



# TROPICS

## EARLY LEARNING

Providing quality early childhood education and care for infants through to five-year-olds, within a safe, nurturing, natural environment.

# FAMILY HANDBOOK

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***Tropics Early Learning operates on Larrakia Country. We acknowledge the Larrakia people as the Traditional Owners of the Darwin region and pay our respects to Larrakia elders past, present and emerging.***

***We are committed to a positive future for our First Nations community.***

***We are honoured to nurture the development and wellbeing of our children, embracing their identities and cultures.***

# CONTENTS

3. Welcome; Our Vision; Our Values; Organisation Structure
4. Our Philosophy
5. Our Team; Our Services; Policies and Procedures;
6. Protecting Children and Young People; Communicating with Families;
7. Code of Conduct for Families and Visitors; Orientation into the Service; Cancellation of Bookings
8. Family Grievances and Complaints; Privacy and Confidentiality
9. Enrolment Procedures; Child Care Subsidy
10. Setting and Payment of Fees
11. Delivery and Collection of Children;
12. Absences from the Service
13. Illness and Exclusion; Administration of Medication; Medical Conditions;
14. Sun Protection; Behaviour Guidance; Educational Curriculum and Learning
16. Our Learning Environments
18. Daily Requirements for your Child; Your Family's Responsibilities
19. Helpful Hints for Kids
20. Appendix 1: Useful contact information
21. Appendix 2: UN Convention on the Rights of the Child
22. Appendix 3: Recommended Exclusion Periods
23. Appendix 4: National Immunisation Program Schedule
25. Appendix 5: Early Childhood Australia – Code of Ethics
26. Appendix 6: Medical Conditions Policy
29. Appendix 7: Administration of Medication Policy
31. Appendix 8: Illness and Exclusion Policy
33. Appendix 9: Payment of Fees Policy
35. Appendix 10: Family Grievances
37. Appendix 11: Enrolment, Orientation and Transition Policy
39. Appendix 12: Interaction and Behaviour Guidance

# WELCOME

Welcome to Tropics Early Learning. Our service offers quality care and education for children aged between 6 weeks and 5 years, our programs and practices are guided by the National Quality Framework for Early Childhood Education.

Our service is governed by the Malak Family Centre Incorporated Management Committee, whose members are elected annually from members of the Association, which includes families of children utilising the service. The Committee oversee the operations of the service, ensuring the financial viability, policy development, and smooth running of the service. The Management Committee employ a suitably qualified and experienced Senior Director to fulfil the role of Nominated Supervisor of the service, overseeing the day-to-day operations of the service, and implementing the National Quality Standard, and the relevant learning frameworks.



## OUR VISION

Tropics Early Learning is an early learning centre where children are nurtured to learn and thrive through play-based programs that are individualised to the child's needs. We are a welcoming community where everyone belongs.

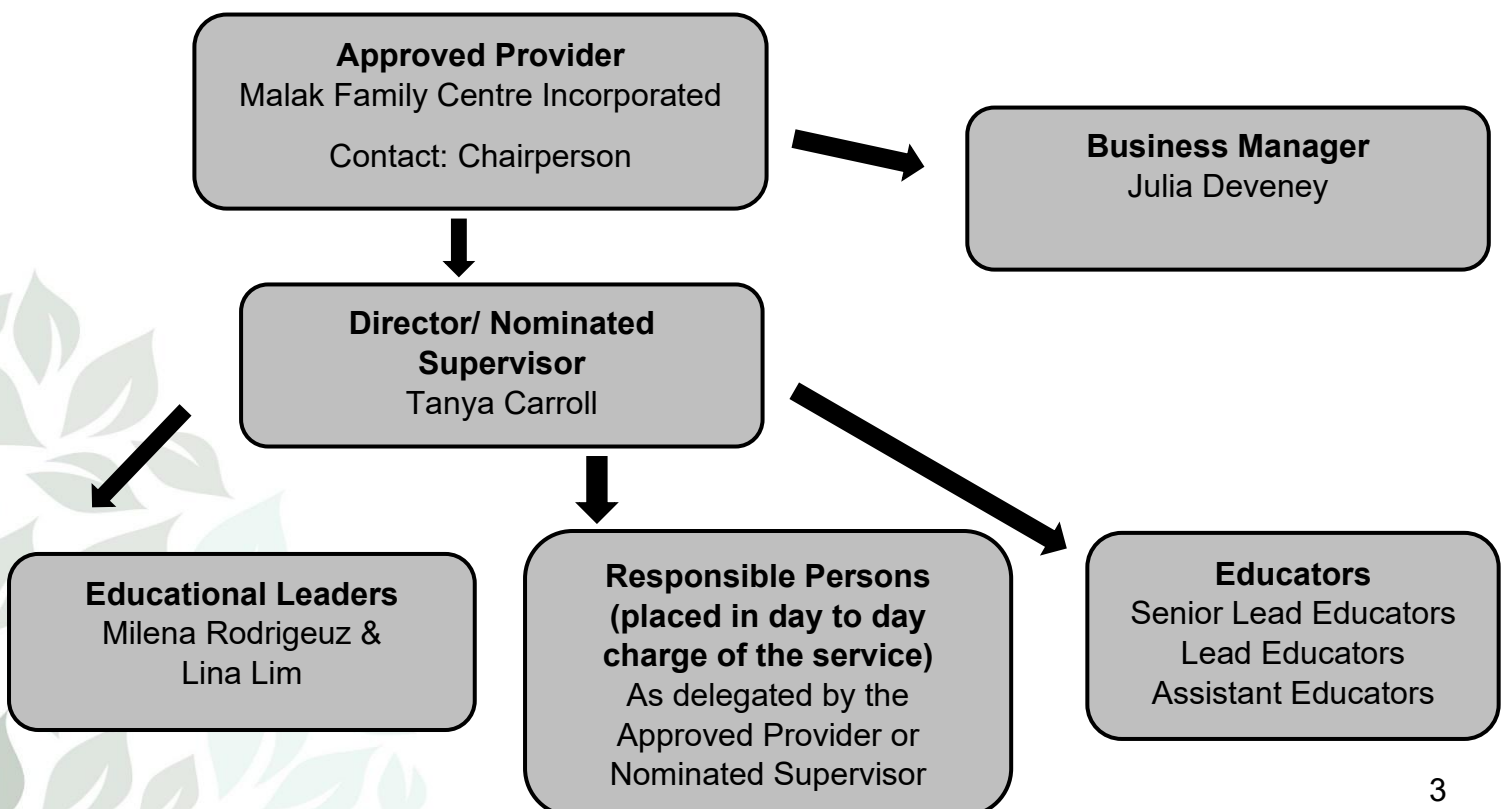
## OUR VALUES

Our 6 core values are the key guiding points that underpin our philosophy. They form the foundation for how we deliver all outcomes of our service:

- Quality and Integrity
- Child-centred
- Inclusive Community
- Respect
- Sustainability
- Professional



## ORGANISATIONAL STRUCTURE



# PHILOSOPHY STATEMENT

## ***Our Children***

We believe that the development of secure relationships will support children to be successful learners, as they develop a positive sense of self, social competence and the ability to interact with others with care, empathy and respect.

We view children as active participants and decision makers, and believe that they bring their own diverse experiences, perspectives, expectations, knowledge and skills to their learning. We believe that all children have the capacity to succeed, and we will promote the inclusion and participation of all children in our community.

## ***Our Families and Community***

The involvement and dedication of our families is an important aspect of our Centre, and we believe that partnerships formed between families, educators, children and the wider community are important for children's learning and their sense of belonging within the Centre.

We develop programs where Aboriginal and Torres Strait Islander perspectives are acknowledged, respected, valued and embedded. We embrace diversity, and respect differences in all children, families and educators, honouring the histories, cultures, languages, traditions, child rearing practices and lifestyle choices of all families within our community.

## ***Our Environment***

We provide an environment which is safe, friendly and welcoming, in which meaningful relationships are developed, and a strong sense of community is maintained.

We believe that the physical environment, both built and natural, should be respected by children, families and educators, and will promote this through our curriculum, ensuring that sustainable practices are embedded in our routines, programs and everyday practice, with many opportunities for children to connect with nature, inviting open ended interactions, spontaneity, risk taking, exploration, and discovery.

## ***Our Curriculum***

We acknowledge the value that play has in the lives of young children and believe that children need to have fun and will learn best when they are empowered to make choices and take an active role in their own learning. Our programs and routines are child centred, with all curriculum decisions guided by what is in the best interests of each child and developed to extend on their unique interests and strengths

## ***Our Educators***

Our educators are valued and respected for their experience and knowledge in the Early Childhood Care and Education field, their skills are acknowledged as a valuable resource, which will be nurtured as we support them to build their professional knowledge. We encourage reflective practice involving questions of philosophy, ethics and practice.

## ***Our Governance and Leadership***

We place a strong focus on effective Governance and Leadership, developing values and processes that set clear direction for continual improvement and ensure quality outcomes for children. We embrace self-assessment processes, and value all feedback as opportunities for reflection and progress towards Quality Improvement.





# OUR TEAM

We employ a team of professional, qualified educators to coordinate, and implement our Educational Programs, and we pride ourselves on the high quality of service we provide to children and families in our local community.



Our educators all hold the relevant qualifications in the Early Childhood Care and Education Industry. Our Early Childhood Teachers hold relevant teaching qualifications, as recognised by ACECQA. Our Lead Educators all hold (or are working towards) A Diploma level qualification, and our Assistant Educators all hold (or are working towards) a Certificate III level qualification. We continually encourage our team to further their professional development, and ensure they are knowledgeable on current research and practice.

We have delegated appropriately qualified and experienced Educational Leaders in both services, to lead the implementation of innovative programs that reflect the National Learning Frameworks of Australia. We also use the National Quality Standard as a guide for continual improved, as we strive to achieve a standard that exceeds that National average.

## Early Closure for Professional Development

The Centre will close at 4pm on 4 days throughout the year, this will occur once per quarter. Families will be advised of the dates at the beginning of each year and reminded well in advance prior to the early closure taking place.

# OUR SERVICES

We provide care and education for child aged between 6 weeks and 5 years, from 7:00am through to 6:00pm, Monday to Friday, and close on public holidays. Tropics Early Learning is approved to cater for up to 90 children.

Age groups:

- Babies: 6 weeks to 18 months
- Toddlers: 18 months to 2 ½ years
- Kindy: 2 ½ years to 3 ½ years
- Preschool: 3 ½ to 5 years

We provide Nutritious meals throughout the day for breakfast, morning tea, lunch and afternoon tea, the menu for each week is displayed in the foyer. We welcome feedback and input into our menus, please let us know if you have any suggestions.



## POLICIES AND PROCEDURES

Tropics Early Learning has a range of policies and procedures that guide the operation of our organisation, and promotes consistency in the care that is provided. All policies are available to access at the services, or alternatively, a copy of any or all policies can be emailed to families who request them.

Policies are working documents and are reviewed as appropriate to ensure they remain consistent with legislative changes and best practice. Malak Family Centre Inc. complies with the Education and Care Services National Law requirement to consult with families in relation to any changes to

policies or procedures that affect the way in which families access our service. Policy changes will be drafted and open for comment by families and staff for a period of two weeks before the Management Committee considers a final version.

When a policy has been ratified, families will be notified through regular newsletters, and via email.

## PROTECTING CHILDREN AND YOUNG PEOPLE

As Early Childhood Professionals we have an ethical, moral and lawful obligation to protect the children in our care from abusive or potentially abusive situations, and we are committed to providing a child safe environment to all of the children who utilise our service. We implement procedures throughout our services to promote a child safe environment, and ensure that all educators provide a current Ochre card prior to beginning their employment with us.



We ensure that all of our educators are aware of their legal responsibilities surrounding child protection, and provide professional development as required.

- We recognise that all children and young people have the right to develop and reach their potential in caring, nurturing and safe environments
- We consider any form of child abuse and exploitation as intolerable under any circumstances.
- We understand that we have a legal and moral responsibility to protect children and young people from harm, and will ensure that any suspected incidents of child abuse are reported as per our mandatory reporting requirements.

## COMMUNICATING WITH FAMILIES

Communication is an important part of maintaining positive relationships between families and the service. We use various methods to keep the lines of communication open.

These include:

- Notice boards: please take the time to stop and look at information displayed throughout our service, these will contain information for families; children's experiences; service information; community events and programs etc.
- Playground: we share our programs and observations of children with individual families, as well as community announcements for all families to read. This is also a platform where families can share information with us.
- Xplor: this platform allows for bulk or individual SMS, email and hub posts.
- Regular newsletters: containing information for families about things that have been happening in the service, policy reviews, updates on staffing, sustainable practices, nutrition and lunch box ideas and community services
- Email: circulating information, newsletters, policies etc. This is also a great platform for families to share information with us, to raise any concerns, provide suggestions for programs, notify any absences and changes in bookings and enrolment information, etc
- Telephone: verbal communication.
- Meetings (informal/formal): these can be in the form of daily "chats" upon delivery and collection of child, or more formal arranged meetings.
- Social Media: through our Facebook page and instant messaging

# CODE OF CONDUCT FOR FAMILIES AND VISITORS

We aim to provide a service in which all stakeholders feel a sense of belonging. We strive to ensure that our environment is welcoming and safe for children, families and employees.



We ask that families and visitors conduct themselves appropriately and reflect the values of our organisation, by adhering to the following:

- ✓ Be polite and respectful when interacting with educators, children and other families
- ✓ Be mindful and respectful of other cultures and religious backgrounds in the service.
- ✓ Refrain from discussing concerns and grievances with other families or community members, and not airing these on social media. Families are asked to follow the service grievance procedures
- ✓ Refrain from using abusive or offensive language while in the service, or in within hearing of children, educators and other families.
- ✓ Support the service in protecting the health and wellbeing of others, being responsible for their own child's health, and ensuring that they don't attend the service when they are unwell.
- ✓ Ensure that they collect their child from the service prior to the service's closing time, understanding that our educators also have families and commitments to attend to when their shift is complete.
- ✓ Not arrive at the service to collect their child affected by excessive use of drugs or alcohol.
- ✓ Refrain from smoking while on the premises.
- ✓ Avoid physical contact with children other than their own, unless the safety of a child is compromised (this should be reported immediately to the Director/person in charge).
- ✓ Refrain from guiding children's behaviour, other than their own. This should be referred directly to an educator.

## ORIENTATION INTO THE SERVICE

The orientation process will take in to account the child's age, cultural background, interests, skills and abilities. The family will be invited to visit the service to meet the educators and familiarise themselves with the environment.

If the parent/guardian feels that more than one visit is needed, they will be invited to attend as often as needed, to assist with the transition process, and help the child feel secure.

Throughout these visits, educators will begin to build relationships with the child and family, discussing the programs, routines, the service philosophy, and collecting information about the child.



## CANCELLATION OF BOOKINGS

Notification of bookings and cancellations are essential, to ensure that we have sufficient educators rostered on for each session of care.

**CANCELLED**

Cancellations or booking changes must be received by the Director in writing with a minimum of 14 days' notice given  
If the relevant amount of notice is not received, full fees will apply.



# FAMILY GRIEVANCES AND COMPLAINTS

We believe that families should feel comfortable to air any concerns, and be assured that their issues are listened to, understood, and dealt with consistently in terms of equity and fairness. Grievances and complaints will be viewed as opportunities to understand other attitudes and views, and will be used as a part of our self-evaluation processes, to help to improve the quality of the services we provide to our community, families and children.

We have grievance procedures in place, and encourage our families to adhere to these procedures to help ensure a satisfactory outcome, and protect the rights of others.

Summary of our grievance procedures:

## Step 1:

- » Discuss your concerns with the staff member involved, discuss only the facts that have caused the grievance, and refrain from personal insults.

## Step 2 (If there is no resolution at step 1):

- » Put your concerns in writing and forward them to the Senior Director at [director@malakfamilycentre.com.au](mailto:director@malakfamilycentre.com.au), or if the grievance is with the Senior Director, forward to the Management Committee at [committee@malakfamilycentre.com.au](mailto:committee@malakfamilycentre.com.au).
- » A meeting with the Senior Director/Management committee representative will be organised within 5 working days to discuss your concerns, and work on a resolution.

## Step 3 (If there is no resolution at step 2):

- » The grievance will be taken to the whole Management Committee.

If the family member is not satisfied with the decision, they have the right to appeal the decision, or they can contact our regulatory authority:



## Quality Education and Care Northern Territory (QECNT)

Department of Education

Ph: 8999 3561

Email: [qualityecnt.det@nt.gov.au](mailto:qualityecnt.det@nt.gov.au)

Postal: GPO Box 4821

DARWIN NT 0801

# PRIVACY AND CONFIDENTIALITY

We ensure that the personal information collected is accurate, and stored securely. Information collected will only be used or disclosed to achieve the outcomes for which it was initially collected. Personal information will be managed openly and transparently, in a way that protects an individual's privacy and respects the rights under Australian Privacy laws.

We will maintain private and confidential files for all staff, children, families, and students/volunteers, maintaining records according to the Australian Privacy Principles (APP) and the requirements under the Educational and Care National Legislation.

If an individual believes that the Service has breached Privacy laws, or our Privacy policy, our Grievance procedures should be followed. If the individual is unhappy with the outcome of the investigation, they may raise their complaint with the Office of the Australian Information Commissioner using the following contact information:

- [www.oaic.gov.au](http://www.oaic.gov.au)
- Ph: 1300 363 992
- Email: [enquiries@oaic.gov.au](mailto:enquiries@oaic.gov.au)
- 





# ENROLMENT PROCEDURES

Our enrolment procedures have been developed to ensure that each child and family receives processes that meet their individual needs, allowing the child and family to feel comfortable in the level of care they receive.

A child is not considered to be enrolled in our service until all relevant information has been received by us. Enrolments into our service are to be completed online, via Xplor, all families wanting to enrol their child will be provided with a link for the online enrolment form. If the family does not have the facilities to access the online enrolment process, a hardcopy format will be provided to them. A separate enrolment form must be completed for each child.

All relevant information must be provided with the enrolment, either uploaded through the portal, or provided in hardcopy at the service, including evidence of immunisation status, and identification for the child. A separate enrolment form must be completed for each child.

**The relevant link for online enrolment is:**

[https://prodadmin.myxplor.com/enrollment\\_v2/centre/Y51t28hgwLoKURGocrF7Zw](https://prodadmin.myxplor.com/enrollment_v2/centre/Y51t28hgwLoKURGocrF7Zw)

An email will be sent confirming that the enrolment has been submitted. The enrolment application will be reviewed by administration, then it will either be accepted, denied, or added to the waitlist, this will be based on individual circumstances, such as:

- Availability of places at the time of application
- If there is any outstanding money from previous enrolments
- Whether all details on the enrolment form have been completed correctly.



Upon acceptance of the application, an email will be sent containing individual login details for Xplor, giving families access to view attendances, and invoices, accept their child's Complying Written Agreement, and set up their account details for payment via direct debit.

## CHILD CARE SUBSIDY



**Australian Government**

**Department of Human Services**

Child Care Subsidy is a payment made to families to assist with the costs of childcare. All Australian residents using childcare provided by approved childcare services are eligible for Child Care Subsidy (CCS).

CCS for approved care is received as reduced fees through the service, and is administered through MyGov / Centrelink online services.

Families using approved childcare, who meet the eligibility requirements of:

- (a) Australian Residency
- (b) Child Immunisation are eligible to claim childcare subsidy.

The Child Care Subsidy is based on the families' estimate of their modified taxable income for the year in which care is provided. You must notify the family assistance office (FAO) of any changes to your income or changes to your CCS.

Families are required to provide the Centre with the parents Customer Reference Number (CRN) and date of birth, your child's CRN and date of birth. Once the enrolment has been submitted, the parent is required to log in to their my gov account and confirm the enrolment before CCS will be paid.

For more information, you can contact the Family Assistance Office on 136150, or visit their website:

<https://www.humanservices.gov.au/individuals/services/centrelink/child-care-subsidy>

## SETTING AND PAYMENT OF FEES

## Setting of Fees

Fees are set by the Malak Family Centre Inc Management Committee and charged to all families whose children are booked to attend the service. Fee amounts will be reviewed by the Management Committee at the end of each financial year, with a minimum of 14 days' notice given to families in the case of any fee increase.

## Fee Schedule

Fees are charged based on the bookings made for each child, full time, part time or casual. This is determined upon enrolment, or as the needs of the family change. Fees are payable on a child's booked days, regardless of whether the child is sick or absent.

If 14 days' notice is given for planned holidays, bookings made be suspended with no charges. This notice is to be given in writing to the Director.

### From the 6<sup>th</sup> July 2025:

Booking	Definition	Fee charged
Full time	The child is enrolled for 5 days a week on an ongoing basis	Under 3: \$667.50 per week Over 3: \$652.50 per week
Part time	The child is enrolled for 4 days or less, on an ongoing basis	Under 3: \$141.50 per day Over 3: \$138.50 per day
Casual	Any days booked outside of the child's normal enrolment	All children: \$145.50 per day
<b>Other charges:</b> A registration fee of \$100 for the first child, and \$75 for each additional child must be paid before starting at the Service. Upon payment, the enrolled child will receive a Centre shirt and a wet bag.		
<b>Late Payment Fee:</b> A late payment fee of \$20 per week will be charged for each week that the fees are not paid on time, unless an active payment plan has been approved by the Senior Director or Management Committee.		
<b>Late fees:</b> A late fee of \$50 for the first 15 minutes, and then \$1/minute per educator (2) applies for each child who is not picked up by the Centre's closing time.		

## Payment of fees

We ask that fees be maintained at 2 weeks in advance. If for any reason a family is not able to keep their account up to date, it is the family's responsibility to notify the Senior Director, so that a payment agreement can be negotiated.



Family statements will be issued on a fortnightly basis, on Wednesday, via the xplor system. It is the responsibility of the family to ensure that a current email address has been provided to receive their statements. Statements will reflect the total amount owing at 2 weeks in advance based on the child's regular bookings.

Fees are payable only by direct debit, via the Debit Success system. Upon enrolment, families are required to provide an account number, or credit card number from which fees can be debited. Fees will be processed fortnightly on a Friday (2 days after statements have been issued), or the next work day. Any charges related to dishonour fees will be charged directly to the family by Debit Success

## Non-payment of Fees

In the event an account is not in credit (other than by prior arrangement) the following process will be implemented:

- » families will be notified that payment is required within one week to bring the account up to date (two weeks in advance).



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- » If the account falls two weeks in arrears, seven days' notice will be given to bring the account up to date.
- » If payment is not made within the seven-day period, the child's enrolment will be suspended for 14 days, pending payment being made.
- » Failure to make payment throughout the suspension period will result in the child's enrolment being cancelled
- » Children will not be re-enrolled if the account is not paid up to date.
- » In the event that a child/s enrolment is cancelled, and the account is not paid in full within 30 days of the cancellation, the debt will be forwarded to our debt collection agency, and further legal action may be taken• If a family is experiencing financial difficulties, a suitable payment plan may be arranged with authorisation of the Director.

## DELIVERY AND COLLECTION OF CHILDREN

### Delivery to the Service

- The service opens at 7:00am, children cannot be received by educators before this time, as this will be a breach of our service approval.
- Upon arrival at the centre, the person delivering the child is required to sign the child in via the digital iPad.
- The child is to be left with an educator and any information relevant to the child's day is to be relayed, this may include any health or medical issues, if the child had a restless night, changes to authorised person collecting the child that day, etc. (alternatively, this information may be emailed to the service/administration.

### Collection from the service

- The service closes at 6:00pm, all children must be collected from the centre before this time.
- Only the parents/guardian, or an authorised nominee named in the child's enrolment record are allowed to collect a child from the centre.
- The parent/guardian is to inform the Director in writing if somebody other than themselves is going to collect their child.
- If an unauthorised person arrives to collect a child, educators will contact the child's parent/guardian to confirm the authority. If the parent/guardian cannot be contacted, an authorised nominee will be contacted to confirm the authority. If authority is withheld, the child will remain on the premises until an authorised person can be contacted to collect them.
- Where educators are unfamiliar with an authorised nominee, identification will be requested.
- Any person who is forbidden from having contact with the child will NOT be permitted to take the child from the premises. Where there is conflict with such a person, police will be notified, and the child's guardian contacted.
- Before departing the centre with the child, the person collecting the child must sign the child out via the iPad.

If a child has not been collected by the time we are due to close the service, the responsible person, will attempt to contact the parents or other authorised nominees. If they do not respond we will wait up to 30 minutes before ringing the police, or Child Protection Hotline on 1800 700 250 for guidance on the appropriate action to be taken.

### Adding Additional Contacts for Collection

All additional contacts who will be picking up your child must be linked as Hub guests, which can be added through your Home app in Xplor (when you have set up your enrolment). This step must be completed so your Authorised contacts can collect or drop off your children.

All people picking up or dropping off your child (e.g. Grandparent, other parents, relatives, etc.) must either be listed as a parent, guardian, or a Hub guest.

## How to invite a Hub Guest via the Home App

- Open the Home App.
- Click “Account”.
- Click the “Hub Guests” menu item.
- Click the ‘+’ icon in the top right corner of the page.
- Enter Hub Guest name and email and click “Send Invite”.
- The hub guest will now have 24 hours to set up their password

## Hub Guest Steps

Hub Guest will receive an email to create password (may be marked as junk or spam).

Hub Guest will need to create an Xplor ID by logging in to <https://login.myxplor.com/> .

## ABSENCES FROM THE SERVICE

Under the Federal Government’s Child Care Package, each child is eligible to receive child care subsidy for an initial 42 days of absence per financial year. These can be used for any reason, without the need to produce evidence (e.g. medical certificate). These 42 days include all absences, including public holidays, and days the child is away sick.

CCS won’t be paid for any absences before your child physically attends or after the last day your child physically attends care. You’ll need to pay full fees for these days, unless you have an approved reason for these absences, for up to 7 days before you child attends their first day, or after their last day of attendance.

Please make sure that communication around start and end dates is accurate, as you may be liable to pay the full fee for days outside of the 7 day period.

Further information can be found at Services Australia: <https://www.servicesaustralia.gov.au/child-care-subsidy-if-your-child-absent-from-child-care?context=41186>

Once the initial 42 days of allowable absences have been used, child care subsidy will not be paid for any absences, unless they fall within the additional absence category:

- An illness (parent, child or sibling are ill) – medical certificate must be provided.
- Temporary closure of the service, including pupil free day.
- Shared custody arrangements through a court order or a parenting plan.
- Local emergency - the service is closed; child cannot attend because of a local emergency (up to 28 days after the emergency); the parent has decided that the child should not attend the service for up to seven days immediately following the end of a period of local emergency

The initial 42 days must be exhausted before additional absences can be claimed. Supporting documentation must be provided to claim additional absences.

***Parent/guardians are asked to advise the service prior to 9am if their child is not attending on any particular day, and of any future planned absences.***





## ILLNESS AND EXCLUSION

Please remember that your child's health is your responsibility. Your child **MUST** be kept away from the service if they display any signs of:

- Fever
- Persistent cough
- Eye/body discharge (e.g. sore, boils, conjunctivitis)
- Distress in feeling unwell, unusually upset or fatigued
- Vomiting/diarrhoea (child must be excluded for at least 24 hours after last motion)
- Any signs/symptoms of the diseases/conditions noted in the NHMRC Recommended Exclusion periods – 2013 (see Appendix 3).



Children displaying any of the symptoms above will not be accepted by the service, or alternatively, we will contact a parent/guardian or authorised nominee to collect the child from the service asap. This procedure is designed to protect all children, educators, families, and other visitors to the service.

## ADMINISTRATION OF MEDICATION

We will facilitate the effective management of children who are required to take medications, by implementing procedures that ensure the safe administration of medication.

Medication will only be administered if it:

- is in its original packaging
- has been prescribed by a medical practitioner (including over the counter medications such as Panadol, Nurofen and cough medicines)
- has the dispensing label that is clearly legible outlining the child's name, required dosage and expiration date.

Medication will not be administered to any child if:

- it has another person's name on it
- written authorisation has not been obtained

A separate authorisation form must be completed for each medication if more than one is required. The person delivering the child to the service must give the medication directly to an educator to be stored appropriately.



## MEDICAL CONDITIONS

Parents/guardians of children enrolling in our service who have a medical condition must provide a medical management/action plan, provided by a medical practitioner. Medical conditions include, but are not limited to, asthma, anaphylaxis, and diabetes.

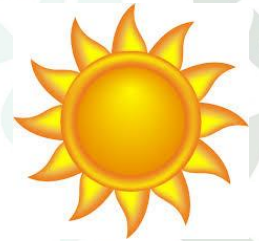
Prior to starting at the service, a Management of Medical Conditions Form will need to be completed, in conjunction with the Lead Educator and Director. This plan will include:

- the child's details
- details of any medications required
- signs, symptoms and triggers of the illness
- risk minimisation information, the steps to be taken at the service to minimise any risks
- where the medication will be stored
- communication plan, outlining how the family and service will communicate information about the child's medical condition on an ongoing basis.

# SUN PROTECTION

## Clothing:

Children must wear sun safe hats for outside play. We will provide relevant hats for each child to use while at the service, or alternatively, families can provide their own hat for their child to use.



Children must wear sun safe clothing, this includes shirts and dresses that have shoulder covering sleeves (no midriff, singlet or crop tops).

## Application of sunscreen:

Parents/guardians are asked to apply SPF 30+ sunscreen prior to bringing their child to the service, or upon arrival at the service. We will ensure that sunscreen is applied every 2 hours between the hours of 9 and 4. Children are encouraged to apply their own sunscreen, under the supervision of educators, young children will be assisted when required.

# BEHAVIOUR GUIDANCE

At Tropics Early Learning, we believe that, when guiding the behaviour of children, it is important to support each child to manage their own behaviour and respond appropriately to the behaviours of others. We believe that it is important to support children to communicate effectively to resolve conflict, so that they rely less on the guidance of others, and learn the skills to self regulate.

We believe that it is important for all educators to offer positive guidance and encouragement and take into consideration that each child should be treated with respect and dignity, acknowledging that they have the same rights as adults.

## Families responsibilities:

- Work in partnership with educators where concerns are raised about the behaviour of their child
- Agree to work with educators to minimise risk where the child's behaviour is a danger to other people in the environment, including other children and educators. This may include seeking professional support, or reducing the time the child spends in care, until the risk to others is minimised.
- Where families do not work in partnership with the service to support their child, and minimise behaviour issues, the child's enrolment may be suspended or terminated.

# EDUCATIONAL CURRICULUM AND LEARNING

Our Educational Leader mentors and guides our educators throughout the implementation of our programs. Our programs reflect the principles, practices and Learning Outcomes of the Early Years Learning Framework, where children's interests and strengths are used to guide the program, and promote further learning.

We work to ensure that children are given the opportunity to achieve the learning outcomes as outlined in the framework:

**Learning Outcome 1:** Children have a strong sense of identity

**Learning Outcome 2:** Children are connected with and contribute to the world

**Learning Outcome 3:** Children have a strong sense of wellbeing

**Learning Outcome 4:** Children are confident and involved learners

**Learning Outcome 5:** Children are effective communicators



## Play Based Learning

We believe that play provides opportunities for children to learn as they discover, create, improvise and imagine. When children play they have opportunities to develop social groups, test out ideas, challenge other people's way of thinking and build new understandings.

Play-based learning:

- allows for the expression of personality and uniqueness
- offers opportunities for multimodal play
- enhances thinking skills and lifelong learning dispositions such as curiosity, persistence and creativity
- enables children to make connections between prior experiences and new learning and to transfer learning from one experience to another
- assists children to develop and build relationships and friendships
- develops knowledge acquisition and concepts in authentic contexts
- builds a sense of identity
- strengthens self-regulation, and physical and mental wellbeing.

(EYLF 2022)

Our routines are developed to promote learning throughout the day, they are used as opportunities to implement intentional teaching practices.

We plan a wide variety of experiences that will encourage children to express themselves creatively, while developing in all other areas, using a holistic approach.

## Developing and Documenting the Program

- Observations of all children enrolled in our service will be documented and kept for future reference and reflection, through the use of our online programming platform, 'Playground'.
- Our programs are planned based on the strengths, ideas, abilities and interests of all of the children in our service.
- We use a variety of formats for gathering and documenting information for the development of our programs, including (but not limited to): meeting minutes, written observations, reflection journals, surveys, photos and videos, children's feedback and program ideas.
- Information gathered upon enrolment, and regularly throughout the year, about the children's interests, strengths, home life, family etc. will be used to help inform the programs.
- We ensure that our programs are inclusive of all children, and that children who are not interested in the planned projects/experiences have other options/choices.
- The program is documented and displayed in the rooms for families to access.

## Evaluation and Reflection

- Evaluation is an integral part of the cycle of curriculum development. Educators will regularly critically reflect on all areas of the curriculum including:
  - Environment
  - Practice
  - Teaching strategies
  - Routines
  - Experiences
  - Documentation
  - Behaviours

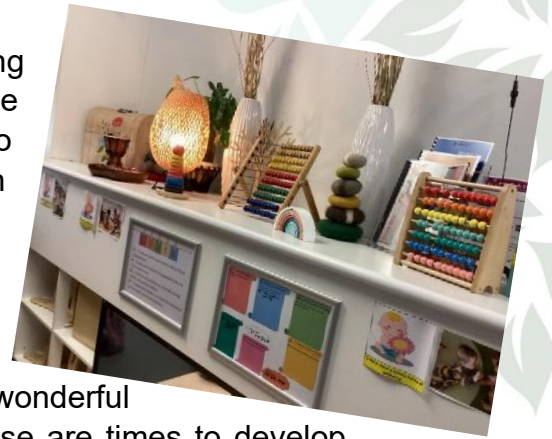




# OUR LEARNING ENVIRONMENTS

## Baby's Room

The programs in our baby's room have a strong focus on helping children to build secure trusting relationships, utilising the principles of the Circle of Security. We believe that babies who develop secure attachment relationships will begin to thrive in all other areas of development, and their early emotional, social and physical experiences will affect their future resilience and wellbeing, and the relationships they form with others.



We believe that routine times are a wonderful opportunity for babies to learn, as these are times to develop bonds, to sing and talk with individual babies throughout nappy changes, mealtimes, bottle feeding, rest times. In this way we nurture emotional and social wellbeing

Babies learn a lot about the world around them through sensory learning – taste, sight, touch, hearing and smell, and as such, we incorporate a lot of sensory experiences in our educational programs, encouraging hands on learning and exploration.

## Toddler's Room

This is an age where children are finding independence, beginning to form relationships with peers, and beginning to participate and play in groups. They have a strong curiosity of the world around them, and enjoy active participation and discovery in all that they do. Our programs in the Toddlers room have a strong focus on promoting self help skills, supporting the children as they learn to do more things for themselves, such as toileting, dressing, feeding.



This is also the age where children go through the stage of everything belonging to them and not wanting to share, where they begin to display some very strong emotions that they don't really understand. Our educators support children, and guide them to begin to learn to understand their

emotions, and those of others, to develop social and emotional wellbeing, and learning to regulate their own emotions and behaviors.

We support the children's developing language and communication skills, incorporating different experiences that will promote communication, and verbalization, encouraging them to verbalise their needs, and responding appropriately to cues and signs.

We also provide experiences that challenge our children's physical skills, helping them to become more competent in their abilities, as they explore their environment.





## Kindy Room

This is an age where children are displaying increased language development and communication, and increased self help skills.

We aim to strengthen relationships and guide children as they continue to learn to manage their emotions and interactions with others, encouraging them to not only consider their own needs and wants, but also the needs and wants others, learning to take turns, share space and work towards a common goal. When children are involved in engaging experiences that promote positive interactions and communication they can learn to advocate for their needs and nurture meaningful relationships with peers. Our programs promote hands on investigation and learning, encouraging children to cooperate, and function in small and large group situations.



## Preschool Program



Our Early Childhood Teacher develops and implements a high quality, Preschool Program, promoting the value of collaborative learning and problem solving, with a strong focus on children's interests, community activities, and natural environment.

Our preschool program is guided by the Early Years Learning Framework, and the NT Preschool Curriculum, which has a stronger focus on children aged 3 ½ to 5 years of age. We focus on 'school readiness' to support children in their transition to a formal school setting.



## What is school readiness?

'School readiness' is a measure of the knowledge, skills and behaviours that enable children to participate and succeed in school. We see school readiness as the development of the whole child – their social and emotional skills, physical skills, communication skills and cognitive skills.

Our focus on supporting children for school readiness is:

**Emotional maturity** – some ability to regulate their emotions and cope with separation from parents/caregivers. To function with minimal adult contact in large groups and form positive relationships with their educators and peers.

**Communication** – able to listen and follow basic instructions, communicate with words, speak clearly and respond appropriately when spoken to. To be able to communicate needs appropriately, and display basic numeracy and literacy skills.

**Social skills** – have the ability to share, take turns, get along with others, sort out problems, follow rules, cope with stress of new situations and new learning tasks, ability to play solo and with other children, and exhibit pro-social behaviours

**Independence** – the basic skills to manage their own needs without adult supervision, use the toilet independently, wash their hands, dress themselves, open and unpack their lunch box and feed themselves.

**Physical Health and Wellbeing** – ability to climb, throw and catch a ball (gross motor skills), cut with scissors, grip and draw with pencils / crayons (fine motor skills), able to sit, turn pages in a book, build with blocks.

## DAILY REQUIREMENTS FOR YOUR CHILD

Each family is responsible for delivering their child to the centre with the following items:

- Several sets of spare clothes
- If required: Sterilised bottles, either prepared, or with the relevant amount of breast milk/formula the child will need throughout the day (bottles will be sent home to be resterilised)
- A wet bag for wet/soiled clothing
- If your child is toilet training, several sets of spare underwear.

***Please note: all personal items should be clearly labelled with your child's name.  
Our educators will not take responsibility for toys and personal items bought from home.***

**Please encourage your child to leave their toys at home, to avoid conflict and frustration, and to ensure that our educators can focus on caring for the children, instead of looking for lost toys.**

## YOUR FAMILY'S RESPONSIBILITIES

- Ensure that all enrolment information is kept up to date, including contact information, medical and immunisation details, and information about parenting plans and court orders.
- Ensure your child's educators are aware of any concerns you may have, or anything that may affect your child's day, eg, illness, restless night.
- Advise educators each day if medication is to be administered and complete an Administration of Medication form (please see educators to obtain a form).
- Advise the Director of any planned absences from care, or on the day if your child is not attending that day.
- Maintain fees 2 weeks in advance.
- Adhere to Malak Family Centre Inc policies and procedures.
- Keep your child at home if they are not well.
- Adhere to emergency procedures as required.
- Abide by the 'Family Code of Conduct'

## HELPFUL HINTS FOR KIDS

Parents are asked to discuss these 'Helpful Hints' with their children periodically.

- ✓ Listen to what others are saying.
- ✓ Join in with all the games and activities. You'll have a great time!
- ✓ Play sensibly with other children and please take care of our equipment.
- ✓ If you need anything, please tell one of the educators - they can always help you.
- ✓ Look out for other children. Be kind to each other and work at playing together. We want everyone to feel safe and happy.
- ✓ Look after your own things - it's a good idea to leave special toys at home.



## WE LOOK FORWARD TO WORKING WITH YOU....



## Appendix 1: Useful contact information

### Child Care Finder website

<https://www.childcarefinder.gov.au/>

Providing an online child care portal containing information on different types of care and how to get assistance with the cost of child care. You will also find links to other useful websites about children's health and wellbeing, parenting and family support services:

### ACECQA - Australian Children's Education and Care Quality Authority.

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

An independent statutory authority providing national leadership in promoting quality and continuous improvement in early childhood education and care and school age care in Australia:

### Child Abuse/Child Protection Hotline.....

1800 700 250

For any person who believes that a child is being, or has been abused or neglected – it is required by law that these concerns are reported

### Child Abuse Prevention .....

1800 688 009

Offers information, referral and ongoing support to those affected by child abuse, concerned about the welfare of a child, or needing family or parenting support (Australia wide)

### Kids Help Line.....

1800 551 800

Free, private and confidential, telephone and online counselling service specifically for young people aged between 5 and 25.

### Mental Health Support....

1800 682 288

For emergency inquiries from anyone experiencing a mental health crisis or concerned about someone's well-being.

### Dawn House Incorporated....

8945 1388

Offering a women's shelter, domestic violence counselling, and domestic violence community education

### SIDS & Kids NT....

8948 5311

Provides 24 hr bereavement support by volunteers support services to families who have experienced the sudden and unexpected death of a child from conception up to 18 years.

### Parentline.....

1300 301 300

Providing support, counselling and parent education, and referral, tailored to meet each callers' needs

### Our Family, Our Kids.....

8944 2000

A home visiting program providing a range of services including support, counselling and child development information.

### Multicultural Council of the NT.....

89459122

The peak body dedicated to advocacy and representing the interest, concerns and aspirations of Territorians from culturally and linguistically diverse (CALD) backgrounds

### Family Relationship Centre.....

89231400 or 1800 650 276

Provides information and referral for families at any stage of their relationship. Also provides Family Dispute Resolution for separating or separated families, to help parents resolve conflict and develop workable arrangements for their children.



# A SIMPLIFIED VERSION OF THE UNITED NATIONS CONVENTION ON THE RIGHTS OF THE CHILD.



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**Article 1** Everyone under 18 years of age has all the rights in this Convention.

**Article 2** The Convention applies to everyone whatever their race, religion, abilities, whatever they think or say, whatever type of family they come from.

**Article 3** All organisations concerned with children should work towards what is best for each child.

**Article 4** Governments should make these rights available to children.

**Article 5** Governments should respect the rights and responsibilities of families to guide their children so that, as they grow up, they learn to use their rights properly.

**Article 6** Children have the right to live a full life. Governments should ensure that children survive and develop healthily.

**Article 7** Children have the right to a legally registered name and nationality. Children also have the right to know their parents and, as far as possible, to be cared for by them.

**Article 8** Governments should respect a child's right to a name, a nationality and family ties.

**Article 9** Children should not be separated from their parents unless it is for their own good. For example, if a parent is mistreating or neglecting a child. Children whose parents have separated have the right to stay in contact with both parents, unless this might harm the child.

**Article 10** Families who live in different countries should be allowed to move between those countries so that parents and children can stay in contact, or get back together as a family.

**Article 11** Governments should take steps to stop children being taken out of their own country illegally.

**Article 12** Children have the right to say what they think should happen when adults are making decisions that affect them and to have their opinions taken into account.

**Article 13** Children have the right to get and to share information, as long as the information is not damaging to them or to others.

**Article 14** Children have the right to think and believe what they want and to practise their religion, as long as they are not stopping other people from enjoying their rights. Parents should guide children on these matters.

**Article 15** Children have the right to meet with other children and young people and to join groups and organisations, as long as this does not stop other people from enjoying their rights.

**Article 16** Children have the right to privacy. The law should protect them from attacks against their way of life, their good name, their family and their home.

**Article 17** Children have the right to reliable information from the media. Mass media such as television, radio and newspapers should provide information that children can understand and should not promote materials that could harm children.

**Article 18** Both parents share responsibility for bringing up their children and should always consider what is best for each child. Governments should help parents by providing services to support them, especially if both parents work.

**Article 19** Governments should ensure that children are properly cared for and protect them from violence, abuse and neglect by their parents, or anyone else who looks after them.

**Article 20** Children who cannot be looked after by their own family must be looked after properly by people who respect their religion, culture and language.

**Article 21** When children are adopted the first concern must be what is best for them. The same rules should apply whether children are adopted in the country of their birth or if they are taken to live in another country.

**Article 22** Children who come into a country as refugees should have the same rights as children who are born in that country.

**Article 23** Children who have any kind of disability should receive special care and support so that they can live a full and independent life.

**Article 24** Children have the right to good quality health care, clean water, nutritious food and a clean environment so that they will stay healthy. Richer countries should help poorer countries achieve this.

**Article 25** Children who are looked after by their local authority rather than their parents should have their situation reviewed regularly.

**Article 26** The Government should provide extra money for the children of families in need.

**Article 27** Children have the right to a standard of living that is good enough to meet their physical and mental needs. The government should help families who cannot afford to provide this.

**Article 28** Children have the right to an education. Discipline in schools should respect children's human dignity. Primary education should be free. Wealthier countries should help poorer countries achieve this.

**Article 29** Education should develop each child's personality and talents to the full. It should encourage children to respect their parents, their cultures and other cultures.

**Article 30** Children have the right to learn and use the language and customs of their families, whether or not these are shared by the majority of the people in the country where they live, as long as this does not harm others.

**Article 31** Children have the right to relax, play and to join in a wide range of leisure activities.

**Article 32** Governments should protect children from work that is dangerous or that might harm their health or education.

**Article 33** Governments should provide ways of protecting children from dangerous drugs.

**Article 34** Governments should protect children from sexual abuse.

**Article 35** Governments should make sure that children are not abducted or sold.

**Article 36** Children should be protected from any activities that could harm their development.

**Article 37** Children who break the law should not be treated cruelly. They should not be put in a prison with adults and should be able to keep in contact with their family.

**Article 38** Governments should not allow children under 15 to join the army. Children in war zones should receive special protection.

**Article 39** Children who have been neglected or abused should receive special help to restore their self-respect.

**Article 40** Children who are accused of breaking the law should receive legal help. Prison sentences for children should only be used for the most serious offences.

**Article 41** If the laws of a particular country protect children better than the articles of the Convention, then those laws should override the Convention.

**Article 42** Governments should make the Convention known to all parents and children.

The Convention on the Rights of the Child has 54 articles in all. Articles 43-54 are about how adults and governments should work together to make sure that all children get all their rights.

**Go to [www.unicef.org/crc](http://www.unicef.org/crc) to read all the articles.**



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# Recommended minimum exclusion periods

ADAPTED FROM STAYING HEALTHY | 5TH EDITION | 2013

Condition	Exclusion of case	Exclusion of contacts <sup>a</sup>
Campylobacter infection	Exclude until there has not been a loose bowel motion for 24 hours <sup>b</sup>	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 <sup>b</sup>	Not excluded
Diarrhoea (No organism identified)	Exclude until there has not been a loose bowel motion for 24 hours <sup>b</sup>	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 <sup>b</sup>	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 <sup>b</sup>	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 <sup>b</sup>	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 <sup>b</sup>	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 <sup>b</sup>	Not excluded
Worms	Exclude if loose bowel motions are occurring. Exclusion is not necessary if treatment has occurred	Not excluded

<sup>a</sup> The definition of 'contacts' will vary according to the disease—refer to the specific fact sheet for more information.<sup>b</sup> 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



## Appendix 4

# National Immunisation Program Schedule



### Childhood vaccination

(also see vaccination for people with medical risk conditions)

Age	Diseases	Vaccine Brand	Notes
Birth	<ul style="list-style-type: none"> <li>Hepatitis B (usually offered in hospital)</li> </ul>	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"> <li>Diphtheria, tetanus, pertussis (whooping cough), hepatitis B, polio, <i>Haemophilus influenzae</i> type b (Hib)</li> <li>Rotavirus</li> <li>Pneumococcal</li> <li>Meningococcal B (Indigenous children)</li> </ul>	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"> <li>Diphtheria, tetanus, pertussis (whooping cough), hepatitis B, polio, <i>Haemophilus influenzae</i> type b (Hib)</li> <li>Rotavirus</li> <li>Pneumococcal</li> <li>Meningococcal B (Indigenous children)</li> </ul>	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"> <li>Diphtheria, tetanus, pertussis (whooping cough), hepatitis B, polio, <i>Haemophilus influenzae</i> type b (Hib)</li> <li>Pneumococcal (Children with specified medical risk conditions)</li> <li>Pneumococcal (Indigenous children in WA, NT, SA, Qld)</li> <li>Meningococcal B (Indigenous children with specified medical risk conditions)</li> </ul>	Infanrix® hexa or Vaxelis® Prevenar 13® Prevenar 13® Bexsero®	Pneumococcal vaccine: An additional (3rd) 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"> <li>Influenza</li> </ul>	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 <a href="#">age appropriate vaccines</a> is available in the Immunisation Handbook or the annual ATAGI advice on seasonal influenza vaccines.
12 months	<ul style="list-style-type: none"> <li>Meningococcal ACWY</li> <li>Measles, mumps, rubella</li> <li>Pneumococcal</li> <li>Meningococcal B (Indigenous children)</li> </ul>	Nimenrix® M-M-R® II or Priorix® Prevenar 13® Bexsero®	Meningococcal B vaccine: Prophylactic paracetamol recommended.
18 months	<ul style="list-style-type: none"> <li><i>Haemophilus influenzae</i> type b (Hib)</li> <li>Measles, mumps, rubella, varicella (chickenpox)</li> <li>Diphtheria, tetanus, pertussis (whooping cough)</li> <li>Hepatitis A (Indigenous children in WA, NT, SA, Qld)</li> </ul>	ActiHIB® Priorix-Tetra® or ProQuad® Infanrix® or Tripaed® Vaxta® 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"> <li>Diphtheria, tetanus, pertussis (whooping cough), polio</li> <li>Pneumococcal (Children with specified medical risk conditions)</li> <li>Pneumococcal (Indigenous children in WA, NT, SA, Qld)</li> <li>Hepatitis A (Indigenous children in WA, NT, SA, Qld)</li> </ul>	Infanrix® IPV or Quadracel® Pneumovax 23® Pneumovax 23® Vaxta® 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"> <li>Influenza (Children with specified medical risk conditions)</li> <li>Influenza (Indigenous children)</li> </ul>	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 <a href="#">age appropriate vaccines</a> is available in the Immunisation Handbook or the annual ATAGI advice on seasonal influenza vaccines.

### Adolescent vaccination

(also see vaccination for people with medical risk conditions)

Age	Diseases	Vaccine Brand	Notes
All ages	<ul style="list-style-type: none"> <li>Influenza (adolescents with specified medical risk conditions)</li> <li>Influenza (Indigenous adolescents)</li> <li>Pneumococcal (adolescents with specified medical risk conditions)</li> </ul>	Age appropriate Age appropriate Prevenar 13® and Pneumovax 23®	Influenza vaccine: Administer annually. For information on <a href="#">age appropriate vaccines</a> or specified medical risk conditions refer to the Immunisation Handbook or the annual ATAGI advice on seasonal influenza vaccines. Pneumococcal vaccine: For people with specified medical risk conditions administer a dose of 13vPCV at diagnosis followed by 2 doses of 23vPPV. Refer to the Immunisation Handbook for <a href="#">dose intervals</a> .
12–13 years (Year 7 or age equivalent)	<ul style="list-style-type: none"> <li>Human papillomavirus (HPV)</li> <li>Diphtheria, tetanus, pertussis (whooping cough)</li> </ul>	Gardasil®9 Boostrix® or Adacel®	HPV vaccine: Single dose recommended. Not required if previously received. If dose was missed and not previously received, a catch-up is available up to and including 25 years of age.
14–16 years (Year 10 or age equivalent)	<ul style="list-style-type: none"> <li>Meningococcal ACWY</li> </ul>	Nimenrix®	

# National Immunisation Program Schedule (continued)

## Adult vaccination

(also see vaccination for people with medical risk conditions)

Age	Diseases	Vaccine Brand	Notes
All ages	<ul style="list-style-type: none"> <li>Influenza (adults with specified medical risk conditions)</li> <li>Influenza (Indigenous adults)</li> <li>Pneumococcal (adults with specified medical risk conditions)</li> </ul>	Age appropriate Age appropriate Prevenar 13® and Pneumovax 23®	Influenza vaccine: Administer annually. For information on <a href="#">age appropriate vaccines</a> or <a href="#">specified medical risk conditions</a> refer to the Immunisation Handbook or the annual ATAGI advice on seasonal influenza vaccines. Pneumococcal vaccine: For people with <a href="#">specified medical risk conditions</a> administer a dose of 13vPCV at diagnosis followed by 2 doses of 23vPPV. Refer to the Immunisation Handbook for <a href="#">dose intervals</a> .
50 years & over	<ul style="list-style-type: none"> <li>Pneumococcal (Indigenous adults)</li> </ul>	Prevenar 13® and Pneumovax 23®	Administer a dose of 13vPCV, followed by first dose of 23vPPV 12 months later (2–12 months acceptable), then second dose of 23vPPV at least 5 years later.
65 years and over (annually)	<ul style="list-style-type: none"> <li>Influenza</li> </ul>	Age appropriate	Administer annually. The adjuvanted influenza vaccine is recommended in preference to standard influenza vaccine. For information on <a href="#">age appropriate vaccines</a> refer to the Immunisation Handbook or the annual ATAGI advice on seasonal influenza vaccines.
70 years and over	<ul style="list-style-type: none"> <li>Pneumococcal (non-Indigenous adults)</li> </ul>	Prevenar 13®	
70–79 years	<ul style="list-style-type: none"> <li>Shingles (herpes zoster)</li> </ul>	Zostavax®	For all immunocompetent people aged 70 years old with a five-year catch-up program for people aged 71–79 years old until 31 October 2023. Not to be used in people with compromised immune function. Refer to the <a href="#">Immunisation Handbook</a> .
Pregnant women	<ul style="list-style-type: none"> <li>Pertussis (whooping cough)</li> <li>Influenza</li> </ul>	Boostrix® or Adacel® Age appropriate	Pertussis vaccine: Single dose recommended each pregnancy, ideally between 20–32 weeks, but may be given up until delivery. Influenza vaccine: In each pregnancy, at any stage of pregnancy.

## Additional vaccination for people with medical risk conditions

Age	Diseases	Vaccine Brand	Notes
All ages	<ul style="list-style-type: none"> <li>Meningococcal ACWY</li> <li>Meningococcal B</li> </ul>	Nimenrix® Bexsero®	For people with asplenia, hyposplenia, complement deficiency and those undergoing treatment with eculizumab. Refer to the <a href="#">Immunisation Handbook</a> for dosing schedule. The number of doses required varies with age.
≥ 6 months (annually)	<ul style="list-style-type: none"> <li>Influenza</li> </ul>	Age appropriate	For people with <a href="#">specified medical risk conditions</a> that increases their risk of complications from influenza. Refer to the Immunisation Handbook for information on <a href="#">age appropriate vaccines</a> .
<12 months	<ul style="list-style-type: none"> <li>Pneumococcal</li> </ul>	Prevenar 13® and Pneumovax 23®	For people with <a href="#">specified medical risk conditions</a> that increase their risk of pneumococcal disease, an additional (3rd) dose of 13vPCV in infancy, followed by a routine booster dose at age 12 months (as with other healthy children), then followed by 2 doses of 23vPPV. Refer to the Immunisation Handbook.
≥12 months	<ul style="list-style-type: none"> <li>Pneumococcal</li> </ul>	Prevenar 13® and Pneumovax 23®	For people with <a href="#">specified medical risk conditions</a> that increase their risk of pneumococcal disease, administer a dose of 13vPCV at diagnosis followed by 2 doses of 23vPPV. Refer to the Immunisation Handbook for <a href="#">dose intervals</a> .
≥5 years	<ul style="list-style-type: none"> <li>Haemophilus influenzae type b (Hib)</li> </ul>	Act-Hib®	For people with asplenia or hyposplenia, a single dose is required if the person was not vaccinated in infancy or incompletely vaccinated. (Note that all children aged <5 years are recommended to complete Hib vaccination regardless of asplenia or hyposplenia).

State and territory health departments may also fund additional vaccines. Check the immunisation schedule for your area.

State/Territory	Contact Information
Australian Capital Territory	(02) 5124 9800
New South Wales	1300 066 055
Northern Territory	(08) 8922 8044
Queensland	13 HEALTH (13 4325 84)
South Australia	1300 232 272
Tasmania	1800 671 738
Victoria	immunisation@health.vic.gov.au
Western Australia	(08) 9321 1312

- The National Immunisation Program (NIP) provides the above routine vaccinations free to infants, children, adolescents and adults who have, or are eligible for a Medicare card.
- All Aboriginal and Torres Strait Islander children aged 6 months to less than 2 years of age are eligible for meningococcal B vaccines if missed at the recommended schedule points. Refer to the Immunisation Handbook for timing of doses.
- All people (including refugees and humanitarian entrants) less than 20 years of age are eligible for the NIP vaccines missed in childhood, except for HPV which is available free up to and including age 25. The number and range of vaccines and doses that are eligible for the NIP funded catch-up is different for people aged less than 10 years and those aged 10–19 years. Refer to the Immunisation Handbook for timing of doses.
- Refugees and humanitarian entrants aged 20 years and over are eligible for the following vaccines if they were missed: diphtheria-tetanus-pertussis, chickenpox, poliomyelitis, measles-mumps-rubella and hepatitis B, as well as HPV (up to and including age 25). Refer to the Immunisation Handbook for timing of doses.
- National Immunisation Program Schedule current from 1 July 2023.

MORE INFORMATION: [health.gov.au/immunisation](#) [immunisationhandbook.health.gov.au](#)





**Early Childhood Australia**  
A voice for young children

## COMMITMENTS TO ACTION

### IN RELATION TO CHILDREN, I WILL:

- act in the best interests of all children
- create and maintain safe, healthy, inclusive environments that support children's agency and enhance their learning
- provide a meaningful curriculum to enrich children's learning, balancing child and educator initiated experiences
- understand and be able to explain to others how play and leisure enhance children's learning, development and wellbeing
- ensure childhood is a time for being in the here and now and not solely about preparation for the future
- collaborate with children as global citizens in learning about our shared responsibilities to the environment and humanity
- value the relationship between children and their families and enhance these relationships through my practice
- ensure that children are not discriminated against on the basis of gender, sexuality, age, ability, economic status, family structure, lifestyle, ethnicity, religion, language, culture, or national origin
- negotiate children's participation in research, by taking into account their safety, privacy, levels of fatigue and interest
- respect children as capable learners by including their perspectives in teaching, learning and assessment
- safeguard the security of information and documentation about children, particularly when shared on digital platforms.



### IN RELATION TO COLLEAGUES, I WILL:

- encourage others to adopt and act in accordance with this Code, and take action in the presence of unethical behaviours
- build a spirit of collegiality and professionalism through collaborative relationships based on trust, respect and honesty
- acknowledge and support the diverse strengths and experiences of colleagues in order to build shared professional knowledge, understanding and skills
- use constructive processes to address differences of opinion in order to negotiate shared perspectives and actions
- participate in a 'lively culture of professional inquiry' to support continuous improvement
- implement strategies that support and mentor colleagues to make positive contributions to the profession
- maintain ethical relationships in my online interactions.



### IN RELATION TO THE PROFESSION, I WILL:

- base my work on research, theories, content knowledge, practice evidence and my understanding of the children and families with whom I work
- take responsibility for articulating my professional values, knowledge and practice and the positive contribution our profession makes to society
- engage in critical reflection, ongoing professional learning and support research that builds my knowledge and that of the profession
- work within the scope of my professional role and avoid misrepresentation of my professional competence and qualifications
- encourage qualities and practices of ethical leadership within the profession
- model quality practice and provide constructive feedback and assessment for students as aspiring professionals
- mentor new graduates by supporting their induction into the profession
- advocate for my profession and the provision of quality education and care.



### IN RELATION TO FAMILIES, I WILL:

- support families as children's first and most important teacher and respect their right to make decisions about their children
- listen to and learn with families and engage in shared decision making, planning and assessment practices in relation to children's learning, development and wellbeing
- develop respectful relationships based on open communication with the aim of encouraging families' engagement and to build a strong sense of belonging
- learn about, respect and respond to the uniqueness of each family, their circumstances, culture, family structure, customs, language, beliefs and kinship systems
- respect families' right to privacy and maintain confidentiality.



### IN RELATION TO COMMUNITY AND SOCIETY, I WILL:

- learn about local community contexts and aspirations in order to create responsive programs to enhance children's learning, development and wellbeing
- collaborate with people, services and agencies to develop shared understandings and actions that support children and families
- use research and practice-based evidence to advocate for a society where all children have access to quality education and care
- promote the value of children's contribution as citizens to the development of strong communities
- work to promote increased appreciation of the importance of childhood including how children learn and develop, in order to inform programs and systems of assessment that benefit children
- advocate for the development and implementation of laws and policies that promote the rights and best interests of children and families.





## Appendix 6 - Medical Conditions Policy

### Policy statement

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Tropics Early Learning aims to support all children to be safely involved in all areas of our programs, and we are committed to a planned approach which will support their medical needs and enable them to do so. Our educators will work together with families to minimise the risk of exposure to foods, and other substances that may trigger asthma, severe allergy, anaphylaxis, or diabetes in children. We will support our educators to gain the knowledge and skills required to effectively manage medical conditions in our service.

Medical conditions include, but are not limited to, asthma, anaphylaxis, and diabetes, of which, many cases can be life threatening.

### Implementation

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- During the enrolment process, information will be sought about any specific health care needs, allergies, or relevant medical condition that a child may have.
- Parents of a child with a medical condition will be provided with a copy of our Medical Conditions policy upon enrolment.
- Information on the health care needs, allergies and medical conditions of children will be communicated to all staff members and volunteers, via medical management plans, allergy lists, staff room notice boards, and verbally.
- Upon enrolment, or upon notification by the parent to the service, parents/guardians of children with medical conditions will be asked to complete a Management of Medical Conditions, Action and Minimisation Plan, in consultation with staff and medical professionals. This plan will include:
  - Child's details
  - Parents details and emergency contact information
  - Details of the child's medical condition, signs and symptoms and triggers
  - Risk minimisation information, and steps taken to minimise risks
  - Where the medication will be stored.
  - Communication plan – how staff and parents will communicate information about the child's condition, on a continual basis.
  - An action plan obtained from a medical practitioner.
- The Management of Medical Conditions, Action and Minimisation Plan will be reviewed on an annual basis, along with the child's action plan.
- An assessment of the service environment, and current practices will be carried out to reduce risks and the likelihood of exposure to possible allergens.
- At least one staff member with current Asthma and Anaphylaxis management training will be on the premises at all times that the service is operating.
- Children with specific health care needs, or relevant medical conditions, cannot be left at the service if they do not have the necessary medication.
- Emergency contact numbers will be displayed near the telephone in the office.
- All educators will follow the child's Management of Medical Conditions, Action and Minimisation Plan which is located in the Medical conditions folder in each room, and in the child's file.
- Each child's medication will be routinely checked to ensure that it hasn't expired.
- Copies of the plan, and any required medications, will accompany the child on any excursions.

**Families are required to:**

- Provide accurate information about their child's health needs, allergies, medical conditions and medication requirements upon enrolment.
- Provide a current Action Plan, signed by the child's medical practitioner.
- Complete a Management of Medical Conditions, Action and Minimisation Plan.
- Notify the service of any change to be made to the child's Medical Management Plan as required.
- Provide an update of the child's action plan at least annually, or evidence from the child's medical practitioner that the plan remains the same.

### **Guidelines for children at risk of anaphylaxis**

- We will ensure that no child that requires an adrenaline auto injection device (EpiPen) is left at the service without the appropriate device, and that the device is stored in an easy identifiable place, for easy access to adults if required.
- Parents/Guardians will be required to complete an Administration of Medication form, which will be signed by staff when medication has been administered to the child.
- If the child is at risk from food related allergies, we will:
  - ensure that the child only eats food that is specifically prepared for them.
  - make sure that there is no trading or sharing of food or food utensils.
  - ensure that tables, bench tops and highchairs are washed down after eating.
  - ensure thorough hand washing of all children before and after eating.
  - restrict the use of food and food containers in crafts, cooking and science experiences, depending on the allergies of the children.
  - discuss the use of foods in such activities with parents/guardians.
  - ensure that all food safety and hygiene procedures are followed, to avoid cross contamination of foods.
- If the child is at risk from bite and sting allergies, we will:
  - carry out risk assessments of play spaces to minimise known triggers – eg, bees.
  - supervise children at all times.
- **If a child is displaying symptoms of an anaphylactic reaction, we will:**
  - Call an ambulance immediately by dialling 000.
  - Ensure that an educator with approved Anaphylaxis management training provides appropriate first aid, which may include the injection of an auto immune device (EpiPen), and CPR.
  - Contact the parent/guardian, or other approved nominee as named in the child's enrolment information.

### **Guidelines for children at risk of Asthma**

- Parents/Guardians will be asked to provide updated information on the child's health, medications and allergies as required.
- Parents/Guardians will be required to ensure that their child has their required medication when attending the service.
- Parents/Guardians will be required to complete an Administration of Medication form, which will be signed by staff when medication has been administered to the child.
- We will keep an Asthma First Aid kit on the premises and on excursions at all times, and ensure that it is administered only by an educator who has had appropriate training. This will only be used in the case of:
  - An emergency where a child has difficulty breathing
  - A child's first asthma attack
  - A child's own asthma reliever is unavailable, expired, or empty
- Our educators and volunteers will be aware of aspects in the environment that may be triggers for asthma, which could include:



- dust mites, gardens/pollen, mould, chemicals, animals, air pollution, bush fires, colds and flu, emotions, exercise, heating/air conditioning, medications, pest infestations (such as cockroaches, mice and rats).
- To reduce the exposure of children to allergens we will:
  - regularly have carpets, rugs, and upholstered furniture professionally cleaned
  - regularly wash fluffy toys
  - treat and prevent the growth of any mould
  - regularly wash bed linen
  - control pest infestations
  - Ensuring that chemical sprays are not used when children are in the immediate vicinity.
- **Where a child is displaying signs of an acute asthma attack, we will:**
  - Ensure that an educator with approved Asthma management training administers first aid or medical treatment according to the child's medical management plan/asthma first aid plan.
  - In the absence of the child having a medical management plan/asthma first aid plan, ensure an educator with approved Asthma Management Training administers appropriate first aid that includes the steps outlined by Asthma Australia, as follows:
    - 1) Sit the child upright, stay with them and be calm and reassuring
    - 2) Give 4 puffs of the blue reliever medication
      - Use a spacer (if available)
      - Shake puffer and put 1 puff into spacer
      - Encourage the child to take 4 breaths through the spacer
      - Repeat until 4 puffs have been taken
    - 3) Wait 4 minutes, if no improvement, repeat above steps
    - 4) If there is still no improvement, call an ambulance by dialling 000, continuing to repeat steps 2 and 3 while waiting for the ambulance.
  - Contact the parent/guardian, or other approved nominee as named in the child's enrolment information.

### **Guidelines for children with Diabetes**

- We will implement procedures where possible to ensure children with diabetes do not suffer any adverse effects from their condition while at the service.
- Parents/Guardians will be required to ensure that their child has their required medication and medical apparatus when attending the service; i.e glucose monitoring and management equipment, insulin injection equipment.
- Parents/Guardians will be required to complete an Administration of Medication form, which will be signed by staff when medication has been administered to the child.
- We will ensure that information about the child's diet, including the types and amounts of appropriate foods is part of the child's Management of Medical Conditions Action and Minimisation Plan, and that is used for risk minimisation.
- We will ensure that there are appropriate glucose foods or sweetened drinks available to treat hypoglycaemia, e.g. glucose tablets, jelly beans, fruit juice.
- If we have a child enrolled at the Service with diabetes we will ensure that an educator is on the premises, or excursion at all times when that child is in attendance who is trained in the use of an insulin injection device.
- An appropriate space will be provided for any child who requires glucose monitoring, to protect their privacy and dignity.
- If a child is displaying symptoms of hypoglycaemia ("hypo"), such as headache, light-headedness and nausea, mood change, paleness and sweating, and weakness and trembling, we will:

- Ensure that a trained educator provides immediate first aid, outlined in the child's Management of Medical Conditions Plan.
- Call an ambulance by dialling 000 if the child does not respond to the first aid, and provide CPR if the child stops breathing.
- Contact the parent/guardian, or authorised nominee.

## **Appendix 7 - Administration of Medication Policy**

### **Policy statement**

Tropics Early Learning aims to facilitate effective health care and management of children who are required to take medications for health reasons, prevention and management of acute episodes of illness or medical emergencies by providing the safe administration of medication.

### **Implementation**

- Medication will only be administered if it:
  - is in its original packaging.
  - has been prescribed by a medical practitioner, over the counter medications such as paracetamol and cough medicines will not be administered unless prescribed by a doctor.
  - creams and sprays that have not been prescribed by a doctor, and will not be ingested, must have a pharmacy label with the child's name on the label, nappy creams, sunscreen and insect repellent are exempt from this.
  - has the dispensing label (that is clearly readable) detailing the child's name, required dosage and expiration date.
- Medication will not be given to the child if the label has another person's name on it.
- We will ensure that an Administration of Medication Form is completed for each child who requires medication. A separate form will be completed for each medication if more than one is required.
- Medication will not be administered if written permission is not obtained from the child's parent/guardian, or other authorised nominee named in the child's enrolment information.
- Medication must not be left in the child's bag upon arrival at the service. The person delivering the child must give the medication directly to a staff member. The staff member will then store the medication in the kitchen refrigerator. If the medication does not require refrigeration, it will be stored in the locked medication box.

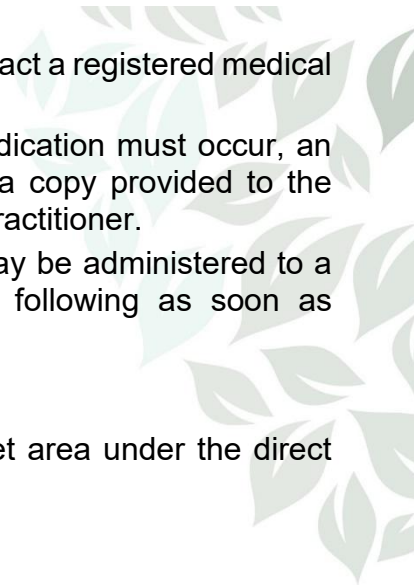
### **Administering the medication**

When administering the medication, staff will:

- Ensure that it is administered promptly at the prescribed times, and follow the directions that are attached to the medication.
- Wash hands before administering the medication.
- Make sure that the medication is checked by 2 staff members before administering it – checking the name of the medication, the person it has been prescribed to, the dosage, the prescribing doctor, and the expiration date on the medication.
- Ensure that the Administration of Medication Form is signed by both staff members.
- Place the medication back into the appropriate storage place.
- Children must be monitored (during play) for 30 minutes after the medication is given to ensure there is no adverse reaction.

### **Emergency Administration of Medication**

- In the case of an emergency, where the administration of medication must occur, we will attempt to receive verbal authorisation by a parent/guardian of the child. If the parent/guardian cannot be contacted, we will attempt to gain verbal permission from an authorised nominee, named in the child's enrolment form.

- 
- If none of the child's contacts can be reasonably reached, we will contact a registered medical practitioner, or an emergency service on 000.
  - In the event of an emergency, and where the administration of medication must occur, an incident, injury, trauma and illness record will be completed, and a copy provided to the parent/guardian of the child, other authorised nominee, or medical practitioner.
  - In the case of an asthma or anaphylaxis emergency, medication may be administered to a child without a prior authorisation, however we will contact the following as soon as practicable:
    - A parent/guardian of the child.
    - Emergency services.
  - The child will be positively reassured, calmed and moved to a quiet area under the direct supervision of a suitably experienced and trained educator



## Appendix 8 - Illness and Exclusion Policy

### Policy statement

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Tropics Early Learning aims to ensure that all children, employees and families are provided with a high level of protection while they are at the service. We understand that in care and education services there is a higher contact with other people, and therefore children, staff and families are more likely to come into contact with infectious illnesses.

We also understand that at times families may find balancing the challenges of children's illnesses and work/study commitments very difficult, however, our aim is to minimise the spread of infectious illnesses and protect all people within the service environment. We will make every effort to accommodate children in the event that they become ill while in our care, however will also endeavour to help minimise infection by asking families to keep sick children at home.

### Implementation

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#### Identifying symptoms of illness

Our educators will be on alert for signs and symptoms that may suggest that a child is unwell, and may need medical attention. Some of these symptoms may include:

- High fever
- Drowsiness or lethargy, and decreased activity
- Breathing difficulties
- Poor circulation – pale looking, hands and feet cold/or blue
- Poor appetite
- Poor urine output
- Red or purple rash
- A stiff neck or sensitivity to light
- Pain

#### Responding to a child who seems unwell

Children may become sick while attending the service, in these cases the following procedures will be followed:

- If a child complains about feeling ill, or an educator suspects a child is ill, the child will be encouraged to sit down with a drink of water, for a period of 15 – 30 minutes, while being monitored by an educator.
- If, after this time, the child still displays symptoms of illness, the child's guardian will be contacted, and advised to collect their child from the service.
- The child's guardian will also be contacted, and advised to collect their child from the service if:
  - the child has two or more loose bowel movements
  - the child has developed a temperature of 38°C or higher, and displays other symptoms of illness, such as lethargy.
  - the child has vomited
- Educators will keep the child comfortable, eg, give them a cushion or mattress to lie on, away from the main group of children, while they wait to be collected.
- Record the child's symptoms on an Incident, Injury, Trauma and Illness form, giving a copy to the child's family/medical practitioner if required.
- If the child appears very unwell and needs urgent medical attention an ambulance will be called.
- If a parent/guardian has been asked to collect their child, and the child is not collected in a timely manner or the parent/guardian has refused to collect the child, the family will receive a notice that the child's enrolment may be cancelled if this policy is breached again.
- The Nominated Supervisor may request that a medical certificate be provided stating that the child is no longer infectious, if there are concerns that the child had not yet recovered from

the infectious disease. The decision to approve a child's return is made by the Director or, in the Director's absence, the Responsible Person in day to day charge of the service.

### **Managing a child with fever**

- A fever is usually caused by an infection somewhere in the body, either viral or bacterial. Fever is not harmful, and helps the child's body fight the infection.
- If the child's temperature is greater than 38°C, it is considered to be a fever.
- If a child has a fever, and appears unwell, the child's parent/guardian, or an authorised nominee, will be contacted and asked to collect the child from the Service.
- If a child has a fever, and shows no other symptoms, the child's parent/guardian will be notified, and the child's temperature monitored. If symptoms begin to appear, the child's parent/guardian will be contacted again, and asked to collect their child.
- Steps that will be taken to help cool a child include:
  - remove excess clothing and shoes
  - give clear cool fluids to drink
  - lay the child quietly in a cool place
- Paracetamol, or over the counter medications will not be administered without written advice from a medical practitioner, as these can mask the child's symptoms, and may cause adverse health problems if used over time, or incorrectly.
- If paracetamol is to be administered, the Administration of Authorised Medication Policy will be followed. Educators will administer the dose according to either the instruction on the bottle, the advice of the doctor, or according to the child's Management of Medical Conditions Action and Minimisation Plan.
- Monitor the child's temperature every 15 minutes, recording the readings on the Incident, Injury, Trauma and Illness form.

### **Exclusion of ill children and staff**

The aim of exclusion is to reduce the spread of infectious disease. The less contact there is between people who are infectious, and those that are at risk of catching the disease, the less chance there is of the disease spreading. The exclusion of ill children and staff is an effective way to limit the spread of infection in the Service.

- If a child is unwell at home, families should keep them at home. Do not bring them to the service.
- Unwell staff members should not report for work. If unwell, they should contact the Nominated Supervisor at the earliest possible time to advise of their inability to come to work.
- We will follow the exclusion recommendations as set out by the National Health and Medical Research Council (refer to Staying Healthy 5<sup>th</sup> ed), and the Northern Territory department of Health.
- A notice will be sent via the Xplor communication platform, notifying all families of any incidences of infectious diseases in the service, the symptoms, and exclusion periods. If necessary, we will also notify families via email, or another communication platform.
- Children who are not fully immunised will be excluded from the service during an outbreak of any vaccine preventable disease.
- Upon being notified that a child in the Service has a vaccine preventable disease, we will contact the Northern Territory Department of Health – Disease Control on 8922 8044 to obtain specialist advice on what should be done, exclusion periods, and possible exclusion of contacts.

## Appendix 9 - Payment Of Fees Policy

### Policy Statement

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Tropics Early Learning Inc strives to provide affordable, quality education and care, with a belief that all children, regardless of economic status, should have access to high quality care. Quality early education and care provides the foundation for children's development and social engagement whilst supporting workforce participation of parents and carers. We are therefore committed to keeping fees as low as possible, while still covering the running costs of the service. These costs include, but are not limited to, wages, staff professional development, resources and equipment, office expenses, utilities, cleaning and maintenance and repairs.

The purpose of this policy is to provide a framework under which the financial viability of Tropics Early Learning can be protected, by ensuring the prompt payment of fees, and the successful collection of any outstanding monies.

It is a condition of enrolment in the service that families accept the services *Payment of Fees Policy*.

### Implementation

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#### Fees payable upon enrolment

- Registration fees, which must be made prior to commencement at the Service:
    - \$100 for the first child
    - \$75 for the second and subsequent children (enrolled under the same carer)
- Upon payment of the registration fee, the child enrolling will be provided with a Centre shirt and wet bag.
- 2 weeks' worth of fees in advance will be debited in addition to the first fee payment made when a child begins their enrolment. This initial payment is made on the Friday of the first week of attendance.

#### Setting of Fees

- Fees are set by the Management Committee. and charged to all families whose children are booked to attend the service.
- Fees are payable for full day sessions only, we do not provide part day, or hourly rates.
- Fees are payable on a child's booked day regardless of whether the child is sick or absent, or if their booking falls on a public holiday.
- Fee amounts will be reviewed by the Management Committee. at the end of each financial year, or as required throughout the year, with a minimum of 14 days' notice given to families in the case of any fee increase.
- Fees will not be charged for periods of time that Management has decided to cease operation of the service due to shut down periods, such as the Christmas/New Year period.

#### Invoicing and Payment Options

- Invoices are distributed on a fortnightly basis, on a Wednesday, via email, it is the responsibility of the family to ensure that an active email address has been provided to the service, through which invoices can be received.
- All payments are processed by direct debit from a credit card (Visa or Mastercard), or personal bank account, using the Debit Success system. All families are required to provide their payment information at the time of enrolment.
- Payments through Debit Success are processed fortnightly, on the Friday, in the week the statements are issued.
- It is the responsibility of each family to ensure that sufficient funds are available for deduction, and that payment details are updated with us as required. Any fees accrued for failed transactions due to insufficient funds or expired payment details, will be passed on to the relevant family, and debited from their nominated account.
- Statements of usage and fee payments will be available to families at all times, via the Xplor portal.



- When ceasing care, or changing bookings, families are required to give at least two weeks' (14 days) notice. In the case of casual bookings, 5 days' notice is required for cancellation.
- The child's and family's profile will remain active in our system for a period of 60 days after the child's final booked day, to allow for any CCS adjustments and final payments to be processed accordingly.

### **Late Fees**

- All children must be collected from the service by 6pm, which is the time the service is closed.
- A late fee of \$50 for the first 15 minutes, and then \$1/minute per educator (2) applies for each child who is not picked up by the Centre's closing time.

### **Due dates and non-payment of fees**

- Accounts must be kept a minimum of two weeks in advance.
- Families should advise the Director if, for any reason, their account cannot be kept up to date and a payment arrangement may be negotiated.
- In the event an account is not in credit (other than by prior arrangement) the following process will be implemented:
  - families will be notified that payment is required within one week to bring the account up to date (two weeks in advance).
  - If the account falls two weeks in arrears, seven days' notice will be given to bring the account up to date.
  - If payment is not made within the seven-day period, the child's enrolment will be suspended for 14 days, pending payment being made.
  - Failure to make payment throughout the suspension period will result in the child's enrolment being cancelled.
  - Children will not be re-enrolled if the account is not paid up to date.
  - In the event that a child/s enrolment is cancelled, and the account is not paid in full within 30 days of the cancellation, the debt will be forwarded to our debt collection agency, and further legal action may be taken.
  - If a family is experiencing financial difficulties, a suitable payment plan may be arranged with authorisation of the Director.
- Families can apply for Additional Child Care Subsidy (ACCS) through Centrelink for additional fee assistance, under differing circumstances.
- A review of the child's enrolment will occur where families are consistently late with fee payment.

### **Late Payment Fee**

- A late payment fee of \$20 per week will be charged for each week that the fees are not paid on time, unless an active payment plan has been approved by the Senior Director or Management Committee.
- If the family does not adhere to the payment plan, the late payment fee will be applied.

### **Child Care Subsidy**

- Families, who are Australian residents, may be eligible to receive Child Care Subsidy, this is paid directly to the Service to reduce the amount of fees payable.
- It is each family's responsibility to ensure that they have registered their child for Child Care Subsidy, and to provide the Service with both their and their child's CRN numbers and dates of birth, to allow us to submit the child's enrolment with us to the FAO.
- Full fees will be payable by the family until their CCS is approved and linked to our service.
- Any disputes with CCS payments is the responsibility of the family. The family will be referred to contact Centrelink directly for any enquiries regarding CCS payments.
- For further information visit:  
<https://www.humanservices.gov.au/individuals/services/centrelink/child-care-subsidy>

## Appendix 10 - Family Grievances Policy

### Policy Statement

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Tropics Early Learning aims to ensure that partnerships are developed with all of our families, to provide an environment where there is a strong emphasis on respectful and sensitive communication between families and the centre.

We believe that families should feel comfortable to air any concerns, and be assured that their issues are listened to, understood, and dealt with consistently in terms of equity and fairness. Grievances and complaints will be viewed as opportunities to understand other attitudes and views and will be used as a part of our self-evaluation processes, to help to improve the quality of the services we provide to our community, families and children.

### Purpose

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Our service believes in procedural fairness and natural justice that govern the strategies and practices, which include:

- The right to be heard fairly
- The right to an unbiased decision made by an objective decision maker
- The right to have the decision based on relevant evidence

### Implementation

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All complaints and grievances from family members will be managed in line with our Family Grievances Policy. This policy provides guidelines to explain the procedure for reporting and managing grievances.

If a family member has a concern or grievance, the following guidelines should be followed:

- Discuss the matter with the staff/committee member concerned at a mutually convenient time, the situation should not be discussed with people who are not involved, minimising gossip in the centre. Any discussions should take place away from the children.
- Avoid behaviour and language that might be interpreted as confrontational, judgemental or intimidating. Be open and honest, and try to remain positive, talk about only the facts that have caused the grievance, and do not personally insult the other person.
- If the complaint cannot be resolved by directly approaching the other person, or the complainant does not feel confident to approach the other person, the matter should be raised with the Senior Director.

If, after having followed the above steps, the family member is not satisfied that their concerns have been addressed the following steps will be taken:

- The family member should put their concerns in writing and forward it to the Senior Director, or if the concern is with the Senior Director, directly to the Management Committee.
- If the complaint or grievance alleges that a serious incident has occurred, or is occurring, or the safety, health or wellbeing of a child/ren was or is, being compromised while at the Centre, or that the National Law has been contravened, the Approved Provider will notify the regulatory authority in writing within 24 hours of the complaint being received.
- The Senior Director/Management Committee representative will respond to the complainant within 24 hours of receiving the written complaint and organise a time within the next 5 working days to meet and discuss the issues raised.
- The Senior Director/Management Committee representative will thoroughly, fairly, confidentially and impartially investigate the issue raised. If interviews are necessary with any other person/s, these will be organised at the first available opportunity. All affected parties will be invited to provide information or respond where appropriate.

- The outcomes of these meetings will be documented by the Senior Director/ Management Committee representative, along with any action to be taken. If a resolution cannot be met, the grievance will be taken to the Management Committee.
- The Management Committee will come to a resolution, recommending any necessary action based on the information provided, and, if necessary, all parties will be reinterviewed by the management committee.
- All parties will be advised of the Management Committee's decision in writing within 7 days of the final meeting.
- All records will be stored in accordance with our Privacy and Confidentiality Policy. Unsubstantiated complaints against any staff member may be retained on file, if the person has given information that has been recorded.
- Ongoing behaviours will be monitored, and where necessary support provided where necessary. All parties will be protected from victimisation.
- Families will be given the opportunity to provide feedback on the grievance processes, and all complaints will be tracked to help identify any recurring issues.

If the family member is not satisfied with the decision, they have the right to appeal the decision, or they can contact our regulatory authority:

**Quality Education and Care Northern Territory (QECNT)**

Department of Education

Ph: 8999 3561

Email: [qualityecnt.det@nt.gov.au](mailto:qualityecnt.det@nt.gov.au)

Postal: GPO Box 4821

DARWIN NT 0801



## Appendix 11 - Enrolment, Orientation and Transition Policy

### Policy statement

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Tropics Early Learning aims to ensure that enrolment procedures provide clear communication and accurate record keeping. We will ensure that each child's enrolment is completed as per our legal requirements, and that each child and family receives enrolment and orientation processes that meet their needs, allowing the child and family to feel safe and secure in the level of care they receive.

### Implementation

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#### Enrolment

To ensure a comprehensive orientation and enrolment process, we will:

Ensure that a full and completed enrolment form (either hard copy or online), including direct debit details, is obtained for each child attending our service. Families will be required to complete a re-enrolment form for each year that their child attends the service, ensuring that all information is up to date.

Provide all families wanting to enrol their child with a link for the online enrolment form. If the family does not have the facilities to access the online enrolment process, a hardcopy format will be provided to them.

A separate enrolment form must be completed for each child. Information that will be collected upon enrolment includes:

- The child's full name, date of birth, gender identity, and residential address. (proof of identification must be provided – e.g. birth certificate; passport)
- Medicare number of the child, and any private health fund details; details of the child's medical practitioner; any health issues affecting the child; copies of any health management and risk minimisation plans.
- Immunisation status of the child, a copy of the immunisation records must be provided to the service and updated as required.
- Description of family circumstances, such as court orders, parenting plans, etc. These will be sighted by the Director, copied, and placed in the child's file.
- Full name, date of birth, address, place of employment, and contact details of each parent/guardian.
- The child and family CRNs, as issued by Services Australia.
- The ethnic and cultural identity of the child and family, and the primary language spoken at home.
- Any special requirements concerning the child, medical conditions, additional needs, behavioural concerns, special interests etc.
- Full name, address, and contact details for each person authorised by a parent/guardian of the child, to collect the child from the service, or who may be contacted in an emergency, authorise medical treatment, medication administration, or excursions, if a parent/guardian is not available, or contactable.

Permission must be given by the parent/guardian for our service to seek emergency medical or dental treatment if required. Enrolment cannot be accepted if written authorisation is not received.

A child is not considered to be enrolled in the service until all the required information and authorisations have been provided, including direct debit authorisation.

Once all information is provided, and the enrolment is accepted by the service, a welcome email is sent to the parent/caregiver from xplor, with a link to create their xplor account. It is a requirement that families set up their account to enable them to sign their children in and out of the service.

## **Orientation and Transition**

We will ensure that an effective orientation process is offered to all new children enrolling in the service, with the aim to make the transition process as smooth as possible. The orientation process will consider the child's age, cultural background, interests, skills and abilities.

The Nominated Supervisor/ or administrative assistant will invite the child and family to visit the service to meet the educators and familiarise themselves with the environment. If the parent/guardian feels that more than one visit is needed, they will be invited to attend as often as needed, to assist with the transition process, and help the child to feel secure.

Families will be provided a family handbook upon enrolling their child into the service, providing them with relevant information about the service and some of our key policies.

If a child is enrolling in the service that has a medical condition, families will be provided with a Management of Medical Conditions Action and Minimisation plan to complete, to help to minimise any risks to the child while in attendance at the service.

Throughout these visits, educators will begin to build relationships with the child and family, discussing the programs, routines, philosophy, and gathering information about the child.

The Nominated Supervisor/ or administrative assistant in charge of the service, will explain the delivery and collection processes of children to the service, and where families need to have children sign in/out of the service.

Families will be advised on how to access the service policies, the philosophy, daily menus, information about their child's development, and the service's educational program.

The Nominated Supervisor/ or administrative assistant, will ensure that families are informed of our policy on fee payments, absences from the service, authorised nominees, change of details and care requirements, and cancellation of bookings.

## **Transitioning between rooms**

Transitioning children between rooms is made as smooth as possible, as each room has different challenges and expectations, children will only be transitioned when they are developmentally ready. We will:

- Discuss the transition with the child's family, so that they are able to support the child in their transition also.
- Encourage the child to visit the new room on several occasions.
- Have the child's current educator visit the new room with them, as they begin to develop relationships with their new educators, giving them a sense of continuity as they adapt to the new environment.
- Ensure the child can go back and visit their old room as required, making the transition a gradual process.
- The child's educator will complete a transition statement for the educators in the new room, outlining the child's current development, any concerns, routines, interests etc. This will support the continuity of care provided to the child.

## Appendix 12 - Interaction and Behaviour Guidance

### Policy statement

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We believe that educators who interact positively with young children, and who are attuned to their thoughts and feelings, support the development of a strong sense of well being.

When guiding the behaviour of young children, it is important to support each child to manage their own behaviour and respond appropriately to the behaviours of others. We believe that it is important to support children to communicate effectively to resolve conflict, so that they rely less on the guidance of others, and learn the skills to self regulate.

Behaviour guidance is more than simply reacting when a child does something that is inappropriate, it is about supporting each child to learn appropriate behaviours, and build on this through positive interactions, receiving modelling and support from educators when needed.

We believe that it is important for all educators to offer positive, developmentally appropriate guidance and encouragement and take into consideration that each child should be treated with respect and dignity, acknowledging that they have the same rights as adults. We acknowledge, value and celebrate the differences and similarities that exist in all people.

### Implementation

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Tropics Early Learning will ensure that:

- Educators are supported and guided in their professional development and practice surrounding interactions with children.
- Senior educators in each room will supervise and support new educators and trainees to understand, and implement appropriate behaviour guidance practices, as per this policy, and intervene in situations they deem necessary
- Interactions with each child are warm and responsive for building trusting relationships.
- Each child is able to engage with educators in meaningful, open interactions that support the acquisition of skills for life long learning.
- Each child is supported to feel secure, confident and included; to work with, learn from and help others; and to express themselves, to share their thoughts and feelings.
- Children are encouraged to actively be involved in decision making, and having control over things that affect them.
- Each child is supported to manage their own behaviour, respond appropriately to the behaviour of others and communicate effectively to resolve conflicts.
- The dignity and rights of every child are maintained at all times.

Tropics Early Learning recognises and understands that a child's behaviour may be affected by several things, including:

- Age and development.
- Inability to communicate effectively (insufficient language skills).
- Insecure attachment relationships – with educators and/or families.
- General health and wellbeing.
- Abilities of individual children, including their capacity for sensory processing.
- Family and cultural values, and child rearing practices.
- Play and learning environments, which includes the physical indoor/outdoor settings, the weather, the time of year, the time of day, and levels of stimulation.



- Educator care giving strategies and practices, including how those strategies are implemented.
- Relationships with their peers and other stakeholders (including students, visitors and volunteers).
- External factors, such as family, home life, peer group experiences, or media coverage of traumatic events.

Some questions that educators should consider when addressing children's behaviour and how they can best guide it:

- Is the situation or environment contributing to or creating the problem?
- Are my expectations appropriate?
- How serious is the behaviour?
- Am I being consistent?
- How is the child likely to be feeling – what does this situation mean for the child?
- To what extent is my mood contributing to my reactions?
- What might help this child regulate at this time? How can I support this child to learn the skills to regulate their emotions/behaviours ongoing?

### **Strategies and Practices:**

Behaviour will be guided by positive guidance techniques which allow the child to become aware of and understand the consequences of their behaviour on others. These techniques will include:

- Involving children in the process of developing play and safety limits and learning the consequences when the limits are not adhered to.
- Supporting the development of secure attachment relationships between children and educators.
- Talking with children about the consequences of their actions, and the reasons for this, as well as the appropriate rules.
- Allowing children to make choices and experience the natural consequences of these choices – ensuring there is no risk of physical or emotional harm to the child or anybody else.
- Encouraging children to engage in cooperative and pro social behaviour and express their feelings and responses to others' behaviour confidently and constructively – challenging the behaviour of others when it is disrespectful or unfair.
- Discussing emotions, feelings and issues of inclusion and fairness, bias and prejudice, including this a part of the curriculum.
- Encouraging children to listen to other children's ideas, consider alternate behaviour, and cooperate in problem solving situations.
- Acknowledging and supporting children as they experience a range of different emotions. Listening empathetically to children when they express their emotions, reassuring them that it is normal to experience positive and negative emotions.
- Guiding children to remove themselves from situations where they are feeling frustration, anger or fear.
- Supporting children to negotiate their rights, and the rights of others, intervening sensitively when children experience difficulty in resolving a disagreement.
- Working with each child's family and, where applicable, other services, to ensure that a consistent approach is used to support children with diagnosed behavioural or social difficulties.

- Acknowledging children when they make positive choices in managing their behaviour.
- Role modelling positive and responsible behaviour.
- Avoiding using “hollow” gestures – eg making the child say “sorry” without genuine feeling. There is no benefit gained from children expressing something without a genuine feeling.
- Using terminology that children will understand and not assuming that they do understand.
- Avoiding using phrases such as “You know you shouldn’t do that”, “You know better than that” – the child may not know better and it is our role to teach them.
- Planning and setting up environments that will support children, and ensure that individual sensory processing needs are being met.
- Educators will acknowledge their own limitations in managing challenging behaviours, and confidently seek assistance from senior educators when necessary.

### **Techniques that will NOT be used in our centre include:**

We will ensure that no child being educated and cared for in our service is subject to any form of corporal punishment, or any discipline that is unreasonable or inappropriate. The following strategies may constitute a serious breach of the National Law and/or regulations:

- ✗ Hitting, pushing, slapping, pinching or biting a child
- ✗ Force-feeding a child
- ✗ Yelling at or belittling a child
- ✗ Humiliating a child
- ✗ Physically dragging a child
- ✗ Locking children away, or isolating them
- ✗ Depriving a child of food or drink
- ✗ Unreasonable restraining of a child
- ✗ Excluding a child from events, including the practice of “time out”
- ✗ Consistently moving a child to the office or other space away from play areas
- ✗ Moving children to another room as punishment
- ✗ Verbally or physically threatening a child
- ✗ Labelling children in a negative way – eg; “naughty” or “bad”

### **Persistent Negative Behaviours:**

If a child consistently displays negative behaviour, the Lead Educator in the child’s room will ensure:

- The expectations of the child’s behaviour are realistic and appropriate to their developmental level.
- The child understands the limits.
- The child’s needs are being met.
- The child is not copying observed behaviour.
- The situation or environment have not encouraged the behaviour.
- Consequences of the behaviour do not encourage it to persist.
- Positive reinforcement is used often to encourage desired behaviours.
- Strategies are consistently followed by all educators working with the child.
- There is open communication between educators and the child’s family, to help maintain reasonable and consistent expectations.

For continual, repeated negative behaviours, behaviour guidance plans will be developed in consultation with families, educators and any other professionals who are working with the child. These will be implemented consistently by the educators caring for the child.

If negative behaviours persist, advice and possible training will be sourced to assist in developing responsive strategies.

### **Families will:**

- Work in partnership with educators where concerns are raised about the behaviour of their child.
- Agree to work with educators to minimise risk where the child's behaviour is a danger to other people in the environment, including other children and educators. This may include seeking professional support, or reducing the time the child spends in care, until the risk to others is minimised.
- Where families do not work in partnership with the service to support their child, and minimise behaviour issues, the child's enrolment may be suspended or terminated.