



ANGLE VALE preschool

Parent Information Book

5 Fradd Road, Angle Vale SA 5117

Telephone: 08 8284 7786

Kindy Mobile: 0480 412 830

Email: dl.2627.leaders@schools.sa.edu.au

www.anglevalepre.sa.edu.au



Government
of South Australia

Department for Education



ANGLE VALE preschool

Welcome

We look forward to getting to know you and working with your family. We hope that your family's association with us will be happy and rewarding.

The success of this kindergarten depends on parents, staff and community all working together to provide a positive, caring, happy, secure and stimulating environment that promotes the development of each child.

This booklet provides some information about our centre and how it operates. If you have any questions or concerns, you are welcome to ask a staff member.

Staff

Staff work across the centre engaging with families and children. All current staff photographs, names and roles can be found in the parent information area.

2024 Session Times

NOTE:

We are introducing a mid-year intake into preschool. This means that from 2023, children who turn 4 years old:

- **before 1 May** are eligible to start preschool at the beginning of the year
- **on 1 May to 31 October** can commence preschool through the mid-year intake at the start of Term 3 of that year.

Monday/Tuesday (Wisteria) 8.15 am - 3.15 pm

Wednesday/Thursday (Myrtle) 8.15 am - 3.15 pm

Friday regular sessions not offered

Session times may change if government funding is not allocated for Universal Access.

Fees

\$150.00 per Term

Money is to be placed in the fee box near the back door (placed in a clear sealable money bag and accompanied with a payment sheet). Receipts will be issued by the Finance Officer and placed in children's pockets. Money can also be transferred directly into our bank account. Details are;

Angle Vale Preschool

BSB: 105 009

Account number: 065 826 140

We cannot offer EFTPOS facilities at this time.

Preschool staff cannot count money or give change.

Clothing

Clothing available:

Blue or green polos \$20

Light or dark grey jackets \$35



General Information

What to Bring

- Named bag
- Labelled change of clothes (including socks/underwear for toileting accidents and wet/messy play)
- Hats are supplied and will be invoiced in Term 1. Children without a hat will be asked to play either inside or in a shaded area when the UV index reaches 3 or higher. Refer enclosed Sun Smart Policy.
- Lunch and Snacks—Refer to Food Philosophy.
- Named water bottle (water only please).
- Practical shoes and clothes
- Gumboots and rain jacket
- Children are required to bring lunch. Please place this in the large tubs. Leave your child's snack in their bag, as this reduces their confusion of what food to eat at different times. Please provide an ice pack to keep your child's lunch cool as we have limited fridge space.

Please ensure your child can be independent at preschool by providing easy to open bags, lunchboxes, self-manageable snacks and clothes.



Newsletters and Notes

Newsletters and other information will be placed in your child's note pocket, on Seesaw and on our Facebook page. Additional information may also be displayed on the gate or Parent Notice Board. Please read all information and do not hesitate to seek feedback from staff.

School Transition

Children starting at the Angle Vale Primary School will participate in a orientation program in their last term of preschool. Children going to other schools will need to have their orientation visits organised by their parents/caregivers. We work closely with Angle Vale Primary School throughout the year. Your child will have the opportunity to visit and borrow from the school library, spend time in the early years classrooms and engage in joint experiences such as Book Week, gym and playground use.

Library Visits

Currently, visits to the Angle Vale School Library take place during the morning of your child's session once a fortnight starting early in the year (visits will not take place if the library is unavailable due to NAPLAN etc). Children are accompanied by staff members on these visits. Library bags are supplied by the centre.

Health / Medical

If your child is unwell prior to attending we ask that they be kept at home. Children with contagious or infectious diseases including head lice, diarrhoea, vomiting and conjunctivitis or raised temperature cannot attend programs. If your child develops a need for medical attention during a session, staff will contact you or your emergency contacts. In the case of head injuries, we will always contact you (even if it's considered mild). In an emergency, there will be no hesitation in calling an ambulance as well as emergency contacts. Please ensure that your enrolment form has current information regarding your child's allergies, chronic complaints, asthma and regular medications required. Your child may require a health plan upon enrolment. If your child requires medication during session times an action plan and/or administering medication form needs to be completed by a doctor.

A nurse from Child and Youth Health visits our service each term. Preschool children are encouraged to meet the nurse with their guardian to have a health check. This health check is free and involves the nurse examining the child's eyesight, hearing, height, weight and general development. These checks are carried out sometime after your child turns 4 years and 3 months.

Lost Property

If your child has misplaced an item please check our lost property box. Labelled items are able to be returned promptly.

Arrival and Departure

Parents are to take full responsibility for children travelling to and from preschool. Please advise staff if someone different will be collecting your child. You are required to stay with your child until the beginning of the session (8.15 am). Please do not leave children outside unsupervised. The preschool day runs from 8.15 am - 3.15 pm.

The side gates will be locked between the hours of 9.00 am - 3.00 pm daily. Please use the front door during these times.

Sign In/Sign Out

Parents/Caregivers are required to sign their child in and out daily. There is also an area for children to sign in/out. This promotes your child's literacy development and sense of identity and belonging.

Parent Information

Parent/Caregiver Participation

We encourage and welcome parent involvement in our centre. You are welcome to spend time with your child during the sessions. You can also assist us in a number of tasks, such as preparation of materials, cleaning duties, mending of books etc. We are keen for you to share an interest or skill with the children such as cooking, woodwork, gardening, music, sport etc.

Governing Council

The Governing Council is made up of interested parents/caregivers who meet twice a term, at a nominated time to discuss centre related issues and to ensure the smooth running of the centre. The Governing Council works with staff on a range of issues such as facilities, resources, fundraising and service provision.

The Governing Council group always welcomes new members. We encourage you to join. Please see a staff member or one of the Governing Council Members for details.

Assessment and Reporting

All children attending the Angle Vale Preschool have a portfolio, which may include samples of their work, photographs and learning statements. The portfolio remains at the centre whilst the child is in preschool, but will be taken home by the child upon completion of preschool.

Various statements of learning and documentation will be added to your child's portfolio throughout the year.

A summative report will be written by staff near the end of your child's preschool year. Your permission is required for it to be passed onto your child's school and ensure continuity of learning.

Learning check ins during the second term of your child's eligible year.

Please feel free to seek verbal feedback on your child's development and progress at any time, If we are busy, we will arrange a suitable time.

Seesaw App

At Kindy we utilise the Seesaw app. This will allow us to send you information, newsletters and also photos of the children's adventures at Kindy. Please be respectful of other families and their children and **do not** share photos on any social media. We look forward to this extending our interaction with all families. Information on installing and using the app will be given to each family.

Curriculum

Philosophy Statement

Angle Vale Preschool is proud to promote respectful, consistent, nurturing and responsive relationships. We offer intentional and spontaneous learning opportunities that will empower children, parents, teachers and community to achieve powerful learning outcomes for all of our learners. We are committed to an educational philosophy that is based on informed practice and current educational research.

We are passionate about:

- Respect – For and by children, parents and teachers. Children are confident and capable. We believe that they have independent values, ideas, strengths and belief systems.
- Curiosity – the ability to look at the world with an open and unsuspecting mind, to perhaps wonder and hypothesise – 'what if?', as well as asking 'why?'.
- Environment – spaces where children have direct contact with the natural world. Natural and inspiring play spaces for children which are intentionally designed to enable a place to think and ponder, stimulate children's curiosity and invite active investigation and inquiry.
- Trust – children who experience trust will experiment, explore and confidently take risks in learning.
- Sustained involvement – Learning is led by children through an emerging curriculum where children and adults are given opportunities and time to explore and think deeply.
- Relationships – we believe learning takes place in a social context where children may scaffold other's ideas, skills and competencies.

We believe that play is the essential medium for a young child's learning and our aim is to provide a program of experiences and activities that are child centred and flexible, encouraging individual levels of development.

We believe that, through play, with the teacher as a facilitator in an encouraging and supportive environment, each child will develop self-confidence. Through play, children have the opportunity to make decisions, to develop resilience and perseverance. We aim to challenge children, encouraging them to be active learners and thinkers, full of curiosity about their world.

We acknowledge Belonging, Being and Becoming, the Australian Early Years Learning Framework. It inspires our commitment to quality teaching practices and learning outcomes for children.

Our teachers are inspired to celebrate the unique Aboriginal heritage of Australia and commit to weaving this into our daily interactions with children.

"The mind is not a vessel to be filled, but a fire to be kindled."

Plutarch

Programme

The staff teams engage in ongoing programming that is based on observations of individual children and then building on these children's strengths, needs and interests.

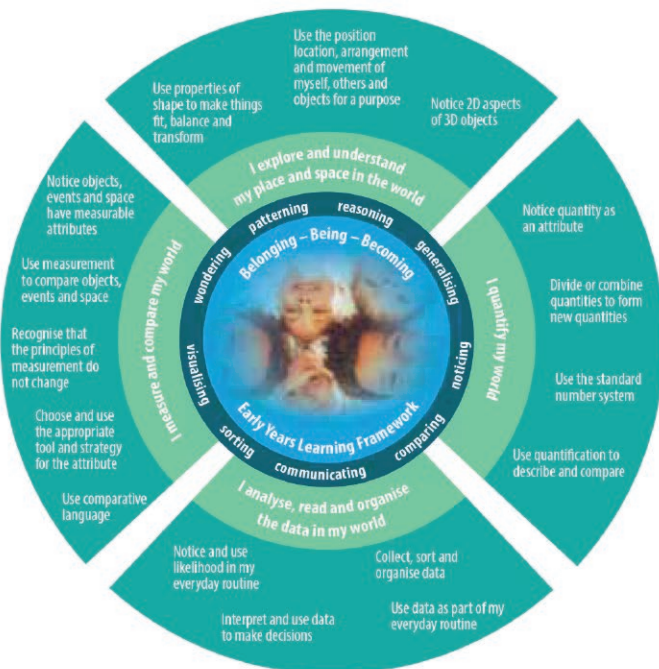
Our curriculum is supported by The Early Years Learning Framework for Australia, Belonging, Being & Becoming. The curriculum is designed to promote key outcomes of learning for an integrated approach.

Learning Outcomes for Children Birth to 5 Years

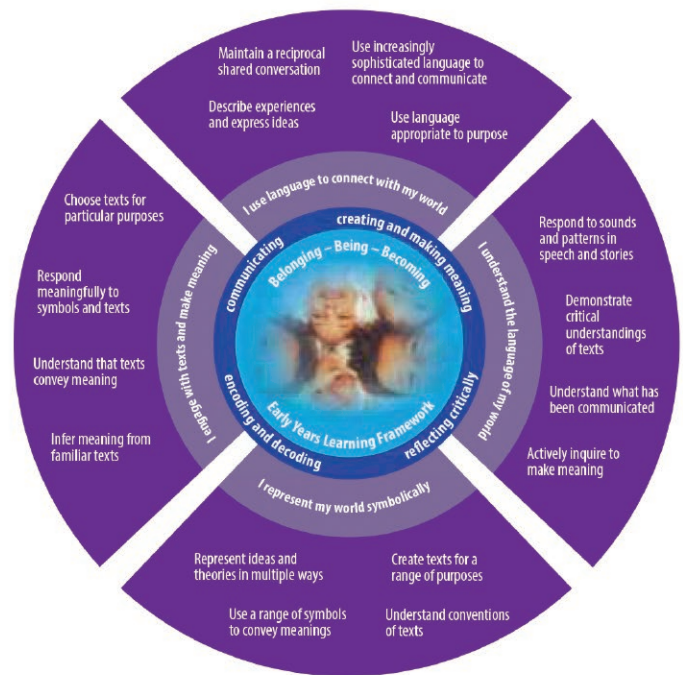
- Outcome 1:** Children have a strong sense of identity.
- Outcome 2:** Children are connected with and contribute to their world.
- Outcome 3:** Children have a strong sense of wellbeing.
- Outcome 4:** Children are confident and involved learners.
- Outcome 5:** Children are effective communicators.

Below are the Literacy and Numeracy indicator charts onto which observations of learning that children have demonstrated while at kindy can be documented.

Numeracy key elements



Literacy key elements



Child Protection Curriculum

The Keeping Safe: Child Protection Curriculum (KS:CPC) has been implemented in Department for Education (DfE) sites since 2008. It is evidence-based, professionally evaluated, best practice curriculum developed collaboratively with child protection experts, teachers, educational leaders and other professionals.

The KS:CPC has been subjected to rigorous trialling by educators in early childhood centres and schools and evaluated by leading experts in the field of child protection.

The KS:CPC teaches all children from a young age, in an age appropriate way, to:

- recognise abuse and tell a trusted adult about it
- understand what is appropriate and inappropriate touching
- understand ways of keeping themselves safe.

The Child Protection Curriculum is embedded into the program and also includes focus sessions. Information will be sent home about content prior to the sessions. Educators have training to teach the Child Protection Curriculum.



Starting Kindy

The time has come and your child is starting Kindy. It's time to send them off into the big wild world. For some children this will be their first step towards independence. There may be tears, anxiety, uncertainty...

Here are a few things that we think will help your understanding and expectations of your child's experience at Angle Vale Preschool.

- We are very **CHILD CENTRED**, and **PLAY ORIENTATED**. Your child will have extended periods of time to explore and create according to their own interests. This is widely acknowledged as **BEST PRACTICE** in the industry.
- We will be carefully monitoring, especially in the initial stages, your child's **EMOTIONAL WELL-BEING**. From this foundation all learning and development grows.
- **SOCIAL RELATIONSHIPS** are very important to your child's development. Your child's main teachers will be their peers.
- Your child will be encouraged to become a **RISK ASSESSOR** and **TAKER**. They will be allowed to climb and play with sticks and rocks. Staff will of course be monitoring these situations, and will help your child establish boundaries. Scrapes, bumps and bruises are a part of life and are 'teachable moments' especially in the initial stages.
- We encourage children to engage in their environment in a fulsome way. On occasion, **THEY WILL GET DIRTY...** e.g mud play is a very common play experience programmed by educators. It promotes: sensory processing, emotional contentment, vocabulary development, motor skills, peer interactions, etc. We recommend you send your child to Kindy in 'play' clothes, sensible shoes and always pack a spare set of clothes.
- **NUMERACY** and **LITERACY DEVELOPMENT** are non-negotiable components of our programme and are built into the children's play experiences. All staff are aware of the Early Years Numeracy and Literacy Indicators, as well as the national curriculum framework: Becoming, Belonging and Being. We monitor and document all children's development through these lenses.

What you won't see much of at Angle Vale Preschool:

- Stencils and black line masters- brains are much more active and stimulated during creative experiences.
- Long mat times, because they can become exercises in compliance
- Experiences and routines that mimic school. Many schools are actually introducing 'play based' learning in their classrooms.
- Experiences that are developmentally questionable such as formal **GRADUATION CEREMONIES** where the children do a lot of sitting and waiting.
- Rote learning experiences- we encourage understanding through exploration and play rather than the ability to repeat without real comprehension.

What you will see:

- Open ended experiences that invite participation at all developmental levels both inside and outside.
- An environment that reflects creative, happy, vibrant children.
- Positive, warm, nurturing interactions between staff, children and their families
- A family friendly environment that invites community participation through events such as - twilight (after hours) sessions, obstacle-a-thons.

Any worries or concerns? Please speak to us immediately. We will listen respectfully. We want your experience with us to be a happy one.



Common Questions

1. What if they won't let me go?

Decide if you are happy to leave your child. They may get upset. Staff are very experienced in these situations. If you have decided to leave, say to your child-"let's do one thing together, and then I'm going". Make sure a staff person is aware of your issue then follow through – leave. Children are seldom upset for more than a few moments. You can call later to see how they're going.

2. What if I can't leave my child upset?

Then stay. But make sure staff are aware of your situation. We will then make a transition plan together.

3. What if they tell me that they don't have any friends?

For some children this is developmental in that they are still in a 'solitary', or 'parallel' play stage. This is not uncommon. For others we can work on specific skills, and strategies. It may be as simple as highlighting for the child when they are having fun with a child or a group... "it looks like you're having a great time with all your friends...lets write down their names so we can tell mum/dad".

4. They don't seem to be eating/drinking much?

Let us know and we'll be more explicit with your child's snack/water intake. Remember it's about encouraging independence, and self-management.

5. Why can't they tell me about their day?

Break it down into small components. Did you have a swing? Who was next to you on the swing? What songs did you sing? Who did you sit next to at lunch?

6. Why don't they draw?

We do encourage participation in a range of experiences, but for some drawing is not an interest. This could be developmental- in which case we encourage fine motor foundational experiences e.g play dough, finger painting etc. Some children have sound fine motor skills e.g work really well with Lego, but seldom draw. In this case we monitor their development with drawing tools, and if necessary be more directive with our expectations.

We look forward to a fun and fulfilling year with your children!

Helping Children Settle

Every child reacts differently to new situations. You can help your child settle into preschool by,

- Planning with your child how you will say goodbye.
- Establishing a routine for leaving your child, such as arrive at preschool, encourage your child to put his/her bag away, greet the teacher marking the roll, do a puzzle or read a story, then say goodbye and leave.
- Using the same routine daily allows your child to know when you will be leaving, making the separation easier to accept.
- If problems emerge talk to the preschool staff. If a child has difficulty separating from their parent or carer the following strategies will be employed to ensure positive, caring and respectful relationships are developed and maintained.
- A staff member will be available as the parent/carer prepares to say goodbye.
- Staff will calmly talk to the child, offer comfort, a quiet place to go to together, offer a special story, toy or activity, or other diversion or distraction tactic to help the child calm.
- The staff member will remain with the child until they calm down, stop crying and are ready to join other activities, many children settle after a few minutes.
- Staff will ask the child if it is OK to hold their hand, sit on the adults lap or have a hug to help them settle.
- We will only physically restrain or lift and carry a child once other strategies have been tried or if the child's or other children's safety is at risk.
- Parents are welcome to ring the Preschool during the session to find out how their child settled.



Earlier is not better

Many parents are concerned when their children aren't learning to recognise letters and numbers. They feel that stencils, worksheets and homework in preschool programs will prepare their children for school.

Preschools could give your children workbooks. We could make them memorise the alphabet. We could drill them. We could test them. But we know that if we do, your children are going to lose something very important.

Children who are rushed into reading and writing too soon miss important steps in learning and may suffer later on because they lack the foundation they need to use language. Children who are taught to read in preschool may be able to sound out and recognise words, but they may have very little understanding of what they are actually reading. If they haven't been given time to play, they won't have explored objects enough to know what words (like soft, softer, softest) mean. If they are not allowed to thread beads, dress up, cut, paste, pour and draw, they won't develop the fine muscle skills they need for writing. One of our aims in preschool is to provide children with as many experiences as possible to hear and use oral language and to help them develop listening and sound discrimination skills.

Because maths involves much more than memorising facts (like $2+2=4$) and because it involves logical thinking, children shouldn't be pushed into paper and pencil arithmetic too soon. To acquire the foundations for logical thinking, children need many opportunities to count objects, sort them into piles, add some to a pile and take some away, and make patterns and sequences. It is by playing games like them what they will truly understand addition, subtraction, division and multiplication. Without these concrete experiences, children may give correct answers but probably won't understand what they are doing and why.

Worst of all, if children are rushed into academic subjects too soon, they may lose their enthusiasm for learning and their sense of themselves as learners. If children are told what to learn and memorise by the teacher, they may become passive and dependant learners and will be less excited about learning new things. Children who are given plenty of time and a range of opportunities to play however, learn to ask questions and work out their own answers. They are responsible for their own learning. They see themselves as creators, explorers, discoverers, problem-solvers and inventors.

In time, they learn to use one object to represent another. This is the beginning of symbolic thinking. They might pretend a stick is an aeroplane or a block is a car. Gradually children become more and more able to use abstract symbols like words to describe their thoughts and feelings. They learn to 'read' pictures which are symbols of real peoples, places and things. This significant and exciting development takes place during the preschool years as children play.

Play provides the foundations for academic 'school' learning. It is the preparation children need to effectively learn highly abstract symbols such as letters (which are symbols for sound) and numbers (which are symbols for number concepts). Our role at preschool is to carefully plan our learning environment and a wide range of experiences for children that will enable them to experience, experiment, discover, practice and master a wide variety of skills that will cement a strong foundation for their future learning and life. In addition, we have a focus on providing opportunities for children to learn and practice the social skills that they will need to develop and sustain friendships and relationships throughout their lives.

Play enables us to achieve the goals of our early childhood curriculum. Play is the work of young children.



Messy play

Children don't mind getting dirty. Water, sand finger paint, play dough, and clay - these are all favourite play materials.

Messy play offers an outstanding opportunity for children to grow and learn. Young children of all ages can enjoy and benefit from messy play. Benefits include:

Wear old clothes to Kindy!



- As children roll and mould play dough, they learn about cause and effect - what happens when they squish it or roll it in their hands.
- As they fill and empty containers and choose objects to use in the water table, they experiment with Math and Science concepts, like more and less, full and empty, float and sink.
- As they pour sand from cups, build sand castles, and add water to sand, they learn about physical concepts like the pull of gravity and the behaviour of liquids and solids. Messy play activities support problem solving and prediction.
- As children talk with each other and with adults while they participate in messy play, their language skills and vocabulary grow.
- Helps children develop large and small motor skills and eye-hand coordination as they dig in sand, pound and squish dough and clay and pain with brushes and fingers.

Risky play

Children both need and want to take risks in order to explore their limits, venture into new experiences and for their development. Any injury is distressing for children and those who care for them, but the experience of minor injuries is a universal part of childhood and has a positive role in child development.

We provide an ideal environment for developing and testing skills in safe, creative play environments and believe that children need opportunities to:

- Develop skills in negotiating the environment (including risks);
- Learn how to use equipment safely and for its designed purpose;
- Develop coordination and orientation skills;
- Take acceptable risks; and
- Learn about the consequences (positive/negative) of risk taking.



Food Philosophy

We believe:

- That all children should be provided with nutritious food choices compatible with Right Bite (Healthy Eating Guidelines), Early Years Learning Framework and the National Quality Standards
- In providing a safe environment that supports children to develop lifelong health and wellbeing
- In being respectful and inclusive of all children's food choices
- That children can eat when hungry, to enable the development of a self-regulatory appetite
- That children have the opportunity to experience food that is:
 - ✓ Seasonal
 - ✓ Fresh
 - ✓ Packaged
 - ✓ Varied
 - ✓ Sensory
 - ✓ Homemade
 - ✓ Balanced



Our food philosophy rules....

- Water only in drink bottles please (partially frozen on hot days)
- Snack food to be kept in your child's bag (not in lunchbox)
- No WHOLE nuts please
- Please include a freezer brick/block as we do not have the capacity to refrigerate lunchboxes

Nutritious foods promote fuller tummies, clearer minds and sustained energy. The provision of a variety of foods in your child's diet will provide the perfect fuel for their growing body, like:

- Protein
- Essential amino acids
- Fats
- Essential fatty acids
- Carbohydrates
- Vitamins
- Fibre
- Minerals

Our children's wonderings about healthy foods at kindy...

Why do we promote healthy foods at kindy?

"So we can get big and strong"- Emma

"Fruits makes me strong"- Lucy

"I like butter chicken for lunch as well, it is my favourite healthy because my mummy makes it" - Meera

Healthy Food Supply and Nutrition Policy

Updated August 2023

Next Review: August 2026

Behavioural Guidelines

At the Angle Vale Preschool we believe:

- Preschool is a place to learn, have fun and feel safe
- With support from families, volunteers, staff and support services, children will build on their existing knowledge, in order to: communicate, respond and interact in ways that are safe, supportive and caring within our Preschool setting.
- Children will have opportunities to: continue their lifelong learning towards becoming responsible members of their community and to develop the ability to self-regulate.

We encourage and support the social, emotional, physical, and mental development of all our children; we aim to be inclusive, fair and respectful of all experiences a child brings to the Preschool setting.

We encourage these respectful responses

Respect

- Respect and care for each other
- Support each other
- Take turns
- Co-operate
- Share
- Be Polite
- Listen
- Care for the environment, their possessions and Preschool property
- Value the efforts of others

Health and Safety

- Follow Preschool routines and structures
- Respect Preschool expectations
- Basic Hygiene- wash hands before contact with food, and after toilet use.
- Walk inside the building and on the verandah

We encourage these **respectful responses**

Communication

- Use age appropriate and developmentally appropriate social language (e.g. "stop kicking me" and "can I please have a turn")
- Express and share learning in ways that are safe

Personal Safety

- Keep your own body safe
- Ask for support, communicate the need for support
- Make an effort to solve problems

These reactions are not encouraged

Intentional Harm to others

- Hit
- Kick
- Spit
- Push
- Pinch
- Bite
- Use of sand, stones, bark chips and objects to throw at others or at property

Other Actions

- Climb fences/gates
- Destruction of any property or possessions
- Verbal abuse, including threats

These **reactions** are not encouraged

Bullying

Bullying is repeated verbal, physical, social or psychological actions that are harmful to others and involve the misuse of power by an individual or group towards one or more persons.

(This does not include single incidents of conflict, fights and altercations between equals/ peers).

Preschool staff responsibilities:

- Acknowledge that children come to Preschool from a variety of backgrounds and with a range of skills, attitudes and cultures.
- Communicate consistently, clearly and respectfully, the routines, expectations and boundaries that exist at preschool.
- Give children encouragement, and support their respectful responses and efforts.
- Provide a stimulating, safe learning environment with clear, safe and fair boundaries
- Role model:
 - 1) respectful communication and supportive responses
 - 2) problem solving strategies.
- Encourage children to solve their own problems and intervene, divert, support and assist when necessary.
- When frequent harmful intentional reactions are exhibited, (see previous page), a child will be withdrawn from the area, to a 'quiet' space. Following or during this time, staff will discuss, demonstrate, communicate or negotiate appropriate alternatives with the child. Incident records will be made in this instance.
- On rare occasions, when a child's reactions are harmful or dangerous to themselves, or others, caregivers will be contacted.
- Every respectful and supportive effort will be made to diffuse, modify or circumvent a child's reactions, and/or to calm the child.
- If a child continues to display frequent, unsafe, destructive and/or violent reactions, the Director, in consultation with parents, may choose to submit a referral for additional support and/or develop an Individual Learning Plan.



Families can help support:

- Discuss and explain with your child the respectful responses listed. Answer their questions and encourage their efforts.
- Communicate with staff as often as possible; find a way to communicate that is comfortable for you and your family. Share any questions or concerns that you may have, and inform staff
- Encourage your child to communicate fairly and openly, with respect for his/her Preschool.
- Continue to advocate for your child and their rights and responsibilities.

Issue Number: 8

Issue Date: July 2021

Next review date: July 2024



Policies

First Aid Policy

All minor accidents will be treated by staff and reported to parents. An accident form will be filled out by the staff and put in your child's note pocket. Should your child have a serious accident they will be transported by ambulance to the nearest hospital accompanied by a staff member. Parents/ caregiver and the General Practitioner will be contacted. Parents are responsible for the cost of the ambulance travel.

Sun Smart Policy

POLICY STATEMENT:

Angle Vale Preschool will ensure that all children attending the Centre are protected from skin damage caused by the harmful ultraviolet rays of the sun and are educated in all aspects of appropriate sun safety. When the UV level reaches 3 (moderate) or higher, it is deemed strong enough to cause damage to unprotected skin.

CONSIDERATIONS:

Philosophy:

To promote among children, staff and families positive attitudes towards skin protection and lifestyle practices, which can help, reduce the incidence of skin cancer.

Legislation

Child Care Centre Regulations 1985 (SA); Public and Environmental Health Act 1987 (SA); Occupational Health, Safety and Welfare Act 1986 (SA); Occupational Health, Safety and Welfare Regulations 1986 (SA); Quality Improvement and National Quality Standards – QA2

Children

Need protection from the sun and harmful rays particularly from September to April; instruction about sun safety and correct application of sunscreen; appropriate clothing and sun protection.

Parents

Need to feel confident that their child/children are adequately protected from the sun when required. Parents are encouraged to co-operate in maintaining sun awareness at home and providing adequate sun protection and measure for their children.

Staff

Need to be responsible for appropriate sun protection in including sunscreen and hats; clear guidelines and instructions with regard to enforcing the Sun Safe policy; to adhere to policies to achieve Sun Smart centre accreditation.

Management

Need staff to maintain appropriate levels of sun awareness and to follow sun protection policies.



HOW POLICY WILL BE IMPLEMENTED (Specific Policies & Procedures):

Children

- Will be supplied a brimmed, bucket, or legionnaires hat each day. They are given the opportunity to apply their own sunscreen.
- Will be strongly encouraged to wear hats when they are outside from July to September and when the UV index is 3 and above.
- Who do not have hats will be asked to play in an area protected from the direct sun or offered the option of wearing a spare 'kindy' hat.
- Apply sunscreen themselves under adult supervision as required.

Parents

- Will be encouraged to apply an appropriate sunscreen at the beginning of each day, either before arrival at kindy or on arrival using sunscreen provided by themselves or the kindy.
- Are recommended to provide children with appropriate clothing.
- Are encouraged to wear appropriate clothing and sun protection whilst at kindy and when joining us on excursions.

Staff

- Are strongly encouraged to wear a suitable hat when outside from September to April and when the UV index is 3 and above.
- Have access to SPF 30+ broad spectrum sunscreen at all times.
- Should wear clothing that provides suitable sun protection.
- Will monitor the UV index and implement this policy when the index is 3 and above.
- Will reinforce and promote Sun Smart behaviour to children, and families.
- Will be informed of the Sun Smart policy during induction.
- Educators will support children to apply sunscreen as required.

Students, Volunteers and Visitors

- Will be encouraged to wear appropriate sun protection clothing and sunscreen while at the kindy and when joining us on excursions.

The environment

- An assessment of available shade will be undertaken each year to ensure adequate shaded areas are available for play. This includes permanent and temporary shelters and the planting of trees.
- If staff deem the weather to be too hot or the UV index is extreme, activities may be restricted to shaded areas only.

Last review: July 2023
Next review: July 2026

Making a complaint

Step 1: Frontline complaint handling and early resolution

Talk to the school, preschool, area or the person that made the original decision. We encourage a process where the original decision maker is given the opportunity to resolve the concern or complaint wherever possible. In a school setting this might be a Teacher or a Year Level Coordinator. In a corporate office it might be an officer or Team Leader.

If you're still not satisfied that your complaint has been addressed, you can contact that person's line manager. This might be a Principal or Preschool Director in a school setting or a Manager or Director in a corporate office. Ask to make a time to contact them to discuss your concerns. You may want to put your concerns in an email.

Most complaints are resolved quickly, but some complex matters may take more time. We will advise you if this is the case.

Step 2: Central complaint resolution

If you're not satisfied that your complaint has been addressed at the local level, you can get help from our Customer Feedback Unit (CFU).

Contact the CFU:

- online feedback and complaints form: <https://schools-sa.force.com/CFU/s/>
- feedback and complaints about a school or preschool: <https://www.education.sa.gov.au/department/about-department/contact-department/feedback-and-complaints-about-school-or-preschool>
- phone 1800 677 435 (free call).

We can help you in relation to preschool and school complaints by:

- giving advice about the issues behind the complaint
- liaising with schools and preschools to ensure all options for resolution have been explored
- objectively reviewing complaints that have not been resolved at the local level, including through a review.

Refer to internal and external reviews for complaints for more information:

<https://www.education.sa.gov.au/internal-and-external-reviews-school-or-preschool-complaints>

Step 3: External complaint resolution

If we haven't been able to resolve your complaint through steps 1 and 2, you may choose to seek independent advice from the Ombudsman SA: <https://www.ombudsman.sa.gov.au/>. The circumstances of your complaint will determine if they can help.

External agency contact:

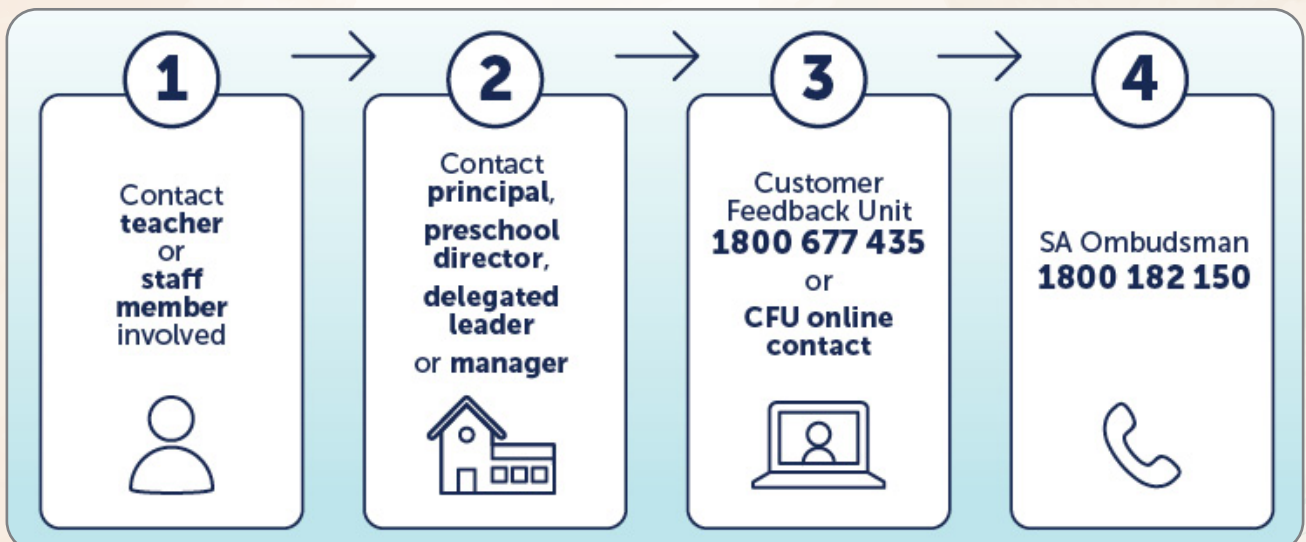
Ombudsman SA (OSA)

Free call: 1800 182 150

Email: ombudsman@ombudsman.sa.gov.au

Depending on the nature of the matter, the OSA will usually ask if you have taken your complaint to the school, preschool or the CFU before approaching the Ombudsman.

Overview - steps for raising your complaint





INFORMATION FOR FAMILIES

Exclusion periods explained

Infection prevention and control in early childhood education and care services

EXCLUSION PROTECTS

Educators and staff in the early childhood education and care service your child attends work hard to limit the spread of disease and prevent illness in the care service.

Parents are sometimes asked to keep their child at home (called 'exclusion') in the event of illness or disease within the care service. The aim of exclusion is to reduce the spread of infectious diseases in the care service.

The less contact there is between people who have an infectious disease and people who are at risk of catching the disease, the less chance the disease has of spreading.

This fact sheet provides you with information on why your care service may need to exclude your child from care.

WHY IS MY CHILD BEING EXCLUDED?

Education and care services understand that you are under pressure to fulfil work, study or other family commitments and may find the exclusion ruling for your child difficult to manage.

By excluding one ill child, many other children (and staff) can be protected from becoming ill. The need for exclusion and the length of time a child is excluded depends on:

- ▶ how easily the infection can spread
- ▶ how long the child is likely to be infectious
- ▶ how severe the disease can be.

Care services will not be influenced by letters from doctors stating that the child can return to care, unless the child's condition fulfils the service's criteria for returning to care.

It is the doctor's role to make the diagnosis of an illness. The care service, however, decides on the response to an illness e.g. excluding the ill child, in consultation with their local public health unit. This may also involve excluding susceptible children and staff with whom the ill child has been in contact. To make a decision on the response to the illness, care services refer to a list of recommended minimum exclusion periods.

RECOMMENDED MINIMUM EXCLUSION PERIODS

NHMRC (2012) *Staying healthy – Preventing infectious diseases in early childhood education and care services* provides a list of the recommended minimum exclusion periods (Table 1.1). You can view this resource at www.nhmrc.gov.au/guidelines/publications/ch55.

These are minimum exclusion periods, however a child may need to stay home for longer until he/she is well enough to return to the service.

Educators and other staff working in the education and care service are also required to follow the recommended minimum exclusion periods.



It is a good idea to ask for a copy of the policy on exclusion periods when you join the care service.

If you have any questions or concerns about exclusion periods, talk to your care service or doctor.

IMMUNISATION

Immunisation is a reliable way to prevent certain diseases. Immunisation works by giving a person a vaccine against a particular disease. The vaccine contains a dead or modified version of the germ. This makes the person's immune system respond in a similar way to if they actually had the disease, but with less severe symptoms. If the person comes into contact with that germ in the future, their immune system can rapidly respond and prevent the person becoming ill.

The chance of an infection spreading in a community reduces if a high proportion of people are immunised, because the immunised people should not become infected and can protect more vulnerable people. This is known as 'herd immunity'.

MY CHILD IS NOT ILL, WHY IS HE/SHE BEING EXCLUDED?

He/she will be excluded from care during outbreaks of certain diseases such as measles and whooping cough (even if your child is well) if he/she has not been medically vaccinated. This includes if the child has been naturopathically or homeopathically vaccinated. The effectiveness of naturopathic or homeopathic vaccinations has not been scientifically proven.

The education and care service will usually have a policy on excluding non-medically vaccinated children in their exclusion policies.

When you enrol your child in a care service, provide the care service with a copy of your child's vaccination records. If your child has a vaccination record, make sure they have received all the vaccinations recommended for their age group.

For more information on immunisation, visit www.immunise.health.gov.au or call the Immunise Australia Program on 1800 671 811.

IMMUNISE AUSTRALIA
www.immunise.health.gov.au

IN SUMMARY

You can work with your education and care service and their exclusion policy to prevent your child, other children or staff from developing an infectious disease:

- Ask for a copy of your education and care exclusion policy.
- Provide the care service with a copy of your child's vaccination records or tell your care service if your child has not been medically vaccinated.
- Tell your care worker if your child has been diagnosed with an illness.
- Talk to your education and care service if you are unsure if your child can attend the service that day.

More information

Consumer guides are also available on

- What cause infection?
- Breaking the chain of infection

References

NHMRC (2012) *Staying healthy – Preventing infectious diseases in early childhood education and care services* found at www.nhmrc.gov.au/guidelines/publications/ch55.

NHMRC Ref. CH55b

Printed June 2013



Australian Government
National Health and Medical Research Council

NHMRC

WORKING TO BUILD A HEALTHY AUSTRALIA

Recommended minimum exclusion periods

ADAPTED FROM STAYING HEALTHY | 5TH EDITION | 2013

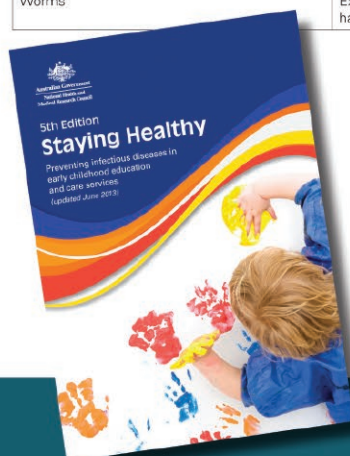
Condition	Exclusion of case	Exclusion of contacts ^a
Campylobacter infection	Exclude until there has not been a loose bowel motion for 24 hours ^b	Not excluded
Candidiasis (thrush)	Not excluded	Not excluded
Cytomegalovirus (CMV) infection	Not excluded	Not excluded
Conjunctivitis	Exclude until discharge from the eyes has stopped, unless a doctor has diagnosed non-infectious conjunctivitis	Not excluded
Cryptosporidium	Exclude until there has not been a loose bowel motion for 24 hours ^b	Not excluded
Diarrhoea (No organism identified)	Exclude until there has not been a loose bowel motion for 24 hours ^b	Not excluded
Fungal infections of the skin or nails (e.g. ringworm, tinea)	Exclude until the day after starting appropriate antifungal treatment	Not excluded
Giardiasis	Exclude until there has not been a loose bowel motion for 24 hours ^b	Not excluded
Glandular fever (mononucleosis, Epstein Barr virus [EBV] infection)	Not excluded	Not excluded
Hand, foot and mouth disease	Exclude until all blisters have dried	Not excluded
Haemophilus influenzae type b (Hib)	Exclude until the person has received appropriate antibiotic treatment for at least 4 days	Not excluded. Contact a public health unit for specialist advice
Head lice (pediculosis)	Not excluded if effective treatment begins before the next day at the education and care service. The child does not need to be sent home immediately if head lice are detected	Not excluded
Hepatitis A	Exclude until a medical certificate of recovery is received and until at least 7 days after the onset of jaundice	Not excluded. Contact a public health unit for specialist advice about vaccinating or treating children in the same room or group
Hepatitis B	Not excluded	Not excluded
Hepatitis C	Not excluded	Not excluded
Herpes simplex (cold sores, fever blisters)	Not excluded if the person can maintain hygiene practices to minimise the risk of transmission. If the person cannot comply with these practices (e.g. because they are too young), they should be excluded until the sores are dry. Sores should be covered with a dressing, where possible	Not excluded
Human immunodeficiency virus (HIV)	Not excluded. If the person is severely immune compromised, they will be vulnerable to other people's illnesses	Not excluded
Human parvovirus B19 (fifth disease, erythema infectiosum, slapped cheek syndrome)	Not excluded	Not excluded
Hydatid disease	Not excluded	Not excluded
Impetigo	Exclude until appropriate antibiotic treatment has started. Any sores on exposed skin should be covered with a watertight dressing	Not excluded
Influenza and influenza-like illnesses	Exclude until person is well	Not excluded
Listeriosis	Not excluded	Not excluded
Measles	Exclude for 4 days after the onset of the rash	Immunised and immune contacts are not excluded For non-immunised contacts, contact a public health unit for specialist advice. All immunocompromised children should be excluded until 14 days after the appearance of the rash in the last case
Meningitis (viral)	Exclude until person is well	Not excluded
Meningococcal infection	Exclude until appropriate antibiotic treatment has been completed	Not excluded. Contact a public health unit for specialist advice about antibiotics and/or vaccination for people who were in the same room as the case
Molluscum contagiosum	Not excluded	Not excluded
Mumps	Exclude for 9 days or until swelling goes down (whichever is sooner)	Not excluded
Norovirus	Exclude until there has not been a loose bowel motion or vomiting for 48 hours	Not excluded
Pertussis (whooping cough)	Exclude until 5 days after starting appropriate antibiotic treatment, or for 21 days from the onset of coughing	Contact a public health unit for specialist advice about excluding non-vaccinated and incompletely vaccinated contacts, or antibiotics
Pneumococcal disease	Exclude until person is well	Not excluded
Roseola	Not excluded	Not excluded
Ross River virus	Not excluded	Not excluded
Rotavirus infection	Exclude until there has not been a loose bowel motion or vomiting for 24 hours ^b	Not excluded
Rubella (German measles)	Exclude until fully recovered or for at least 4 days after the onset of the rash	Not excluded
Salmonellosis	Exclude until there has not been a loose bowel motion for 24 hours ^b	Not excluded
Scabies	Exclude until the day after starting appropriate treatment	Not excluded
Shigellosis	Exclude until there has not been a loose bowel motion for 24 hours ^b	Not excluded
Streptococcal sore throat (including scarlet fever)	Exclude until the person has received antibiotic treatment for at least 24 hours and feels well	Not excluded
Toxoplasmosis	Not excluded	Not excluded
Tuberculosis (TB)	Exclude until medical certificate is produced from the appropriate health authority	Not excluded. Contact a public health unit for specialist advice about screening, antibiotics or specialist TB clinics
Varicella (chickenpox)	Exclude until all blisters have dried—this is usually at least 5 days after the rash first appeared in non-immunised children, and less in immunised children	Any child with an immune deficiency (for example, leukaemia) or receiving chemotherapy should be excluded for their own protection. Otherwise, not excluded
Viral gastroenteritis (viral diarrhoea)	Exclude until there has not been a loose bowel motion for 24 hours ^b	Not excluded
Worms	Exclude if loose bowel motions are occurring. Exclusion is not necessary if treatment has occurred	Not excluded

^a The definition of 'contacts' will vary according to the disease—refer to the specific fact sheet for more information.

^b If the cause is unknown, possible exclusion for 48 hours until cause is identified. However, educators and other staff who have a food handling role should always be excluded until there has not been a loose bowel motion for 48 hours.

Adapted from SA Health Communicable Disease Control Branch: <http://www.dh.sa.gov.au/pehs/branches/branch-communicable.htm>. Note that exclusion advice is consistent with Series of National Guidelines (SoNGs) where available.

Staying Healthy. Preventing infectious diseases in early childhood education and care services | 5th Edition | Printed June 2013 | NHMRC Ref. CH55e



General use adrenaline autoinjectors (EpiPen®)

Information for parents and legal guardians

All Department for Education preschools and schools must have a general use adrenaline autoinjector so they can provide emergency medication to treat anaphylaxis. The department specifies that preschools will keep an EpiPen® Jr (0.15mg adrenaline) and schools will keep an EpiPen® (0.3mg adrenaline).

The 'general use' adrenaline autoinjector is not a substitute for children and young people who are at high risk of anaphylaxis, and who have been prescribed an adrenaline autoinjector. In these cases, you need to notify the preschool or school that your child is at risk of anaphylaxis and provide an Australasian Society of Clinical Immunology and Allergy (ASCI) action plan.

General use EpiPens®

Adrenaline autoinjectors for *general use* are most likely to be used when:

- an individual who is known to be at risk of anaphylaxis does not have their own device immediately accessible or the device is out of date
- a second dose of adrenaline is required before an ambulance has arrived
- an individual's device has misfired or accidentally been discharged
- a previously diagnosed individual with mild allergy who was not prescribed an adrenaline autoinjector has their first episode of anaphylaxis
- less commonly, an undiagnosed individual has a first episode of anaphylaxis and was not previously known to be at risk (eg a child having their first reaction at school).

Keeping your child safe

Our preschools and schools must have sufficient staff on site with:

- current first aid training (that includes cardiopulmonary resuscitation (CPR) and how to administer emergency asthma and anaphylaxis medication)
- training through the ASCIA anaphylaxis e-training course for schools and childcare
- practical training in how to use an EpiPen®

In an emergency, if there is no other person nearby who has had basic training in the use of an adrenaline autoinjector, it is reasonable that someone without specific training will administer adrenaline by following instructions on the device. Where there are reasonable grounds for believing an individual is having an acute allergic reaction, adrenaline will be administered.

Taking precautions

An ambulance will be called in all cases where adrenaline is administered and care for the person will be transferred to the ambulance officer. The patient will be taken to hospital to remain under observation until symptoms have resolved. No serious or permanent harm is likely to occur from mistakenly administering adrenaline to an individual who is not experiencing anaphylaxis. Temporary side effects of adrenaline may include increased heart rate, trembling and paleness.

Further information

Contact your preschool or school for further information.



National Immunisation Program Schedule



A Joint Australian, State and Territory Government Initiative

Childhood vaccination

(also see vaccination for people with medical risk conditions)

Age	Diseases	Vaccine Brand	Notes
Birth	<ul style="list-style-type: none"> Hepatitis B (usually offered in hospital) 	H-B-Vax [®] II Paediatric or Engerix B [®] Paediatric	Should be given to all infants as soon as practicable after birth. The greatest benefit is if given within 24 hours and must be given within 7 days.
2 months (can be given from 6 weeks of age)	<ul style="list-style-type: none"> Diphtheria, tetanus, pertussis (whooping cough), hepatitis B, polio, <i>Haemophilus influenzae</i> type b (Hib) Rotavirus Pneumococcal Meningococcal B (Indigenous children) 	Infanrix [®] hexa or Vaxelis [®] Rotarix [®] Prevenar 13 [®] Bexsero [®]	Rotavirus vaccine: First dose must be given by 14 weeks of age. Meningococcal B vaccine: Prophylactic paracetamol recommended.
4 months	<ul style="list-style-type: none"> Diphtheria, tetanus, pertussis (whooping cough), hepatitis B, polio, <i>Haemophilus influenzae</i> type b (Hib) Rotavirus Pneumococcal Meningococcal B (Indigenous children) 	Infanrix [®] hexa or Vaxelis [®] Rotarix [®] Prevenar 13 [®] Bexsero [®]	Rotavirus vaccine: The second dose must be given by 24 weeks of age. Meningococcal B vaccine: Prophylactic paracetamol recommended.
6 months	<ul style="list-style-type: none"> Diphtheria, tetanus, pertussis (whooping cough), hepatitis B, polio, <i>Haemophilus influenzae</i> type b (Hib) Pneumococcal (Children with specified medical risk conditions) Pneumococcal (Indigenous children in WA, NT, SA, Qld) Meningococcal B (Indigenous children with specified medical risk conditions) 	Infanrix [®] hexa or Vaxelis [®] Prevenar 13 [®] Prevenar 13 [®] Bexsero [®]	Pneumococcal vaccine: An additional (2 nd) dose of 13vPCV is required for Indigenous children in WA, NT, SA, Qld, and all children with specified medical risk conditions for pneumococcal disease. Refer to the Immunisation Handbook. Meningococcal B vaccine: Prophylactic paracetamol recommended.
6 months to <5 years (annually)	<ul style="list-style-type: none"> Influenza 	Age appropriate	Administer annually. In children aged 6 months to less than 9 years of age in the first year of administration, give 2 doses a minimum of 1 month apart. One dose annually in subsequent years. Information on age appropriate vaccines is available in the Immunisation Handbook or the annual ATAGI advice on seasonal influenza vaccines.
12 months	<ul style="list-style-type: none"> Meningococcal ACWY Measles, mumps, rubella Pneumococcal Meningococcal B (Indigenous children) 	Nimenrix [®] M-M-R [®] II or Priorix [®] Prevenar 13 [®] Bexsero [®]	Meningococcal B vaccine: Prophylactic paracetamol recommended.
18 months	<ul style="list-style-type: none"> <i>Haemophilus influenzae</i> type b (Hib) Measles, mumps, rubella, varicella (chickenpox) Diphtheria, tetanus, pertussis (whooping cough) Hepatitis A (Indigenous children in WA, NT, SA, Qld) 	ActHIB [®] Priorix-Tetra [®] or ProQuad [®] Infanrix [®] or Triptacel [®] Vaqta [®] Paediatric	Hepatitis A vaccine: First dose of the 2-dose hepatitis A vaccination schedule if not previously received a dose.
4 years	<ul style="list-style-type: none"> Diphtheria, tetanus, pertussis (whooping cough), polio Pneumococcal (Children with specified medical risk conditions) Pneumococcal (Indigenous children in WA, NT, SA, Qld) Hepatitis A (Indigenous children in WA, NT, SA, Qld) 	Infanrix [®] IPV or Quadriacel [®] Pneumovax 23 [®] Pneumovax 23 [®] Vaqta [®] Paediatric	Pneumococcal vaccine: Administer first dose of 23vPPV at age 4 years, followed by second dose of 23vPPV at least 5 years later. Refer to the Immunisation Handbook for specified medical risk conditions. Hepatitis A vaccine: Not required if previously received 2 doses (first dose at age ≥12 months) at least 6 months apart.
≥ 5 years (annually)	<ul style="list-style-type: none"> Influenza (Children with specified medical risk conditions) Influenza (Indigenous children) 	Age appropriate Age appropriate	Administer annually. In children aged 6 months to less than 9 years of age in the first year of administration, give 2 doses a minimum of 1 month apart. One dose annually in subsequent years. Information on age appropriate vaccines is available in the Immunisation Handbook or the annual ATAGI advice on seasonal influenza vaccines.

National Quality Standard

The National Quality Standard (NQS) sets a benchmark for the quality of all education and care services across Australia.

The NQS is made up of seven quality areas.

Services are assessed and rated by their regulatory authority to determine the level of quality.

seven quality areas

1 Educational program and practice

2 Children's health and safety

3 Physical environment

4 Staffing arrangements

5 Relationships with children

6 Collaborative partnerships with families and communities

7 Governance and leadership

quality ratings

Service promotes **exceptional** education and care, demonstrates sector leadership, and is committed to continually improving.

Rated
EXCELLENT
by ACECQA



Service **goes beyond** the requirements of the National Quality Standard in at least four of the seven quality areas.

RATED
EXCEEDING
NATIONAL QUALITY STANDARD



Service **meets** the National Quality Standard. Service provides quality education and care in all seven quality areas.

RATED
MEETING
NATIONAL QUALITY STANDARD



Service provides a **safe** education and care program, but there are one or more areas identified for improvement.

RATED
WORKING TOWARDS
NATIONAL QUALITY STANDARD



There is an identified significant risk to the safety, health and wellbeing of children. Immediate action will be taken to address issues.

**SIGNIFICANT
IMPROVEMENT
REQUIRED**

**We look forward to
welcoming you and your
family to our preschool
community.**

