 2026.

= \$ 0

### Additional Fees or Levies:

|   |      |
|---|------|
| Enrolment Fee - once off, non-refundable payment. | \$50 |
|---|------|

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

**Enrolment Fee:** \$50 (non-refundable)

### Payment options:

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

### Other Notes:

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



# UNIFORMS

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

Reasons we encourage students to wear Kindy shirts:

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

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



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

## UNIFORM SHOP OPENING HOURS

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

School Holidays – bookings by appointment.

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

# A DAY AT KINDERGARTEN

## What to wear each day

- Uniform shirt or shirt that covers shoulders and upper arms
- Longer length shorts, skirts, pants
- Girls are to wear bike pants under dresses & skirts.
- Shoes – any shoes , except big boots or shoes that light up (they have batteries)
- A sun safe hat (broad brimmed hat or bucket hat)

## What not to wear

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

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

## What to Bring

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

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

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





### **Arriving in the Mornings**

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

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

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

### **Leaving in the Afternoons**

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

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

### **Our Day's Rhythm**

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

## Playtime at Kindergarten

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

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



## Chappy Time

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

## Library Visits

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

## Rest Time

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

# ARRIVALS AND DEPARTURES

## Settling your child in

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

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

## Strategies for dealing with Separation Anxiety

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

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



## Signing In and Out of Kindergarten

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

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

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

## Catching the Bus

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

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

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

## Parking

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

## Drop and Go Zone

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

# FOOD

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

## Lunches

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

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

## Food Restrictions

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

## Food from our Gardens

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

## Birthdays & Cakes

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

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



# KINDERGARTEN PROGRAM

## Photos

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

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



## Student Portfolios

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

### Transition Statements

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

## Show and Tell

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

## Curriculum

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

## Queensland Kindergarten Learning Guidelines

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

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

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

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

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

# COMMUNICATION

## Communicating Information

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

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

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

## Absences

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

## Communicating with Staff

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





## WAYS TO BE INVOLVED

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

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

## TOILETING

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

# SUN SAFETY

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

## Hats

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

## Sunscreen

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

## Clothing

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

# POLICIES AND PROCEDURES

## Our Policies

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

## Emergency Procedures

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

## Feedback and Concerns

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



## Incidents & Injuries

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

Illness

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

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

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

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

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

## Medication

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

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

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

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

## Infectious Diseases

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

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

## Asthma, Allergies & Anaphylaxis

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

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

# THANK YOU

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



# APPENDIX

## **Appendix 1**

CCM Statement of Faith

## **Appendix 2**

Administration of Authorised Medication Policy

## **Appendix 3**

Medical Conditions Policy

## **Appendix 4**

QLD Gov. Poster “Time Out – Keeping your child and other kids healthy”





# Statement of Faith

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

1. **God:** There is one true eternal creator God — Father, Son and Holy Spirit.
2. **Creation:** God created all things, making man and woman in His own image and for relationship with Him.
3. **Sin:** Sin entered into the world through human disobedience following the rebellion of Satan against God.
4. **Christ:** The Son, Christ Jesus, was born of a virgin and lived as a sinless man. Out of the abundance of God’s love the Father gave His only Son, Jesus Christ, to die to save all people from sin. Christ rose from the grave defeating the power of sin.
5. **Salvation:** The death and resurrection of Christ brings salvation by grace through faith to those who repent, seek forgiveness, and believe in Him.
6. **Spirit:** The Holy Spirit, following Jesus’ return to His Father in heaven, lives within those who have salvation as a comforter and guide; guaranteeing their eternal hope.
7. **Life:** Those who trust in Jesus as their Lord and Saviour are called to live a transformed life and as such we have the responsibility to:
  - a) Encourage other Christians through meeting together for worship and fellowship;
  - b) Uphold moral directives and ethical values contained in the Bible as expressed within the context of their personal life, their marriage life (the covenantal relationship of one man and one woman), and their relationships with others;
  - c) Share the good news to all the world;
  - d) Be active in expressing God’s love through social justice.
8. **Eternity:** Jesus is the only way to a relationship with God. Those who have received salvation have eternal life as joint heirs with Christ. Those who do not believe in Christ are separated from God for eternity.
9. **Return and New Creation:** Christ will return as Lord to the earth and everyone will see him. There will be a new heaven and a new earth.
10. **Marriage:** Marriage has been divinely established by God and affirmed by Jesus as the voluntary, lifelong union of one man and one woman to the exclusion of all others.  
[Genesis 1:27](#); [Genesis 2:18-25](#); [Matthew 19:4-6](#); [Ephesians 5:22-33](#); [Revelation 19: 6-9](#).
11. **Sexuality:** The Bible teaches that marriage is the only context in which human sexuality is to be expressed and in which sexual intimacy is to be experienced and that believers are to abstain from sexual immorality.  
[Genesis 1:26-28](#); [Genesis 2:18-25](#); [Exodus 20:14](#); [Leviticus 18:22](#); [Matthew 5:27-28](#); [Matthew 15:18-20](#); [Acts 15:20](#); [Romans 1:20-32](#); [1 Corinthians 6:9-20](#); [1 Corinthians 7:2](#); [1 Timothy 4:10](#); [Hebrews 13:4](#).
12. **Gender:** The two distinct, complementary genders (sexes) of male and female together reflect the image and nature of God ([Genesis 1:26-27](#)). The Bible ties gender to biological sex ([Genesis 1:27](#); [Genesis 2:22-24](#)) and does not make a distinction between the two.  
[Genesis 1:26-27](#); [Genesis 2:22-24](#); [Genesis 3:21](#); [Genesis 5:1-2](#); [Psalm 139:1-5 and 13-16](#); [Matthew 19:4-5](#); [Mark 10:6-7](#).
13. **Christian Character:** Acknowledgement of our sin and acceptance of the loving grace of God will lead to purity and holiness as the Holy Spirit’s work enables the believer to demonstrate the character of the perfect man, Jesus Christ. The Bible exhorts us to pursue godliness and to model Biblical standards of behaviour to our peers and the wider society in both word and deed. It also calls Christian believers to abstain from all appearance of evil and to be active members of a local Church and meet together regularly as a body so that we may encourage one another.  
[Leviticus 20:22-26](#); [Deuteronomy 6:25](#); [Psalm 133:1](#); [Matthew 5:16](#); [Acts 2:46](#); [1 Corinthians 14:26](#); [Philippians 2:12-16](#); [1 Thessalonians 5:22](#); [Titus 2:10-14](#); [Hebrews 10:25](#); [1 Peter 1:13-16](#); [2 Peter 3:11-14](#); [1 John 1:5-10](#).



## Administration of Authorised Medication and Medical Care Policy

### NQS

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

### National Regulations

|      |     |  |
|------|-----|--|
| Regs | 90  | Medical conditions policy  |
|      | 91  | Medical conditions policy to be provided to parents                      |
|      | 92  | Medication record  |
|      | 93  | Administration of medication   |
|      | 94  | Exception to authorisation requirement - anaphylaxis or asthma emergency |
|      | 95  | Procedure for administration of medication                               |
|      | 96  | Self-administration of medication  |
|      | 160 | Child enrolment records to be kept                                       |
|      | 161 | Authorisations to be kept in the enrolment form                          |

### EYLF

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

### Aim

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

Educators will provide first aid as incidents and injuries arise. Educators will seek further medical treatment for children should it be necessary (the injury is outside the scope of the Educators' first aid skill and knowledge).

## Related Policies

Emergency Service Contact Policy

Enrolment Policy

Incident, Injury, Trauma and Illness Policy

Medical Conditions Policy

## Implementation

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

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

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

This covers products like sunscreen.

The Nominated Supervisor will ensure:

- a copy of this policy is provided to parents when they enrol their child
- children's medication is regularly audited to ensure it has not expired, and is in the original container with legible labels
- training is provided for educators as required including in the administration of emergency medication like EpiPens and asthma inhalers, and where there are special requirements for administering medication eg nebulisers.

### **Administration of Medication (non-emergency)**

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

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

### **Over the Counter Medication (non-prescription medication)**

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

Anyone delivering a child to the service must not leave medication in the child's bag or locker. Medication must be given directly to an educator on arrival for appropriate storage. Auto

injection devices (eg Epipens) and asthma puffers will be stored up high so they are inaccessible to children. All other medication will be stored in accordance with the storage instructions on the medication in a locked labelled container in a cabinet or fridge. Non-refrigerated medication will be kept away from direct sources of heat.

### **Administration of Medication in emergencies other than anaphylaxis or asthma emergencies**

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

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

### **Administration of Medication during Anaphylaxis or Asthma Emergencies**

1. Educators may administer medication to a child in an anaphylaxis or asthma emergency without authorisation.
2. The child will be positively reassured, calmed and removed to a quiet area under the direct supervision of a suitably experienced and trained educator.
3. The Nominated Supervisor will contact the child's parent and the emergency services as soon as possible.
4. The Nominated Supervisor will advise the child's parent in writing as soon as possible.
5. The Nominated Supervisor will ensure the service completes an Incident, Injury, Trauma and Illness Record via OWNA.
6. If a child has an adverse reaction to any medication or it's incorrectly administered, the educator or staff member will immediately notify the Nominated Supervisor who will contact the child's parents/guardians straight away, and ensure an Incident Record is completed. A first aid trained educator or staff member will respond to any first aid needs in line with the practices outlined in the Incident, Injury, Trauma and Illness Policy, including calling an ambulance if required.

### **Medication Record**

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

- contains the authorisation to administer medication
- details the name of the medication, the dose to be administered and how it will be administered, the time and date it was last administered, and the time and date or circumstances when it should be administered next

- if medication is administered to a child (including during an emergency), details the dosage that is administered and how it is administered, the time and date it is administered, the name and signature of the person that administered it, and the name and signature of the person that checked the child's identity and dosage before it was administered and witnessed the administration.

### **Administration of First Aid**

All educators at the Kindergarten are trained in Early Childhood First Aid, Anaphylaxis and CPR. They will administer first aid in accordance with their skill and knowledge in the event of all illnesses, injuries and incidences at the Kindergarten.

### **Seeking further medical assistance**

Should an incident, illness or injury be outside the Educators' First Aid scope of knowledge and skills, they will call an ambulance to attend to the child. Parents' authorisation for this is found on the enrolment form as per Regulation 161.

### **Sources**

Education and Care Services National Law and Regulations  
National Quality Standard  
Early Years Learning Framework

### **Review**

The policy will be reviewed annually by:

- Management
- Employees
- Families

**Last reviewed: October 2025 Date for next review: October 2026**

## Medical Conditions Policy

### National Quality Standards

|         |       |  |
|---------|-------|--|
| Element | 2.1.1 | Health - Each child's health and physical activity is supported and promoted.  |
|         | 2.1.2 | Health practices and procedures - Effective illness and injury management and hygiene practices are promoted and implemented.  |
|         | 2.2.1 | Supervision - At all times, reasonable precautions and adequate supervision ensure children are protected from harm and hazard.  |
|         | 4.1.1 | Organisation of educators - The organisation of educators across the service supports children's learning and development  |
|         | 6.2.2 | Access and participation - Effective partnerships support children's access, inclusion and participation in the program  |
|         | 7.1.2 | Management systems - Systems are in place to manage risk and enable the effective management and operation of a quality service.   |
|         | 7.1.3 | Role and responsibilities - Roles and responsibilities are clearly defined, and understood, and support effective decision-making and operation of the service.                      |
|         | 7.2.3 | Development of professionals - Educators, co-ordinators and staff members' performance is regularly evaluated and individual plans are in place to support learning and development. |

### National Law

|         |     |  |
|---------|-----|--|
| Section | 167 | Offence relating to protection of children from harm and hazards |
|---------|-----|--|

### National Regulations

|      |   |  |
|------|---|--|
| Regs | 77  | Health, hygiene and safe food practices                                  |
|      | 85  | Incident, injury, trauma and illness policies and procedures             |
|      | 86  | Notification to parents of incident, injury, trauma and illness          |
|      | 87  | Incident, injury, trauma and illness record                              |
|      | 88  | Infectious diseases  |
|      | 89  | First aid kits   |
|      | 90  | Medical Conditions Policy  |
|      | 91  | Medical conditions policy to be provided to parents                      |
|      | 92  | Medication Record  |
|      | 93  | Administration of medication   |
|      | 94  | Exception to authorisation requirement – anaphylaxis or asthma emergency |
|      | 95  | Procedure for administration of medication                               |
|      | 96  | Self-administration of medication  |
|      | 136   | First aid qualifications   |
| 161  | Authorisations to be kept in enrolment record |  |

|                   |  |
|-------------------|--|
| 162(c)<br>and (d) | Health information to be kept in enrolment record<br>(c) details of any:<br>i. Specific healthcare needs of the child, including any medical conditions; and<br>ii. Allergies, including whether the child has been diagnosed as at risk of anaphylaxis<br>(d) any medical management plan, anaphylaxis medical management plan or risk minimisation plan to be followed |
| 168(2)(d)         | Education and Care Services must have policies and procedures dealing with medical conditions in children, including the matters set out in regulation 90  |
| 170               | Policies and procedures to be followed   |
| 171               | Policies and procedures to be kept available   |
| 172               | Notification of change to policies and procedures  |
| 173(2(f))         | Prescribed information to be displayed child diagnosed at risk of anaphylaxis  |

### **Aim**

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

### **Intersection with other policies**

Additional Needs Policy  
Acceptance and Refusal of Authorisations Policy  
Administration of Medication Policy  
Child Safe Policy  
Emergency Service Contact Policy  
Emergency Management and Evacuation Policy  
Enrolment Policy  
Health, Hygiene and Safe Food Policy  
Immunisation and Disease Prevention Policy  
Incident, Injury, Trauma and Illness Policy  
Infectious Diseases Policy  
Privacy and Confidentiality Policy  
Staffing Arrangements Policy

### **Definitions**

*“Approved anaphylaxis management training”* - anaphylaxis management training approved by ACECQA and published on the list of approved first aid qualifications and training on the ACECQA website. Source: National Regulations (Regulation 136)

*“Approved emergency asthma management training”* - emergency asthma management training approved by ACECQA and published on the list of approved first aid qualifications and training on the ACECQA website. Source: National Regulations (Regulation 136)

*“Approved first aid qualification”* - a qualification that includes training in the matters set out below, that relates to and is appropriate to children and has been approved by ACECQA and published on the list of approved first aid qualifications and training on the ACECQA website. Source: National Regulations (Regulation 136)

*“Authorised nominee”* - a person who has been given permission by a parent or family member to collect the child from the service. Source: National Law (Section 170)

“Communication Plan” - a plan that forms part of the policy and outlines how the service will communicate with families and staff in relation to the policy. The communication plan also describes how families and staff will be informed about risk minimisation and emergency procedures to be followed when a child diagnosed as at risk of any medical conditions such as anaphylaxis is enrolled at the service. Source: *ACECQA Policy Guidelines – Dealing with Medical Conditions in Children*

“Emergency” - an incident, situation or event where there is an imminent or severe risk to the health, safety or well-being of a person at the service (e.g., a flood, fire or a situation that requires the service premises to be locked down or other type of emergency response). Source: ACECQA Guide to the NQF

“Emergency Services” - includes ambulance, fire brigade, police and state emergency services. Source: ACECQA Policy Guidelines: Emergency and Evacuation

“First aid” - the immediate treatment or care given to a person suffering from an injury or illness until more advanced care is provided or the person recovers. First aid training should be delivered by approved first aid providers, and a list is published on the ACECQA website. Source: SafeWork Australia + National Regulations (Regulation 136)

“Injury” - any physical damage to the body caused by violence or an incident. Source: ACECQA Policy Guidelines: Incident, Injury, Trauma and Illness

“Medication” - medicine within the meaning of the *Therapeutic Goods Act 1989* of the Commonwealth. Medicine includes prescription, over-the-counter and complementary medicines. All therapeutic goods in Australia are listed on the Australian Register of Therapeutic Goods, available on the Therapeutic Goods Administration website. Source: National Regulations (Definitions)

“Medical attention” - includes a visit to a registered medical practitioner or attendance at a hospital. Source: ACECQA Policy Guidelines: Incident, Injury, Trauma and Illness

“Medical condition” - this may be described as a condition that has been diagnosed by a registered medical practitioner. Source: ACECQA Guide to the NQF

“Medical emergency” - An injury or illness that is acute and poses an immediate risk to a person’s life or long-term health. ACECQA Policy Guidelines: Incident, Injury, Trauma and Illness

“Medical management plan (MMP)” - a document that has been written and signed by a doctor. MMP includes the child’s name and photograph. It also describes symptoms, causes, clear instructions on action and treatment for the child’s specific medical condition. Source: National Regulations (Regulation 90)

“Minor incident” - an incident that results in an injury that is small and does not require medical attention. Source: ACECQA Policy Guidelines: Incident, Injury, Trauma and Illness

“Notifiable incident” - under education and care services laws: any incidents that seriously compromise the safety, health or wellbeing of children. Source: National Law (section 174) + National Regulations (Regulation 86)

“Parent” - in relation to the child, includes: a guardian of the child; and a person who has parental responsibility for the child under a decision or order of a court. For regulation 99, ‘parent’ does not include a parent who is prohibited from having contact with the child. Source: National Law (Definitions)

“Risk” - Exposure to the chance of injury or loss; a hazard or dangerous chance. Source: ACECQA Policy Guidelines: Emergency and Evacuation

“Risk minimisation plan” - a document prepared by service staff for a child, in consultation with the child’s parents, setting out means of managing and minimising risks relating the child’s specific health care need, allergy or other relevant medical condition. Source: ACECQA Guide

to the NQF

## **Implementation**

We are committed to providing a healthy, safe and caring environment for the children at our service. We will meet each child's individual health care needs by having effective training, communication, practices and systems in place. Our policies and procedures are understood and followed by staff, volunteers, students and families. This means that we have systems in place for clear communication, and strict rules for managing medical conditions and emergencies.

Specifically:

- We keep accurate records and information about each child who is enrolled at our service, including the details of any specific healthcare needs or medical conditions they have
- Our service collaborates with families and staff when we are making decisions about how to keep children safe while they are in our care. If a child has a diagnosed medical condition, we work with their families to manage the condition by implementing a Medical Management Plan, a Risk Minimisation Plan, and a Medical Conditions Communication Plan. Families and staff communicate any changes to these plans and/or to the child's medical condition
- Our staff (and, where relevant, volunteers and students) are trained in the administration of first aid, including for anaphylaxis and asthma management. Our training is relevant and current, and in line with the *National Regulations* requirements
- We communicate the healthcare needs of children to the staff who are caring for them, and all staff know where medication is stored and which (if any) children have dietary restrictions
- We follow strict procedures in the event of incidents, injuries, traumas or illnesses at the service
- We have defined the responsibilities of everyone who has a role in ensuring the welfare of children.
- Parents must supply appropriate relevant records during enrolment in regard to medical conditions that their child has.

## **Managing medical conditions in children**

### **Authorisations and enrolment records**

We are required by law to obtain from the parent, or another person named in the child's enrolment form, authorisations:

- To administer medication (including self-administration is applicable)
- For the approved provider, nominated supervisor or educator to seek:
  - Medical treatment for the child from a registered medical practitioner, hospital or ambulance service.
  - Transportation of the child by any ambulance service.

The enrolment record also includes details of any specific healthcare needs of the child - such as any medical conditions or allergies, including whether the child has been diagnosed as at risk of anaphylaxis - and any medical management plans in place. For more information, consult our *Record Keeping and Retention Policy*.

We also must maintain a medication record which includes information about any medications that a child might need to have administered (see *Administration of Authorised Medication Policy*).

### **Medical Management Plan**

If a child has a Medical Management Plan, all staff, students and volunteers at the service are required to follow it, including in the event of an incident related to the child's specific health care needs or medical condition.

Families must provide:

- A Medical Management Plan prepared by the child's doctor for any specific health care needs or medical conditions. The Plan should:
  - include a photo of the child
  - state what triggers the allergy or medical condition if relevant
  - state first aid needed
  - contact details of the doctor who signed the plan
  - state when the Plan should be reviewed
  - have supporting documentation, if appropriate
- Medication (if required) prescribed by their medical practitioner. If the required medication is not supplied to us, the child cannot attend the service. In particular, no child who has been prescribed an adrenaline auto-injection device, insulin injection device or asthma inhaler is permitted to attend the service or its programs without the device.

### **Medical Conditions Risk Minimisation Plan**

The nominated supervisor will consult with families to prepare and implement a medical conditions Risk Minimisation Plan, which is informed by the child's Medical Management Plan. The Plan will include measures to ensure:

- Any risks are assessed and minimised
- Practices and procedures for the safe handling of food, preparation, consumption and service of food for the child are developed and implemented if relevant (we will also follow all health, hygiene and safe food policies and procedures as outlined in our *Health Hygiene and Safe Food Policy*)
- All parents are notified of any known allergens at our service that pose a risk to a child and how these risks will be minimised
- A child does not attend the service without medication prescribed by their medical practitioner in relation to their specific medical condition (if required).

This plan will be signed by parents, the nominated supervisor and relevant educators and staff. We have a template available titled '*Medical Conditions Risk Minimisation Plan*'.

The Medical Management and Risk Minimisation plans will be kept in the child's enrolment record and a copy of the plans stored securely with the child's medication, emergency evacuation kit and first aid kit.

A copy of the plans will also be displayed in a prominent position to ensure all procedures are followed. If parents have not authorised display of the plans in public areas, the plans will be

displayed in areas which are not accessed by families and visitors. We will explain to families why the prominent display of their child's plans is preferable.

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

The medical plans will also be taken on any excursions.

### **Medical Conditions Communication Plan**

The nominated supervisor will implement a Medical Conditions Communication Plan to ensure that relevant educators, staff and volunteers:

- Understand the Medical Conditions Policy
- Can easily identify a child with health care needs or medical conditions
- Understand the child's health care needs and medical conditions and their medical management and risk minimisation plans
- Know where each child's medication is stored
- Are kept updated about the child's needs and conditions.

The nominated supervisor will regularly remind families to update their child's health and medical information. The Medical Conditions Communication Plan will set out how parents can communicate changes to their child's Medical Management and Risk Minimisation Plans.

The plan will be signed by parents, the nominated supervisor and relevant staff. We have a template resource for this purpose titled "*Medical Conditions Communication Plan.*"

The nominated supervisor will ensure:

- Any new information is attached to the child's Enrolment Record and, where relevant, Medical Management and Risk Minimisation Plans and shared with the relevant educators, staff, students and volunteers
- Displays (signs) for a child's health care needs or medical conditions are kept updated.

### **Management of Anaphylaxis/Allergy, Asthma and Diabetes**

- Guidelines for Anaphylaxis/Allergy Management are at **Appendix A**
- Guidelines for Asthma Management are at **Appendix B**
- Guidelines for Diabetes Management are at **Appendix C**

### **First aid qualifications and training**

Each of the following persons are in attendance at any place where we are caring for children and immediately available in an emergency at all times we are caring for children in our service:

- at least one educator, one staff member or one nominated supervisor who holds a current approved **first aid qualification**
- at least one educator, one staff member or one nominated supervisor who has undertaken current approved **anaphylaxis training**
- at least one educator, one staff member or one nominated supervisor who has undertaken current approved **emergency asthma management training**.

The qualifications are considered current only if they are completed within the previous three years - except for the first aid qualification that relates to emergency life support and cardio-pulmonary resuscitation (CPR), which must have been completed within the previous year ('refresher' training).

Certificates proving qualifications state the date when the person completed the course and the expiry date or validity date of the qualification and are kept on the staff member's record on OWNA.

The approved provider will use ACECQA's '[qualification checker](#)' to make sure that the qualification is an approved one.

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

### **Sharing information about first aid**

During our induction process for new staff, volunteers and students, the nominated supervisor will:

- Advise which (other) educators and staff have first aid qualifications
- The location of the first aid kit(s)
- Obtain information about any medical needs the new employee may have that could require specialist first aid during an incident or medical emergency. This information will only be shared with the employee's consent or in order to meet our duty of care to the employee.

The nominated supervisor will review the following matters in consultation with employees (e.g., at staff meetings) where appropriate, at least annually and/or when there are staff changes:

- Our first aid procedure
- The location of our first aid kit(s)
- The nature of incidents occurring at the service
- The results of risk assessments we have conducted

### **Incident, Injury, Trauma and Illness Policy and Procedures**

In the event of an incident, injury, trauma or illness – including those that relate to a child's medical condition – staff must follow, alongside this *Medical Conditions Policy*, our *Incident, Injury, Trauma and Illness Policy and Procedures*, which describes our processes for administering first aid, record keeping and reporting processes.

### **Information sharing, training and monitoring**

All educators, families and children will engage in regular discussions about medical conditions and general health and wellbeing throughout our curriculum. We will provide support and resources to families about managing specific health care needs and medical conditions, including allergies, anaphylaxis asthma and diabetes. If educators have a concern about a child's medical condition, suspected medical condition, or known allergens that pose a risk, they will raise it with the child's parents.

On enrolment, parents will be provided with the *Medical Conditions Policy*. Families are required to supply information about their child’s health care needs, allergies, medical conditions and medication on their child’s Enrolment Form. Families are also responsible for updating the service about changes to their child’s health needs/medical condition, including - for example - any new medication, ceasing of medication, or changes to their child’s prescription. Where children have specific health care needs or medical conditions, medical, risk minimisation and communication plans will be implemented (as discussed above). The service will adhere to privacy and confidentiality procedures when dealing with individual health needs.

The nominated supervisor will include the *Medical Conditions Policy* in staff inductions and ensure staff, volunteers and students receive practical training in relation to the requirements, including how to identify and manage related risks. The nominated supervisor also implements an ongoing training program tailored to each staff member’s needs and goals, which are identified through regular performance reviews. As described in the first aid section above, staff are qualified and trained in administering first aid and emergency medications.

The approved provider and nominated supervisor will monitor staff to ensure they are following our policy and guidelines for medical conditions. The nominated supervisor will act quickly to fix any issues and will give staff any extra support or training they need to comply. Volunteers and students are also required to comply with all service policies and guidelines.

We will keep a record of all training and risk assessments, which can be accessed by staff, students, volunteers and families.

**Roles and responsibilities**

All staff, volunteers, students and families must understand our *Medical Conditions Policy* and their role and responsibilities in keeping children safe and well.

| <b>Responsibilities</b>  | <b>Roles</b>  |
|--|---|
| Ensure our Service meets its obligations under the <i>Education and Care Services National Law and Regulations</i> , including to take every reasonable precaution to protect children from harm and hazards likely to cause injury and to ensure that children are adequately supervised at all times they are in our care.   | Approved Provider<br>Nominated Supervisor                           |
| Ensure an enrolment record for each child is kept in accordance with the <i>Regulations</i> and with all the prescribed information (see our <i>Record Keeping and Retention Policy</i> ), including: <ul style="list-style-type: none"> <li>• All the required information relating to a child’s health needs/medical conditions (including Medical Management Plans)</li> <li>• Authorisations from a parent or person named in the record for our service to seek medical treatment for the child from a registered medical practitioner, hospital or ambulance service and, if required, transportation by an ambulance service</li> </ul> | Approved Provider (ultimate responsibility)<br>Nominated Supervisor |

|  |  |
|--|--|
| Ensure the appropriate Medical Management Plans, Risk Management Plans and Medical Communication Plans are in place and being followed by educators and other relevant staff   | Approved Provider (ultimate responsibility)<br>Nominated Supervisor                |
| If a child at the service is diagnosed as at risk of anaphylaxis, ensure a notice is displayed in a prominent position   | Approved Provider (ultimate responsibility)<br>Nominated Supervisor                |
| Ensure that our service has policies and procedures in place for managing medical conditions that address specific areas set out in <i>the National Regulations - I.e., this Medical Conditions Policy</i> needs to be in place.   | Approved Provider  |
| Take reasonable steps to ensure that nominated supervisors, staff and volunteers follow, and can easily access, the <i>Medical Conditions Policy</i> , including by: <ul style="list-style-type: none"> <li>• Providing information, training and other resources and support</li> <li>• Providing this <i>Policy</i> at induction</li> <li>• Clearly defining and communicating roles and responsibilities for implementing this <i>Policy</i></li> <li>• Communicating changes to routines and policies</li> <li>• Monitoring and auditing of staff practices and addressing non-compliance quickly</li> <li>• Regularly reviewing this <i>Policy</i></li> </ul> This <i>Policy</i> must also be available for inspection. | Approved Provider  |
| Notify families at least 14 days before changing <i>Medical Conditions Policy</i> if the changes will: <ul style="list-style-type: none"> <li>• Affect the fees the charged or the way they are collected; or</li> <li>• Significantly impact the service’s education and care of children; or</li> <li>• Significantly impact the family’s ability to utilise the service.</li> </ul>   | Approved Provider  |
| Implement the <i>Medical Conditions Policy</i>   | Nominated Supervisor   |
| Be aware of and follow the <i>Medical Conditions Policy</i>  | Educators and Other Staff<br>Families  |
| Ensure that the policy and guidelines are appropriate in practice to our service, identify risks and hazards, and any potential improvements to make to the <i>Medical Conditions Policy</i> . Report any issues to the appropriate staff member (either approved provider, nominated supervisor, or educators).   | Approved Provider<br>Nominated Supervisor<br>Educators and Other Staff<br>Families |
| Ensure that each of the following persons are in attendance at any place where we are caring for children and immediately available in an emergency at all times we are caring for children in our service: at least   | Approved Provider (ultimate responsibility)  |

|  |   |
|--|---|
| <p>one educator, one staff member or one nominated supervisor who holds a current approved <b>first aid qualification</b></p> <ul style="list-style-type: none"> <li>• at least one educator, one staff member or one nominated supervisor who has undertaken current approved <b>anaphylaxis training</b></li> <li>• at least one educator, one staff member or one nominated supervisor who has undertaken current approved <b>emergency asthma management training</b>.</li> </ul> <p>Ensure that these qualifications were completed within the previous three years, except for the first aid qualification that relates to emergency life support and cardio-pulmonary resuscitation (CPR), which must have been completed within the previous year).</p> <p>Ensure certificates proving qualifications state the date when the person completed the course and the expiry date or validity date of the qualification.</p> | <p>Nominated Supervisor</p>   |
| <p>Maintain current approved first aid training (including CPR), asthma and anaphylaxis training. Complete other specific training where it is needed to manage a child’s medical condition</p>  | <p>Nominated Supervisor<br/>Educators and Other Relevant Staff</p>          |
| <p>Only administer medication to children when there are at least two people present and in accordance with our policies, including but not limited to:</p> <ul style="list-style-type: none"> <li>• <i>This Policy</i></li> <li>• <i>Administration of Authorised Medication Policy</i></li> <li>• <i>Incident, Injury, Trauma and Illness Policy and Procedures</i></li> </ul>   | <p>Nominated Supervisor<br/>Educators and Other Staff</p>                   |
| <p>In the event of an incident, injury, trauma or illness – including those that relate to a child’s medical condition – follow our <i>Incident, Injury, Trauma and Illness Policy and Procedure</i>, which describes our processes for administering first aid, record keeping and reporting processes.</p>   | <p>Nominated Supervisor<br/>Educators and Other Staff</p>                   |
| <ul style="list-style-type: none"> <li>• Ensure risk assessments are conducted to identify and assess any risks to the safety, health or well-being of children, in accordance with regulations and our other policies and procedures. The risk assessment must specify how the risks will be managed and minimised.</li> <li>• Ensure additional risk assessments are conducted as soon as practicable after becoming aware of any circumstance that may affect the safety, health or wellbeing of children, including when any changes occur to a child’s medical condition/plans</li> <li>• Keep a record of all risk assessments conducted.</li> <li>• Ensure staff are aware of and can access/use the risk assessment to manage risks.</li> </ul>  | <p>Approved Provider (ultimate responsibility)<br/>Nominated Supervisor</p> |
| <p>Be aware of and use the risk assessment to eliminate/minimise risks and ensure the to the safety, health or well-being of children.</p>   | <p>Educators</p>  |

|  |   |
|--|---|
| Consider children’s health needs and medical conditions/plans for excursions (e.g., first aid kit, medications, management plans, risk management)   | Nominated Supervisor<br>Educators             |
| Practice safe food handling according to our <i>Health Hygiene and Safe Food Policy</i> and follow any instructions about menu preparation if required in a child’s medical management plan  | Educators                                     |
| Keep abreast of our service’s practices for managing medical conditions  | Families                                      |
| Provide authorisations in the child’s enrolment form for the service to seek medical treatment for the child from a registered medical practitioner, hospital or ambulance service and, if required, transportation by an ambulance service  | Families                                      |
| Provide our service with the following written advice in the enrolment form: <ul style="list-style-type: none"> <li>Any specific health care needs of the child, including any medical conditions and allergies and any medical management plans that need to be followed</li> <li>Up-to-date emergency contact list</li> </ul>  | Families                                      |
| Notify our service: <ul style="list-style-type: none"> <li>Of any infectious disease or illness that has been identified while the child has been absent from the service that may impact the health and well-being of other children or adults at the service</li> <li>Of there has been a change in the condition of the child’s health or of recent accidents or incidents that may impact the child’s care</li> <li>Of any changes to medical management plans</li> <li>Of Changes to emergency contact list</li> <li>When the child is ill and will be absent from the service</li> </ul> | Families                                      |
| Communicate to educators and other staff: <ul style="list-style-type: none"> <li>If there is a change to a child’s health care needs</li> <li>Changes to any plans for managing their medical condition</li> <li>Changes to any policies or procedures that could affect the management of a child’s medical condition</li> </ul>  | Approved Provider<br>Nominated Supervisor     |
| Communicate regularly about children’s health needs and medical conditions/plans (if any)  | Nominated Supervisor<br>Educators<br>Families |
| Monitor children’s health closely and be aware of any signs or symptoms of ill-health. Communicate any changes to the nominated supervisor and families  | Educators                                     |

**Sources**

- Education and Care Services National Law and Regulations
- National Quality Standard
- My Time, Our Place (MTOPI)
- Asthma Australia
- National Asthma Organisation

Australasian Society of Clinical Immunology and Allergy [www.allergy.org.au](http://www.allergy.org.au)

Allergy and Anaphylaxis Australia [www.allergyfacts.org.au](http://www.allergyfacts.org.au)

Australian Diabetes Council

Better Health Vic

Best Practice Guidelines for anaphylaxis prevention and management in children's education and care services

### **Review**

The *Medical Conditions Policy* will be reviewed annually and when there are changes that may affect this policy. The review will include checks to ensure the *Policy* reflects current legislation, continues to be effective, or whether any changes and additional training are required. The review will be conducted by nominated supervisor.

**Last reviewed: April 2025**

**Date for next review: April 2026**

# Time Out

Keeping your child and other kids healthy!



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



| Condition  | Person with the infection  | Those in contact with the infected person <sup>2</sup>   |
|--|--|--|
| <b>Chickenpox (varicella)</b>  | <b>EXCLUDE</b> until all blisters have dried. For non-immunised children, this is usually 5 days after the rash first appears, and less for immunised children.  | <b>EXCLUSION MAY APPLY</b><br><b>EXCLUDE</b> non-immune pregnant women and any child with immune deficiency or receiving chemotherapy.<br><i>Contact your Public Health Unit for specialist advice.</i><br>Varicella can be reactivated in older children and adults as Shingles. See below. |
| <b>Cold sores (herpes simplex)</b>   | <b>NOT EXCLUDED</b> if the person can maintain hygiene practices to minimise the risk of transmission. Young children unable to comply with good hygiene practices should be excluded while sores are weeping. Sores should be covered with a dressing where possible. | <b>NOT EXCLUDED</b>  |
| <b>Conjunctivitis</b>  | <b>EXCLUDE</b> until discharge from eyes has ceased unless a doctor has diagnosed non-infectious conjunctivitis.   | <b>NOT EXCLUDED</b>  |
| <b>COVID-19<sup>4</sup></b>  | <b>EXCLUDE</b> for at least 10 days after the onset of illness and until they have not had any symptoms for 3 days.<br><i>Contact your Public Health Unit for specialist advice.</i>   | <b>EXCLUSION MAY APPLY</b><br><i>Contact your Public Health Unit for specialist advice.</i>  |
| <b>Cytomegalovirus (CMV)</b>   | <b>NOT EXCLUDED</b><br>Pregnant women should consult with their doctor.  | <b>NOT EXCLUDED</b><br>Pregnant women should consult with their doctor.  |
| <b>Diarrhoea<sup>3</sup> and/or Vomiting including:</b><br><ul style="list-style-type: none"> <li>• amoebiasis</li> <li>• campylobacter</li> <li>• cryptosporidium</li> <li>• giardia</li> <li>• rotavirus</li> <li>• salmonella</li> <li>• viral gastroenteritis</li> </ul> <b>but excluding:</b><br><ul style="list-style-type: none"> <li>• norovirus</li> <li>• shigellosis</li> <li>• toxin-producing forms of E.coli (STEC)</li> </ul> <i>See specific information below</i> | <b>NOT EXCLUDED</b>  |  |
| <b>Enterovirus 71 (EV71 neurological disease)</b>  | <b>EXCLUDE</b> until written medical clearance is received confirming the virus is no longer present in the person's bowel motions.  | <b>NOT EXCLUDED</b>  |
| <b>Fungal infections of the skin and nails (ringworm/tinea)</b>  | <b>EXCLUDE</b> until the day after antifungal treatment has commenced. (No exclusion for thrush).  | <b>NOT EXCLUDED</b>  |
| <b>Glandular fever (mononucleosis, Epstein-Barr virus)</b>   | <b>NOT EXCLUDED</b>  | <b>NOT EXCLUDED</b>  |
| <b>German measles (rubella)<sup>4</sup></b>  | <b>EXCLUDE</b> for 4 days after the onset of rash or until fully recovered, whichever is longer.<br>Pregnant women should consult with their doctor.   | <b>NOT EXCLUDED</b><br>Pregnant women and female staff of childbearing age should check their immunity with their doctor.<br><i>Contact your Public Health Unit for specialist advice.</i>   |
| <b>Haemophilus influenzae type b (Hib)</b>   | <b>EXCLUDE</b> until the person has completed a course of appropriate antibiotic treatment. <sup>5</sup><br><i>Contact your Public Health Unit for specialist advice.</i>  | <b>EXCLUSION MAY APPLY</b><br><i>Contact your Public Health Unit for specialist advice.</i>  |
| <b>Hand, foot and mouth disease (EV71)</b>   | <b>EXCLUDE</b> until all blisters have dried.  | <b>NOT EXCLUDED</b>  |
| <b>Head lice</b>   | Exclusion is not necessary if effective treatment is commenced before next attendance day (i.e. the child does not need to be sent home immediately if head lice are detected).  | <b>NOT EXCLUDED</b>  |
| <b>Hepatitis A<sup>4</sup></b>   | <b>EXCLUDE</b> until at least 7 days after the onset of jaundice or dark urine, or for 2 weeks after onset of first symptoms if no jaundice or dark urine.   | <b>NOT EXCLUDED</b><br><i>Contact your Public Health Unit for specialist advice about vaccination or treatment for children and staff in the same room or group, children transferring to another centre and new enrolments.</i>   |

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



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



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



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

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









Chinchilla Christian College

Kindergarten